1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return 2010

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	P	For the	year Jan. 1-Dec. 31, 2010, or other ta	year beginn	ning	, 2010	, endin	9	, 20		OMB No. 1545-0074	
Name,	Ŗ	Your first name and initial			Last name					Your social security number		
Address,	ľ											
and SSN	Ϊ́	If a joint return, spouse's first name and initial			Last name					Spouse's social security number		
and SSN	١,	,	and	Last Harre					Орошо	i i		
See separate	C	Hama		. have a D	<u> </u>			- 12	A-4	18		
instructions.	Ē	Home	address (number and street). If yo	box, see instructions. Apt. no.						Make sure the SSN(s and on line 6c are co	,	
	R	City town as part office state and ZID and a life you have a favoir address are instructions								Checkin	ng a box below will n	
	( ¥								,		your tax or refund.	iOt
Presidential Election Campaign		▶ Ch	Check here if you, or your spouse if filing jointly, want \$3 to go to this fund								You □ Spou	ise
-		1	Single	e ii iiiiig j	onitiy, want ψ	4	$\overline{}$		bold (with a		person). (See instruction	
Filing Statu	JS	2	☐ Married filing jointly (even i	f only one	had income)	-					ot your dependent, en	•
Check only on	10	3	<ul><li>Married filing separately. E</li></ul>					child's name h		Jillia Bat II	ot your acpondent, or	1101 11110
box.	ic	3	and full name here. ▶	nter spou	se s oon abo	5		Qualifying wi		h depend	dent child	
		6a	☐ Yourself. If someone ca	n claim vo	u as a depen					//o 5	Boxes checked	
Exemption	S	b	Spouse	a sar nan		9 9 9	101 0		8 8 99	}	on 6a and 6b	
			Dependents:	(2) Dependent's (3) Dependent's (4) / if child under ago					e 17	No. of children on 6c who:		
		(1) First	•				onship to you qualifying for child tax c (see page 15)			redit	lived with you	u:
		(1) 11100	Tallio East Hallio	- 1	<b>1</b>			(3	D D		<ul> <li>did not live with you due to divorce</li> </ul>	
If more than fo	our		<u> </u>						<del></del>		or separation (see instructions)	
dependents, s								_	<del></del>		Dependents on 6c	Ŷ.:
instructions ar			2						<u> </u>		not entered above	
check here 🕨				-							Add numbers on	
		d	Total number of exemptions	claimed		× 24 360	no e	* * * ×	× 3 × 1		lines above	<u> </u>
Inco		7	Wages, salaries, tips, ec. At	tach Form	n(s) W-2					7		
		8a	raxable interest. Attach Sch	edule B if	required ,	8 8	- 6	* * *		8a		
		b	Tax-exempt interest. Do no	t include d	on line 8a 🗼	8	b					
Attach Form(s	-	9a	Ordinary dividends. Attach S	chedule E	3 if required	9 2			9 3	9a		
W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.		b	Qualified dividends	# 0#0 0#1	6 × × ×	, , g	b					Ī
		10	Taxable refunds, credits, or offsets of state and local income taxes							10		
		11	Alimony received							11		
		12	Business income or (loss). Attach Schedule C or C-EZ							12		+
			` '					ahaali hasa	· · ·	-		+
lf you did not get a W-2,		13	Capital gain or (loss). Attach		•	if not req	uirea,	, cneck nere	▶ ⊔	13		+
		14	Other gains or (losses). Attac	1	797. 🗼 🗼	9 4 9		* * *		14		+
see page 20.		15a	IRA distributions . 15a	1, 3		b	Taxab	le amount	4 4 4	15b		-
		16a	Pensions and annuities 16a					le amount	H M H	16b		
	_	17	Rental real estate, royalties,	partnershi	ps, S corpora	tions, tru	sts, et	c. Attach So	hedule E	17		
Enclose, but d		18	Farm income or (loss). Attacl	n Schedul	eF	a a sec	190 - 6		3 0 30	18		
not attach, ang payment. Also		19	Unemployment compensation	n 347 388	8 8 X X	(# (# (#)	7965 43	. v x x	G 32 345	19		
please use	<b>,</b>	20a	Social security benefits 20a			Ь	Taxab	le amount	6 N 6	20b		
Form 1040-V.		21	Other income. List type and	amount						21		
		22	Combine the amounts in the far		nn for lines 7 th	rough 21.	This is	vour total in	come ▶	22		
i-		23					23	,	Î			1
<b>Adjusted</b>		24	• 220		to to the section of	22.00	.5			-		
Gross		24	Certain business expenses of re	-	-							
Income			fee-basis government officials. A			_	24			7.		
moome		25	Health savings account dedu			1.0	25			_		
		26	Moving expenses. Attach Fo	rm 3903	$\Sigma = \Sigma - X - X$	2 2	26			_		
		27	One-half of self-employment	tax. Attac	ch Schedule S	SE . 2	27					
		28	Self-employed SEP, SIMPLE	, and qua	lified plans	2	28					
		29	Self-employed health insurar				29					
		30	Penalty on early withdrawal			27 22	30					
		31a	Alimony paid <b>b</b> Recipient's	_	2		1a					
		32	IRA deduction				32			-5		
						100	_					
		33	Student loan interest deduct				33			-		
		34	Tuition and fees. Attach Forr			-	34			_		
		35	Domestic production activities				35		<u>l</u> :			
		36	Add lines 23 through 31a and							36		1
		37	Subtract line 36 from line 22	This is yo	our <b>adjusted</b>	gross inc	ome	2 2 2	ş ş 🔻 🕨	37		1

Form 1040 (2010) 38 38 Amount from line 37 (adjusted gross income) . . . Tax and ☐ Blind. | Total boxes 39a You were born before January 2, 1946, Check **Credits** Spouse was born before January 2, 1946, ☐ Blind. J checked ▶ 39a if: If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ b Itemized deductions (from Schedule A) or your standard deduction (see instructions) . 40 41 Subtract line 40 from line 38 41 42 **Exemptions.** Multiply \$3,650 by the number on line 6d. . . . . . 42 43 **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-. 43 44 **Tax** (see instructions). Check if any tax is from: **a** Form(s) 8814 44 45 Alternative minimum tax (see instructions). Attach Form 6251 . 45 Add lines 44 and 45 . . . . . . . . . . . . . . . 46 46 47 Foreign tax credit. Attach Form 1116 if required . . . . 48 Credit for child and dependent care expenses. Attach Form 2441 48 49 Education credits from Form 8863, line 23 . . . . . 49 50 Retirement savings contributions credit. Attach Form 8880 50 51 Child tax credit (see instructions) . . . . . . . . . 52 Residential energy credits. Attach Form 5695 53 Other credits from Form: **a** 3800 **b** 8801 с 🗌 Add lines 47 through 53. These are your total credits . 54 54 55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-Other 56 Self-employment tax. Attach Schedule SE . . . . . . 56 57 Unreported social security and Medicare tax from Form: **a** 4137 **b** 8919 57 **Taxes** 58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59 **a** Form(s) W-2, box 9 **b** Schedule H **c** Form 5405, line 16 59 60 Add lines 55 through 59. This is your total tax 60 **Payments** 61 Federal income tax withheld from Forms W-2 and 1099 61 2010 estimated tax payments and amount applied from 2009 return 62 63 Making work pay credit. Attach Schedule M . 63 If you have a 64a Earned income credit (EIC) 64a qualifying 64b b Nontaxable combat pay election child, attach Schedule EIC. 65 Additional child tax credit, Attach Form 8812 . . . 66 American opportunity credit from Form 8863, line 14 . 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 . . . 71 Credits from Form: **a** 2439 **b** 8839 **c** 8801 **d** 8885 72 Add lines 61, 62, 63, 64a, and 65 through 71. These are your total payments 72 Refund 73 If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid 73 74a Amount of line 73 you want **refunded to you.** If Form 8888 is attached, check here . 74a b Routing number ► c Type: Checking Savings Direct deposit? See d Account number instructions 75 Amount of line 73 you want applied to your 2011 estimated tax ▶ Amount Amount you owe. Subtract line 72 from line 60. For details on how to pay, see instructions 76 You Owe Estimated tax penalty (see instructions) Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. ☐ No Third Party Designee Designee's Phone Personal identification name > <u>no.</u> ▶ number (PIN) Sign Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Here Your occupation Your signature Date Daytime phone number Joint return? See page 12. Кеер а сору Spouse's signature. If a joint return, both must sign. Spouse's occupation for your records. Print/Type preparer's name PTIN Preparer's signature Date Check | if Paid self-employed **Preparer** Firm's EIN ▶  $\triangleright$ Firm's name **Use Only** Phone no. Firm's address