

File by Mail Instructions for your 2010 Federal Tax Return

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



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

Marie L House
391 Blue Mountain Lane
Trion, GA 30753

Balance Due/Refund	Your federal tax return (Form 1040) shows you owe a balance due of \$3,132.00. You are paying by check.		
What You Need to Mail	<p>Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return.</p> <p>Your payment - Mail a check or money order for \$3,132.00, payable to "United States Treasury". Write your Social Security number and "2010 Form 1040" on the check. Mail the return and check together.</p> <p>Attach the first copy or Copy B of Form(s) 1099-R to the front of your Form 1040.</p> <p>Mail your return, attachments and payment to: Internal Revenue Service Center P.O. Box 105017 Atlanta, GA 30348-5017</p> <p>Deadline: Postmarked by Monday, April 18, 2011</p> <p>Note: Your state return may be due on a different date. Please review your state filing instructions.</p> <p>Don't forget correct postage on the envelope.</p>		
What You Need to Keep	Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select Print & File tab, then select the Print for Your Records category.		
2010 Federal Tax Return Summary	Adjusted Gross Income	\$	41,756.00
	Taxable Income	\$	24,594.00
	Total Tax	\$	3,268.00
	Total Payments/Credits	\$	136.00
	Payment Due	\$	3,132.00
	Effective Tax Rate		7.83%

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Marie L House
391 Blue Mountain Lane
Trion, GA 30753

Payments You Need to Make

Estimated Payments for 2011 - Do not mail these vouchers with your 2010 income tax return. The estimated vouchers displayed below are used to prepay your 2011 income taxes that will be filed next year. If you expect to owe more than \$1,000 in 2011, you may incur underpayment penalties if you do not make these four estimated tax payments. This printout includes your estimated tax vouchers for your federal estimated taxes (Form 1040-ES).

Mail payments according to the schedule below:

Voucher Number	Due Date	Amount
1	04/18/2011	\$ 783.00
2	06/15/2011	\$ 783.00
3	09/15/2011	\$ 783.00
4	01/17/2012	\$ 783.00

Include a separate check or money order for each payment, payable to "United States Treasury". Write your social security number and "Form 1040-ES" on each check.

Mail payments to:
Internal Revenue Service
P.O. Box 105225
Atlanta, GA 30348-5225

Changed Your Mind About e-filing?

You can still file electronically. Just go back to TurboTax, select the Print & File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the Internal Revenue Service.



Hi Marie,

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 2010 taxes:

Your federal balance due is: \$ 3,132.00

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: \$13,512.00

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.

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **4/18/2011**

2011 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury**. Write your social security number and '2011 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order ▶	783.
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FDIA1901 07/06/10 1030

245-96-1406
MARIE L HOUSE

391 BLUE MOUNTAIN LANE
TRION GA 30753

INTERNAL REVENUE SERVICE
PO BOX 105225
ATLANTA GA 30348-5225

245961406 QW H0US 30 0 201112 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due 6/15/2011

2011 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and "2011 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order ▶	783.
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FDIA1902 06/22/10

1030

245-96-1406
MARIE L HOUSE

391 BLUE MOUNTAIN LANE
TRION GA 30753

INTERNAL REVENUE SERVICE
PO BOX 105225
ATLANTA GA 30348-5225

245961406 QW H0US 30 0 201112 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due 9/15/2011

2011 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and "2011 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order ▶	783.
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FDIA1904 06/22/10

1030

245-96-1406
MARIE L HOUSE

391 BLUE MOUNTAIN LANE
TRION GA 30753

INTERNAL REVENUE SERVICE
PO BOX 105225
ATLANTA GA 30348-5225

245961406 QW H0US 30 0 201112 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due 1/17/2012

2011 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and "2011 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order ▶	783.
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FDIA1905 06/22/10

1030

245-96-1406
MARIE L HOUSE

391 BLUE MOUNTAIN LANE
TRION GA 30753

INTERNAL REVENUE SERVICE
PO BOX 105225
ATLANTA GA 30348-5225

245961406 QW H0US 30 0 201112 430

To pay your taxes due by check, mail this form to the address listed below.

Form **1040-V** (2010)

▼ **Detach Here and Mail With Your Payment and Return** ▼

Department of the Treasury
Internal Revenue Service (99)

2010

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount
of your payment ▶

3,132.

FDIA8601 06/22/10

1030

MARIE L HOUSE

391 BLUE MOUNTAIN LANE
TRION GA 30753

INTERNAL REVENUE SERVICE
PO BOX 105017
ATLANTA GA 30348-5017

245961406 QW H0US 30 0 201012 610

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	41,756.
39 a	Check if: <input type="checkbox"/> You were born before January 2, 1946, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39 a		
	<input type="checkbox"/> Spouse was born before January 2, 1946, <input type="checkbox"/> Blind. 39 b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	13,512.
41	Subtract line 40 from line 38	41	28,244.
42	Exemptions. Multiply \$3,650 by the number on line 6d.	42	3,650.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	24,594.
44	Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	3,268.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	3,268.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 23	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see instructions)	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	3,268.

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59 a	<input type="checkbox"/> Form(s) W-2, box 9 b <input type="checkbox"/> Schedule H c <input type="checkbox"/> Form 5405, line 16	59	
60	Add lines 55-59. This is your total tax	60	3,268.

Payments

If you have a qualifying child, attach Schedule EIC.

61	Federal income tax withheld from Forms W-2 and 1099	61	136.
62	2010 estimated tax payments and amount applied from 2009 return	62	
63	Making work pay credit. Attach Schedule M	63	0.
64 a	Earned income credit (EIC)	64 a	
	b Nontaxable combat pay election <input type="checkbox"/> 64 b		
65	Additional child tax credit. Attach Form 8812	65	
66	American opportunity credit from Form 8863, line 14	66	
67	First-time homebuyer credit from Form 5405, line 10	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lns 61-63, 64a, & 65-71. These are your total pmts	72	136.

Refund

Direct deposit? See instructions.

73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	73	
74 a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74 a	
	b Routing number XXXXXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number XXXXXXXXXXXXXXXXXXXX		
75	Amount of line 73 you want applied to your 2011 estimated tax	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 60. For details on how to pay see instructions	76	3,132.
77	Estimated tax penalty (see instructions)	77	

Third Party DesigneeDo you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☒ No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

Joint return? See instructions.

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
Your signature _____	Date _____ Your occupation Artist Daytime phone number _____
Spouse's signature. If a joint return, both must sign. _____	Date _____ Spouse's occupation _____

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check ☐ if self-employed PTIN _____**Paid Preparer's Use Only**Firm's name **Self-Prepared** Firm's address _____ Firm's EIN _____ Phone no. _____

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service

(99)

Itemized Deductions

► **Attach to Form 1040.**

► **See Instructions for Schedule A (Form 1040).**

OMB No. 1545-0074

2010

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Marie L House

Your social security number

245-96-1406

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 <input checked="" type="checkbox"/> Income taxes, or b <input type="checkbox"/> General sales taxes	5	2,123.
	6	Real estate taxes (see instructions)	6	1,376.
	7	New motor vehicle taxes from line 11 of the worksheet on page 2 (for certain vehicles purchased in 2009). Skip this line if you checked box 5b	7	
	8	Other taxes. List type and amount ► Personal Property & Other taxes 47.	8	47.
	9	Add lines 5 through 8	9	3,546.
	10	Home mtg interest and points reported to you on Form 1098	10	7,954.
	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 number, and address ► Irma Morgan 594-33-8807 3360 Lakeview Drive Sebring FL 33870	11	725.
Interest You Paid	12	Points not reported to you on Form 1098. See instrs for spl rules	12	
	13	Mortgage insurance premiums (see instructions)	13	1,121.
	14	Investment interest. Attach Form 4952 if required. (See instrs.)	14	
	15	Add lines 10 through 14	15	9,800.
	16	Gifts by cash or check. If you made any gift of \$250 or more, see instrs	16	141.
Gifts to Charity	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	25.
	18	Carryover from prior year	18	
	19	Add lines 16 through 18	19	166.
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.) ►	21	
	22	Tax preparation fees	22	40.
	23	Other expenses — investment, safe deposit box, etc. List type and amount ►	23	
	24	Add lines 21 through 23	24	40.
	25	Enter amount from Form 1040, line 38	25	41,756.
	26	Multiply line 25 by 2% (.02)	26	835.
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	0.
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	13,512.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here		

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► **Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.**
► **Attach to Form 1040, 1040NR, or 1041.** ► **See Instructions for Schedule C (Form 1040).**

OMB No. 1545-0074

2010

Attachment
Sequence No. **09**

Name of proprietor

Marie L House

Social security number (SSN)

245-96-1406

A Principal business or profession, including product or service (see instructions)

Artwork

B Enter code from instructions

► 711510

C Business name. If no separate business name, leave blank.

artmarie.com

D Employer ID number (EIN), if any

E Business address (including suite or room no.) ► 391 Blue Mountain Lane

City, town or post office, state, and ZIP code Trion, GA 30753

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you 'materially participate' in the operation of this business during 2010? If 'No,' see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2010, check here ☐ ☐

Part I Income

1 Gross receipts or sales. **Caution.** See instructions and check the box if:

- This income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, or
- You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see instructions for limit on losses ☐

1

2 Returns and allowances

2

3 Subtract line 2 from line 1.

3

4 Cost of goods sold (from line 42 on page 2).

4

5 **Gross profit.** Subtract line 4 from line 3

5

6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions).

6

7 **Gross income.** Add lines 5 and 6

7

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising

8

9 Car and truck expenses (see instructions).

9

500.

10 Commissions and fees

10

11 Contract labor (see instructions).

11

12 Depletion

12

13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).

13

95.

14 Employee benefit programs (other than on line 19)

14

15 Insurance (other than health)

15

16 Interest:

a Mortgage (paid to banks, etc)

16a

b Other

16b

17 Legal & professional services.

17

18 Office expense

18

19 Pension and profit-sharing plans

19

20 Rent or lease (see instructions):

a Vehicles, machinery, and equipment

20a

b Other business property

20b

21 Repairs and maintenance

21

22 Supplies (not included in Part III)

22

23 Taxes and licenses

23

24 Travel, meals, and entertainment:

a Travel

24a

b Deductible meals and entertainment (see instructions).

24b

25 Utilities

25

26 Wages (less employment credits).

26

27 Other expenses (from line 48 on page 2).

27

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27

28

595.

29 Tentative profit or (loss). Subtract line 28 from line 7

29

-595.

30 Expenses for business use of your home. Attach **Form 8829**

30

2,466.

31 **Net profit or (loss).** Subtract line 30 from line 29.

- If a profit, enter on both **Form 1040, line 12**, and **Schedule SE, line 2** or on **Form 1040NR, line 13** (if you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3**.

- If a loss, you **must** go to line 32.

31

-3,061.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on both **Form 1040, line 12**, and **Schedule SE, line 2**, or on **Form 1040NR, line 13** (if you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.

- If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

32a ☒ All investment is at risk.

32b ☐ Some investment is not at risk.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule **C** (Form 1040) 2010

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36 Purchases less cost of items withdrawn for personal use	36
37 Cost of labor. Do not include any amounts paid to yourself	37
38 Materials and supplies	38
39 Other costs	39
40 Add lines 35 through 39	40
41 Inventory at end of year	41
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____

44 Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for:
a Business _____ **b** Commuting (see instructions) _____ **c** Other _____

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

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

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

48 Total other expenses. Enter here and on page 1, line 27	48

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► **Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.**
► **Attach to Form 1040, 1040NR, or 1041.** ► **See Instructions for Schedule C (Form 1040).**

OMB No. 1545-0074

2010

Attachment
Sequence No. **09**

Name of proprietor

Marie L House

Social security number (SSN)

245-96-1406

A Principal business or profession, including product or service (see instructions)

Artwork

B Enter code from instructions

► 711510

C Business name. If no separate business name, leave blank.

artmarie.com

D Employer ID number (EIN), if any

E Business address (including suite or room no.) ► 391 Blue Mountain Lane

City, town or post office, state, and ZIP code Trion, GA 30753

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you 'materially participate' in the operation of this business during 2010? If 'No,' see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2010, check here ☐

Part I **Income**

1 Gross receipts or sales. **Caution.** See instructions and check the box if:

• This income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, or

• You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see instructions for limit on losses ☐

1 850.

2 Returns and allowances

2

3 Subtract line 2 from line 1.

3 850.

4 Cost of goods sold (from line 42 on page 2).

4 1,126.

5 **Gross profit.** Subtract line 4 from line 3

5 -276.

6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions).

6

7 **Gross income.** Add lines 5 and 6

7 -276.

Part II **Expenses.** Enter expenses for business use of your home **only** on line 30.

8 Advertising **8** 755.

9 Car and truck expenses (see instructions). **9**

10 Commissions and fees **10**

11 Contract labor (see instructions). **11**

12 Depletion **12**

13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions). **13**

14 Employee benefit programs (other than on line 19) **14**

15 Insurance (other than health) **15**

16 Interest:

a Mortgage (paid to banks, etc) **16 a**

b Other **16 b**

17 Legal & professional services. **17**

18 Office expense **18** 288.

19 Pension and profit-sharing plans **19**

20 Rent or lease (see instructions):

a Vehicles, machinery, and equipment **20 a**

b Other business property **20 b**

21 Repairs and maintenance **21**

22 Supplies (not included in Part III) **22** 4,440.

23 Taxes and licenses **23**

24 Travel, meals, and entertainment:

a Travel **24 a** 1,501.

b Deductible meals and entertainment (see instructions). **24 b** 140.

25 Utilities **25** 3,226.

26 Wages (less employment credits). **26**

27 Other expenses (from line 48 on page 2). **27**

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27 **28** 10,350.

29 Tentative profit or (loss). Subtract line 28 from line 7 **29** -10,626.

30 Expenses for business use of your home. Attach **Form 8829** **30**

31 **Net profit or (loss).** Subtract line 30 from line 29.

• If a profit, enter on both **Form 1040, line 12**, and **Schedule SE, line 2** or on **Form 1040NR, line 13** (if you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3**.

• If a loss, you **must** go to line 32.

31 -10,626.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on both **Form 1040, line 12**, and **Schedule SE, line 2**, or on **Form 1040NR, line 13** (if you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.

• If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

32 a ☒ All investment is at risk.

32 b ☐ Some investment is not at risk.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule **C** (Form 1040) 2010

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)		
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	1,126.
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	1,126.
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42	1,126.

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____

44 Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for:
a Business _____ **b** Commuting (see instructions) _____ **c** Other _____

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

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

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

48 Total other expenses. Enter here and on page 1, line 27	48

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

2010Attachment
Sequence No. **67**

Name(s) shown on return

Marie L House

Identifying number

245-96-1406

Business or activity to which this form relates

Sch C Artwork

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	
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	
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	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13	

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	
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 2010	17	269.
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		

Section B — Assets Placed in Service During 2010 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
19 a 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	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C — Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20 a 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	95.
22	Total. 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	364.
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.)

24a Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 24b If 'Yes,' is the evidence written? <input checked="" 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
25 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) 25								
26 Property used more than 50% in a qualified business use:								
27 Property used 50% or less in a qualified business use:								
BMW 325IC	01/01/08	10.00						
Computer	01/01/08	20.00	1,500.	300.	5.00	S/L-MQ	60.	
Camera	12/01/08	50.00	840.	420.	12.00	S/L-MQ	35.	
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28							95.	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29								

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
30 Total business/investment miles driven during the year (do not include commuting miles).	1,000					
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven	9,000					
33 Total miles driven during the year. Add lines 30 through 32	10,000					
	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?		X				
35 Was the vehicle used primarily by a more than 5% owner or related person?	X					
36 Is another vehicle available for personal use?		X				

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).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 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		
39 Do you treat all use of vehicles by employees as personal use?		
40 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?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		
Note: 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
42 Amortization of costs that begins during your 2010 tax year (see instructions):					
43 Amortization of costs that began before your 2010 tax year.				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

Form **3903**Department of the Treasury
Internal Revenue Service (99)**Moving Expenses**► **Attach to Form 1040 or Form 1040NR.**

OMB No. 1545-0074

2010Attachment
Sequence No. **62**

Name(s) shown on return

Marie L House

Your social security number

245-96-1406

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.

1	Transportation and storage of household goods and personal effects (see instructions)	1	4,027.
2	Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals	2	2,074.
3	Add lines 1 and 2	3	6,101.
4	Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not 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 P	4	0.
5	Is line 3 more than line 4?		
	<input type="checkbox"/> No. You cannot 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"/> Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction	5	6,101.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.Form **3903** (2010)

Form **8829**Department of the Treasury
Internal Revenue Service (99)**Expenses for Business Use of Your Home**

► **File only with Schedule C (Form 1040).**
Use a separate Form 8829 for each home you used for business during the year.
 ► **See separate instructions.**

OMB No. 1545-0074

2010Attachment
Sequence No. **176**

Name(s) of proprietor(s)

Marie L House

Your social security number

245-96-1406

Part I Part of Your Home Used for Business Artwork

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	120
2	Total area of home	2	1,203
3	Divide line 1 by line 2. Enter the result as a percentage	3	9.98 %
For daycare facilities not used exclusively for business go to line 4. All others go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr
5	Total hours available for use during the year (365 days x 24 hours) (see instructions)	5	8,760 hr
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	9.98 %

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any net gain or (loss) derived from the business use of your home and shown on Schedule D or Form 4797. If more than one place of business, see instructions.	8	-595.
See instrs for columns (a) and (b) before completing lines 9-21.			
	(a) Direct expenses	(b) Indirect expenses	
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	1,044.
11	Real estate taxes (see instructions)	11	1,677.
12	Add lines 9, 10, and 11	12	1,212.
13	Multiply line 12, column (b) by line 7	13	1,254.
14	Add line 12, column (a) and line 13	14	2,466.
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	0.
16	Excess mortgage interest (see instructions)	16	
17	Insurance	17	61.
18	Rent	18	
19	Repairs and maintenance	19	0.
20	Utilities	20	260.
21	Other expenses (see instrs)	21	600.
22	Add lines 16 through 21	22	321.
23	Multiply line 22, column (b) by line 7	23	459.
24	Carryover of operating expenses from 2009 Form 8829, line 42.	24	511.
25	Add line 22 column (a), line 23, and line 24	25	1,291.
26	Allowable operating expenses. Enter the smaller of line 15 or line 25	26	0.
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	0.
28	Excess casualty losses (see instructions)	28	
29	Depreciation of your home from line 41 below.	29	269.
30	Carryover of excess casualty losses and depreciation from 2009 Form 8829, line 43	30	168.
31	Add lines 28 through 30	31	437.
32	Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	32	0.
33	Add lines 14, 26, and 32	33	2,466.
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions)	34	
35	Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions.	35	2,466.

Part III Depreciation of Your Home

36	Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	36	225,000.
37	Value of land included on line 36	37	120,000.
38	Basis of building. Subtract line 37 from line 36	38	105,000.
39	Business basis of building. Multiply line 38 by line 7.	39	10,479.
40	Depreciation percentage (see instructions)	40	2.5641 %
41	Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41	269.

Part IV Carryover of Unallowed Expenses to 2011

42	Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	1,291.
43	Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	437.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

FDIA6902 02/07/11

Form **8829** (2010)

Form 8829
Lines 7, 8, 41

Form 8829 Worksheet

2010

Name(s) of Proprietor(s) Marie L House	Your SSN 245-96-1406
---	-------------------------

Business name Artwork
391 Blue Mountain Lane, Trion, GA 37053

Part I – Calculation of Line 7

Calculation for Form 8829, line 7 when one area of the home was used exclusively for daycare and another area of the home was used only partly for daycare:

1	Area used exclusively for daycare	1	
2	Total area of home.	2	
3	Business % for area used exclusively for daycare. Divide Line 1 by line 2	3	%
4	Area used only partly for daycare	4	
5	Divide line 4 by line 2	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	Business % for area used only partly for daycare. Multiply line 8 by line 5	9	%
10	Total business percentage. Add lines 3 and 9. Carries to Form 8829, line 7	10	%

Part II – Calculation of Line 8

Calculation for Form 8829, line 8 when part of gross income is from a place of business other than this home office:

1	Gross income from Schedule C, line 7.	1	
2	Percent of gross income from business use of home reported on Schedule C.	2	30.00 %
3	Gross income from business use of home. Multiply line 1 by line 2	3	
4	Gain from business use of your home shown on Schedule D or Form 4797	4	
5	Gross income from Schedules C, D, and Form 4797. Add lines 3 and 4	5	
6	Total expenses from Schedule C, line 28.	6	595.
7	If there is more than one home office for this business, enter the amount of expenses from line 6 allocable to this home office. <i>Enter the expenses as a positive number</i>	7	
8	Any losses from this business shown on Schedule D or Form 4797. <i>Enter the losses as a positive number</i>	8	
9	Line 5 less lines 6 or 7, and 8. Carries to Form 8829, line 8	9	-595.

Part III – Calculation of Line 41

1	Depreciation attributable to business use of home	1	269.
2	Depreciation for additions and improvements attributable to business use of home	2	
3	Total allowable depreciation. Add lines 1 and 2. Carries to Form 8829, line 41.	3	269.

File by Mail Instructions for your 2010 Georgia Tax Return

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



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

Marie L House
391 Blue Mountain Lane
Trion, GA 30753

Balance Due/Refund	Your Georgia state tax return (Form 500) shows you are due a refund of \$829.00. Your refund check should be mailed in 7 to 10 weeks (this is only an estimate).																	
What You Need to Mail	<p>Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return.</p> <p>Include copies of all income statements (W-2, 1099, etc.) to your return.</p> <p>Mail your return and attachments to: Georgia Department of Revenue Processing Center P.O. Box 105597 Atlanta, Georgia 30348-5597</p> <p>Deadline: Postmarked by April 18, 2011</p> <p>Don't forget correct postage on the envelope.</p>																	
What You Need to Keep	Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select Print & File tab, then select the Print for Your Records category.																	
2010 Georgia Tax Return Summary	Taxable Income	\$	25,394.00															
	Total Tax	\$	1,331.00															
	Total Payments/Credits	\$	1,560.00															
	Amount to be Refunded	\$	829.00															
Payments You Need to Make	<p>Estimated Payments for 2011 - This printout includes your estimated tax vouchers for your state estimated taxes (Form 500 ES).</p> <p>Mail payments according to the schedule below:</p> <table><tr><td>Voucher Number</td><td>Due Date</td><td>Amount</td></tr><tr><td>1</td><td>04/18/2011</td><td>\$ 370.00</td></tr><tr><td>2</td><td>06/15/2011</td><td>\$ 370.00</td></tr><tr><td>3</td><td>09/15/2011</td><td>\$ 370.00</td></tr><tr><td>4</td><td>01/17/2012</td><td>\$ 370.00</td></tr></table> <p>Include a separate check or money order for each payment, payable to "Georgia Department of Revenue". Write your social security number and "Form 500ES" on each check.</p>			Voucher Number	Due Date	Amount	1	04/18/2011	\$ 370.00	2	06/15/2011	\$ 370.00	3	09/15/2011	\$ 370.00	4	01/17/2012	\$ 370.00
Voucher Number	Due Date	Amount																
1	04/18/2011	\$ 370.00																
2	06/15/2011	\$ 370.00																
3	09/15/2011	\$ 370.00																
4	01/17/2012	\$ 370.00																

File by Mail Instructions for your 2010 Georgia Tax Return

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



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

Marie L House
391 Blue Mountain Lane
Trion, GA 30753

Payments You Need to Make (Continued)	Mail payments to: Georgia Department of Revenue Processing Center P.O. Box 740319 Atlanta, GA 30374-0319
Special Formatting	Your printed state tax forms may have special formatting on them, such as bar codes or other symbols. This is to enable fast processing. Don't worry, these forms have been approved by your taxing authority and are acceptable for printing and mailing.
Changed Your Mind About e-filing?	You can still file electronically. Just go back to TurboTax, select the Print & File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the state taxing agency.

INSTRUCTIONS FOR INDIVIDUALS AND FIDUCIARIES ESTIMATED TAX (500ES)

WHO MUST FILE ESTIMATED TAX. Each individual or fiduciary subject to Georgia income tax who reasonably expects to have gross income during the year which exceeds (1) personal exemption, plus (2) credit for dependents, plus (3) estimated deductions, plus (4) \$1,000 income not subject to withholding.

EXCEPTION. Estimated tax is not required if, under an agreement between the employer and the employee, additional tax is withheld to cover income that normally would require estimated tax to be filed. Individuals whose gross income from farming or fishing is at least two thirds of the total gross income from all sources may: (a) file as the other taxpayers or (b) file their return by March 1, 2011 and pay the full amount of tax due by that date.

PURPOSE OF ESTIMATED TAX. The purpose is to enable taxpayers having income not subject to withholding to currently pay their income tax. Taxpayers are also required to file an annual return claiming credit thereon for amounts paid or credited to their estimated tax.

PAYMENT OF ESTIMATED TAX. Payment in full of your estimated tax may be made with the first required installment or in equal installments during this year on or before April 15, June 15, September 15, and the following January 15. If the due date falls on a weekend or holiday, the tax shall be due on the next day that is not a weekend or holiday. Please include your Social Security number on your check.

HOW TO ESTIMATE YOUR TAX. A schedule for computing your estimated tax is enclosed. Tax rate schedules are listed in the instructions.

PENALTIES. Failure to comply with the provisions of this law relative to underpayment of installments may result in the assessment of additional charges as a penalty. Willful failure to pay estimated tax will constitute a misdemeanor.

STANDARD DEDUCTION...

Single and head of household: \$2,300

Married filing jointly: \$3,000

Married filing separately: \$1,500

Additional Deduction: Age 65 or older: \$1,300
Blind: \$1,300

These additional deductions are for you and your spouse only if the standard deduction is used. These amounts are standard regardless of income.

WHEN AND WHERE TO FILE. Estimated tax required from persons not regarded as farmers or fishermen shall be filed on or before April 15 of the taxable year, except if the above requirements are first met on or after April 1 and before June 1, estimated tax must be filed by June 15; on or after June 1 but before September 1, by September 15; and on or after September 1, by January 15 of the following year. Individuals filing on a fiscal year basis ending after December 31 must file on corresponding dates.

Make check or money order payable to:
'Georgia Department of Revenue'

Payment should be mailed to:
Georgia Department of Revenue
Processing Center
P.O. Box 740319
Atlanta, Georgia 30374-0319

You may also pay estimated tax with a credit card. Visit our website at www.dor.ga.gov for more information.

HOW TO COMPLETE FORM 500 ES. Complete the name and address field located on the upper right side of coupon. Calculate your estimated tax by using the schedule in the instructions. Line 15 is your estimated tax for the year. Divide Line 15 by the number of quarters of liability (see 'When and Where to File' above) to compute the amount to be submitted quarterly. Enter this amount on Form 500 ES and submit to the Georgia Department of Revenue. A coupon booklet will be sent to you for the remaining quarters.

DEDUCTION AMOUNT FOR TAX YEAR 2011

Personal Exemption for self and spouse: \$2,700

Dependent Exemption: \$3,000

Maximum Retirement Income Exclusion: \$35,000

For additional information concerning Individual forms please call:
1-877-423-6711

Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

PLEASE DO NOT STAPLE. REMOVE ALL ATTACHED CHECK STUBS

----- Cut along dotted line -----

500 ES (Rev 10/10) Individual Estimated Tax



1150001617

Name and Address:

HOUSE, MARIE L
391 BLUE MOUNTAIN LANE

TRION GA 30753

Calendar Year **2011**
or Fiscal Year Ending

TYPE OF RETURN Fiduciary ☐ Individual ☒

Taxpayer's SSN or Fiduciary FEIN	Spouse's SSN	Tax Year	Quarter	Due Date	Vendor Code
245-96-1406		2011	1	04-15-11	016

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

GAIZ0301 11/05/10

If your name and address is incorrect, mark the change of address in box and make change in box below.

Address change ☐

GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER
P.O. Box 740319
Atlanta, GA 30374-0319

Amount Paid \$ 370.00

5000024596140670415111100000000000001600000370005

500 ES (Rev 10/10)
Individual Estimated Tax



1150001617

Name and Address:

HOUSE, MARIE L
391 BLUE MOUNTAIN LANE

TRION GA 30753

Calendar Year **2011**
or Fiscal Year Ending

TYPE OF RETURN Fiduciary ☐

Individual ☒

Taxpayer's SSN or Fiduciary FEIN	Spouse's SSN	Tax Year	Quarter	Due Date	Vendor Code
245-96-1406		2011	2	06-15-11	016

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

GAIZ0302 11/05/10

If your name and address is incorrect, mark the change of
address in box and make change in box below.

Address change ☐

GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER
P.O. Box 740319
Atlanta, GA 30374-0319

Amount Paid \$ 370.00

500002459614067061511112000000000000001600000370001

500 ES (Rev.10/10)
Individual Estimated Tax



1150001617

Name and Address:

HOUSE, MARIE L
391 BLUE MOUNTAIN LANE

TRION GA 30753

Calendar Year **2011**
or Fiscal Year Ending

TYPE OF RETURN Fiduciary ☐

Individual ☒

Taxpayer's SSN or Fiduciary FEIN	Spouse's SSN	Tax Year	Quarter	Due Date	Vendor Code
245-96-1406		2011	3	09-15-11	016

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

GAIZ0301 11/05/10

If your name and address is incorrect, mark the change of
address in box and make change in box below.

Address change ☐

GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER
P.O. Box 740319
Atlanta, GA 30374-0319

Amount Paid \$ 370.00

500002459614067091511113000000000000001600000370007

500 ES (Rev. 10/10)
Individual Estimated Tax



1150001617

Name and Address:

HOUSE, MARIE L
391 BLUE MOUNTAIN LANE

TRION GA 30753

Calendar Year **2011**
or Fiscal Year Ending

TYPE OF RETURN Fiduciary ☐

Individual ☒

Taxpayer's SSN or Fiduciary FEIN	Spouse's SSN	Tax Year	Quarter	Due Date	Vendor Code
245-96-1406		2011	4	01-15-12	016

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

GAIZ0301 11/05/10

If your name and address is incorrect, mark the change of
address in box and make change in box below.

Address change ☐

GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER
P.O. Box 740319
Atlanta, GA 30374-0319

Amount Paid \$ 370.00

500002459614067011512114000000000000001600000370001



1100401611



Version 1

Georgia Form 500 (Rev 10/10)

Individual Income Tax Return

Georgia Department of Revenue

2010 (Approved software version)DEL ☐EXT ☐

Page 1

Special Program Code
See instructions

YOUR FIRST NAME

MI

YOUR SOCIAL SECURITY NUMBER

1 MARIE

L

245-96-1406

LAST NAME

SUFFIX

HOUSE

SPOUSE'S FIRST NAME

MI

SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

ADDRESS (NUMBER AND STREET or PO BOX) (Use 2nd address line for Apt, Suite or Building number)

2 391 BLUE MOUNTAIN LANE

☐ CHECK IF ADDRESS
HAS CHANGED

DEPARTMENT USE ONLY

CITY

STATE

ZIP CODE

3 TRION

GA

30753

500 UET Exception
Attached☐

(COUNTRY IF FOREIGN)

GAIA0112 12/22/10

Residency Status

4 Enter your Residency Status with the appropriate number 4 1

1 FULL- YEAR RESIDENT

2 PART- YEAR RESIDENT

TO

3 NONRESIDENT

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 6

Filing Status

5 Enter Filing Status with appropriate letter (See instructions) 5 A
A Single B Married filing joint C Married filing separate (Spouse's social security number must be entered above) D Head of Household or Qualifying Widow(er)6 Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a Yourself ☒ 6b Spouse ☐ 6c 1

7 Dependents (If you have more than 3 dependents, attach a list of additional dependents)

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You



YOUR SOCIAL SECURITY NUMBER
245-96-1406

7 a	Number of Dependents (DO NOT include yourself or your spouse)	▶	7 a	
b	Add Lines 6c and 7a. Enter total	▶	7 b	1
If the amount on line 8, 9, 10, 13 or 15 is negative, check box.				
8	Federal adjusted gross income (From Federal Form 1040, 1040A or 1040EZ).	▶ <input type="checkbox"/>	8	41756
(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s, you must enclose a copy of your Federal Form 1040 Pages 1 and 2.				
9	Adjustments from Schedule 1 (See instructions)	▶ <input checked="" type="checkbox"/>	9	-150
10	Georgia adjusted gross income (Net total of Line 8 and Line 9)	▶ <input type="checkbox"/>	10	41606
11	Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) see instructions	▶	11 a	
b	Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/>	▶		
Total of boxes x 1,300 =			▶	11 b
c	Total Standard Deduction (Line 11a + Line 11b)	▶	11 c	
Use EITHER Line 11c OR Line 12C (Do not write on both lines)				
12	Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must enclose Federal Schedule A			
a	Federal Itemized Deductions (Schedule A-Form 1040)	▶	12 a	13512
b	Less adjustments: see instructions for Line 12	▶	12 b	0
c	Georgia Total Itemized Deductions	▶	12 c	13512
13	Subtract either Line 11c or Line 12c from Line 10; enter balance	▶ <input type="checkbox"/>	13	28094
14 a	Number on Line 6c 1 multiplied by \$2,700	▶	14 a	2700
14 b	Number on Line 7a multiplied by \$3,000	▶	14 b	
14 c	Add Lines 14a and 14b. Enter total	▶	14 c	2700
15	Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14)	▶ <input type="checkbox"/>	15	25394
16	Tax (Use Tax Table in the instructions)	▶	16	1331
17	Credits from Schedule 2, Page 5, Line 12 of Form 500 (Enter total but not more than the amount on Line 16)	▶	17	600
18	Balance (Line 16 less Line 17) if zero or less than zero, enter zero	▶	18	731
19	Georgia Income Tax Withheld (Enter Tax Withheld Only and enclose W-2s, 1099s, etc.)	▶	19	
20	Estimated Tax for 2010 and Form IT-560	▶	20	1560

Georgia Form 500
Individual Income Tax Return
Georgia Department of Revenue



1100401631

Page 3

2010 Version 1 MARIE L HOUSE

YOUR SOCIAL SECURITY NUMBER
245-96-1406

21	Department Use Only	DO NOT WRITE IN THIS BOX	
22	Total prepayment credits (Add Lines 19 and 20)	22	1560
23	If Line 18 exceeds Line 22 enter BALANCE DUE STATE	23	
24	If Line 22 exceeds Line 18 enter OVERPAYMENT amount	24	829
25	Amount to be credited to 2011 ESTIMATED TAX	25	0
26	Georgia Wildlife Conservation Fund (No gift of less than \$1.00)	26	
27	Georgia Children and Elderly Fund (No gift of less than \$1.00)	27	
28	Georgia Cancer Research Fund (No gift of less than \$1.00)	28	
29	Statewide Land Conservation Program (No gift of less than \$1.00)	29	
30	Georgia National Guard Foundation (No gift of less than \$1.00)	30	
31	Dog and Cat Sterilization Fund (No gift of less than \$1.00)	31	
32	Save the Cure Fund (No gift of less than \$1.00)	32	
33	Georgia Student Finance Authority Fund (No gift of less than \$1.00)	33	
GAIA0103 11/05/10			
34	Form 500 UET (Estimated tax penalty)	34	
(If you owe) Add Lines 23, 26 thru 34			
35	THIS IS THE AMOUNT YOU OWE	35	
36	(If you are due a refund) Subtract the sum of Lines 25 thru 34 from Line 24		
THIS IS YOUR REFUND			829

(PAYMENT) GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER
PO BOX 740399,
ATLANTA, GA 30374-0399

(REFUND) GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER
PO BOX 740380,
ATLANTA, GA, 30374-0380

ENCLOSE ALL ITEMS IN RETURN ENVELOPE. DO NOT STAPLE YOUR CHECK, W-2'S OR TAX RETURN

Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia. Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has knowledge.

PHONE NUMBER

Taxpayer's Signature ☐ (Check box if deceased)

DATE

Spouse's Signature ☐ (Check box if deceased)

DATE

Do you want to authorize DOR to discuss this return with the named preparer. YES ☐ NO ☐

NAME OF PREPARER OTHER THAN TAXPAYER
SELF-PREPARED

Signature of Preparer

PREPARER'S FEIN PREPARER'S SSN/PTIN PHONE NUMBER

TAXPAYER EMAIL ADDRESS



SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW (see instructions)

ADDITIONS to INCOME

- | | | | |
|---|--|---|---|
| 1 | Interest on Non-Georgia Municipal and State Bonds | ▶ | 1 |
| 2 | Lump-Sum Distributions | ▶ | 2 |
| 3 | Federal deduction for income attributable to domestic production activities
(IRC Section 199) | ▶ | 3 |
| 4 | Other(specify) | ▶ | 4 |
| 5 | Total Additions (enter sum of Lines 1-4 here) | ▶ | 5 |

SUBTRACTION from INCOME

- 6 Retirement Income Exclusion (see instructions)

a Self: Date of Birth Date of Disability: Type of Disability:

6 a

b Spouse: Date of Birth Date of Disability: Type of Disability:

6 b

- | | | | |
|---|--|---|---|
| 7 | Social Security Benefits (Taxable portion from Federal return) | ▶ | 7 |
| 8 | Georgia Higher Education Savings Plan | ▶ | 8 |
| 9 | Interest on United States Obligations (see instructions) | ▶ | 9 |

- | | | | | | |
|----|---|----------------|-----------------------------|-----------|--|
| 10 | Other Adjustments (specify) | Adjustment | See Other Subtractions Stmt | Amount | |
| | | Adjustment | | Amount | |
| | | Adjustment | | Amount | |
| | | Adjustment | | Amount | |
| | | Total. | ▶ | 10 | 150 |
| 11 | Total Subtractions (enter sum of Lines 6-10 here). | | | | ▶ 11 150 |
| 12 | Net Adjustments (Line 5 less Line 11.)
Enter Net Total here and on Line 9 of Page 2 (+ or -) of Form 500 | | | | ▶ <input checked="" type="checkbox"/> 12 -150 |



YOUR SOCIAL SECURITY NUMBER
245-96-1406

MARIE L HOUSE

SCHEDULE 2 CREDITS for LINE 17, PAGE 2 (see instructions)

- | | | | | |
|---|---|---|---|-----|
| 1 | Other State(s) Tax Credit (see instructions) | ▶ | 1 | |
| 2 | Credits from Form IND-CR (Rural Physicians Credit, Disabled Person Home Purchase or Retrofit Credit, Driver Education Credit, Disaster Assistance Credit, Qualified Caregiving Expense Credit, Georgia National Guard/Air National Guard Credit, Child and Dependent Care Expense Credit, Adoption Credit, Eligible Single-Family Residence Credit) | ▶ | 2 | 600 |
| 3 | Low and Zero Emission Vehicle Credit | ▶ | 3 | |
| 4 | Qualified Education Expense Credit (Individual/Non pass through) | ▶ | 4 | |
| 5 | Clean Energy Property Credit (Individual/Non pass through) | ▶ | 5 | |

Pass Through Credits from Ownership of Sole Proprietor, S Corp., LLC or Partnership Interest and Other Credits
You must list the appropriate Credit Type Code in the space provided. If you claim more than four credits, enclose a schedule. Enter the schedule total on Line 10. See instructions for a list of available credits and their applicable codes.

6 COMPANY NAME CREDIT CODE TYPE

OWNERSHIP	FEIN	CREDIT CLAIMED ON THIS RETURN
-----------	------	-------------------------------

7 COMPANY NAME CREDIT CODE TYPE

OWNERSHIP	FEIN	CREDIT CLAIMED ON THIS RETURN
-----------	------	-------------------------------

8 COMPANY NAME CREDIT CODE TYPE

OWNERSHIP	FEIN	CREDIT CLAIMED ON THIS RETURN
-----------	------	-------------------------------

9 COMPANY NAME CREDIT CODE TYPE

OWNERSHIP	FEIN	CREDIT CLAIMED ON THIS RETURN
-----------	------	-------------------------------

10 Any additional pass-through credits claimed (attach schedule) ▶ 10

11 Low Income Credit (see instructions) 11a▶ 11b▶ ▶ 11c

12 Enter the total of Lines 1 through 11 here and on Line 17, Page 2 of 500 form ▶ 12 600



1105901611

Georgia Form IND-CR (Rev. 11/10)**State of Georgia Individual Credit Form**

Georgia Department of Revenue (Approved software version)

2010**Version 1****– Enclose with Form 500 –**

YOUR FIRST NAME

MI

YOUR SOCIAL SECURITY NUMBER

MARIE

L

245-96-1406

LAST NAME

SUFFIX

SPOUSE'S SOCIAL SECURITY NUMBER

HOUSE

ADDRESS (NUMBER AND STREET, or P.O. BOX)(Use 2nd address line for Apt, Suite or Building Number)

☐

CHECK IF ADDRESS HAS CHANGED

DEPARTMENT USE ONLY

391 BLUE MOUNTAIN LANE

CITY (PLEASE INSERT SPACE IF CITY HAS MULTIPLE NAMES)

STATE

ZIP CODE

TRION

GA

30753

Part 1 – Disabled Person Home Purchase or Retrofit Credit

O.C.G.A. Subsection 48-7-29.1 provides a disabled person credit equal to the lesser of \$500 per residence or the taxpayer's income tax liability for the purchase of a new single-family home that contains all of the accessibility features listed below. It also provides a credit equal to the lesser of the cost or \$125 to retrofit an existing single-family home with one or more of these features. The disabled person must be the taxpayer or the taxpayer's spouse if a joint return is filed. Qualified features are:

- One no-step entrance allowing access into the residence.
- Interior passage doors providing at least a 32-inch-wide opening.
- Reinforcements in bathroom walls allowing installation of grab bars around the toilet, tub, and shower, where such facilities are provided.
- Light switches and outlets placed in accessible locations.

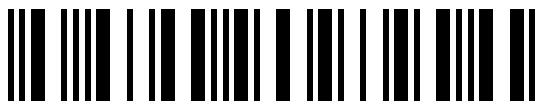
To qualify for this credit, the disabled person must be permanently disabled and have been issued a permanent parking permit by the Department of Revenue or have been issued a special permanent parking permit by the Department of Revenue. For more information, see Regulation 560-7-8-.44.

- 1 Purchase of a home that contains all four accessibility features **OR** total of accessibility features added to retrofit a home (up to \$125 per feature) ► 1
- 2 Maximum credit per residence ► 2 500
- 3 Enter the lesser of Line 1 or Line 2 and include in Part 10 ► 3

Part 2 – Child and Dependent Care Expense Credit

O.C.G.A. Subsection 48-7-29.10 provides taxpayers with a credit for qualified child & dependent care expenses. The credit is a percentage of the credit claimed and allowed under Internal Revenue Code Subsection 21 and claimed by the taxpayer on the taxpayer's Federal income tax return. The credit is computed as follows:

- 1 Amount of child & dependent care expense **credit** claimed on Federal Form 1040 ► 1
 - 2 Georgia allowable rate ► 2 30%
 - 3 Allowable Child & Dependent Care Expense Credit (Line 1 x .30)
- Enter here and include in Part 10 ► 3



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Georgia Form IND-CR
State of Georgia Individual Credit Form

Georgia Department of Revenue

2010

Version 1

MARIE L HOUSE

YOUR SOCIAL SECURITY NUMBER

245-96-1406

Part 3 – Georgia National Guard/Air National Guard Credit

O.C.G.A. Subsection 48-7-29.9 provides a tax credit for Georgia residents who are members of the National Guard or Air National Guard and are on active duty full time in the United States Armed Forces, or active duty training in the United States Armed Forces for a period of more than 90 consecutive days. The credit shall be claimed and allowed in the year in which the majority of such days are served. In the event an equal number of consecutive days are served in two calendar years, then the exclusion shall be claimed and allowed in the year in which the ninetieth day occurs. The credit shall apply with respect to each taxable year in which such member serves for such qualifying period of time. The credit cannot exceed the amount expended for qualified life insurance premiums nor the taxpayer's income tax liability. Qualified life insurance premiums are the premiums paid for insurance coverage through the service member's Group Life Insurance Program administered by the United States Department of Veterans Affairs. Any unused tax credit is allowed to be carried forward to the taxpayer's succeeding year's tax liability.

1 Enter amount of qualified life insurance premiums and include in Part 10 ► 1

Part 4 – Qualified Caregiving Expense Credit

O.C.G.A Subsection 48-7-29.2 provides a qualified caregiving expense credit equal to 10 percent of the cost of qualified caregiving expenses for a qualifying family member. The credit cannot exceed \$150. Qualified services include Home health agency services, personal care services, personal care attendant services, homemaker services, adult day care, respite care, or health care equipment and other supplies which have been determined by a physician to be medically necessary. Services must be obtained from an organization or individual not related to the taxpayer or the qualifying family member. The qualifying family member must be at least age 62 or determined disabled by the Social Security Administration. A qualifying family member includes the taxpayer or an individual who is related to the taxpayer by blood, marriage or adoption. Qualified caregiving expenses do not include expenses that were subtracted to arrive at Georgia net taxable income or for which amounts were excluded from Georgia net taxable income. There is no carryover or carry-back available. The credit cannot exceed the taxpayer's income tax liability. For more information, see Regulation 560-7-8-.43.

Qualifying Family Member Name:

Name:

SS# Relationship

Age, if 62 or over If disabled, date of disability

- 1 Qualified caregiving expenses ► 1
- 2 Percentage limitation ► 2 10%
- 3 Line 1 multiplied by Line 2 ► 3
- 4 Maximum credit ► 4 150
- 5 Enter the lesser of Line 3 or Line 4 and include in Part 10 ► 5



1105901631

Georgia Form IND-CR**State of Georgia Individual Credit Form**

Georgia Department of Revenue

2010 **Version 1** MARIE L HOUSE**YOUR SOCIAL SECURITY NUMBER**

245-96-1406

Part 5 – Driver Education Credit

O.C.G.A. Subsection 48-7-29.5 provides for a driver education credit. This is a credit for an amount paid for a dependent minor child for a successfully completed course of driver education at a private driver training school licensed by the Department of Driver Services under Chapter 13 of Title 43, 'The Driver Training School License Act.' The amount of the credit is equal to \$150 or the actual amount paid, whichever is less. A private driver training school is one that primarily engages in offering driving instruction. **This does not include schools owned or operated by local, state, or federal governments. An amount paid for a completed course of driver education to a private or public high school does not qualify for this credit.** A completed course of driver education includes additional courses offered by private driver training schools such as defensive driver education. This tax credit is only allowed once for each dependent minor child of a taxpayer. The amount of the tax credit cannot exceed the taxpayer's income tax liability. The credit is not allowed with respect to any driver education expenses either deducted or subtracted by the taxpayer to arrive at Georgia taxable net income or with respect to any driver education expenses for which amounts were excluded from Georgia net taxable income. Any unused tax credit cannot be carried forward to any succeeding years' tax liability and cannot be carried back to the prior years' tax liability. Visit www.dds.ga.gov/Training/index.aspx.

Name of private driver training school

Name of dependent minor child

Birth Date

SS#

- 1 Date of Successful Completion ► 1
- 2 Amount paid for the successfully completed course ► 2
- 3 Maximum credit ► 3 150
- 4 Enter the lesser of Line 2 or Line 3 and include in Part 10 ► 4

Part 6 – Disaster Assistance Credit

O.C.G.A. Subsection 48-7-29.4 provides for a credit for a taxpayer who receives disaster assistance during a taxable year from the Georgia Emergency Management Agency or the Federal Emergency Management Agency. The amount of the credit is equal to \$500 or the actual amount of the disaster assistance, whichever is less. The credit cannot exceed the taxpayer's income tax liability. Any unused tax credit can be carried forward to the succeeding years' tax liability but cannot be carried back to the prior years' tax liability. The approval letter from the disaster assistance agency must be enclosed with the return.

The following types of assistance qualify:

- Grants received from the Department of Human Services Individual and Family Grant Program.
- Grants from GEMA and/or FEMA.
- Loans from the Small Business Administration that are due to disasters declared by the President or Governor.

Disaster assistance agency

- 1 Date assistance was received ► 1
- 2 Amount of the disaster assistance received ► 2
- 3 Maximum credit ► 3 500
- 4 Enter the lesser of Line 2 or Line 3 and include in Part 10 ► 4



Georgia Form IND-CR

State of Georgia Individual Credit Form

Georgia Department of Revenue

2010 Version 1 MARIE L HOUSE

YOUR SOCIAL SECURITY NUMBER

245-96-1406

Part 7 – Rural Physicians Credit

O.C.G.A. Subsection 48-7-29 provides for a \$5,000 tax credit for rural physicians. The tax credit may be claimed for not more than five years. There is no carryover or carry-back available. The credit cannot exceed the taxpayer's income tax liability. In order to qualify, the physician must meet the following conditions:

- 1 The physician must have started working in a rural county after July 1, 1995. If the physician worked in a rural county prior to that date, a period of at least three years must have elapsed before the physician returns to work in a rural county.
- 2 The physician must practice and reside in a rural county. For taxable years beginning on or after January 1, 2003, a physician qualifies for the credit if they practice in a rural county and reside in a county contiguous to a rural county. A rural county is defined as one with 65 or fewer persons per square mile according to the United States Decennial Census of 1990 or any future such census. For taxable years beginning on or after January 1, 2002, the United States Decennial Census of 2000 is used.
- 3 The physician must be licensed to practice medicine in Georgia, primarily admit patients to a rural hospital, and practice in the fields of family practice, obstetrics and gynecology, pediatrics, internal medicine, or general surgery. A rural hospital is defined as an acute-care hospital located in a rural county that contains 80 or fewer beds. For taxable years beginning on or after January 1, 2003, a rural hospital is defined as an acute-care hospital located in a rural county that contains 100 or fewer beds. For more information, see Regulation 560-7-8-.20.

- | | | | |
|---|--|---|---|
| 1 | County of residence | ▶ | 1 |
| 2 | County of practice | ▶ | 2 |
| 3 | Type of practice | ▶ | 3 |
| 4 | Date started working as a rural physician | ▶ | 4 |
| 5 | Number of hospital beds in the rural hospital | ▶ | 5 |
| 6 | Rural physicians credit, enter \$5,000 and include in Part 10. | ▶ | 6 |

Part 8 – Adoption of a Foster Child Credit

- 1 Georgia Code Section 48-7-29.15 provides an income tax credit for the adoption of a qualified foster child. The amount of the credit is \$2,000 per qualified foster child per taxable year, commencing with the year in which the adoption becomes final, and ending in the year in which the adopted child attains the age of 18. This credit applies to adoptions occurring in the taxable years beginning on or after January 1, 2008.

Enter \$2,000 per qualified foster child and include in Part 10 ▶ 1



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Georgia Form IND-CR**State of Georgia Individual Credit Form**

Georgia Department of Revenue

2010 **Version 1** MARIE L HOUSE**YOUR SOCIAL SECURITY NUMBER**

245-96-1406

Part 9 – Eligible Single-Family Residence Tax Credit

O.C.G.A. Subsection 48-7-29.17 provides taxpayers a credit for the purchase of an eligible single-family residence located in Georgia. An eligible single-family residence is a single-family structure (including a condominium unit as defined in O.C.G.A. Subsection 44-3-71) that is occupied for residential purposes by a single family, that is:

- a) Any residence (including a new residence, one occupied at the time of sale, or a previously occupied residence) that was for sale prior to May 11, 2009 and that remained for sale after May 11, 2009; or
- b) A residence with respect to which a foreclosure event has taken place and which is owned by the mortgagor or the mortgagor's agent; or
- c) An owner-occupied residence with respect to which the owner's acquisition indebtedness was in default on or before March 1, 2009. Acquisition indebtedness is debt incurred in acquiring, constructing, or substantially improving a qualified residence and which is secured by such residence. Refinanced debt is acquisition debt if at least a portion of such debt refinances the principal amount of existing acquisition indebtedness.

A taxpayer is allowed the tax credit for a purchase of one eligible single-family residence made between June 1, 2009 and November 30, 2009. The credit amount is the lesser of 1.2 percent of the purchase price of the eligible single-family residence or \$1,800.00. The amount of the tax credit that may be claimed and allowed in a single tax year cannot exceed the lesser of 1/3 of the credit or the taxpayer's income tax liability. Any unused tax credit can be carried forward but cannot be carried back.

The taxpayer must have been claimed the credit in 2009 in order to claim the unused credit below.

1	Total credit. (Enter the amount from 2009 IND-CR, Part 9, Line 5.)	▶	1	1800
2	Maximum allowed per year	▶	2	33.33%
3	Credit allowed, multiply Line 1 by Line 2, enter here and include in part 10	▶	3	600

Part 10 – Total Section

1	Add Part 1, Line 3; Part 2, Line 3; Part 3, Line 1; Part 4, Line 5; Part 5, Line 4; Part 6, Line 4; Part 7, Line 6; Part 8, Line 1; and Part 9, Line 3. Enter the total here and on Form 500, Page 5, Schedule 2, Line 2	▶	1	600
---	--	---	---	-----

Name as Shown on Return
Marie L House

Social Security Number
245-96-1406

1	Salaries and wages reduced from federal taxable income because of the federal jobs tax credit	1	
2	Individual Retirement Account withdrawals where tax has been paid to Georgia because of the difference between Georgia and federal law for tax years 1981 through 1986	2	
3	Keogh, SEP and SUB-S plan withdrawals where tax has been paid to Georgia because of the difference between Georgia and federal law for tax years 1981 through 1986	3	
4	Depreciation because of differences in Georgia and federal law for tax years 1981 through 1986	4	
5	Income taxed at corporate level by other states because of non-recognition of S corporation status	5	
6	Dependents' unearned income included in parent's federal adjusted gross income	6	
7	Income tax refunds from other states included in federal adjusted gross income. Identify state: CA	7	150.
8	Income from any fund, program or system which is exempted by federal law or treaty	8	
9	Teachers retirement contributions already taxed by the state of Georgia	9	
10	Payments to certified minority subcontractors from state contracts (10% of payments or \$100,000, whichever is less)	10	
11	Depreciation Adjustment (if negative) for differences in federal and Georgia law	11	
12	Combat Zone Pay exclusion	12	
13	Expenses Related to Organ Donation	13	
14	Deduction of high deductible health plans	14	
15	For teachers, up to \$250 for unreimbursed expenses used in the classroom. NOTE: The amount may only be deducted to the extent the deduction has not been included in federal AGI and Georgia itemized deductions	15	
16	Federally taxable interest received on Georgia municipal bonds designated as or considered "Build America Bonds"	16	
17	Other federally taxable interest exempt from Georgia tax	17	
18	Other: a b c	18	a b c
19	Total other subtractions from federal adjusted gross income	19	150.

Name, Address, and SSN See separate instructions.	For the year Jan 1 - Dec 31, 2010, or other tax year beginning , 2010, ending , 20		OMB No. 1545-0074	
	Your first name <u>Marie</u>	MI <u>L</u>	Last name <u>House</u>	Your social security number <u>245-96-1406</u>
	If a joint return, spouse's first name MI Last name			Spouse's social security number
	Home address (number and street). If you have a P.O. box, see instructions. Apartment no. <u>391 Blue Mountain Lane</u>			Make sure the SSN(s) above and on line 6c are correct. ▲ Checking a box below will not change your tax or refund. <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office. If you have a foreign address, see instructions. State ZIP code <u>Trion</u> <u>GA</u> <u>30753</u>				
Presidential Election Campaign	Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse			

Filing Status Check only one box.	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 & full name here. ▶	5 <input type="checkbox"/> Qualifying widow(er) with dependent child

Exemptions If more than four dependents, see instructions and check here . . . <input type="checkbox"/>	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a.				Boxes checked on 6a and 6b <u>1</u>
	b <input type="checkbox"/> Spouse				No. of children on 6c who:
	c Dependents:				• lived with you
	(1) First name Last name	(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 cr (see instrs)	• did not live with you due to divorce or separation (see instrs)
					Dependents on 6c not entered above
					Add numbers on lines above <u>1</u>
d Total number of exemptions claimed					1

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see instructions. Enclose, but do not attach, any payment. Also, please use Form 1040-V.	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	
	8a Taxable interest. Attach Schedule B if required	8a	
	b Tax-exempt interest. Do not 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	150.
	11 Alimony received.	11	50,940.
	12 Business income or (loss). Attach Schedule C or C-EZ	12	-13,687.
	13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here	13	
	14 Other gains or (losses). Attach Form 4797	14	
	15a IRA distributions	15a	
	b Taxable amount	15b	
	16a Pensions and annuities	16a	
	b Taxable amount	16b	10,454.
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18		
19 Unemployment compensation	19		
20a Social security benefits	20a		
b Taxable amount	20b		
21 Other income	21		
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	47,857.	

Adjusted Gross Income	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	6,101.
	27 One-half 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 - 31a and 32 - 35	36	6,101.
	37 Subtract line 36 from line 22. This is your adjusted gross income	37	41,756.

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	41,756.
39 a	Check if: <input type="checkbox"/> You were born before January 2, 1946, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39 a		
	<input type="checkbox"/> Spouse was born before January 2, 1946, <input type="checkbox"/> Blind. 39 b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	13,512.
41	Subtract line 40 from line 38	41	28,244.
42	Exemptions. Multiply \$3,650 by the number on line 6d.	42	3,650.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	24,594.
44	Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	3,268.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	3,268.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 23	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see instructions)	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	3,268.

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59 a	<input type="checkbox"/> Form(s) W-2, box 9 b <input type="checkbox"/> Schedule H c <input type="checkbox"/> Form 5405, line 16	59	
60	Add lines 55-59. This is your total tax	60	3,268.

Payments

If you have a qualifying child, attach Schedule EIC.

61	Federal income tax withheld from Forms W-2 and 1099	61	136.
62	2010 estimated tax payments and amount applied from 2009 return	62	
63	Making work pay credit. Attach Schedule M	63	0.
64 a	Earned income credit (EIC)	64 a	
	b Nontaxable combat pay election <input type="checkbox"/> 64 b		
65	Additional child tax credit. Attach Form 8812	65	
66	American opportunity credit from Form 8863, line 14	66	
67	First-time homebuyer credit from Form 5405, line 10	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lines 61-63, 64a, & 65-71. These are your total pmts	72	136.

Refund

Direct deposit? See instructions.

73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	73	
74 a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74 a	
	b Routing number <input type="text" value="XXXXXXXXXX"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number <input type="text" value="XXXXXXXXXXXXXXXXXXXX"/>		
75	Amount of line 73 you want applied to your 2011 estimated tax	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 60. For details on how to pay see instructions	76	3,132.
77	Estimated tax penalty (see instructions)	77	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☒ No

Designee's name <input type="text"/>	Phone no. <input type="text"/>	Personal identification number (PIN) <input type="text"/>
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Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature <input type="text"/>	Date <input type="text"/>	Your occupation <input type="text" value="Artist"/>	Daytime phone number <input type="text"/>
Spouse's signature. If a joint return, both must sign. <input type="text"/>	Date <input type="text"/>	Spouse's occupation <input type="text"/>	<input type="text"/>
Print/Type preparer's name <input type="text"/>	Preparer's signature <input type="text"/>	Date <input type="text"/>	Check <input type="checkbox"/> if self-employed PTIN <input type="text"/>

Paid Preparer's Use Only

Firm's name <input type="text" value="Self-Prepared"/>	Firm's EIN <input type="text"/>
Firm's address <input type="text"/>	Phone no. <input type="text"/>

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service

(99)

Itemized Deductions

► **Attach to Form 1040.**

► **See Instructions for Schedule A (Form 1040).**

OMB No. 1545-0074

2010

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Marie L House

Your social security number

245-96-1406

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 <input checked="" type="checkbox"/> Income taxes, or b <input type="checkbox"/> General sales taxes	5	2,123.
	6	Real estate taxes (see instructions)	6	1,376.
	7	New motor vehicle taxes from line 11 of the worksheet on page 2 (for certain vehicles purchased in 2009). Skip this line if you checked box 5b	7	
	8	Other taxes. List type and amount ► Personal Property & Other taxes 47.	8	47.
	9	Add lines 5 through 8	9	3,546.
	10	Home mtg interest and points reported to you on Form 1098	10	7,954.
	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 number, and address ► Irma Morgan 594-33-8807 3360 Lakeview Drive Sebring FL 33870	11	725.
Interest You Paid	12	Points not reported to you on Form 1098. See instrs for spl rules	12	
	13	Mortgage insurance premiums (see instructions)	13	1,121.
	14	Investment interest. Attach Form 4952 if required. (See instrs.)	14	
	15	Add lines 10 through 14	15	9,800.
	16	Gifts by cash or check. If you made any gift of \$250 or more, see instrs	16	141.
Gifts to Charity	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	25.
	18	Carryover from prior year	18	
	19	Add lines 16 through 18	19	166.
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.) ►	21	
	22	Tax preparation fees	22	40.
	23	Other expenses — investment, safe deposit box, etc. List type and amount ►	23	
	24	Add lines 21 through 23	24	40.
	25	Enter amount from Form 1040, line 38	25	41,756.
	26	Multiply line 25 by 2% (.02)	26	835.
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	0.
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	13,512.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here		