

# Electronic Filing Instructions for your 2011 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Brian J Cullinan  
6934 E Sandra Terrace  
Scottsdale, AZ 85254

<b>Balance Due/Refund</b>	Your federal tax return (Form 1040) shows a balance due of \$594.00. Your return shows you have elected to pay your balance due of \$594.00 by Direct Debit using the following information: - Amount Withdrawn: \$594.00 - Account Number: 004654223271 - Routing Transit Number: 122101706 - Date of Withdrawal: 04/16/2012		
<b>No Signature Document Needed</b>	No signature form is required since you signed your return electronically.		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
<b>2011 Federal Tax Return Summary</b>	Adjusted Gross Income	\$	48,464.00
	Taxable Income	\$	35,968.00
	Total Tax	\$	5,119.00
	Total Payments/Credits	\$	4,525.00
	Payment Due	\$	594.00
	Effective Tax Rate		10.56%



Hi Brian,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Deluxe:

Your Head Start On Next Year:

When you come back next year, taxes will be so easy! We'll have all your information saved and ready to transfer in to your new return. We'll ask you questions about what changed since we last talked, and we'll be ready to get you the credits and deductions you deserve, no matter what life throws at you.

Here's the final wrap up for your 2011 taxes:

Your federal balance due is:               \$ 594.00

We reviewed over 350 deductions and credits so you can be sure you didn't miss a thing and that you got the maximum refund - guaranteed.  
Your Deductions and Credits:

Your itemized deductions for this year: \$8,796.00

Your Guarantee of Accuracy:

Breathe easy. The calculations on your return are backed with our 100% Accuracy Guarantee.

- We double checked your return for errors along the way.
- We helped with step-by-step guidance to get your answers on the right IRS forms.
- We made sure you didn't miss a deduction even if something in your life changed, like a new job, new house - or more kids!

Also included:

- We provide the Audit Support Center free of charge, in the unlikely event you get audited.

Many happy returns from TurboTax.

For the year Jan. 1–Dec. 31, 2011, or other tax year beginning , 2011, ending , 20		See separate instructions.
Your first name and initial Brian J	Last name Cullinan	<b>Your social security number</b> 270-86-4986
If a joint return, spouse's first name and initial	Last name	<b>Spouse's social security number</b>
Home address (number and street). If you have a P.O. box, see instructions. 6934 E Sandra Terrace		Apt. no. ▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Scottsdale AZ 85254		<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/county	Foreign postal code

**Filing Status**

1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
2 <input type="checkbox"/> Married filing jointly (even if only one had income)	
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	5 <input type="checkbox"/> Qualifying widow(er) with dependent child

Check only one box.

**Exemptions**

6a <input checked="" type="checkbox"/> <b>Yourself.</b> If someone can claim you as a dependent, <b>do not</b> check box 6a . . . . .				<b>Boxes checked on 6a and 6b</b> <u>1</u>
b <input type="checkbox"/> <b>Spouse</b> . . . . .				
<b>c Dependents:</b>		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>				
d Total number of exemptions claimed . . . . .				<b>Add numbers on lines above</b> ▶ <u>1</u>

<b>Income</b>	7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	48,673.			
	8a	Taxable interest. Attach Schedule B if required . . . . .	8a				
	b	Tax-exempt interest. <b>Do not</b> include on line 8a . . . . .	8b				
	9a	Ordinary dividends. Attach Schedule B if required . . . . .	9a				
	b	Qualified dividends . . . . .	9b				
	10	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	10	141.			
	11	Alimony received . . . . .	11				
	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 ▶ <input type="checkbox"/>	13				
	14	Other gains or (losses). Attach Form 4797 . . . . .	14				
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	15a	IRA distributions . . . . .	15a		b Taxable amount . . . . .	15b	
	16a	Pensions and annuities . . . . .	16a		b Taxable amount . . . . .	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17			17	
	18	Farm income or (loss). Attach Schedule F . . . . .	18			18	
	19	Unemployment compensation . . . . .	19			19	
	20a	Social security benefits . . . . .	20a		b Taxable amount . . . . .	20b	
	21	Other income. List type and amount . . . . .	21			21	
	22	Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> ▶	22	48,814.			
<b>Adjusted Gross Income</b>	23	Educator expenses . . . . .	23				
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24				
	25	Health savings account deduction. Attach Form 8889 . . . . .	25				
	26	Moving expenses. Attach Form 3903 . . . . .	26	350.			
	27	Deductible part of self-employment tax. Attach Schedule SE . . . . .	27				
	28	Self-employed SEP, SIMPLE, and qualified plans . . . . .	28				
	29	Self-employed health insurance deduction . . . . .	29				
	30	Penalty on early withdrawal of savings . . . . .	30				
	31a	Alimony paid b Recipient's SSN ▶	31a				
	32	IRA deduction . . . . .	32				
	33	Student loan interest deduction . . . . .	33				
	34	Tuition and fees. Attach Form 8917 . . . . .	34				
	35	Domestic production activities deduction. Attach Form 8903	35				
	36	Add lines 23 through 35 . . . . .	36	350.			
	37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b> ▶	37	48,464.			

Form **1040** (2011)

**SCHEDULE A  
(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Itemized Deductions**

OMB No. 1545-0074

**2011**Attachment  
Sequence No. **07**▶ **Attach to Form 1040.**▶ **See Instructions for Schedule A (Form 1040).**

Name(s) shown on Form 1040

Brian J Cullinan

**Your social security number**

270-86-4986

**Medical  
and  
Dental  
Expenses****Caution.** Do not include expenses reimbursed or paid by others.

- 1** Medical and dental expenses (see instructions) . . . . . **1**
- 2** Enter amount from Form 1040, line 38 **2**
- 3** Multiply line 2 by 7.5% (.075) . . . . . **3**
- 4** Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . . **4**

**Taxes You  
Paid****5** State and local **(check only one box):**

- a** ☒ Income taxes, or } . . . . . **5** 773.
- b** ☐ General sales taxes }

- 6** Real estate taxes (see instructions) . . . . . **6**
- 7** Personal property taxes . . . . . **7**
- 8** Other taxes. List type and amount ▶ . . . . . **8**

**9** Add lines 5 through 8 . . . . . **9** 773.**Interest  
You Paid****Note.**  
Your mortgage  
interest  
deduction may  
be limited (see  
instructions).

- 10** Home mortgage interest and points reported to you on Form 1098 . . . . . **10**
- 11** Home mortgage interest not reported to you on Form 1098. If paid  
to the person from whom you bought the home, see instructions  
and show that person's name, identifying no., and address ▶ . . . . . **11**
- 12** Points not reported to you on Form 1098. See instructions for  
special rules . . . . . **12**
- 13** Mortgage insurance premiums (see instructions) . . . . . **13**
- 14** Investment interest. Attach Form 4952 if required. (See instructions.) . . . . . **14**
- 15** Add lines 10 through 14 . . . . . **15**

**Gifts to  
Charity**If you made a  
gift and got a  
benefit for it,  
see instructions.

- 16** Gifts by cash or check. If you made any gift of \$250 or more,  
see instructions. . . . . **16**
- 17** Other than by cash or check. If any gift of \$250 or more, see  
instructions. You **must** attach Form 8283 if over \$500 . . . . . **17**
- 18** Carryover from prior year . . . . . **18**
- 19** Add lines 16 through 18 . . . . . **19**

**Casualty and  
Theft Losses****20** Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . . **20****Job Expenses  
and Certain  
Miscellaneous  
Deductions**

- 21** Unreimbursed employee expenses—job travel, union dues,  
job education, etc. Attach Form 2106 or 2106-EZ if required.  
(See instructions.) ▶ Deductible expenses from Form 2106 . . . . . **21** 8,992.
- 22** Tax preparation fees . . . . . **22**
- 23** Other expenses—investment, safe deposit box, etc. List type  
and amount ▶ . . . . . **23**
- 24** Add lines 21 through 23 . . . . . **24** 8,992.
- 25** Enter amount from Form 1040, line 38 **25** 48,464.
- 26** Multiply line 25 by 2% (.02) . . . . . **26** 969.
- 27** Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . . **27** 8,023.

**Other  
Miscellaneous  
Deductions****28** Other—from list in instructions. List type and amount ▶ . . . . . **28****Total  
Itemized  
Deductions**

- 29** Add the amounts in the far right column for lines 4 through 28. Also, enter this amount  
on Form 1040, line 40 . . . . . **29** 8,796.
- 30** If you elect to itemize deductions even though they are less than your standard  
deduction, check here . . . . . ☐

**Unreimbursed Employee Business Expenses**Department of the Treasury  
Internal Revenue Service (99)▶ **Attach to Form 1040 or Form 1040NR.****2011**  
Attachment  
Sequence No. **129A**

Your name

Brian J Cullinan

Occupation in which you incurred expenses

Software Developer

Social security number

270-86-4986

**You Can Use This Form Only if All of the Following Apply.**

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You **do not** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2011.

**Caution:** You can use the standard mileage rate for 2011 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, **or** (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

**Part I Figure Your Expenses**

<b>1</b>	Complete Part II. Multiply line 8a by 51¢ (.51) for miles driven <b>before</b> July 1, 2011, and by 55.5¢ (.555) for miles driven <b>after</b> June 30, 2011. Add the amounts, then enter the result here . . .	<b>1</b>	2,167.
<b>2</b>	Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel or commuting to and from work . . . . .	<b>2</b>	
<b>3</b>	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment . . . . .	<b>3</b>	1,364.
<b>4</b>	Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment . . . . .	<b>4</b>	5,041.
<b>5</b>	Meals and entertainment expenses: \$ <u>840.</u> × 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	<b>5</b>	420.
<b>6</b>	<b>Total expenses.</b> Add lines 1 through 5. Enter here and on <b>Schedule A (Form 1040), line 21</b> (or on <b>Schedule A (Form 1040NR), line 7</b> ). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.) . . . . .	<b>6</b>	8,992.

**Part II Information on Your Vehicle.** Complete this part **only** if you are claiming vehicle expense on line 1.

**7** When did you place your vehicle in service for business use? (month, day, year) ▶ 02/15/2011

**8** Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:

**a** Business 4,130 **b** Commuting (see instructions) 2,130 **c** Other 13,094

**9** Was your vehicle available for personal use during off-duty hours? . . . . . ☒ **Yes** ☐ **No**

**10** Do you (or your spouse) have another vehicle available for personal use? . . . . . ☐ **Yes** ☒ **No**

**11a** Do you have evidence to support your deduction? . . . . . ☐ **Yes** ☒ **No**

**b** If "Yes," is the evidence written? . . . . . ☐ **Yes** ☐ **No**

**Moving Expenses**► **Attach to Form 1040 or Form 1040NR.**

Name(s) shown on return

Brian J Cullinan

Your social security number

270-86-4986

**Before you begin:**

- ✓ See the **Distance Test** and **Time Test** in the instructions to find out if you can deduct your moving expenses.
- ✓ See **Members of the Armed Forces** in the instructions, if applicable.

<b>1</b>	Transportation and storage of household goods and personal effects (see instructions) . . . .	<b>1</b>	
<b>2</b>	Travel (including lodging) from your old home to your new home (see instructions). <b>Do not</b> include the cost of meals . . . . .	<b>2</b>	350.
<b>3</b>	Add lines 1 and 2 . . . . .	<b>3</b>	350.
<b>4</b>	Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is <b>not</b> included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code <b>P</b> . . . . .	<b>4</b>	
<b>5</b>	Is line 3 <b>more than</b> line 4?  <input type="checkbox"/> <b>No.</b> You <b>cannot</b> deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8.  <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your <b>moving expense deduction</b> . . . . .	<b>5</b>	350.

**For Paperwork Reduction Act Notice, see your tax return instructions. BAA**Form **3903** (2011)

Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
**(Including Information on Listed Property)**

▶ See separate instructions.

▶ Attach to your tax return.

OMB No. 1545-0172

**2011**Attachment  
Sequence No. **179**

Name(s) shown on return

Brian J Cullinan

Business or activity to which this form relates

Form 2106 Software Developer

Identifying number

270-86-4986

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	4,166.
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	Development server, security hardware	2,058.	2,058.
	Internet services	2,108.	2,108.
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	4,166.
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	4,166.
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	48,673.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	4,166.
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 ▶	13	0.

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	0.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	4,166.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	



**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					<b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) .						<b>25</b>			
<b>26</b> Property used more than 50% in a qualified business use:									
		%							
		%							
		%							
<b>27</b> Property used 50% or less in a qualified business use:									
Toyota Camery	02/15/2011	21.34 %				S/L -			
		%				S/L -			
		%				S/L -			
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .						<b>28</b>			
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 .							<b>29</b>		

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
<b>30</b> Total business/investment miles driven during the year ( <b>do not</b> include commuting miles) .												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven . . . . .												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .												
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
<b>36</b> Is another vehicle available for personal use?												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions).

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2011 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2011 tax year . . . . .					<b>43</b>
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b>

# Federal Information Worksheet

► Keep for your records

2011

## Part I – Personal Information

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

### Taxpayer:

First name . . . . . Brian  
 Middle initial . . . . . J Suffix . . . . . \_\_\_\_\_  
 Last name . . . . . Cullinan  
 Social security no. . . . . 270-86-4986  
 Occupation . . . . . Software Developer  
 Date of birth . . . . . 11/12/1986 (mm/dd/yyyy)  
 or age as of 1-1-2012 . . . . . 25  
 Daytime phone . . . . . (614) 425-6054 Ext \_\_\_\_\_  
 Legally blind . . . . . ☐  
 Date of death . . . . . \_\_\_\_\_

### Dependent of Someone Else:

**Can** taxpayer be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☒ No  
 If yes, **was** taxpayer claimed as dependent on that person's return? . . . . . ☐ Yes ☐ No

### Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . ☐ Yes ☐ No

### Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☐ No

### Spouse:

First name . . . . . \_\_\_\_\_  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Last name . . . . . \_\_\_\_\_  
 Social security no. . . . . \_\_\_\_\_  
 Occupation . . . . . \_\_\_\_\_  
 Date of birth . . . . . \_\_\_\_\_ (mm/dd/yyyy)  
 or age as of 1-1-2012 . . . . . \_\_\_\_\_  
 Daytime phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_  
 Legally blind . . . . . ☐  
 Date of death . . . . . \_\_\_\_\_

### Dependent of Someone Else:

**Can** spouse be claimed as dependent of another person (such as parent)? . . ☐ Yes ☐ No  
 If yes, **was** spouse claimed as dependent on that person's return? . . . . . ☐ Yes ☐ No

### Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . ☐ Yes ☐ No

### Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☐ No

## Part II – Address and Federal Filing Status (enter information in this section)

Address . . . . . 6934 E Sandra Terrace Apt no. . . . . \_\_\_\_\_  
 City . . . . . Scottsdale State . . . . . AZ ZIP code . . . . . 85254  
 Foreign province/county . . . . . \_\_\_\_\_ Foreign postal code . . . . . \_\_\_\_\_  
 Foreign code . . . . . \_\_\_\_\_ Foreign country . . . . . \_\_\_\_\_

APO/FPO/DPO address, check if appropriate . . . . . APO ☐ FPO ☐ DPO ☐

Home phone . . . . . \_\_\_\_\_  
 Check to print phone number on Form 1040 . . . ☐ Home ☐ Taxpayer daytime ☐ Spouse daytime  
 Check if you were affected by a natural disaster in 2011 . . . . . ☐

### Federal filing status:

☒ 1 Single  
☐ 2 Married filing jointly  
☐ 3 Married filing separately  
 Check this box if you **did not** live with your spouse at any time during the year . . . . . ☐  
 Check this box if you are eligible to claim your spouse's exemption (see Help) . . . . . ☐  
☐ 4 Head of household  
 If the 'qualifying person' is your child but **not** your dependent:  
 Child's name . . . . . \_\_\_\_\_ Child's social security number . . . . . \_\_\_\_\_  
☐ 5 Qualifying widow(er)  
 Check the appropriate box for the year your spouse died . . . . . 2009 ☐  
 . . . . . 2010 ☐

## Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Qualified child/dep care exps incurred and paid 2011	E I C	Lived with taxpyr in U.S.	Educ Tuitn and Fees	* D e p
			Age	C o d e	N o t qual for child tax cr					
-----	-----	-----	-----	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	
-----	-----	-----	-----	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	
-----	-----	-----	-----	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	
-----	-----	-----	-----	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	
-----	-----	-----	-----	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	

\* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

**Part IV – Earned Income Credit Information** (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? . . . . . ☐ Yes ☐ No

Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2011? . . . . . ☐ Yes ☐ No

If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend **Not Valid for Employment**, check this box (see Help) . . . . . ☐

Check if you are filing head of household **and** your spouse is a nonresident alien **and** you lived with your spouse during the last six months of 2011 . . . . . ☐

Was EIC disallowed or reduced in a previous year and are you required to file Form 8862 this year? . . . . . ☐ Yes ☐ No

Check if you were notified by the IRS that EIC cannot be claimed in 2011 . . . . . ☐

**Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)**

Do you want to elect **direct deposit** of any federal tax refund? . . . . . ☐ Yes ☒ No

Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☒ Yes ☐ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) . . . . . Bank of America

Check the appropriate box . . . . . ☒ Checking ☐ Savings

Routing number . . . . . 122101706 Account number . . . . . 004654223271

**Enter the following information only if you are requesting direct debit of balance due:**

Enter the payment date to withdraw from the account above . . . . . 04/16/2012

Balance-due amount from this return . . . . . 594.

**Part VI – Additional Information for Your Federal Return****Standard Deduction/Itemized Deductions:**

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction . . . . . ☐

Check this box if you are married filing separately and your spouse itemized deductions . . . . . ☐

Check this box to take the standard deduction even if less than itemized deductions . . . . . ☐

**Main Form Selection:**

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ. . . . . ☐

**Real Estate Professionals:**

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) . . . . . ☐ Yes ☐ No

**Credit for Qualified Retirement Savings Contributions (Form 8880):**

Is the taxpayer a full-time student? . . . . . ☐ Yes ☐ No

Is the spouse a full-time student? . . . . . ☐ Yes ☐ No

**Foreign Tax Credit (Form 1116):**

Check this box to file Form 1116 even if you're not required to file Form 1116 . . . . . ☐

Resident country . . . . . USA

**Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:**

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands . . . . . \_\_\_\_\_

Excludable income from Puerto Rico . . . . . \_\_\_\_\_

**Dual Status Alien Return:**

Check this box if you are a dual-status alien . . . . . ☐

**Third Party Designee:**

**Caution:** Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? . . . . . ☐ Yes ☐ No

If Yes, complete the following:

Third party designee name . . . . . \_\_\_\_\_

Third party designee phone number . . . . . \_\_\_\_\_

Personal Identification number (enter any 5 numbers) . . . . . \_\_\_\_\_

If you are entitled to a filing extension or other disaster relief provision as declared by the IRS, enter the appropriate information (see Help) . . . . . \_\_\_\_\_

**Part VII – State Filing Information****Taxpayer:**Enter the taxpayer's state of residence as of December 31, 2011 . . . . . ▶ AZ

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year . . . . . ▶ ☒Taxpayer is a resident of the state above for only part of year . . . . . ▶ ☐

Date the taxpayer established residence in state above . . . . . ▶ \_\_\_\_\_

In which state (or foreign country) did the taxpayer reside before this change? . . . . . ▶ \_\_\_\_\_

**Spouse:**

Enter the spouse's state of residence as of December 31, 2011 . . . . . ▶ \_\_\_\_\_

Check the appropriate box:

Spouse is a resident of the state above for the entire year . . . . . ▶ ☐Spouse is a resident of the state above for only part of year . . . . . ▶ ☐

Date the spouse established residence in state above . . . . . ▶ \_\_\_\_\_

In which state (or foreign country) did the spouse reside before this change? . . . . . ▶ \_\_\_\_\_

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint
_____	_____
_____	_____
_____	_____
_____	_____

Check this box if you are in a Registered Domestic Partnership, a civil union, or same-sex marriage . . . ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS . . . . . ▶ ☐Check if this is the joint return created to file joint state tax return (see Help) . . . . . ▶ ☐

**Personal Information Worksheet  
For the Taxpayer**

**2011**

► Keep for your records

**QuickZoom** to another copy of Personal Information Worksheet . . . . . ►  
**QuickZoom** to Federal Information Worksheet . . . . . ►

---

**Part I – Taxpayer's Personal Information**

---

First name . . . Brian Middle initial . J Last name . . Cullinan  
Suffix . . . . .

Social security no. . . 270-86-4986 Member of U.S. Armed Forces in 2011? . . ☐ Yes ☒ No

Date of birth . . . . . 11/12/1986 (mm/dd/yyyy) age as of 1-1-2012 . . . . . 25

Occupation . . . Software Developer Daytime phone . . . (614) 425-6054 Ext \_\_\_\_\_

Marital status . . . Single

If widowed, check the appropriate box for the year your spouse died:

After 2011 ► ☐ 2011 ► ☐ 2010 ► ☐ 2009 ► ☐ Before 2009 ► ☐

Are you retired on total and permanent disability? (for Schedule R, see Help) . . . . . ► ☐ Yes ☐ No

Check if this person is legally blind . . . . . ► ☐

If deceased, enter the date of death . . . . . ► (mm/dd/yyyy) \_\_\_\_\_

Were you under the age of 16 as of 1-1-2012 and this is the first year you  
are filing a tax return? . . . . . ► ☐ Yes ☐ No

Do you want \$3 to go to Presidential Election Campaign Fund? . . . . . ► ☐ Yes ☐ No

---

**Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer**

---

**1** Can someone (such as your parent) claim you as a dependent? . . . . . ► ☐ Yes ☒ No

**2** If you answered 'Yes' to question 1, are you actually claimed as a dependent  
on that person's tax return? . . . . . ► ☐ Yes ☐ No

*Questions 3 through 5 are only required for individuals who claim the  
American Opportunity Credit.*

**3** Were you a full-time student during any part of five months during 2011? . . . . . ► ☐ Yes ☐ No

**4** Did your earned income exceed one-half of your support? . . . . . ► ☐ Yes ☐ No

**5** Was at least one of your parents alive on December 31, 2011? . . . . . ► ☐ Yes ☐ No

---

**Part III – Taxpayer's State Residency Information**

---

Enter this person's state of residence as of December 31, 2011 . . . . . AZ

Check the appropriate box:

This person is a resident of the state above for the entire year . . . . . ☒

This person is a resident of the state above for only part of year . . . . . ☐

Date this person established residence in state above . . . . . ► \_\_\_\_\_

In which state (or foreign country) did this person reside before this change? . . . . . ► \_\_\_\_\_

---

**Part IV – Dependent Care Expenses**

---

Qualified dependent care expenses incurred and paid for this person in 2011 . . . . . \_\_\_\_\_

---

► Keep for your records

Name(s) Shown on Return  
Brian J Cullinan

Social Security Number  
270-86-4986

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	48,673.		48,673.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .			
<b>2</b>	Total federal tax withheld . . . . .	4,525.		4,525.
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .	42,917.		42,917.
<b>4</b>	Total social security tax withheld . . . . .	1,803.		1,803.
<b>5</b>	Total Medicare wages and tips . . . . .	42,917.		42,917.
<b>6</b>	Total Medicare tax withheld . . . . .	622.		622.
<b>8</b>	Total allocated tips . . . . .	0.		0.
<b>9</b>	Not used . . . . .			
<b>10</b>	Total dependent care benefits . . . . .	0.		0.
<b>11</b>	Total distributions from nonqualified plans . . .			
<b>12 a</b>	Total from Box 12 . . . . .			
<b>b</b>	Elective deferrals to qualified plans . . . . .			
<b>c</b>	Roth contributions to 401(k) & 403(b) plans . .			
<b>d</b>	Deferrals to government 457 plans . . . . .			
<b>e</b>	Deferrals to non-government 457 plans . . . .			
<b>f</b>	Deferrals 409A nonqual deferred comp plan . .			
<b>g</b>	Income 409A nonqual deferred comp plan . . .			
<b>h</b>	Uncollected Medicare tax . . . . .			
<b>i</b>	Uncollected social security and RRTA tier 1 . .			
<b>j</b>	Uncollected RRTA tier 2 . . . . .			
<b>k</b>	Income from nonstatutory stock options . . . .			
<b>l</b>	Non-taxable combat pay . . . . .			
<b>m</b>	Total other items from box 12 . . . . .			
<b>14 a</b>	Total deductible mandatory state tax . . . . .			
<b>b</b>	Total deductible charitable contributions . . . .			
<b>c</b>	This line does not apply to TurboTax . . . . .			
<b>d</b>	Total RR Tier 1 wages . . . . .			
<b>e</b>	Total RR Tier 1 tax . . . . .			
<b>f</b>	Total RR Tier 2 tax . . . . .			
<b>g</b>	Total RRTA tips. . . . .			
<b>h</b>	Total other items from box 14 . . . . .			
<b>16</b>	Total state wages and tips . . . . .	42,917.		42,917.
<b>17</b>	Total state tax withheld . . . . .	773.		773.
<b>19</b>	Total local tax withheld. . . . .			

Name  
**Brian J Cullinan**

Social Security Number  
**270-86-4986**

☐
**Spouse's W-2****Do not transfer this W-2 to next year****Military: Complete Part VI on Page 2 below**

**a** Employee's social security No. 270-86-4986  
**b** Employer's ID number 20-5586032  
**c** Employer's name, address, and ZIP code  
EPIC Research & Diagnostics Inc  
 Street 8501 E Princess Dr Ste 100  
 City Scottsdale  
 State AZ ZIP Code 85255  
 Foreign Country \_\_\_\_\_

**d** Control number \_\_\_\_\_

☒
**Transfer employee information from the Federal Information Worksheet**

**e** Employee's name  
 First Brian M.I. J  
 Last Cullinan Suff. \_\_\_\_\_  
**f** Employee's address and ZIP code  
 Street 6934 E Sandra Terrace  
 City Scottsdale  
 State AZ ZIP Code 85254  
 Foreign Country \_\_\_\_\_

**1** Wages, tips, other compensation  
42,916.60

**3** Social security wages  
42,916.60

**5** Medicare wages and tips  
42,916.60

**7** Social security tips  
 \_\_\_\_\_

**9** \_\_\_\_\_

**11** Nonqualified plans  
 \_\_\_\_\_

**12** Enter box 12 below  
 \_\_\_\_\_

**13** ☐ Statutory employee  
☐ Retirement plan  
☐ Third-party sick pay

**14** Enter box 14 below **after** entering boxes 18, 19, and 20.  
**NOTE:** Enter box 15 **before** entering box 14.

**2** Federal income tax withheld  
4,524.69

**4** Social security tax withheld  
1,802.50

**6** Medicare tax withheld  
622.33

**8** Allocated tips  
 \_\_\_\_\_

**10** Dependent care benefits  
 \_\_\_\_\_  
 Distributions from sect. 457 and nonqualified plans  
*(Important, see Help)*

**Box 12**  
 Code

**Box 12**  
 Amount

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_

M: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_

P: Double click to link to Form 3903, line 4. . . \_\_\_\_\_

R: Enter MSA contribution for Taxpayer . . . \_\_\_\_\_

Spouse . . . . \_\_\_\_\_

W: Enter HSA contribution for Taxpayer . . . \_\_\_\_\_

Spouse . . . . \_\_\_\_\_

G: ☐ Employer is **not** a state or local government

**Box 15**  
 State

Employer's state I.D. no.

**Box 16**

State wages, tips, etc.

**Box 17**

State income tax

AZ

205586032

42,916.60

772.50

**Box 20**

Locality name

**Box 18**

Local wages, tips, etc.

**Box 19**

Local income tax

Associated  
 State

**Box 14**

Description or Code  
 on Actual Form W-2

Amount

TurboTax Identification of Description or Code  
 (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

► Keep for your records

Name  
**Brian J Cullinan**Social Security Number  
**270-86-4986**☐**Spouse's W-2****Do not transfer this W-2 to next year****Military: Complete Part VI on Page 2 below**

**a** Employee's social security No. 270-86-4986  
**b** Employer's ID number . . . . 45-2855334  
**c** Employer's name, address, and ZIP code  
Site Watch LLC  
Robert Michael Brooks  
 Street 22 E Trail Of The Wood  
 City Flagstaff  
 State AZ ZIP Code 86001-6738  
 Foreign Country \_\_\_\_\_

**d** Control number . \_\_\_\_\_☒**Transfer employee information from the Federal Information Worksheet**

**e** Employee's name  
 First Brian M.I. J  
 Last Cullinan Suff. \_\_\_\_\_  
**f** Employee's address and ZIP code  
 Street 6934 E Sandra Terrace  
 City Scottsdale  
 State AZ ZIP Code 85254  
 Foreign Country \_\_\_\_\_

**1** Wages, tips, other compensation  
5,756.00

**3** Social security wages  
0.00

**5** Medicare wages and tips  
0.00

**7** Social security tips  
0.00

**9** \_\_\_\_\_

**11** Nonqualified plans  
0.00

**12** Enter box 12 below

**13** ☐ Statutory employee  
☐ Retirement plan  
☐ Third-party sick pay

**14** Enter box 14 below **after** entering boxes 18, 19, and 20.  
**NOTE:** Enter box 15 **before** entering box 14.

**2** Federal income tax withheld  
0.00

**4** Social security tax withheld  
0.00

**6** Medicare tax withheld  
0.00

**8** Allocated tips  
0.00

**10** Dependent care benefits  
0.00

Distributions from sect. 457 and nonqualified plans  
*(Important, see Help)*

**Box 12**  
Code**Box 12**  
Amount

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_

M: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_

P: Double click to link to Form 3903, line 4. . . \_\_\_\_\_

R: Enter MSA contribution for Taxpayer . . . \_\_\_\_\_

Spouse . . . . \_\_\_\_\_

W: Enter HSA contribution for Taxpayer . . . \_\_\_\_\_

Spouse . . . . \_\_\_\_\_

G: ☐ Employer is **not** a state or local government**Box 15**  
State

Employer's state I.D. no.

**Box 16**

State wages, tips, etc.

**Box 17**

State income tax

AZ**Box 20**

Locality name

**Box 18**

Local wages, tips, etc.

**Box 19**

Local income tax

Associated  
State**Box 14**Description or Code  
on Actual Form W-2

Amount

TurboTax Identification of Description or Code  
 (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).



## 2011

Name(s) Shown on Return  
Brian J Cullinan

Social Security Number  
270-86-4986

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	<u>04/18/11</u>		<u>04/18/11</u>			<u>04/18/11</u>		
2	<u>06/15/11</u>		<u>06/15/11</u>			<u>06/15/11</u>		
3	<u>09/15/11</u>		<u>09/15/11</u>			<u>09/15/11</u>		
4	<u>01/17/12</u>		<u>01/17/12</u>			<u>01/17/12</u>		
5								
Tot Estimated Payments . . .								

## ID

6	Overpayments applied to 2011 . . . .
7	Credited by estates and trusts . . . .
8	<b>Totals</b> Lines 1 through 7 . . . .
9	2011 extensions . . . . .

## Local

10	Forms W-2 . . . . .				
11	Forms W-2G . . . . .				
12	Forms 1099-R . . . . .				
13	Forms 1099-MISC and 1099-G . . . . .				
14	Schedules K-1 . . . . .				
15	Forms 1099-INT, DIV and OID . . . . .				
16	Social Security and Railroad Benefits . . . . .				
17	Form 1099-B . . . . .	St	<input type="text"/>	Loc	<input type="text"/>
18 a	Other withholding . . . . .	St	<input type="text"/>	Loc	<input type="text"/>
b	Other withholding . . . . .	St	<input type="text"/>	Loc	<input type="text"/>
c	Other withholding . . . . .	St	<input type="text"/>	Loc	<input type="text"/>
d	Positive Adjustment . . . . .	St	<input type="text"/>	Loc	<input type="text"/>
e	Negative Adjustment . . . . .	St	<input type="text"/>	Loc	<input type="text"/>
19	<b>Total Withholding</b> Lines 10 through 18e . . . . .				

773.

773.

**20 Total Tax Payments for 2011 . . . . .**

773.

## ID

(If multiple states or localities, see Tax Help)

21	Tax paid with 2010 extensions . . . . .	
22	2010 estimated tax paid after 12/31/10 . . . . .	
23	Balance due paid with 2010 return . . . . .	
24	Other (amended returns, installment payments, etc) . . . . .	

**Schedule A**  
**Lines 5 - 12**

**Tax and Interest Deduction Worksheet**

**2011**

► Keep for your records

Name(s) Shown on Return  
Brian J Cullinan

Social Security Number  
270-86-4986

**Tax Deductions**

**1 State and local taxes:**

**Optional Sales Tax Tables**

**a Available Income:**

(1) Income from Form 1040, line 38. . . . .	48,464.00
(2) Nontaxable income entered elsewhere on return . . . . .	
(3) Available income: 2010 refundable credits in excess of tax. . . . .	0.00
(4) Enter any additional nontaxable income . . . . .	
(5) Total available income . . . . .	48,464.00

**b Sales Tax Per State of Residence:**

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

*Arizona, California, Colorado, New Jersey, New York or South Carolina only:*

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

**c** Total general sales tax using tables . . . . .

**d Sales Tax Paid on Specific Items (see help):**

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

**e** Total sales tax deduction on specific items . . . . .

**f** Total general sales tax per tables plus sales tax on specific items . . . . .

**g Actual State and Local General Sales Tax:**

Actual sales taxes (enter the total sales taxes paid during the year on all items). . . . .

**h State and Local Income Taxes:**

State and Local Income taxes . . . . . 773.00

**i State and Local Tax Deduction to Schedule A, line 5:**

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5) . . . . . 773.00

**j** Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . ☐ Sales Taxes . . . . ☐ Greater amount . ☒

**2 Real estate taxes:**

**a** Real estate taxes paid on principal residence **not** entered on Form 1098 . . . . .

<b>b</b>	Real estate taxes paid on principal residence entered on Form 1098 . . . . .	_____
<b>c</b>	Real estate taxes paid on additional homes or land . . . . .	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
<b>d</b>	Principal residence . . . . .	_____
<b>e</b>	Vacation home . . . . .	_____
<b>f</b>	Less real estate taxes deducted on Form 8829 . . . . .	_____
<b>g</b>	Add lines 2a through 2f (to Schedule A, line 6) . . . . .	_____
<b>3</b>	<b>Personal property taxes:</b>	
<b>a</b>	Auto registration fees based on the value of the vehicle.	
	2010 Amount                      Enter 2011 description:	
	_____	_____
	_____	_____
	_____	_____
<b>b</b>	Non-business portion of personal property taxes from Car & Truck Exp Wks . . . . .	_____
<b>c</b>	Other personal property taxes . . . . .	_____
<b>d</b>	Add lines 3a through 3c (to Schedule A, line 7) . . . . .	_____
<b>4</b>	<b>Other taxes:</b>	
<b>a</b>	Other taxes from Schedule(s) K-1 . . . . .	_____
<b>b</b>	Foreign taxes from interest and dividends . . . . .	_____
<b>c</b>	Foreign taxes from Schedule(s) K-1 . . . . .	_____
<b>d</b>	Other foreign taxes (not used to claim a foreign tax credit) . . . . .	_____
<b>e</b>	Other taxes.	
	2010 Amount                      Enter 2011 description:	
	_____	_____
	_____	_____
	_____	_____
<b>f</b>	Add lines 4a through 4e (to Schedule A, line 8) . . . . .	_____

---

**Interest Deductions**

---

<b>5</b>	<b>Home mortgage interest and points reported on Form 1098:</b>	
<b>a</b>	Mortgage interest and points from the Home Mortgage Interest Worksheet . . . . .	_____
<b>b</b>	Qualified mortgage interest from Schedule E Worksheet . . . . .	_____
<b>c</b>	Less home mortgage interest/points deducted on Form 8829 . . . . .	_____
<b>d</b>	Less home mortgage interest from Form 8396, line 3 . . . . .	_____
<b>e</b>	Add lines 5a through 5d (to Sch A, line 10) or line A2 from above . . . . .	_____
<b>6</b>	<b>Home mortgage interest not reported on Form 1098:</b>	
<b>a</b>	Mortgage interest from the Home Mortgage Interest Worksheet . . . . .	_____
<b>b</b>	Less home mortgage interest deducted on Form 8829 . . . . .	_____
<b>c</b>	Add lines 6a and 6b (to Sch A, line 11) or line B2 from above . . . . .	_____
<b>7</b>	<b>Points not reported on Form 1098:</b>	
<b>a</b>	Amortizable points from the Home Mortgage Interest Worksheet . . . . .	_____
<b>b</b>	Other points not on Form 1098 from the Home Mortgage Interest Worksheet . . . . .	_____
<b>c</b>	Less points deducted on Form 8829 . . . . .	_____
<b>d</b>	Add lines 7a through 7c (to Schedule A, line 12) or line C2 from above . . . . .	_____

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# Earned Income Worksheet

2011

► Keep for your records

Name(s) Shown on Return

Brian J Cullinan

Social Security Number

270-86-4986

## Part I – Earned Income Credit Wks Computation

	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .			
<b>b</b> Optional Method and Church Employee income . . . . .			
<b>c</b> Add lines 1a and 1b . . . . .			
<b>d</b> One-half of self-employment tax . . . . .			
<b>e</b> Subtract line 1d from line 1c . . . . .			
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .			
<b>b</b> Net nonfarm profit or (loss) . . . . .			
<b>c</b> Add lines 2a and 2b . . . . .			
<b>3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ . . . . .</b>			
<b>4 Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .</b>			

## Part II – Form 2441 and Standard Deduction Worksheet Computations

<b>5</b> Net self-employment earnings (line 4 above) . . .			
<b>6</b> Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	48,673.		48,673.
<b>7</b> Taxable employer-provided adoption benefits. . .			
<b>8</b> Add lines 5 through 7. To Form 2441, lines 19 and 20 . . . . .	48,673.		48,673.
<b>9 a</b> Taxable dependent care benefits. . . . .			
<b>b</b> Nontaxable combat pay . . . . .			
<b>10</b> Add lines 8, 9a and 9b. To Form 2441, lines 4 and 5 . . . . .	48,673.		48,673.
<b>11</b> Scholarship or fellowship income not on W-2 . . .			
<b>12</b> SE exempt earnings less nontaxable income . . .			
<b>13</b> Distributions from nonqualified/Sec. 457 plans . . .			
<b>14</b> Add lines 8, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	48,673.		48,673.

## Part III – IRA Deduction Worksheet Computation

<b>15</b> Net self-employment income or (loss) . . . . .			
<b>16</b> Wages, salaries, tips, etc . . . . .	48,673.		48,673.
<b>17</b> Net self-employment loss . . . . .			
<b>18</b> Alimony received. . . . .			
<b>19</b> Nontaxable combat pay . . . . .			
<b>20</b> Foreign earned income exclusion . . . . .			
<b>21</b> Keogh, SEP or SIMPLE deduction . . . . .			
<b>22</b> Combine lines 15 through 21. To IRA Wks, ln 2. . . . .	48,673.		48,673.

## Part IV – Form 8812 and Child Tax Credit Line 11 Worksheet Computations

<b>23</b> Self-employed, church and statutory employees . . .			
<b>24</b> Wages, salaries, tips, etc . . . . .	48,673.		48,673.
<b>25</b> Nontaxable combat pay . . . . .			
<b>26</b> Foreign earned income exclusion . . . . .			
<b>27</b> Combine lines 23 through 26. To Form 8812, line 4a & Line 11 Wks, line 2. . . . .	48,673.		48,673.

# Federal Carryover Worksheet

2011

► Keep for your records

Name(s) Shown on Return Brian J Cullinan	Social Security Number 270-86-4986
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## 2010 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
AZ			141.		141.	
Totals . .			141.		141.	

## Other Tax and Income Information

			2010	2011
1	Filing status . . . . .	1	1 Single	1 Single
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .	2		
3	Itemized deductions . . . . .	3	141.	8,796.
4	Check box if required to itemize deductions . . . . .	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .	5	8,135.	48,464.
6	Tax liability for Form 2210 or Form 2210-F . . . . .	6	244.	5,119.
7	Alternative minimum tax . . . . .	7		
8	Federal overpayment applied to next year estimated tax . . . . .	8		

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►

## Excess Contributions

			2010	2011
9 a	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31 . . . . .	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .	b		
11 a	Taxpayer's excess HSA contributions as of 12/31 . . . . .	11 a		
b	Spouse's excess HSA contributions as of 12/31 . . . . .	b		

## Loss and Expense Carryovers

Note: Enter all entries as a positive amount

			2010	2011
12 a	Short-term capital loss . . . . .	12 a		
b	AMT Short-term capital loss . . . . .	b		
13 a	Long-term capital loss . . . . .	13 a		
b	AMT Long-term capital loss . . . . .	b		
14 a	Net operating loss available to carry forward . . . . .	14 a		
b	AMT Net operating loss available to carry forward . . . . .	b		
15 a	Investment interest expense disallowed . . . . .	15 a		
b	AMT Investment interest expense disallowed . . . . .	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2011 . . . . .	b		
	b 2010 . . . . .	c		
	c 2009 . . . . .	d		
	d 2008 . . . . .	e		
	e 2007 . . . . .	f		
	f 2006 . . . . .			

Brian J Cullinan

270-86-4986

Loss and Expense Carryovers (cont'd)				2010	2011												
17	AMT Nonrecap'd net Sec 1231 losses from:	<table border="1"> <tr><td>a</td><td>2011 . . .</td></tr> <tr><td>b</td><td>2010 . . .</td></tr> <tr><td>c</td><td>2009 . . .</td></tr> <tr><td>d</td><td>2008 . . .</td></tr> <tr><td>e</td><td>2007 . . .</td></tr> <tr><td>f</td><td>2006 . . .</td></tr> </table>	a	2011 . . .	b	2010 . . .	c	2009 . . .	d	2008 . . .	e	2007 . . .	f	2006 . . .	17 a		
a	2011 . . .																
b	2010 . . .																
c	2009 . . .																
d	2008 . . .																
e	2007 . . .																
f	2006 . . .																
			b														
			c														
			d														
			e														
			f														
Credit Carryovers				2010	2011												
18	General business credit . . . . .		18														
19	Mortgage interest credit from:	<table border="1"> <tr><td>a</td><td>2011 . . . . .</td></tr> <tr><td>b</td><td>2010 . . . . .</td></tr> <tr><td>c</td><td>2009 . . . . .</td></tr> <tr><td>d</td><td>2008 . . . . .</td></tr> </table>	a	2011 . . . . .	b	2010 . . . . .	c	2009 . . . . .	d	2008 . . . . .	19 a						
a	2011 . . . . .																
b	2010 . . . . .																
c	2009 . . . . .																
d	2008 . . . . .																
			b														
			c														
			d														
20	Credit for prior year minimum tax . . . . .		20														
21	District of Columbia first-time homebuyer credit . . . . .		21														
22	Residential energy efficient property credit . . . . .		22														
Other Carryovers				2010	2011												
23	Section 179 expense deduction disallowed . . . . .		23		0 .												
24	Excess	a	24 a														
	foreign	b	b														
	housing	c	c														
	deduction:	d	d														

## Charitable Contribution Carryovers

25 2010 Carryover of charitable contributions from:		Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2010 . . . . .				
b	2009 . . . . .				
c	2008 . . . . .				
d	2007 . . . . .				
e	2006 . . . . .				
26 2011 Carryover of charitable contributions from:		Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2011 . . . . .				
b	2010 . . . . .				
c	2009 . . . . .				
d	2008 . . . . .				
e	2007 . . . . .				
27 Amount overpaid less earned income credit . . . . . 0 .					

## 2010 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

Your Name  
Brian J CullinanSocial Security Number  
270-86-4986Occupation in Which You Incurred Expenses  
Software Developer**Line 4 – Other Business Expenses**

1	Business gifts . . . . .	1	25.
2	Education . . . . .	2	550.
3	Home office ( <b>QuickZoom</b> to Employee Home Office Wks) . . . . . ►	3	0.
4	Trade publications . . . . .	4	
5	Depreciation and amortization (for vehicles, use the Vehicle Expenses Worksheet) . . . . .	5	4,166.
6	Other:		
	ACM Subscription . . . . .	6	90.
	IEEE Subscription . . . . .		90.
	DefCon Pass . . . . .		120.
7	<b>Total other business expenses.</b> Add lines 1 through 6. Carries to Form 2106, line 4 . . . . .	7	5,041.

**Line 7 – Allocation of Employer Reimbursements**

8	Reimbursements that were not reported in box 1 of Form W-2 . . . . .	8	
9	Total expenses for the period(s) covered by the reimbursements on line 8 . . . . .	9	
10	Meal and entertainment expenses included in line 9 . . . . .	10	
11	Divide line 10 by line 9 . . . . .	11	
12	<b>Employer reimbursement for meals and entertainment.</b> Multiply line 8 by line 11. Carries to Form 2106, line 7, column B . . . . .	12	
13	<b>Employer reimbursement for other than meals and entertainment.</b> Subtract line 12 from line 8. Carries to Form 2106, line 7, column A . . . . .	13	
	<b>Department of Transportation (DOT) Employees - complete lines 14 - 19</b>		
14	Employer reimbursement for meals and entertainment expenses . . . . .	14	
15	Total meals and entertainment expenses for the period(s) covered by the reimbursements on line 14 . . . . .	15	
16	Meal expenses included in line 15 that are covered by DOT rules regarding hours of service limits . . . . .	16	
17	Divide line 16 by line 15 . . . . .	17	
18	<b>Employer reimbursement for DOT meals.</b> Multiply line 14 by line 17 . . . . .	18	
19	<b>Employer reimbursement for other meals and entertainment.</b> Subtract line 18 from line 14 . . . . .	19	

**Line 10 – Allocation of Business Expenses**

(Qualified Performing Artists, Armed Forces Reservists, and Disabled Individuals)

20	Total employee expenses from Form 2106, line 10. . . . .	20	8,992.
21	Qualified performing artist expenses. Carries to Form 1040, line 24 (or to Form 1040NR, line 35) . . . . .	21	
22	Armed Forces Reservists related travel more than 100 miles from home (up to the federal per diem rate). Carries to Form 1040, line 24 (not applicable to Form 1040NR). . . . .	22	
23	Impairment-related work expenses. Carries to Schedule A (Form 1040), line 28 (or to Schedule A (Form 1040NR), line 14) . . . . .	23	
24	<b>Net employee expenses.</b> Subtract lines 21, 22, and 23 from line 20. Carries to Schedule A (Form 1040), line 21 (or to Schedule A (Form 1040NR), line 7) . . . . .	24	8,992.

# Employee Home Office Worksheet

► Keep for your records

2011

Copy 1

Your name  
Brian J Cullinan

Social Security Number  
270-86-4986

**Part I** **Part of Your Home Used for Business** Software Developer  
9259 E Raintree Dr, Scottsdale, AZ 85260

1	Area used regularly and exclusively for business, regularly and exclusively for daycare, or regularly for inventory storage . . . . .	1	400
2	Total area of home. . . . .	2	1,000
3	Divide line 1 by line 2. Enter result as a percentage . . . . .	3	40.00 %
<p>• For daycare facilities not used exclusively for business, also complete lines 4 - 9.</p> <p>• All others, skip lines 4 - 9 and enter the amount from line 3 on line 10.</p>			
4	Area used only partly for daycare . . . . .	4	
5	Divide line 4 by line 2. Enter the result as a percentage . . . . .	5	%
6	Multiply days used for daycare during year by hours used per day . . . . .	6	hr
7	Total hours available for use during the year (365 x 24 hours). . . . .	7	hr
8	Divide line 6 by line 7. Enter result as a decimal amount. . . . .	8	
9	Multiply line 8 by line 5 . . . . .	9	%
10	Business percentage. For daycare facilities not used exclusively for business, add line 3 and line 9. All others, enter the amount from line 3 . . . . .	10	40.00 %

**Part II** **Figure Your Allowable Deduction**

11	Total wages from this business . . . . .	11	6,225.
12	Percent of wages from the business use of this home . . . . .	12	100.00 %
13	Wages from the business use of home. Multiply line 11 by line 12 . . . . .	13	6,225.
14	Gain from business use of home shown on Schedule D or Form 4797 . . . . .	14	
15	Gross income from wages, Sch D and Form 4797. Add line 13 and line 14 . . . . .	15	6,225.
16 a	Total employee expenses (excluding home office) . . . . .	16 a	8,992.
b	If there is more than one home office for this business, enter the amount of expenses from line 16a allocable to this home office. . . . .	b	
17	Any losses from this business not derived from the business use of your home and shown on Schedule D or Form 4797 . . . . .	17	
18	Net income from business use of home. Line 15 less line 16 and line 17 . . . . .	18	-2,767.

	(a) Direct expenses	(b) Indirect expenses	
<b>See instructions for columns (a) and (b) before completing lines 19 - 29</b>			
19	Casualty losses . . . . .		
20	Deductible mortgage interest . . . . .		
21	Real estate taxes . . . . .		
22	Add lines 19, 20, and 21 . . . . .		
23	Multiply line 22, column (b) by line 10 . . . . .		
24	Add line 22, column (a) and line 23 . . . . .		
25	Subtract line 24 from line 18. If zero or less, enter -0- . . . . .		0.
26	Insurance . . . . .	125.	150.
27	Rent . . . . .	9,500.	11,400.
28	Repairs and maintenance . . . . .	50.	50.
29	Utilities . . . . .	1,987.	2,248.
30	Other expenses . . . . .	2,100.	2,510.
31	Add lines 26 through 30 . . . . .	13,762.	16,358.



Software Developer

1

32	Multiply line 31, column (b) by line 10 . . . . .	6,543.	
33	Carryover of operating expenses from 2010. . . . .	302.	
34	Add line 31 in column (a), line 32, and line 33. . . . .	34	20,607.
35	Allowable operating expenses. Enter the <b>smaller</b> of line 25 or line 34 . . . . .	35	0.
36	Limit on excess casualty losses and depreciation. Subtract line 35 from line 25. . . . .	36	0.
37	Excess casualty losses . . . . .	37	
38	Depreciation of your home from Part III . . . . .	38	
39	Carryover of excess casualty losses and depreciation from 2010 . . . . .	39	
40	Add lines 37 through 39. . . . .	40	
41	Allowable excess casualty losses and depreciation. Enter the <b>smaller</b> of line 36 or line 40 . . . . .	41	
42	Add lines 24, 35, and 41 . . . . .	42	0.
43	Casualty loss portion, if any, from lines 24 and 41. Carry amount to <b>Form 4684</b> , Section B. . . . .	43	
44	Allowable expenses for business use of your home. Subtract line 43 from line 42. . . . .	44	0.
45	Less deductible mortgage interest, mortgage insurance and real estate taxes reported on Sch A . . . . .	45	0.
46	Form 2106 home office expenses. Carries to Form 2106 Adj Wks, line 3 . . . . .	46	0.

**Part III Depreciation of Your Home**

47	Enter the <b>smaller</b> of your home's adjusted basis or its fair market value . . . . .	47	
48	Value of land included on line 47 . . . . .	48	
49	Basis of building. Subtract line 48 from line 47 . . . . .	49	
50	Business basis of building. Multiply line 49 by line 10 . . . . .	50	
51	Depreciation percentage . . . . .	51	%
52	Depreciation attributable to business use of home. Multiply line 50 by line 51 . . . . .	52	
53	Depreciation for additions and improvements attributable to business use of home . . . . .	53	
54	Total allowable depreciation. Add line 52 and line 53. Enter here and on line 38 . . . . .	54	

**Part IV Carryover of Unallowed Expenses to 2012**

55	Operating expenses. Subtract line 35 from line 34. If less than zero, enter -0- . . . . .	55	20,607.
56	Excess casualty losses and depreciation. Subtract line 41 from line 40. If less than zero, enter -0- . . . . .	56	

# Vehicle Expenses Worksheet

2011

► Keep for your records

Name(s) Shown on Return <u>Brian J Cullinan</u>	Social Security Number <u>270-86-4986</u>
--	--

Activity: Form 2106 Software Developer

## Part I – Vehicle Information

		Example: Ford Taurus	
1	Make and model of vehicle . . . . .	<u>Toyota Camery</u>	
		Example: 06/15/2011	
2	Date placed in service . . . . .	<u>02/15/2011</u>	
3	Type of vehicle . . . . .	<u>A1 - Auto</u>	
		Enter mileage readings, or total miles on line 4c	
4 a	Ending mileage reading . . . . .	<u>171,694</u>	
b	Beginning mileage reading . . . . .	<u>152,340</u>	
		Line 4a less line 4b	
c	<b>Total miles</b> vehicle was driven during 2011 . . . . .	<u>19,354</u>	
		Business miles	
5 a	Number of business miles 01/01/11 thru 06/30/11 . . .	<u>2,780</u>	
b	Number of business miles 07/01/11 thru 12/31/11 . . .	<u>1,350</u>	
		Travel between home and work.	
6	Number of miles driven for commuting . . . . .	<u>2,130</u>	
		Line 4c less lines 5 and 6	
7	Number of miles driven for personal purposes . . . . .	<u>13,094</u>	
		Line 5 divided by line 4c	
8	Percent of business use . . . . .	<u>21.34</u>	
9	Average daily round trip commuting mileage . . . . .	<u>12</u>	
		See Tax Help	
10	Months for special allocation . . . . .		
11 a	Do you have evidence to support your deduction? . . . . .	<input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No
b	If <b>Yes</b> , is the evidence written? . . . . .	<input type="checkbox"/>	Yes <input type="checkbox"/> No
12	Do you have another vehicle available for personal use? . . . . .	<input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No
13	Was your vehicle available for personal use during off-duty hours? . . . . .	<input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No

## Part II – Standard Mileage Rate (Rural mail carriers do not qualify for the standard mileage rate)

14	Did you own this vehicle, lease this vehicle, or was it not your vehicle? . . . . .	<input checked="" type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Not mine	
15	Did you use this vehicle for hire? (Example: Taxicab) . . . . .	Yes <input checked="" type="checkbox"/> No	
16	Did you use less than 5 vehicles for business at a time? . . . . .	Yes <input checked="" type="checkbox"/> No	
17	If you <b>owned</b> this vehicle, did you use the standard mileage rate for this vehicle's first year, OR if you <b>leased</b> this vehicle, did you use the standard mileage rate for the portion of the lease period after 1997? . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	Only applies to vehicles placed in service in prior years

**If you answered Own or Lease to line 14, and Yes to lines 16 and 17 you can take standard mileage for this vehicle (note: Line 15, vehicle for hire, is now allowed):**

		line 5 times .51	
18 a	Standard mileage deduction for 1/1 thru 6/30 . . . . .	<u>1,418.</u>	
		line 5b times .555	
b	Standard mileage deduction for 7/1 thru 12/31 . . . . .	<u>749.</u>	
		line 18a plus line 18b	
c	<b>Total standard mileage deduction</b> . . . . .	<u>2,167.</u>	

**Part III – Actual Expenses****19** Expenses:

- a** Gasoline . . . . .
- b** Oil . . . . .
- c** Tires . . . . .
- d** Repairs . . . . .
- e** Vehicle insurance . . . . .
- f** Vehicle registration, license (excluding prop taxes) . . . . .
- g** Garage rent . . . . .
- h** Vehicle lease or rental fees . . . . .
- i** Less: Inclusion amount . . . . . ( )
- j** Value of employer provided vehicle (only if 100% of annual lease value was included on Form W-2) . . . . .
- k** Other . . . . .

**20** Expense subtotal . . . . .

Line 20 times line 8 (Business Percentage)

**21** Expenses applicable to business . . . . .**22** Depreciation of vehicle (from Part V) . . . . .**23** **Total actual expenses** (line 21 plus line 22) . . . . .

**Part IV – Standard Mileage versus Actual Expenses** - The program automatically chooses the method that gives you the largest deduction. Check the other method if you want to use it instead. **Note:** If you are a rural mail carrier who receives qualified reimbursements, choose the actual expenses method.

**24** Standard mileage . . . . . ☒ 2,167.**25** Actual expenses . . . . . ☐**Part V – Vehicle Depreciation Information****Vehicle 1**

Include sales tax. For trade in or vehicle converted from personal use, See Tax Help.

**26** Enter the total cost when vehicle was acquired . . . . .

Cannot be greater than limit shown below.

**27** Enter the amount of Section 179 expense elected . . . . .**28** Depreciation and Section 179 limit for luxury cars . . . . .

**29 a** **Economic Stimulus** - Qualified Property . . . . . ☐ Yes ☒ No

**b** **Qualified Disaster Area** - Qualified Property . . . . . ☐ Yes ☒ No

**c** **Kansas Disaster Zone** - Qualified Property . . . . . ☐ Yes ☐ No

**d** **Gulf Opportunity Zone** - Qualified Property . . . . . ☐ Reg ☐ Ext ☐ No

100% & 50% 30% N/A

**e** Percentage for Special Depreciation Allowance . . . . . ☐**f** Elect OUT of Special Depreciation Allowance . . . . . ☐ Yes ☐ No**g** Elect 30% in place of 50% Depr Allowance . . . . . ☐ Yes ☐ No**h** **QuickZoom** to view the Election statements . . . . . ►**i** Special Depreciation Allowance . . . . .**j** AMT Special Depreciation Allowance . . . . .

If blank, prior depreciation from Asset Life History is used. Required if sold, or if standard mileage rate used in a prior year.

**30** Prior depreciation . . . . .**31** **Depreciation deduction** . . . . . ►**32** Limited to luxury car maximum . . . . . ☐

If blank, prior depreciation from Asset Life History is used. Required if sold, or if standard mileage rate used in a prior year.

**33** AMT prior depreciation . . . . .**34** AMT depreciation deduction . . . . .**35** Limited to luxury car maximum . . . . . ☐**36** AMT adjustment/preference . . . . .**37** **QuickZoom** to Asset Life History . . . . . ►

**Part VI – Disposition of Vehicle** – Complete this part only if you sold, abandoned, or otherwise disposed of this vehicle, or removed it from business use in 2011.

- 38 Date vehicle sold, given away or abandoned in 2011 . . . . . Example: 12/01/2011  
08/31/2011
- 39 Date vehicle acquired, if different from line 2 . . . . . If converted from personal use  
Enter business portion only
- 40 Sales price . . . . . Enter business portion only
- 41 Expense of sale . . . . .
- 42 Sec 179 deduction allowed . . . . .
- 43 Double-click to link sale to Form 6252 . . . . . ▶
- 44 a Double-click to link sale to Form 8824 . . . . . ▶  
b Form 8824: Depreciation at 100% business use . . . . .  
c Form 8824: AMT depr at 100% business use . . . . .  
Enter 100% of basis
- 45 Gain/loss basis, if different from line 26 . . . . . Enter 100% of basis
- 46 AMT gain/loss basis, if different from line 68 . . . . .
- 47 Depreciation allowed or allowable . . . . .
- 48 AMT depreciation allowed or allowable . . . . .
- 49 Gain or loss . . . . .
- 50 AMT gain or loss . . . . .
- 51 Part of Form 4797 to which gain/loss carries . . . . .

**Part VII – Detail Vehicle Depreciation Information** – This section is calculated for most vehicles from the data entered above. Use Find Next Error feature to check for any required entries.

- 52 Subject to automobile limitations? . . . . . ☐ Yes ☐ No
- 53 Truck or van? . . . . . ☐ Yes ☐ No
- 54 Electric passenger vehicle? . . . . . ☐ Yes ☒ No
- 55 Heavy SUV? . . . . . ☐ Yes ☐ No
- 56 Listed property? . . . . . ☒ Yes ☐ No
- Applies to current year assets only.
- 57 Eligible Section 179 property? . . . . . ☐ Yes ☐ No
- 58 Use IRS tables for MACRS property? . . . . . ☐ Yes ☐ No
- 59 Qualified Indian reservation property? . . . . . ☐ Yes ☐ No

**Regular Depreciation**

- 60 Depreciation type . . . . .
- 61 Asset class . . . . .
- 62 Depreciation method . . . . .
- 63 MACRS convention . . . . .
- 64 QuickZoom to set 2011 convention . . . . . ▶
- 65 Recovery period . . . . .
- 66 Year of depreciation . . . . .
- 67 Depreciable basis . . . . .

**Alternative Minimum Tax Depreciation**

- 68 AMT basis, if different from cost . . . . .
- 69 AMT depreciation method . . . . .
- 70 AMT recovery period . . . . .
- 71 AMT depreciable basis . . . . .

Brian J Cullinan  
Form 2106 - Software Developer

## Tax Year 2011

► Keep for your records

270-86-4986

**Code:** S = Sold, A = Auto, L = Listed, H = Home Office

Brian J Cullinan  
Form 2106 - Software Developer

## Tax Year 2011

► Keep for your records

270-86-4986

**Code:** S = Sold, A = Auto, L = Listed, H = Home Office

- Keep for your records

2011

PAGE                      1

[illegible]

## Two-Year Comparison

2011

Name(s) Shown on Return  
 Brian J Cullinan

Social Security Number  
 270-86-4986

Income	2010	2011	Difference	%
Wages, salaries, tips, etc . . . . .	8,135.	48,673.	40,538.	498.32
Interest and dividend income . . . . .				
State tax refund . . . . .		141.	141.	
Business income (loss) . . . . .				
Capital and other gains (losses) . . . . .				
IRA distributions . . . . .				
Pensions and annuities . . . . .				
Rents and royalties . . . . .				
Partnerships, S Corps, etc . . . . .				
Farm income (loss) . . . . .				
Social security benefits . . . . .				
Income other than the above . . . . .				
<b>Total Income</b> . . . . .	8,135.	48,814.	40,679.	500.05
<b>Adjustments to Income</b> . . . . .		350.	350.	
<b>Adjusted Gross Income</b> . . . . .	8,135.	48,464.	40,329.	495.75
<b>Itemized Deductions</b>				
Medical and dental . . . . .				
Income or sales tax . . . . .	141.	773.	632.	448.23
Real estate taxes . . . . .				
Personal property and other taxes . . . . .				
Interest paid . . . . .				
Gifts to charity . . . . .				
Casualty and theft losses . . . . .				
Miscellaneous . . . . .		8,023.	8,023.	
Total Itemized Deductions . . . . .	141.	8,796.	8,655.	999.00
<b>Standard or Itemized Deduction</b> . . . . .	5,700.	8,796.	3,096.	54.32
<b>Exemption Amount</b> . . . . .	0.	3,700.	3,700.	
<b>Taxable Income</b> . . . . .	2,435.	35,968.	33,533.	999.00
Income tax . . . . .	244.	5,119.	4,875.	999.00
Additional income taxes . . . . .				
Alternative minimum tax . . . . .				
<b>Total Income Taxes</b> . . . . .	244.	5,119.	4,875.	999.00
Nonbusiness credits . . . . .				
Business credits . . . . .				
<b>Total Credits</b> . . . . .				
Self-employment tax . . . . .				
Other taxes . . . . .				
<b>Total Tax After Credits</b> . . . . .	244.	5,119.	4,875.	999.00
Withholding . . . . .	111.	4,525.	4,414.	999.00
Estimated and extension payments . . . . .				
Earned income credit . . . . .				
Additional child tax credit . . . . .				
Other payments . . . . .	0.		0.	
<b>Total Payments</b> . . . . .	111.	4,525.	4,414.	999.00
Form 2210 penalty . . . . .				
Applied to next year's estimated tax . . . . .				
<b>Refund</b> . . . . .				
<b>Balance Due</b> . . . . .	133.	594.	461.	346.62

Current year effective tax rate . . . . . 10.56 %



# Tax History Report

► Keep for your records

2011

Name(s) Shown on Return

Brian J Cullinan

	Five Year Tax History:				
	2007	2008	2009	2010	2011
Filing status . . . . .				Single	Single
Total income . . . . .				8,135.	48,814.
Adjustments to income					350.
Adjusted gross income				8,135.	48,464.
Tax expense . . . . .				141.	773.
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions. . . . .					8,023.
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .				5,700.	8,796.
Exemption amount . .				0.	3,700.
Taxable income . . . .				2,435.	35,968.
Tax. . . . .				244.	5,119.
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .					
Payments . . . . .				111.	4,525.
Form 2210 penalty . .					
Amount owed . . . . .				133.	594.
Applied to next year's estimated tax .					
Refund. . . . .					
Effective tax rate % . .				3.00	10.56
**Tax bracket % . . .				10	25

\*\*Tax bracket % is based on Taxable income.

**Tax Summary**  
 ► Keep for your records

**2011**

Name (s)	SSN
Brian J Cullinan	270-86-4986
<b>Total income</b> .....	48,814.
<b>Adjustments to income</b> .....	350.
<b>Adjusted gross income</b> .....	48,464.
<b>Itemized/standard deduction</b> .....	8,796.
<b>Exemption amount</b> .....	3,700.
<b>Taxable income</b> .....	35,968.
<b>Tentative tax</b> .....	5,119.
<b>Additional taxes</b> .....	
<b>Alternative minimum tax</b> .....	
<b>Total credits</b> .....	
<b>Other taxes</b> .....	
<b>Total tax</b> .....	5,119.
<b>Total payments</b> .....	4,525.
<b>Estimated tax penalty</b> .....	
<b>Amount Overpaid</b> .....	0.
<b>Refund</b> .....	0.
<b>Amount Applied to Estimate</b> .....	0.
<b>Balance due</b> .....	594.

**Which Form 1040 to file?**

You must use Form 1040 because  
 you had taxable state or local income tax refunds.

# Compare to U. S. Averages

► Keep for your records

2011

Name(s) Shown on Return Brian J Cullinan	Social Security No 270-86-4986
---	-----------------------------------

Your 2011 adjusted gross income (AGI) . . . . . 48,464.  
National adjusted gross income range used below . . . . . from 30,000. to 49,999.

**Note:** National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages . . . . .	48,673.	37,706.
Taxable interest . . . . .		1,700.
Tax-exempt interest . . . . .		6,159.
Dividends . . . . .		2,500.
Business net income . . . . .		13,462.
Business net loss . . . . .		7,198.
Net capital gain . . . . .		4,442.
Net capital loss . . . . .		2,367.
Taxable IRA . . . . .		10,217.
Taxable pensions and annuities . . . . .		17,758.
Rent and royalty net income . . . . .		7,334.
Rent and royalty net loss . . . . .		9,719.
Partnership and S corporation net income . . . . .		15,205.
Partnership and S corporation net loss . . . . .		14,431.
Taxable social security benefits . . . . .		7,403.
Medical and dental expenses deduction . . . . .		7,373.
Taxes paid deduction . . . . .	773.	4,137.
Interest paid deduction . . . . .		9,126.
Charitable contributions deduction . . . . .		2,386.
Total itemized deductions . . . . .	8,796.	17,209.
Child care credit . . . . .		611.
Education tax credits . . . . .		1,034.
Child tax credit . . . . .		1,073.
Retirement savings contributions credit . . . . .		184.
Earned income credit . . . . .		1,323.
Other Information	Actual Per Return	National Average
Adjusted gross income . . . . .	48,464.	40,969.
Taxable income . . . . .	35,968.	22,480.
Income tax . . . . .	5,119.	2,650.
Alternative minimum tax . . . . .		2,681.
Total tax liability . . . . .	5,119.	2,814.

## Smart Worksheets from your 2011 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet		
<b>A</b>	Tax . . . . . <u>5,119.</u>	
Check if from:		
1	Tax table . . . . . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">X</td></tr></table>	X
X		
2	Tax Computation Worksheet (see instructions) . . . . . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="height: 15px;"></td></tr></table>	
3	Schedule D Tax Worksheet . . . . . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="height: 15px;"></td></tr></table>	
4	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="height: 15px;"></td></tr></table>	
5	Schedule J . . . . . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="height: 15px;"></td></tr></table>	
6	Form 8615 . . . . . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="height: 15px;"></td></tr></table>	
7	Foreign Earned Income Tax Worksheet . . . . . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="height: 15px;"></td></tr></table>	
<b>B</b>	Additional tax from Form 8814 . . . . . _____	
<b>C</b>	Additional tax from Form 4972 . . . . . _____	
<b>D</b>	Tax from additional Form(s) 4972 . . . . . _____	
<b>E</b>	Recapture tax from Form 8863 . . . . . _____	
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . . _____	
<b>G</b>	<b>Tax.</b> Add lines A through F. Enter the result here and on line <b>44</b> . . . . . <u>5,119.</u>	

SMART WORKSHEET FOR: Form 3903 (Scottsdale): Moving Expenses

General Information Smart Worksheet		
<b>A</b>	Enter the new principal place of work for this move . . . <u>Scottsdale</u>	
<b>B</b>	If you are <b>NOT</b> in the military, enter the total amount your employer paid for your move (Enter <b>ONLY</b> if your Form W-2 does not show an amount in Box 12 with code <b>P</b> ) . . . _____	
<b>C</b>	Enter the number of miles from your <b>old home</b> to your <b>new workplace</b> . . . . . <u>140 miles</u>	
<b>D</b>	Enter the number of miles from your <b>old home</b> to your <b>old workplace</b> . . . . . <u>0 miles</u>	
<b>E</b>	Subtract line D from line C. If zero or less, enter -0- . . . . . <u>140 miles</u>	
<b>Is line E at least 50 miles?</b>		
<b>Yes</b>	▶ You meet this test.	
<b>No</b>	▶ You do not meet this test. You <b>cannot</b> deduct your moving expenses.	
<b>Do Not</b> complete Form 3903.		
<b>F</b>	For <b>foreign</b> moves check here <b>only</b> if <b>all</b> the following apply . . . . . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 15px;"></td></tr></table>	
<ul style="list-style-type: none"> <li>● You moved in an earlier year</li> <li>● You are claiming <b>only</b> storage fees while you are <b>away</b> from the United States</li> <li>● Any amount your employer paid for storage fees is included as wages in box 1 of Form W-2</li> </ul>		

SMART WORKSHEET FOR: Form 3903 (Scottsdale): Moving Expenses

Moving Expenses Smart Worksheet	
Enter your moving expenses:	
<b>A</b>	Transportation expenses for this move . . . . . _____
<b>B</b>	Storage of household goods and personal effects . . . . . _____
<b>C</b>	Travel expenses for this move (See Tax Help for new mileage rates) . . . . . <u>350.</u>
<b>D</b>	Lodging expenses for this move . . . . . _____

## SMART WORKSHEET FOR: Form 2106 (Software Developer) -- Form 2106 Adjustments Wks

**Depreciation Information Smart Worksheet**

<b>A</b>	Enter Section 179 carryover from prior year . . . . .	_____
<b>B</b>	Section 179 elected in current year (non-vehicles only) . . . . .	<u>4,166.</u>
<b>C</b>	Total carryover and non-vehicle Section 179. Line A plus line B. . . . .	<u>4,166.</u>
<b>D</b>	Enter allowable carryover and non-vehicle Section 179, if different from line C . . . .	_____
<b>E</b>	To enter assets (except autos, home office) <b>QuickZoom</b> to the Asset Entry Wks . . .	►
<b>F</b>	To enter home office assets <b>QuickZoom</b> to the Home Office Asset Entry Wks . . .	►
<b>G</b>	To view a calculated report of all depreciation information for Form 2106, <b>QuickZoom</b> to the Depreciation Reports . . . . .	►
<b>H</b>	<b>QuickZoom</b> to Form 4562 for Form 2106 . . . . .	►

## SMART WORKSHEET FOR: Form 2106 (Software Developer) -- Form 2106 Adjustments Wks

**Form 4562, Line 12 Smart Worksheet**

(Only applies if Summary Form 4562 used)

<b>A</b>	Total Section 179 before limitation . . . . .	<u>4,166.</u>
<b>B</b>	Section 179 allowable, if different. . . . .	_____

# Electronic Filing Instructions for your 2011 Arizona Tax Return

Important: Your taxes are not finished until all required steps are completed.



Brian J Cullinan  
6934 E Sandra Terrace  
Scottsdale, AZ 85254

<b>Balance Due/Refund</b>	Your Arizona state tax return (Form 140) shows a balance due of \$335.00.  Your return shows you have elected to pay your balance due of \$335.00 by Direct Debit using the following information: - Amount Withdrawn: \$335.00 - Account Number: 004654223271 - Routing Transit Number: 122101706 - Date of Withdrawal: 04/16/2012		
<b>What You Need to Sign</b>	Sign and date Form AZ-8453 within 1 day of acceptance.		
<b>Do Not Mail</b>	Do not mail a paper copy of your tax return. Since you filed electronically, the Arizona Department of Revenue already has your return.		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) - Form AZ-8453 and attachment(s) Printed copy of your state and federal returns		
<b>2011 Arizona Tax Return Summary</b>	Taxable Income	\$	37,428.00
	Total Tax	\$	1,108.00
	Total Payments/Credits	\$	773.00
	Payment Due	\$	335.00

Declaration Control Number (DCN)

00 — — 2

**ARIZONA FORM  
AZ-8453****Arizona Individual Income Tax Declaration  
for Electronic Filing****2011**

For the year January 1 through December 31, 2011.

Your First Name and Initial <b>Brian J</b>		Last Name <b>Cullinan</b>		Your Social Security No. <b>270-86-4986</b>	
If a joint return, Spouse's First Name and Initial		Last Name		Spouse's Social Security No.	
Present Home Address - number and street, rural route <b>6934 E Sandra Terrace</b>		Apt. No.	City, Town or Post Office <b>Scottsdale</b>	State <b>AZ</b>	Zip Code <b>85254</b>

**You must  
enter your  
SSN(s).****PART I – TAX RETURN INFORMATION**

1 Arizona Adjusted Gross Income	1	<b>48,464.00</b>
2 Balance Of Tax.....	2	<b>1,108.00</b>
3 Arizona Income Tax Withheld...	3	<b>773.00</b>

**Check box 4 or box 5:**

4 <input type="checkbox"/> <b>REFUND.</b> Enter the amount of refund.....	4	<b>00</b>
5 <input checked="" type="checkbox"/> <b>AMOUNT YOU OWE.</b> Enter the amount owed ...	5	<b>335.00</b>

**PART II – FINANCIAL INSTITUTION INFORMATION –  
Must be present when requesting direct debit or deposit.**☐ Foreign Account Deposit/Debit: See instructions.

TYPE OF ACCOUNT

ROUTING NUMBER

☒ Checking ☐ Savings**122101706**

ACCOUNT NUMBER

**004654223271**

DIRECT DEBIT REQUEST DATE

**04/16/2012**

DIRECT DEBIT PAYMENT AMOUNT

**\$ 335.00****PART III – DECLARATION OF TAXPAYER - Sign only after completing Part I**

- 6a** ☐ I consent that my refund be directly deposited as designated in the electronic portion of my 2011 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b** ☐ I do not want direct deposit of my refund or I am not receiving a refund.
- 6c** ☒ I authorize the Arizona Department of Revenue (DOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability by April 17, 2012, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, the electronic portion of my state return will also be rejected.

Under penalties of perjury, I declare that the information I have given my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2011 Arizona income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO or OLSP sending my return and accompanying schedules and statements to DOR, and I consent to my ERO or OLSP sending such information to DOR through a transmitter. I consent to DOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted, and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize DOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If DOR contacts my ERO for a copy of my return, any attachments or schedules to my return, and/or this executed Form AZ-8453, I authorize my ERO to release copies of the requested documents to DOR.

Sign Here	→	YOUR SIGNATURE	DATE	→	SPOUSE'S SIGNATURE (If joint return, both must sign.)	DATE

**PART IV – DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER (See instructions)**

I declare that I have reviewed the above taxpayer's return and that the entries on Form AZ-8453 are complete and correct to the best of my knowledge. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with the Arizona Department of Revenue and a copy of this Form AZ-8453. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Use Only	▶	SIGNATURE OF ERO	DATE	CHECK IF PAID PREPARER <input type="checkbox"/>	CHECK IF SELF-EMPLOYED <input type="checkbox"/>	SSN or PTIN
	▶	FIRM'S NAME (or yours if self-employed)				EIN
	▶	FIRM'S ADDRESS (include zip code)				TELEPHONE NO. (with area code)

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only	▶	Self-Prepared	PREPARER'S SIGNATURE	DATE	CHECK IF SELF-EMPLOYED <input type="checkbox"/>	SSN or PTIN
	▶	FIRM'S NAME (or yours if self-employed)				EIN
	▶	FIRM'S ADDRESS (include zip code)				TELEPHONE NO. (with area code)

## Resident Personal Income Tax Return

FOR  
CALENDAR YEAR

140

OR FISCAL YEAR BEGINNING

AND ENDING

66

2011

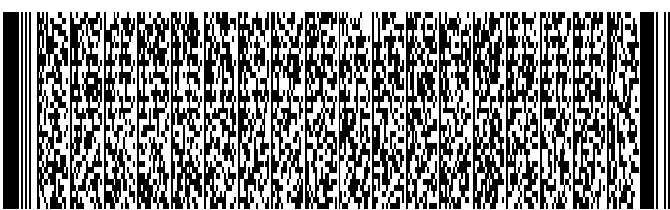
82F ☐ Check box 82F if filing under extension89 ☒

Your First Name and Initial <b>1</b> Brian J		Last Name Cullinan		Your Social Security No. 270-86-4986	
Spouse's First Name and Initial (if box 4 or 6 checked) <b>1</b>		Last Name		Spouse's Social Security No.	
Current Home Address - number and street, rural route Apt. No. <b>2</b> 6934 E Sandra Terrace			Daytime Phone (with area code)		Home Phone (with area code) <b>94</b>
City, Town or Post Office <b>3</b> Scottsdale		State AZ	Zip Code 85254		

Filing Status	4 <input type="checkbox"/> Married filing joint return	NAME OF QUALIFYING CHILD OR DEPENDENT	REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
	5 <input type="checkbox"/> Head of household			
	6 <input type="checkbox"/> Married filing separate return. Enter spouse's name and Social Security No. above.			
	7 <input checked="" type="checkbox"/> Single			

Exemptions	8 Enter the number claimed. Age 65 or over (you and/or spouse)	88
	9 Blind (you and/or spouse)	
	10 Dependents. From page 2, line A2 - do not include self or spouse.	
	11 Qualifying parents and grandparents. From page 2, line A5.	81 80

This box may be blank or may contain a printed barcode of data from your return.



12	Federal adjusted gross income	12	48,464.00
13	Additions to income (from page 2, line B12)	13	0.00
14	Subtractions (from page 2, line C17 or C30)	14	0.00
15	Arizona AGI: Lines (12 + 13) - line 14	15	48,464.00
16	16I <input checked="" type="checkbox"/> ITEMIZED 16S <input type="checkbox"/> STANDARD	16	8,936.00
17	Personal exemptions	17	2,100.00
18	AZ taxable income: Line 15 - lines (16 + 17)	18	37,428.00
19	Compute tax: use line 18 and proper tax table	19	1,108.00
20	Tax from recapture of credits	20	0.00
21	Subtotal of tax: Add lines 19 and 20	21	1,108.00
22 - 23	22I <input type="checkbox"/> YOURSELF 22S <input type="checkbox"/> SPOUSE	23	0.00
24	Reduced tax: Subtract line 23 from line 21	24	1,108.00
25	Family income tax credit (instructions p. 16)	25	0.00
26	Credits (from Forms 301, 310, 321, 322, 323)	26	0.00

27	Credit type: Enter form number of each credit claimed	27	3 3 3 3
28	Clean Elections Fund Tax Credit (from worksheet on page 18 of the instructions)	28	0.00
29	Balance of income tax: Subtract lines 25, 26 and 28 from line 24. If the sum of lines 25, 26 and 28 is more than line 24, enter zero	29	1,108.00
30	Unpaid Arizona use tax (from worksheet on page 18 of instructions)	30	0.00
31	Balance of tax: Add lines 29 and 30	31	1,108.00
32	Arizona income tax withheld during 2011	32	773.00
33	Arizona estimated tax payments for 2011	33	0.00
34	2011 Arizona extension payment (Form 204)	34	0.00
35	Increased Excise Tax Credit (from worksheet on page 19 of the instructions)	35	0.00
36	Property Tax Credit from Form 140PTC	36	0.00
37	Other refundable credits: Check the box(es) and enter the amount. 37I <input type="checkbox"/> Form 308-I 37S <input type="checkbox"/> Form 342	37	0.00
38	Total payments/refundable credits: Add lines 32 through 37	38	773.00
39	TAX DUE: If line 31 is larger than line 38, subtract line 38 from line 31 and enter amount of tax due. Skip lines 40, 41 and 42.	39	335.00
40	OVERPAYMENT: If line 38 is larger than line 31, subtract line 31 from line 38 and enter amount of overpayment	40	0.00
41	Amount of line 40 to be applied to 2012 estimated tax	41	0.00
42	Balance of overpayment: Subtract line 41 from line 40	42	0.00

43 - 53 Voluntary Gifts to		Aid to Education (entire refund only)		43	00	Arizona Wildlife	44	00	REV 10/31/11 TTO
Citizens Clean Elections	45	00	Child Abuse Prevention	46	00	Domestic Violence Shelter	47	00	
I Didn't Pay Enough Fund	48	00	National Guard Relief Fund	49	00	Neighbors Helping Neighbors	50	00	
Special Olympics	51	00	Veterans' Donations Fund	52	00	Political Gift	53	00	

54	Check only one if making a political gift	54I	<input type="checkbox"/> Democratic	54S	<input type="checkbox"/> Green	54L	<input type="checkbox"/> Libertarian	54R	<input type="checkbox"/> Republican
55	Estimated payment penalty and MSA withdrawal penalty	55							00
56	Check applicable boxes	56I	<input type="checkbox"/> Annualized/Other	56S	<input type="checkbox"/> Farmer or Fisherman	56F	<input type="checkbox"/> Form 221 attached	56M	<input type="checkbox"/> MSA Penalty
57	Total of lines 43 through 53 and 55	57							00
58	REFUND: Subtract line 57 from line 42. If less than zero, enter amount owed on line 59	58							00
1555	Direct Deposit of Refund: Check box 58A if your deposit will be ultimately placed in a foreign account; see instructions. 58A <input type="checkbox"/>	ROUTING NUMBER		ACCOUNT NUMBER		C <input type="checkbox"/> Checking or S <input type="checkbox"/> Savings			
59	AMOUNT OWED: Add lines 39 and 57. Make check payable to Arizona Department of Revenue; include SSN on payment.	59							335.00

ONE STAPLE IN UPPER LEFT CORNER. NO TAPE.

ADOR 10413 (11) Attach required documents in upper left corner after page 2 of the return. Include any payment, federal and Arizona Schedules A.



Your Name (as shown on page 1) <b>Brian J Cullinan</b>	Your Social Security No. <b>270-86-4986</b>
---	--

**PART A: Dependents, Qualifying Parents and Grandparents - do not list yourself or spouse**

If completing Part A, also complete Part C, lines C15 and/or C16 and C17.

**A1** List children and other dependents. If more space is needed, attach a separate sheet.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2011

**A2** Enter total number of persons listed in A1 here and on the front of this form, box 10; also complete Part C below..... TOTAL **A2**

**A3 a** Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:

--	--

**b** Enter dependents listed above who were not claimed on your federal return due to education credits:

--	--

**A4** List qualifying parents and grandparents. If more space is needed, attach a separate sheet.

You cannot list the same person here and also on line A1. For information on who is a qualifying parent or grandparent, see page 6 of the instructions.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2011

**A5** Enter total number of persons listed in A4 here and on the front of this form, box 11 ..... TOTAL **A5**

**PART B: Additions to Income**

<b>B6</b> Non-Arizona municipal interest .....	<b>B6</b>	00
<b>B7</b> Ordinary income portion of lump-sum distributions excluded on your federal return .....	<b>B7</b>	00
<b>B8</b> Total federal depreciation. Also see the instructions for line C22 .....	<b>B8</b>	0 . 00
<b>B9</b> Medical savings account (MSA) distributions. See page 7 of the instructions .....	<b>B9</b>	00
<b>B10</b> I.R.C. §179 expense in excess of allowable amount. Also see the instructions for line C26 .....	<b>B10</b>	0 . 00
<b>B11</b> Other additions to income. See instructions and attach your own schedule .....	<b>B11</b>	00
<b>B12 Total:</b> Add lines B6 through B11. Enter here and on the front of this form, line 13.....	<b>B12</b>	0 . 00

**PART C: Subtractions from Income**

<b>C13</b> Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100 .....	<b>C13</b>	00
<b>C14</b> Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500 .....	<b>C14</b>	00
<b>C15</b> Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300 .....	<b>C15</b>	00
<b>C16</b> Exemption: Qualifying parents and grandparents. Multiply the number in box 11, page 1, by \$10,000 .....	<b>C16</b>	00
<b>C17</b> Total exemptions: Add lines C13 through C16. If you have no other subtractions from income, skip lines C18 through C30 and enter the amount on line C17 on Form 140, Page 1, line 14.....	<b>C17</b>	00
<b>C18</b> Interest on U.S. obligations such as U.S. savings bonds and treasury bills.....	<b>C18</b>	00
<b>C19</b> Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer).....	<b>C19</b>	00
<b>C20</b> Arizona state lottery winnings included as income on your federal return (up to \$5,000 only) .....	<b>C20</b>	00
<b>C21</b> U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (the taxable amount) ...	<b>C21</b>	00
<b>C22</b> Recalculated Arizona depreciation .....	<b>C22</b>	0 . 00
<b>C23</b> Certain wages of American Indians.....	<b>C23</b>	00
<b>C24</b> Income tax refund from other states. See instructions .....	<b>C24</b>	00
<b>C25</b> Deposits and employer contributions into MSAs. See page 11 of the instructions.....	<b>C25</b>	00
<b>C26</b> Adjustment for I.R.C. §179 expense not allowed .....	<b>C26</b>	0 . 00
<b>C27</b> Pay received for active service as a member of the reserves, national guard or the U.S. armed forces.....	<b>C27</b>	00
<b>C28</b> Net operating loss adjustment. See instructions before you enter any amount here .....	<b>C28</b>	00
<b>C29</b> Other subtractions from income. See instructions and attach your own schedule .....	<b>C29</b>	00
<b>C30 Total:</b> Add lines C17 through C29. Enter here and on the front of this form, line 14.....	<b>C30</b>	0 . 00

**Part D: Last Name(s) Used in Prior Years – if different from name(s) used in current year**

**D31** \_\_\_\_\_

<b>PLEASE SIGN HERE</b>	I have read this return and any attachments with it. Under penalties of perjury, I declare that 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.		
	YOUR SIGNATURE	DATE	Software Developer OCCUPATION
	SPOUSE'S SIGNATURE	DATE	SPOUSE'S OCCUPATION
	PAID PREPARER'S SIGNATURE	DATE	Self Prepared FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)
	PAID PREPARER'S TIN	PAID PREPARER'S ADDRESS	PAID PREPARER'S PHONE NO.

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).  
If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

## ARIZONA SCHEDULE

**A****Itemized Deduction Adjustments  
For Full-Year Residents Filing Form 140****2011**

Attach to your return.

Your Name as shown on Form 140 <b>Brian J Cullinan</b>	Your Social Security Number <b>270-86-4986</b>
Spouse's Name as shown on Form 140	Spouse's Social Security Number

To itemize on your Arizona return, you must first complete a federal Schedule A. Use Form 140, Schedule A, to adjust the amount shown on the federal Schedule A. Complete Form 140, Schedule A, **only if you are making changes** to the amount shown on the federal Schedule A. *See instructions for details.*

**Adjustment to Medical and Dental Expenses**

1 Medical and dental expenses .....	1	140.	00
2 Amount of medical savings account (MSA) distributions used to pay qualified medical expenses included on line 1 .....	2		00
3 Medical expenses allowed to be taken as a federal itemized deduction .....	3		00
4 Add line 2 and line 3, and enter the result .....	4		00
5 If line 1 is the same as or more than line 4, subtract line 4 from line 1; otherwise, go to line 6 .....	5	140.	00
6 If line 4 is more than line 1, subtract line 1 from line 4 .....	6		00

**Adjustment to Interest Deduction**

7 If you received a federal credit for interest paid on mortgage credit certificates (from federal Form 8396), enter the amount of mortgage interest you paid for 2011 that is equal to the amount of your 2011 federal credit .....	7		00
--	---	--	----

**Adjustment to Gambling Losses**

8 Wagering losses allowed as a federal itemized deduction .....	8		00
9 Total gambling winnings included in your federal adjusted gross income .....	9		00
10 Arizona lottery subtraction from Form 140, page 2, line C20 .....	10		00
11 Maximum allowable gambling loss deduction: Subtract line 10 from line 9 .....	11		00
12 If line 11 is less than line 8, subtract line 11 from line 8; otherwise enter "zero" .....	12		00

**Adjustment to Charitable Contributions**

13 Amount of charitable contributions for which you are taking a credit under Arizona law .....	13		00
---	----	--	----

**Other Adjustments**

14 Amount allowed as a federal itemized deduction that relates to income not subject to Arizona tax .....	14		00
---	----	--	----

**Adjusted Itemized Deductions**

15 Add the amounts on lines 5 and 7 .....	15	140.	00
16 Add the amounts on lines 6, 12, 13 and 14 .....	16		00
17 Total federal itemized deductions allowed to be taken on federal return .....	17	8,796.	00
18 Enter the amount from line 15 above .....	18	140.	00
19 Add lines 17 and 18 .....	19	8,936.	00
20 Enter the amount from line 16 above .....	20		00
21 Arizona itemized deductions: Subtract line 20 from line 19. Enter the result here and on Form 140, page 1, line 16 .....	21	8,936.	00



**You must attach a copy of federal Form 1040, Schedule A to your return if you itemize your deductions.**

# Arizona Information Worksheet

2011

► Keep for your records

## Part I - Personal Information

### Taxpayer:

First Name . . . . . Brian  
Middle Initial . . . . . J Suffix . . . . .  
Last Name . . . . . Cullinan  
Social Security No . . 270-86-4986  
Date of Birth . . . . . 11/12/1986  
Date of Death . . . . .  
Daytime Phone . . . . (614) 425-6054  
Extension . . . . .

### Spouse:

First Name . . . . .  
Middle Initial . . . . . Suffix . . . . .  
Last Name . . . . .  
Social Security No . .  
Date of Birth . . . . .  
Date of Death . . . . .  
Daytime Phone . . . . .  
Extension . . . . .

Home Phone . . . . .

Print this daytime phone on forms . . . . . ☐ Taxpayer daytime ☐ Spouse daytime ☐ Home

Print home phone on forms . . . . . ☐

Street Address .6934 E Sandra Terrace Apt No. . . . .

City . . . . . Scottsdale State . . . . . AZ ZIP Code 85254

Last name(s) in prior years if different from name(s) used in current year . . . . .

## Part II - Main Form

- ☒ Form **140**: Resident Tax Return (Long form) . . . . . ►  
☐ Form **140A**: Resident Tax Return (Short form) . . . . . ►  
☐ Form **140EZ**: Resident Tax Return (EZ) . . . . . ►  
☐ Form **140NR**: Nonresident Tax Return . . . . . ►  
Enter Nonresident income allocations on Form 140NR . . . . . ►  
☐ Form **140PY**: Part-Year Resident Tax Return . . . . . ►  
Dates of Residency: From: \_\_\_\_\_ To: \_\_\_\_\_  
Other states of residency: \_\_\_\_\_  
Enter Part-Year Resident income allocations on Form 140PY . . . . . ►  
☐ Form **140PTC**: Full-Year Resident Property Tax Refund (Credit Claim) Only. . . . . ►

### Military personnel and composite return filers:

- ☐ You were active duty in Arizona and are filing part-year or nonresident return (Form 140NR or 140PY)  
☐ You are filing a composite return on Form 140NR

## Part III - Filing Status

- ☐ Married filing joint return  
☐ Head of household Name of qualifying child or dependent . . . . . ►  
☐ Head of household and married in 2011  
☐ Married filing separate return  
☐ Spouse itemized deductions  
☐ Married filing separate with one spouse claiming at least one dependent  
☒ Single

**Part IV - Other Information**

- ☐ Your Arizona gross income for **2010** was in excess of \$75,000 (\$150,000 if MFJ)  
☐ Someone (such as taxpayer's parent) can claim taxpayer as a dependent  
☐ You qualify as a farmer or fisherman for federal tax purposes  
☐ Itemize even if itemized deductions are less than standard deduction  
☐ **Increased Excise Tax Credit:** You were sentenced to 60 days or more in a county, state or federal prison during tax year 2011  
☐ Check this box if you are a first time Arizona income tax filer

**Voluntary Gifts**

- |    |  |    |       |
|----|--|----|-------|
| 1  | <input type="checkbox"/> Aid to Education Fund ( <i>entire refund only</i> ) . . . . . | 1  | _____ |
| 2  | Arizona Wildlife Fund . . . . .  | 2  | _____ |
| 3  | Citizens Clean Elections Fund . . . . .  | 3  | _____ |
| 4  | Child Abuse Prevention Fund . . . . .  | 4  | _____ |
| 5  | Domestic Violence Shelter Fund . . . . .   | 5  | _____ |
| 6  | I Didn't Pay Enough Fund . . . . .   | 6  | _____ |
| 7  | National Guard Relief Fund . . . . .   | 7  | _____ |
| 8  | Neighbors Helping Neighbors Fund . . . . .   | 8  | _____ |
| 9  | Special Olympics Fund . . . . .  | 9  | _____ |
| 10 | Veterans' Donations Fund . . . . .   | 10 | _____ |
| 11 | Political Gift - select party below . . . . .  | 11 | _____ |
|    | <input type="checkbox"/> Democratic  |    |       |
|    | <input type="checkbox"/> Green   |    |       |
|    | <input type="checkbox"/> Libertarian   |    |       |
|    | <input type="checkbox"/> Republican  |    |       |

**Part V - Electronic Filing Information**

- Yes** **No**  
☐ ☒ Federal PIN(s) will be used in place of the AZ-8453 (See help)

**Part VI - Direct Deposit Information or Direct Debit Information**

- Yes** **No**  
☐ ☒ Do you want to elect direct deposit of state tax refund?  
☒ ☐ Do you want direct debit of state tax payment (Electronic Filing Only)?

Name of Financial Institution (optional) . . . . Bank of America  
 Account type . . . . . Checking ☒ Savings ☐  
 Routing number . . . . . 122101706  
 Account number . . . . . 004654223271  
 Enter the payment date to withdraw from the account above . . . . . 04/16/2012  
 State balance-due amount from this return . . . . . 335.

**International ACH Transactions**

- Yes** **No**  
☐ ☒ Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

**Part VII – Extension Status****Yes No**☐☒

Has the tax return due date been extended for a six month extension?

Extended due date . . . . .

**QuickZoom** to Form 204: Application for Filing Extension . . . . . ▶**Part VIII – Amended Return**☐

You are filing an Arizona amended return (See Tax Help)

Enter the tax year you are amending . . . . .

Payment with original return . . . . .

Overpayment from original return . . . . .

**QuickZoom** to Form 140X: Individual Amended Income Tax Return . . . . . ▶

# Tax Payments Worksheet

**2011**

► Keep for your records

Name <u>Brian J Cullinan</u>	Social Security Number <u>270-86-4986</u>
---------------------------------	--

Tax Payments for the Current Year	State	
	Date	Payment
1 First Payment . . . . .		
2 Second Payment . . . . .		
3 Third Payment . . . . .		
4 Fourth Payment . . . . .		
<b>Additional Payments</b>		
5 a Payment . . . . .		
b Payment . . . . .		
c Payment . . . . .		
d Payment . . . . .		
e Payment . . . . .		
6 Overpayment from previous year applied to current year . . . . .	<b>6</b>	
7 Amount paid with current year extension . . . . .	<b>7</b>	
8 <b>Total tax payments</b> . . . . .	<b>8</b>	

## Income Taxes Withheld for the Current Year

9 State withholding on Forms W-2 . . . . .	<b>9</b>	<u>773.</u>
10 State withholding on Forms W-2G . . . . .	<b>10</b>	
11 State withholding on Forms 1099-R . . . . .	<b>11</b>	
12 a State withholding on Forms 1099-MISC . . . . .	<b>12 a</b>	
b State withholding on Forms 1099-G . . . . .	<b>b</b>	
13 Other state tax withholding . . . . .	<b>13</b>	
14 <b>Total income tax withheld</b> . . . . .	<b>14</b>	<u>773.</u>
15 Date return will be filed and balance paid . . . . .	<b>15</b>	

Smart Worksheets from your 2011 Arizona Tax Return

SMART WORKSHEET FOR: Form 140: Resident Personal Return

Income Tax Smart Worksheet	
<input type="checkbox"/>	Use Optional Tax Rate Table only (for less than \$50,000 taxable income)
<input type="checkbox"/>	Use Tax Rate Table X or Y only
a	Tax from Optional Tax Rate Table (if taxable income is less than \$50,000) . . . . .
b	Tax from Tax Rate Table X or Y . . . . .
c	Smaller of line a and line b . . . . .
	1,108.
	1,109.
	1,108.

**SCHEDULE A  
(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Itemized Deductions**

OMB No. 1545-0074

**2011**Attachment  
Sequence No. **07**▶ **Attach to Form 1040.**▶ **See Instructions for Schedule A (Form 1040).**

Name(s) shown on Form 1040

Brian J Cullinan

**Your social security number**

270-86-4986

**Medical  
and  
Dental  
Expenses****Caution.** Do not include expenses reimbursed or paid by others.

- 1** Medical and dental expenses (see instructions) . . . . . **1**
- 2** Enter amount from Form 1040, line 38 **2**
- 3** Multiply line 2 by 7.5% (.075) . . . . . **3**
- 4** Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . . **4**

**Taxes You  
Paid****5** State and local **(check only one box):**

- a** ☒ Income taxes, or } . . . . . **5** 773.
- b** ☐ General sales taxes }

- 6** Real estate taxes (see instructions) . . . . . **6**
- 7** Personal property taxes . . . . . **7**
- 8** Other taxes. List type and amount ▶ . . . . . **8**

**9** Add lines 5 through 8 . . . . . **9** 773.**Interest  
You Paid****Note.**  
Your mortgage  
interest  
deduction may  
be limited (see  
instructions).

- 10** Home mortgage interest and points reported to you on Form 1098 . . . . . **10**
- 11** Home mortgage interest not reported to you on Form 1098. If paid  
to the person from whom you bought the home, see instructions  
and show that person's name, identifying no., and address ▶ . . . . . **11**
- 12** Points not reported to you on Form 1098. See instructions for  
special rules . . . . . **12**
- 13** Mortgage insurance premiums (see instructions) . . . . . **13**
- 14** Investment interest. Attach Form 4952 if required. (See instructions.) . . . . . **14**
- 15** Add lines 10 through 14 . . . . . **15**

**Gifts to  
Charity**If you made a  
gift and got a  
benefit for it,  
see instructions.

- 16** Gifts by cash or check. If you made any gift of \$250 or more,  
see instructions. . . . . **16**
- 17** Other than by cash or check. If any gift of \$250 or more, see  
instructions. You **must** attach Form 8283 if over \$500 . . . . . **17**
- 18** Carryover from prior year . . . . . **18**
- 19** Add lines 16 through 18 . . . . . **19**

**Casualty and  
Theft Losses****20** Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . . **20****Job Expenses  
and Certain  
Miscellaneous  
Deductions**

- 21** Unreimbursed employee expenses—job travel, union dues,  
job education, etc. Attach Form 2106 or 2106-EZ if required.  
(See instructions.) ▶ Deductible expenses from Form 2106 . . . . . **21** 8,992.
- 22** Tax preparation fees . . . . . **22**
- 23** Other expenses—investment, safe deposit box, etc. List type  
and amount ▶ . . . . . **23**
- 24** Add lines 21 through 23 . . . . . **24** 8,992.
- 25** Enter amount from Form 1040, line 38 **25** 48,464.
- 26** Multiply line 25 by 2% (.02) . . . . . **26** 969.
- 27** Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . . **27** 8,023.

**Other  
Miscellaneous  
Deductions****28** Other—from list in instructions. List type and amount ▶ . . . . . **28****Total  
Itemized  
Deductions**

- 29** Add the amounts in the far right column for lines 4 through 28. Also, enter this amount  
on Form 1040, line 40 . . . . . **29** 8,796.
- 30** If you elect to itemize deductions even though they are less than your standard  
deduction, check here . . . . . ☐