| For the year Jan. 1-Dec. 31, 2011, or other tax year beginning |                  |  |             |                        | , 2011, ending , 20 |              | 20           |                             |                           | e separate instruct | ions.  |                             |
|--|------------------|--|-------------|------------------------|---------------------|--------------|--------------|-----------------------------|---------------------------|---------------------|--|-----------------------------|
| Your first name and initial                                    |                  |  | Last name   |                        |                     |              |              | Your social security number |                           |                     |  |                             |
| If a joint return, spo   | use's first      | name and initial   | Last na     | me                     |                     |              |              |                             |                           | Sno                 | use's social security r  | umber                       |
| n a joint return, spe  |                  |  | Last ha     | ine                    |                     |              |              |                             |                           |                     |  | lumber                      |
| Home address (nur  | nber and s       | street). If you have a P.O. I  | oox, see in | structions.            |                     |              |              |                             | Apt. no.                  |                     | Make sure the SSN(s<br>and on line 6c are c                    |                             |
| City, town or post off   | ice, state, a    | and ZIP code. If you have a fo   | reign addre | ess, also complete s   | spaces below (s     | see instru   | ctions).     |                             |                           | P                   | residential Election Ca  |                             |
|  |                  |  |             |                        |                     |              |              |                             |                           |                     | k here if you, or your spous<br>y, want \$3 to go to this func |                             |
| Foreign country na   | me               |  |             | Foreign pro            | ovince/county       |              |              | Foreign p                   | ostal code                | a box<br>refun      | k below will not change you                                    | r tax or<br>] <b>Spouse</b> |
| Filing Status  | 1                | Single   |             |                        |                     | 4            | Head of ho   | ousehold                    | (with qual                | ifying              | person). (See instruction                                      | ons.) If                    |
| i ilig etatae  | 2                |  |             |                        |                     |              |              |                             |                           | d but r             | not your dependent, er   | nter this                   |
| Check only one box.  | 3                | 3 ☐ Married filing separately. Enter spouse's SSN above<br>and full name here. ► 5 ☐ Qualifying widow(er) with |             |                        |                     |              |              |                             |                           | lonon               | dent child   |                             |
|  | 6a               | <b>Yourself.</b> If some   |             | claim vou as a         | dependent           |              |              | -                           |                           |                     | Boxes checked  |                             |
| Exemptions   | b                | Spouse   |             |                        |                     |              |              |                             |                           | } }                 | on 6a and 6b<br>No. of children                                |                             |
|  | c                | Dependents:  |             | (2) Dependent'         | 's <b>(3</b> )      | ) Depende    |              |                             | inder age 1               |                     | on 6c who:   |                             |
|  | <b>(1)</b> First | name Last nam  | e           | social security nur    | mber rela           | tionship to  | you quali    | see instru                  | nild tax cred<br>uctions) | it                  | <ul> <li>lived with you</li> <li>did not live with</li> </ul>  |                             |
| If more than four  |                  |  |             |                        |                     |              |              |                             |                           |                     | you due to divorce<br>or separation                            |                             |
| dependents, see  |                  |  |             |                        |                     |              |              |                             |                           |                     | (see instructions)<br>Dependents on 6c                         |                             |
| instructions and   |                  |  |             |                        |                     |              |              |                             |                           |                     | not entered above  |                             |
| check here ►   |                  | Total number of over   | antiona a   | laimad                 |                     |              |              |                             |                           |                     | Add numbers on   |                             |
|  | d                | Total number of exer   | •           |                        | <u></u>             | • •          |              | • •                         | <u> </u>                  | -                   | lines above 🕨  |                             |
| Income   | 7                | Wages, salaries, tips  |             | .,                     |                     | • •          | · · ·        | • •                         | · ·                       | 7<br>8a             |  |                             |
|  | 8a<br>b          | Taxable interest. Atta<br>Tax-exempt interest  |             | •                      |                     | 8b           |              | • •                         | 'ı'                       | oa                  |  |                             |
| Attach Form(s)   | 9a               | Ordinary dividends.  |             |                        |                     | 00           |              |                             |                           | 9a                  |  |                             |
| W-2 here. Also   | b                | Qualified dividends  |             |                        | uncu                | 9b           |              | • •                         | · · ·                     | 54                  |  |                             |
| attach Forms<br>W-2G and                                       | 10               | Taxable refunds, cred  |             |                        | nd local inco       |              | es           |                             |                           | 10                  |  |                             |
| 1099-R if tax  | 11               |  |             |                        |                     |              |              |                             | 11                        |                     |  |                             |
| was withheld.  | 12               | Business income or (loss). Attach Schedule C or C-EZ   |             |                        |                     |              |              | [                           | 12                        |                     |  |                             |
|  | 13               | Capital gain or (loss). Attach Schedule D if required. If not required, check here                             |             |                        |                     |              |              |                             |                           | 13                  |  |                             |
| If you did not get a W-2,                                      | 14               | Other gains or (losse  | s). Attach  | Form 4797 .            |                     |              |              |                             |                           | 14                  |  |                             |
| see instructions.  | 15a              | IRA distributions .  | 15a         |                        |                     | <b>b</b> Tax | able amoun   | t.                          | · •                       | 15b                 |  | _                           |
|  | 16a              | Pensions and annuitie  |             |                        |                     |              | able amoun   |                             | -                         | 16b                 |  |                             |
| Enclose, but do  | 17               | Rental real estate, ro   |             | •                      | •                   |              |              |                             | - F                       | 17                  |  |                             |
| not attach, any  | 18               | Farm income or (loss   |             |                        |                     |              |              |                             |                           | 18                  |  | _                           |
| payment. Also,   | 19<br>00-        | Unemployment comp  |             | · · · · ·              | · · · ·             |              |              |                             |                           | 19<br>00h           |  |                             |
| please use<br>Form 1040-V.                                     | 20a<br>21        | Social security benefit<br>Other income. List ty   | -           |                        |                     | DIAX         | able amoun   | τ.                          | · ·                       | 20b<br>21           |  |                             |
|  | 21               | Combine the amounts i  |             |                        | nes 7 through       | 21 This      | is your tota | lincom                      |                           | 21                  |  | -                           |
|  | 23               | Educator expenses  |             |                        |                     | 23           |              |                             |                           | ~~~                 |  |                             |
| Adjusted   | 24               | Certain business expen   |             |                        |                     |              |              |                             | + 1                       |                     |  |                             |
| Gross  |                  | fee-basis government o   |             |                        | -                   | 24           |              |                             |                           |                     |  |                             |
| Income   | 25               | Health savings accou   | int deduc   | tion. Attach Fo        | rm 8889 .           | 25           |              |                             |                           |                     |  |                             |
|  | 26               | Moving expenses. At  | tach Forr   | m 3903                 |                     | 26           |              |                             |                           |                     |  |                             |
|  | 27               | Deductible part of self-   | employme    | nt tax. Attach Sc      | hedule SE .         | 27           |              |                             |                           |                     |  |                             |
|  | 28               | Self-employed SEP,   | SIMPLE,     | and qualified p        | lans                | 28           |              |                             | +                         |                     |  |                             |
|  | 29               | Self-employed health insurance deduction 29  |             |                        |                     |              |              |                             |                           |                     |  |                             |
|  | 30               | Penalty on early with  | drawal of   | savings                |                     | 30           |              |                             |                           |                     |  |                             |
|  | 31a              | Alimony paid <b>b</b> Rec  |             |                        |                     | 31a          |              |                             |                           |                     |  |                             |
|  | 32               | IRA deduction  |             |                        |                     | 32           |              |                             | +                         |                     |  |                             |
|  | 33               | Student loan interest  |             |                        |                     | 33           |              |                             | +                         |                     |  |                             |
|  | 34<br>25         | Tuition and fees. Atta   |             |                        |                     |              |              |                             | +                         |                     |  |                             |
|  | 35<br>26         | Domestic production a  |             |                        |                     | 35           |              |                             |                           | 26                  |  |                             |
|  | 36<br>37         | Add lines 23 through<br>Subtract line 36 from  |             |                        |                     |              |              | • • •                       | · ·                       | 36<br>37            |  |                             |
|  |                  |  | mic 22.     | inio io your <b>uu</b> | uoteu groot         | ,            | • • •        |                             |                           | 31                  |  |                             |

| Form 1040 (2011) |  |
|------------------|--|
|------------------|--|

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|------|---|
|------|---|

| Tax and                                       | 38   | Amount from line 37 (adjusted gross income)  |  | 38      |                       |          |  |
|---|--|--|--|---------|-----------------------|----------|--|
| Tax and                                       | 39a  | Check <b>You</b> were born before January 2, 1947, Blind. <b>Total bo</b>                                    |  |         |                       |          |  |
| Credits                                       | oou  | if: Spouse was born before January 2, 1947, Blind. checked   |  |         |                       |          |  |
|   | <b>h</b>   | If your spouse itemizes on a separate return or you were a dual-status alien, check l                        |  |         |                       |          |  |
| Standard<br>Deduction                         | b  |  | -  | 40      |                       |          |  |
| for—  | 40   | Itemized deductions (from Schedule A) or your standard deduction (see left m                                 | <i>°</i> ,   | 40      |                       |          |  |
| <ul> <li>People who<br/>check any</li> </ul>  | 41   | Subtract line 40 from line 38  | 41   |         | +                     |          |  |
| box on line                                   | 42   | <b>Exemptions.</b> Multiply \$3,700 by the number on line 6d   |  | 42      |                       |          |  |
| 39a or 39b <b>or</b><br>who can be            | 43   | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, en                           | iter -0  | 43      |                       |          |  |
| claimed as a                                  | 44   | Tax (see instructions). Check if any from: a 🗌 Form(s) 8814 b 🗌 Form 4972 c                                  | 44   |         |                       |          |  |
| dependent,<br>see                             | 45   | Alternative minimum tax (see instructions). Attach Form 6251   |  | 45      |                       |          |  |
| instructions.                                 | 46   | Add lines 44 and 45  |  | 46      |                       |          |  |
| <ul> <li>All others:<br/>Single or</li> </ul> | 47   | Foreign tax credit. Attach Form 1116 if required 47  |  |         |                       |          |  |
| Married filing                                | 48   | Credit for child and dependent care expenses. Attach Form 2441 48  |  |         |                       |          |  |
| separately,<br>\$5,800                        | 49   | Education credits from Form 8863, line 23  |  |         |                       |          |  |
| Married filing                                | 50   | Retirement savings contributions credit. Attach Form 8880 50   |  |         |                       |          |  |
| jointly or<br>Qualifying                      | 51   | Child tax credit (see instructions)  |  |         |                       |          |  |
| widow(er),                                    | 52   | Residential energy credits. Attach Form 5695 52  |  |         |                       |          |  |
| \$11,600                                      | 53   | Other credits from Form:         a         3800         b         8801         c         53                  |  |         |                       |          |  |
| Head of household,                            |  |  |  | 54      |                       |          |  |
| \$8,500                                       | 54<br>55   | Add lines 47 through 53. These are your <b>total credits</b>   |  | 54      |                       | +        |  |
|   |  |  | 🕨  | 55      |                       | +        |  |
| Other   | 56   | Self-employment tax. Attach Schedule SE  |  | 56      |                       | +        |  |
| Taxes   | 57   | Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b>                                |  | 57      |                       | +        |  |
|   | 58   | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if req                       | luired   | 58      |                       |          |  |
|   | 59a  | Household employment taxes from Schedule H   |  | 59a     |                       | <u> </u> |  |
|   | b  | First-time homebuyer credit repayment. Attach Form 5405 if required  |  | 59b     |                       |          |  |
|   | 60   | Other taxes. Enter code(s) from instructions   |  | 60      |                       |          |  |
|   | 61   | Add lines 55 through 60. This is your total tax  |  | 61      |                       |          |  |
| Payments                                      | 62   | Federal income tax withheld from Forms W-2 and 1099 62   |  |         |                       |          |  |
|   | 63   | 2011 estimated tax payments and amount applied from 2010 return 63   |  |         |                       |          |  |
| If you have a                                 | 64a  | Earned income credit (EIC)   |  |         |                       |          |  |
| qualifying                                    | b  | Nontaxable combat pay election 64b   |  |         |                       |          |  |
| child, attach<br>Schedule EIC.                | 65   | Additional child tax credit. Attach Form 8812 65   |  |         |                       |          |  |
|   | 66   | American opportunity credit from Form 8863, line 14 66   |  |         |                       |          |  |
|   | 67   | First-time homebuyer credit from Form 5405, line 10 67   |  |         |                       |          |  |
|   | 68   | Amount paid with request for extension to file   |  |         |                       |          |  |
|   |  |  |  |         |                       |          |  |
|   | 69   | Excess social security and tier 1 RRTA tax withheld 69   |  |         |                       |          |  |
|   | 70   |  | Credit for federal tax on fuels. Attach Form 4136 70 |         |                       |          |  |
|   | 71   | Credits from Form: a 2439 b 8839 c 8801 d 8885 71  | <b>`</b>   |         |                       |          |  |
|   | 72   | Add lines 62, 63, 64a, and 65 through 71. These are your total payments                                      | 🕨  | 72      |                       |          |  |
| Refund  | 73   | If line 72 is more than line 61, subtract line 61 from line 72. This is the amount y                         | · _ ł  | 73      |                       |          |  |
|   | 74a  | Amount of line 73 you want refunded to you. If Form 8888 is attached, check he                               | ere . ► 🗌 🛛  | 74a     |                       | <u> </u> |  |
| Direct deposit?                               | ▶ b  | Routing number ► c Type: Checking  | g 🔲 Savings 🛛  |         |                       |          |  |
| See<br>instructions.                          | ► d  | Account number   |  |         |                       |          |  |
|   | 75   | Amount of line 73 you want applied to your 2012 estimated tax ► 75   |  |         |                       |          |  |
| Amount  | 76   | Amount you owe. Subtract line 72 from line 61. For details on how to pay, see in                             | nstructions 🕨  | 76      |                       |          |  |
| You Owe                                       | 77   | Estimated tax penalty (see instructions)   |  |         |                       |          |  |
| Third Party                                   | Do   | you want to allow another person to discuss this return with the IRS (see instructi                          | ions)? 🗌 Yes.  | . Com   | plete below.          | No       |  |
| -   |  | signee's Phone   | Personal identific                                   | cation  |                       |          |  |
| Designee                                      |  | ne  no.  | number (PIN)   |         | ▶                     |          |  |
| Sign  |  | der penalties of perjury, I declare that I have examined this return and accompanying schedules and s        |  | ne best | of my knowledge and b | elief,   |  |
| Here  |  | y are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information |  |         |                       | ,        |  |
|   | Yo   | ur signature Date Your occupation  |  | Davtir  | me phone number       |          |  |
| Joint return? See<br>instructions.            | See The second sec |  |  |         |                       |          |  |
| Keep a copy for                               |  |  |  |         |                       |          |  |
| your records.                                 |  |  | PIN, enter it  |         |                       |          |  |
|   | Del  |  | ta   | here (s | ee inst.)             |          |  |
| Paid  | Pril   | nt/Type preparer's name Preparer's signature Dat   | IE   |         | k ∐ if ∣              |          |  |
| Preparer                                      |  |  |  | self-e  | mployed               |          |  |
| Use Only                                      | Firr   | n's name 🕨 F   |  |         |                       |          |  |
|   | Fin  | n's address ► F  |  |         |                       |          |  |