

2/13/10

03:19PM

EX12F-CA

During 2009, Joe had total trading proceeds of approximately \$100,000 and total roundtrip trades of only 200 per review of the TradeLog reports. Trading was very sporadic and not continuous throughout the 2009 tax year. There were several months where Joe did not have any trading activity in 2009. Joe does not qualify as a trader in commodities for 2009 due to limited number of trades and frequency of trading activity. Since Joe doesn't qualify for trader tax status, he is forced to file as a normal "investor". Therefore, Joe may NOT report his trading business expenses on Schedule C. Instead, he must report these expenses as "itemized deductions" on Schedule A. "Investment interest expenses" are limited on Form 4952 and "investment expenses" are subject to "Miscellaneous Itemized Deduction" limitations - deductible if more than 2% of Taxpayer's adjusted gross income (AGI).

Joe has negative taxable income, so his trading business expenses are entirely wasted for this year or any other year. Joe does have a carryover of his Investment Interest Expense.

No trader footnotes provided with this return since Taxpayer did not qualify for trader status in 2009.

Demo

**Label**  
(See instructions.)

**Use the IRS label.**  
Otherwise, please print or type.

**Presidential Election Campaign**

|  |  |   |
|--|--|---|
| For the year Jan 1 - Dec 31, 2009, or other tax year beginning , 2009, ending , 20   |  | OMB No. 1545-0074   |
| Your first name MI Last name   | <b>Your social security number</b>     |   |
| Joe Investor Commodity Loss Ex 12  | 999-99-9999                            |   |
| If a joint return, spouse's first name MI Last name  | <b>Spouse's social security number</b> |   |
| Home address (number and street). If you have a P.O. box, see instructions. Apartment no.  |  | You <b>must</b> enter your social security number(s) above. ▲ |
| any street   |  |   |
| City, town or post office. If you have a foreign address, see instructions. State ZIP code   |  | Checking a box below will not change your tax or refund.      |
| Los Angeles, CA 90025  |  |   |
| Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions) <input checked="" type="checkbox"/> <b>You</b> <input type="checkbox"/> <b>Spouse</b> |  |   |

**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 (see instructions)   |

**Exemptions**

If more than four dependents, see instructions and check here ☐

|   |   |   |
|---|---|---|
| 6a <input checked="" type="checkbox"/> <b>Yourself.</b> If someone can claim you as a dependent, <b>do not</b> check box 6a | Boxes checked on 6a and 6b ... <b>1</b> |   |
| b <input type="checkbox"/> <b>Spouse.</b>   | No. of children on 6c who:              |   |
| c <b>Dependents:</b>  |   |   |
| (1) First name Last name  | (2) Dependent's social security number  | (3) Dependent's relationship to you   |
|   |   | (4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs) |
|   |   | <input type="checkbox"/>  |
|   |   | <input type="checkbox"/>  |
|   |   | <input type="checkbox"/>  |
|   |   | <input type="checkbox"/>  |
| d Total number of exemptions claimed. <b>1</b>  |   |   |

**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 <b>Taxable</b> interest. Attach Schedule B if required   | 8a  | 62.     |
| b <b>Tax-exempt</b> interest. <b>Do not</b> include on line 8a                                      | 8b  |         |
| 9a Ordinary dividends. Attach Schedule B if required  | 9a  | 897.    |
| b Qualified dividends (see instrs)  | 9b  | 897.    |
| 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)          | 10  |         |
| 11 Alimony received   | 11  |         |
| 12 Business income or (loss). Attach Schedule C or C-EZ   | 12  |         |
| 13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here .                                | 13  | -3,000. |
| 14 Other gains or (losses). Attach Form 4797  | 14  |         |
| 15a IRA distributions   | 15a |         |
| b Taxable amount (see instrs)   | 15b |         |
| 16a Pensions and annuities  | 16a |         |
| b Taxable amount (see instrs)   | 16b |         |
| 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 in excess of \$2,400 per recipient (see instructions)                  | 19  |         |
| 20a Social security benefits  | 20a |         |
| b Taxable amount (see instrs)   | 20b |         |
| 21 Other income   | 21  |         |
| 22 Add the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> | 22  | -2,041. |

**Adjusted Gross Income**

|   |     |         |
|---|-----|---------|
| 23 Educator expenses (see instructions)   | 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  |         |
| 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 (see instructions)  | 29  |         |
| 30 Penalty on early withdrawal of savings   | 30  |         |
| 31a Alimony paid b Recipient's SSN . . .  | 31a |         |
| 32 IRA deduction (see instructions)   | 32  |         |
| 33 Student loan interest deduction (see instructions)   | 33  |         |
| 34 Tuition and fees deduction. Attach Form 8917   | 34  |         |
| 35 Domestic production activities deduction. Attach Form 8903   | 35  |         |
| 36 Add lines 23 - 31a and 32 - 35   | 36  | 0.      |
| 37 Subtract line 36 from line 22. This is your <b>adjusted gross income</b>   | 37  | -2,041. |

**Tax and Credits****Standard Deduction for —**

• People who check any box on line 39a, 39b, or 40b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$5,700

Married filing jointly or Qualifying widow(er), \$11,400

Head of household, \$8,350

38 Amount from line 37 (adjusted gross income) 38 -2,041.

39a Check if: ☐ You were born before January 2, 1945, ☐ Blind. Total boxes checked ☐ 39a ☐ Spouse was born before January 2, 1945, ☐ Blind. 39b ☐

b If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here 39b ☐

40a Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40a 9,983.

b If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see instructions) 40b ☐

41 Subtract line 40a from line 38 41 -12,024.

42 Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see instructions. 42 3,650.

43 Taxable income. Subtract line 42 from line 41. 43 0.

If line 42 is more than line 41, enter -0-

44 Tax (see instrs). Check if any tax is from: a ☐ Form(s) 8814 44 0.

b ☐ Form 4972. 45 0.

45 Alternative minimum tax (see instructions). Attach Form 6251 45 0.

46 Add lines 44 and 45 46 0.

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 29. 49

50 Retirement savings contributions credit. Attach Form 8880. 50

51 Child tax credit (see instructions). 51

52 Credits from Form: a ☐ 8396 b ☐ 8839 c ☐ 5695 52

53 Other crs from Form: a ☐ 3800 b ☐ 8801 c ☐ 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 0.

**Other Taxes**

56 Self-employment tax. Attach Schedule SE. 56

57 Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919 57

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required. 58

59 Additional taxes: a ☐ AEIC payments b ☐ Household employment taxes. Attach Schedule H. 59

60 Add lines 55-59. This is your total tax. 60 0.

**Payments**

If you have a qualifying child, attach Schedule EIC.

61 Federal income tax withheld from Forms W-2 and 1099. 61

62 2009 estimated tax payments and amount applied from 2008 return. 62

63 Making work pay and government retiree credit. Attach Schedule M. 63

64a Earned income credit (EIC) No 64a

b Nontaxable combat pay election. 64b

65 Additional child tax credit. Attach Form 8812. 65

66 Refundable education credit from Form 8863, line 16. 66

67 First-time homebuyer credit. Attach Form 5405. 67

68 Amount paid with request for extension to file (see instructions). 68

69 Excess social security and tier 1 RRTA tax withheld (see instructions). 69

70 Credits from Form: a ☐ 2439 b ☐ 4136 c ☐ 8801 d ☐ 8885. 70

71 Add lns 61-63, 64a, & 65-70. These are your total pmts 71 0.

**Refund**

Direct deposit? See instructions and fill in 73b, 73c, and 73d or Form 8888.

72 If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid 72

73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here. 73a

b Routing number. c Type: ☐ Checking ☐ Savings

d Account number.

74 Amount of line 72 you want applied to your 2010 estimated tax. 74

**Amount You Owe**

75 Amount you owe. Subtract line 71 from line 60. For details on how to pay, see instructions. 75 0.

76 Estimated tax penalty (see instructions). 76

**Third Party Designee**

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

Designee's name z Examples Phone no. 877-662-2014 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 Investor Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

**Paid Preparer's Use Only**

Preparer's signature z Examples Date Check if self-employed ☐ Preparer's SSN or PTIN

Firm's name (or yours if self-employed) Green & Company CPAs, LLC EIN 20-0751653

54 Danbury Rd., #351 Phone no. 877-662-2014

Ridgefield, CT 06877

**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

**2009**

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

Joe Investor Commodity Loss Ex 12

999-99-9999

|   |   |   |    |         |  |
|---|---|---|----|---------|--|
| <b>Medical and Dental Expenses</b>  | <b>Caution.</b> Do not include expenses reimbursed or paid by others. |   |    |         |  |
|   | 1   | Medical and dental expenses (see instructions) .....  | 1  | 5,342.  |  |
|   | 2   | Enter amount from Form 1040, line 38. ....  | 2  | -2,041. |  |
|   | 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  | 5,342.  |  |
| <b>Taxes You Paid</b>   | 5 State and local (check only one box):                               |   |    |         |  |
|   | a   | <input type="checkbox"/> Income taxes, or   |    |         |  |
|   | b   | <input checked="" type="checkbox"/> General sales taxes .....   | 5  | 285.    |  |
|   | 6   | Real estate taxes (see instructions) .....  | 6  |         |  |
|   | 7   | New motor vehicle taxes from line 11 of the worksheet on page 2. Skip this line if you checked box 5b. ....   | 7  |         |  |
|   | 8   | Other taxes. List type and amount ► .....   | 8  |         |  |
|   | 9   | Add lines 5 through 8 .....   | 9  | 285.    |  |
| <b>Interest You Paid</b>  | 10  | Home mtg 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 number, and address ► .....   |    |         |  |
|   |   | .....   |    |         |  |
|   |   | .....   |    |         |  |
|   |   | .....   | 11 |         |  |
| <b>Note.</b><br>Personal interest is not deductible.                                      | 12  | Points not reported to you on Form 1098. See instrs for spcl rules .....  | 12 |         |  |
|   | 13  | Qualified mortgage insurance premiums (see instructions) .....  | 13 |         |  |
|   | 14  | Investment interest. Attach Form 4952 if required. (See instrs.) .....  | 14 |         |  |
|   | 15  | Add lines 10 through 14 .....   | 15 | 0.      |  |
| <b>Gifts to Charity</b><br>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 instrs .....   | 16 | 985.    |  |
|   | 17  | Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 .....   | 17 |         |  |
|   | 18  | Carryover from prior year .....   | 18 |         |  |
|   | 19  | Add lines 16 through 18 .....   | 19 | 0.      |  |
|   |   | Disallowed contributions .....  |    | -985.   |  |
| <b>Casualty and Theft Losses</b>  | 20  | Casualty or theft loss(es). Attach Form 4684. (See instructions.) .....   | 20 | 0.      |  |
| <b>Job Expenses and Certain Miscellaneous Deductions</b>                                  | 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 | 755.    |  |
|   | 23  | Other expenses — investment, safe deposit box, etc. List type and amount ► .....  |    |         |  |
|   |   | See Statement 1 .....   | 23 | 3,601.  |  |
|   | 24  | Add lines 21 through 23 .....   | 24 | 4,356.  |  |
|   | 25  | Enter amount from Form 1040, line 38. ....  | 25 | -2,041. |  |
|   | 26  | Multiply line 25 by 2% (.02) .....  | 26 |         |  |
|   | 27  | Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- .....   | 27 | 4,356.  |  |
| <b>Other Miscellaneous Deductions</b>   | 28  | Other — from list in the instructions. List type and amount ► .....   |    |         |  |
|   |   | .....   |    |         |  |
|   |   | .....   | 28 | 0.      |  |
| <b>Total Itemized Deductions</b>  | 29  | Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filing separately)?<br><input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40a.<br><input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See instructions for the amount to enter. |    |         |  |
|   | 30  | If you elect to itemize deductions even though they are less than your standard deduction, check here ► <input type="checkbox"/>  |    |         |  |
|   |   |   | 29 | 9,983.  |  |

**SCHEDULE B**  
**(Form 1040A or 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Interest and Ordinary Dividends**

► **Attach to Form 1040A or 1040.**

► **See Instructions.**

OMB No. 1545-0074

**2009**

Attachment  
Sequence No. **08**

Name(s) shown on return

Joe Investor Commodity Loss Ex 12

Your social security number

999-99-9999

**Part I**  
**Interest**

(See  
instructions for  
Form 1040A,  
or Form 1040,  
line 8a.)

**Note.** If you  
received a Form  
1099-INT, Form  
1099-OID, or  
substitute statement  
from a brokerage  
firm, list the firm's  
name as the payer  
and enter the total  
interest shown on  
that form.

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address. . . . .

Interactive Brokers

**Amount**

62.

**1**

- 2** Add the amounts on line 1 . . . . .

62.

- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . .

**3**

- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a. . . . .

**4**

62.

**Note.** If line 4 is over \$1,500, you must complete Part III.

**Amount**

**Part II**  
**Ordinary Dividends**

(See  
instructions for  
Form 1040A, or  
Form 1040,  
line 9a.)

**Note.** If you  
received a Form  
1099-DIV or  
substitute statement  
from a brokerage  
firm, list the firm's  
name as the payer  
and enter the  
ordinary dividends  
shown on that form.

- 5** List name of payer . . . . .

Schwab

897.

**5**

- 6** Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a. . . . .

**6**

897.

**Note.** If line 6 is over \$1,500, you must complete Part III.

**Part III**  
**Foreign Accounts and Trusts**

(See  
instructions.)

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

**Yes**

**No**

- 7a** At any time during 2009, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1 . . . . .

X

- b** If 'Yes,' enter the name of the foreign country. . . . .

- 8** During 2009, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions . . . . .

X

**SCHEDULE D**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

**Capital Gains and Losses**

► **Attach to Form 1040 or Form 1040NR.** ► **See Instructions for Schedule D (Form 1040).**  
► **Use Schedule D-1 to list additional transactions for lines 1 and 8.**

OMB No. 1545-0074

**2009**

Attachment  
Sequence No. **12**

Your social security number

Joe Investor Commodity Loss Ex 12

999-99-9999

**Part I Short-Term Capital Gains and Losses — Assets Held One Year or Less**

| (a) Description of property (Example: 100 shares XYZ Co)  | (b) Date acquired (Mo, day, yr) | (c) Date sold (Mo, day, yr) | (d) Sales price (see instructions) | (e) Cost or other basis (see instructions) | (f) Gain or (loss) Subtract (e) from (d) |
|---|---------------------------------|-----------------------------|------------------------------------|--|--|
| 1   |                                 |                             |                                    |  |  |
|   |                                 |                             |                                    |  |  |
|   |                                 |                             |                                    |  |  |
|   |                                 |                             |                                    |  |  |
|   |                                 |                             |                                    |  |  |
| 2 Enter your short-term totals, if any, from Schedule D-1, line 2 . . .   | 2                               |                             |                                    |  |  |
| 3 <b>Total short-term sales price amounts.</b> Add lines 1 and 2 in column (d) . . . . .  | 3                               |                             |                                    |  |  |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  | 4                               |                             |                                    |  | -31,674.                                 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .                                     | 5                               |                             |                                    |  |  |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . . | 6                               |                             |                                    |  | -31,674.                                 |
| 7 <b>Net short-term capital gain or (loss).</b> Combine lines 1 through 6 in column (f) . . . . .   | 7                               |                             |                                    |  | -63,348.                                 |

**Part II Long-Term Capital Gains and Losses — Assets Held More Than One Year**

| (a) Description of property (Example: 100 shares XYZ Co)  | (b) Date acquired (Mo, day, yr) | (c) Date sold (Mo, day, yr) | (d) Sales price (see instructions) | (e) Cost or other basis (see instructions) | (f) Gain or (loss) Subtract (e) from (d) |
|---|---------------------------------|-----------------------------|------------------------------------|--|--|
| 8 Google stock - Schwab investment a/c<br>Various   | Various                         | Various                     | 875,105.                           | 859,739.                                   | 15,366.                                  |
|   |                                 |                             |                                    |  |  |
|   |                                 |                             |                                    |  |  |
|   |                                 |                             |                                    |  |  |
|   |                                 |                             |                                    |  |  |
| 9 Enter your long-term totals, if any, from Schedule D-1, line 9 . . .  | 9                               |                             |                                    |  |  |
| 10 <b>Total long-term sales price amounts.</b> Add lines 8 and 9 in column (d) . . . . .  | 10                              |                             | 875,105.                           |  |  |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .           | 11                              |                             |                                    |  | -47,512.                                 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .                                     | 12                              |                             |                                    |  |  |
| 13 Capital gain distributions. See instrs . . . . .   | 13                              |                             |                                    |  |  |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . . | 14                              |                             |                                    |  | -32,146.                                 |
| 15 <b>Net long-term capital gain or (loss).</b> Combine lines 8 through 14 in column (f). Then go to Part III on page 2 . . . . .                         | 15                              |                             |                                    |  | -64,292.                                 |

**BAA For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.**

Schedule **D** (Form 1040) 2009

**Part III Summary**

|   |           |           |
|---|-----------|-----------|
| 16 Combine lines 7 and 15 and enter the result.....   | <b>16</b> | -127,640. |
| If line 16 is:  |           |           |
| <ul style="list-style-type: none"> <li>• A <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• A <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• <b>Zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul> |           |           |
| 17 Are lines 15 and 16 <b>both</b> gains?   |           |           |
| <input type="checkbox"/> <b>Yes.</b> Go to line 18.   |           |           |
| <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.  |           |           |
| 18 Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> in the instructions.....   | <b>18</b> |           |
| 19 Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions.....   | <b>19</b> |           |
| 20 Are lines 18 and 19 <b>both</b> zero or blank?   |           |           |
| <input type="checkbox"/> <b>Yes.</b> Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the Instructions for Form 1040 (or in the Instructions for Form 1040NR). <b>Do not</b> complete lines 21 and 22 below.  |           |           |
| <input type="checkbox"/> <b>No.</b> Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Do not</b> complete lines 21 and 22 below.  |           |           |
| 21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of:  |           |           |
| <ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul>   | <b>21</b> | -3,000.   |
| <b>Note.</b> When figuring which amount is smaller, treat both amounts as positive numbers.   |           |           |
| 22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?   |           |           |
| <input type="checkbox"/> <b>Yes.</b> Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the Instructions for Form 1040 (or in the Instructions for Form 1040NR).  |           |           |
| <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.  |           |           |

Form **6251**Department of the Treasury  
Internal Revenue Service (99)**Alternative Minimum Tax — Individuals**▶ See separate instructions.  
▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

**2009**Attachment  
Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

Joe Investor Commodity Loss Ex 12

999-99-9999

**Part I Alternative Minimum Taxable Income** (See instructions for how to complete each line.)

|    |   |    |          |
|----|---|----|----------|
| 1  | If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 6), and go to line 7. (If less than zero, enter as a negative amount.) | 1  | -12,024. |
| 2  | Medical and dental. Enter the <b>smaller</b> of Schedule A (Form 1040), line 4 or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-   | 2  |          |
| 3  | Taxes from Schedule A (Form 1040), lines 5, 6, and 8  | 3  | 285.     |
| 4  | Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions   | 4  |          |
| 5  | Miscellaneous deductions from Schedule A (Form 1040), line 27   | 5  | 4,356.   |
| 6  | If Form 1040, line 38, is over \$166,800 (over \$83,400 if married filing separately), enter the amount from line 11 of the <b>Itemized Deductions Worksheet</b> in the Instructions for Schedule A (Form 1040).  | 6  |          |
| 7  | If filing Schedule L (Form 1040A or 1040), enter as a negative amount the sum of lines 6 and 20 from that schedule  | 7  |          |
| 8  | Tax refund from Form 1040, line 10 or line 21   | 8  |          |
| 9  | Investment interest expense (difference between regular tax and AMT)  | 9  |          |
| 10 | Depletion (difference between regular tax and AMT)  | 10 |          |
| 11 | Net operating loss deduction from Form 1040, line 21. Enter as a positive amount  | 11 |          |
| 12 | Alternative tax net operating loss deduction  | 12 |          |
| 13 | Interest from specified private activity bonds exempt from the regular tax  | 13 |          |
| 14 | Qualified small business stock (7% of gain excluded under section 1202)   | 14 |          |
| 15 | Exercise of incentive stock options (excess of AMT income over regular tax income)  | 15 |          |
| 16 | Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)   | 16 |          |
| 17 | Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)   | 17 |          |
| 18 | Disposition of property (difference between AMT and regular tax gain or loss)   | 18 |          |
| 19 | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)  | 19 |          |
| 20 | Passive activities (difference between AMT and regular tax income or loss)  | 20 |          |
| 21 | Loss limitations (difference between AMT and regular tax income or loss)  | 21 |          |
| 22 | Circulation costs (difference between regular tax and AMT)  | 22 |          |
| 23 | Long-term contracts (difference between AMT and regular tax income)   | 23 |          |
| 24 | Mining costs (difference between regular tax and AMT)   | 24 |          |
| 25 | Research and experimental costs (difference between regular tax and AMT)  | 25 |          |
| 26 | Income from certain installment sales before January 1, 1987  | 26 |          |
| 27 | Intangible drilling costs preference  | 27 |          |
| 28 | Other adjustments, including income-based related adjustments   | 28 |          |
| 29 | <b>Alternative minimum taxable income.</b> Combine lines 1 through 28. (If married filing separately and line 29 is more than \$216,900, see instructions.)   | 29 | -7,383.  |

**Part II Alternative Minimum Tax**

|    |   |                                      |                                    |    |            |
|----|---|--------------------------------------|------------------------------------|----|------------|
| 30 | Exemption. (If you were under age 24 at the end of 2009, see instructions.)   |                                      |                                    |    |            |
|    | <b>IF your filing status is . . .</b>   | <b>AND line 29 is not over . . .</b> | <b>THEN enter on line 30 . . .</b> |    |            |
|    | Single or head of household . . . . .   | \$112,500 . . . . .                  | \$46,700                           | }  | 30 46,700. |
|    | Married filing jointly or qualifying widow(er) . . . . .  | 150,000 . . . . .                    | 70,950                             |    |            |
|    | Married filing separately . . . . .   | 75,000 . . . . .                     | 35,475                             |    |            |
|    | If line 29 is <b>over</b> the amount shown above for your filing status, see instructions.  |                                      |                                    |    |            |
| 31 | Subtract line 30 from line 29. If more than zero, go to line 32. If zero or less, enter -0- here and on lines 34 and 36 and skip the rest of Part II. . . . .   |                                      |                                    | 31 | 0.         |
| 32 | <ul style="list-style-type: none"><li>• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.</li><li>• If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 55 here.</li><li>• <b>All others:</b> If line 31 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 31 by 26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.</li></ul> |                                      |                                    | 32 |            |
| 33 | Alternative minimum tax foreign tax credit (see instructions) . . . . .   |                                      |                                    | 33 |            |
| 34 | Tentative minimum tax. Subtract line 33 from line 32. . . . .   |                                      |                                    | 34 | 0.         |
| 35 | Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see instructions) . . . . .  |                                      |                                    | 35 |            |
| 36 | <b>AMT.</b> Subtract line 35 from line 34. If zero or less, enter -0-. Enter here and on Form 1040, line 45. . . . .  |                                      |                                    | 36 | 0.         |

**BAA For Paperwork Reduction Act Notice, see separate instructions.**

FDIA5312L 08/14/09

Form **6251** (2009)



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

**2009**Attachment  
Sequence No. **67**

Name(s) shown on return

Joe Investor Commodity Loss Ex 12

Identifying number

999-99-9999

Business or activity to which this form relates

Schedule A (2%)

**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 the instructions for a higher limit for certain businesses . . . . .  | 1                            | \$250,000.       |
| 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                            | \$800,000.       |
| 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 <b>smaller</b> of line 5 or line 8 . . . . .   | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2008 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 2010. 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 2009. . . . .   | 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 2009 Tax Year Using the General Depreciation System**

| (a)<br>Classification of property       | (b)<br>Month and year placed in service | (c)<br>Basis for depreciation (business/investment use only — see instructions) | (d)<br>Recovery period | (e)<br>Convention | (f)<br>Method | (g)<br>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           |                               |
| 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 2009 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 | 693. |
| 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 | 693. |
| 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 |      |

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDI0812L 07/07/09

Form **4562** (2009)

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, 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)<br>Type of property (list vehicles first)   | (b)<br>Date placed in service | (c)<br>Business/investment use percentage | (d)<br>Cost or other basis | (e)<br>Basis for depreciation (business/investment use only) | (f)<br>Recovery period   | (g)<br>Method/Convention | (h)<br>Depreciation deduction | (i)<br>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) <b>25</b> |                               |   |                            |  |  |                          |                               |                                 |  |
| 26 Property used more than 50% in a qualified business use:   |                               |   |                            |  |  |                          |                               |                                 |  |
| Computers fo  | Various                       | 100.0                                     | 3,466.                     | 3,466.   | 5.0  | S/L                      | 693.                          |                                 |  |
|   |                               |   |                            |  |  |                          |                               |                                 |  |
| 27 Property used 50% or less in a qualified business use:   |                               |   |                            |  |  |                          |                               |                                 |  |
|   |                               |   |                            |  |  |                          |                               |                                 |  |
|   |                               |   |                            |  |  |                          |                               |                                 |  |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. <b>28</b>   |                               |   |                            |  |  |                          | 693.                          |                                 |  |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1. <b>29</b>  |                               |   |                            |  |  |                          | 0.                            |                                 |  |

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

|  | 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.).....  |     |    |
| <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)<br>Description of costs  | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |
|--|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 42 Amortization of costs that begins during your 2009 tax year (see instructions):                   |                                 |                           |                     |  |                                   |
|  |                                 |                           |                     |  |                                   |
| 43 Amortization of costs that began before your 2009 tax year. .... <b>43</b>                        |                                 |                           |                     |  |                                   |
| 44 <b>Total.</b> Add amounts in column (f). See the instructions for where to report. .... <b>44</b> |                                 |                           |                     |  |                                   |

Form **6781**Department of the Treasury  
Internal Revenue Service**Gains and Losses From Section 1256  
Contracts and Straddles**

► Attach to your tax return.

OMB No. 1545-0644

**2009**Attachment  
Sequence No. **82**

Name(s) shown on tax return

Joe Investor Commodity Loss Ex 12

Identifying number

999-99-9999

Check all applicable boxes (see instructions).

**A**  
**B**

Mixed straddle election

Straddle-by-straddle identification election

**C**  
**D**

Mixed straddle account election

Net section 1256 contracts loss election

**Part I Section 1256 Contracts Marked to Market**

| 1   | (a) Identification of account  | (b) (Loss) | (c) Gain |
|---|--|------------|----------|
|   | Interactive Brokers - futures a/c  | 79,186.    |          |
| 2   | Add the amounts on line 1 in columns (b) and (c).....  | 79,186.    |          |
| 3   | Net gain or (loss). Combine line 2, columns (b) and (c).....   |            | -79,186. |
| 4   | Form 1099-B adjustments. See instructions and attach schedule.....   |            |          |
| 5   | Combine lines 3 and 4.....   |            | -79,186. |
| <b>Note:</b> If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions. |  |            |          |
| 6   | If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried back. Enter the loss as a positive number..... |            |          |
| 7   | Combine lines 5 and 6.....   |            | -79,186. |
| 8   | <b>Short-term capital gain or (loss).</b> Multiply line 7 by 40% (.40). Enter here and include on the appropriate line of Schedule D (see instructions)..... |            | -31,674. |
| 9   | <b>Long-term capital gain or (loss).</b> Multiply line 7 by 60% (.60). Enter here and include on the appropriate line of Schedule D (see instructions).....  |            | -47,512. |

**Part II Gains and Losses From Straddles.** Attach a separate schedule listing each straddle and its components.**Section A – Losses From Straddles**

| (a) Description of property   | (b) Date entered into or acquired | (c) Date closed out or sold | (d) Gross sales price | (e) Cost or other basis plus expense of sale | (f) Loss. If column (e) is more than (d), enter difference. Otherwise, enter -0- | (g) Unrecognized gain on offsetting positions | (h) Recognized loss. If column (f) is more than (g), enter difference. Otherwise, enter -0- |
|---|-----------------------------------|-----------------------------|-----------------------|--|--|---|---|
| 10  |                                   |                             |                       |  |  |   |   |
| 11a Enter the short-term portion of losses from line 10, column (h), here and include on the appropriate line of Schedule D (see instructions)..... |                                   |                             |                       |  |  |   | 11a   |
| b Enter the long-term portion of losses from line 10, column (h), here and include on the appropriate line of Schedule D (see instructions).....    |                                   |                             |                       |  |  |   | 11b   |

**Section B – Gains From Straddles**

| (a) Description of property  | (b) Date entered into or acquired | (c) Date closed out or sold | (d) Gross sales price | (e) Cost or other basis plus expense of sale | (f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0- |
|--|-----------------------------------|-----------------------------|-----------------------|--|--|
| 12   |                                   |                             |                       |  |  |
| 13a Enter the short-term portion of gains from line 12, column (f), here and include on the appropriate line of Schedule D (see instructions)..... |                                   |                             |                       |  | 13a  |
| b Enter the long-term portion of gains from line 12, column (f), here and include on the appropriate line of Schedule D (see instructions).....    |                                   |                             |                       |  | 13b  |

**Part III Unrecognized Gains From Positions Held on Last Day of Tax Year.** Memo Entry Only (see instructions)

| (a) Description of property | (b) Date acquired | (c) Fair market value on last business day of tax year | (d) Cost or other basis as adjusted | (e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0- |
|-----------------------------|-------------------|--|-------------------------------------|---|
| 14                          |                   |  |                                     |   |
|                             |                   |  |                                     |   |
|                             |                   |  |                                     |   |

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ1601L 06/18/09

Form **6781** (2009)

2009

Federal Statements

Page 1

Client EX12F-CA

Joe Investor Commodity Loss Ex 12

999-99-9999

2/13/10

03:19PM

Statement 1  
Schedule A, Line 23  
Other Expenses

|                              |    |                      |
|------------------------------|----|----------------------|
| Depreciation.....            | \$ | 693.                 |
| Investor - publications..... |    | 1,144.               |
| Online information ser.....  |    | 1,699.               |
| Schwab - investment a/c..... |    | 65.                  |
| Total                        | \$ | <u><u>3,601.</u></u> |

Demo

Client EX12F-CA

Joe Investor Commodity Loss Ex 12

999-99-9999

2/13/10

03:19PM

**Form 1040, Line 9b  
Qualified Dividends**

Schwab

|       |             |
|-------|-------------|
| Total | 897.        |
|       | <u>897.</u> |

**Schedule A, Line 1  
Medical and Dental Expenses**

|                                  |               |
|----------------------------------|---------------|
| Doctors, Dentists, and Nurses    | 205.          |
| Insurance Premiums               | 4,815.        |
| Prescription Medicines and Drugs | 322.          |
|                                  | <u>5,342.</u> |

**State and Local Taxes (Schedule A, Line 5)**

State and Local Sales Taxes Using the Optional Sales Tax Tables

Available Income:

|   |           |
|---|-----------|
| Adjusted gross income per Form 1040                     | -2,041.   |
| Tax-exempt interest                                     | 0.        |
| Nontaxable combat pay                                   | 0.        |
| Nontaxable social security benefits                     | 0.        |
| Nontaxable pensions                                     | 0.        |
| Nontaxable IRAs   | 0.        |
| Nontaxable unemployment compensation                    | 0.        |
| Economic recovery payments                              | 0.        |
| Prior year refundable credits (refundable portion only) | 0.        |
| Additional nontaxable amounts                           | 0.        |
| Total Available Income (not less than zero)             | <u>0.</u> |

Number of Exemptions

1.

1. State general sales taxes per Tables 285.
2. Local general sales taxes per Tables for residents of AK, AZ, AR, CO, GA, IL, LA, MO, NC, NY, SC, TN, UT, and VA plus residents of Los Angeles County (based on 1% rate) 37.
3. Local general sales tax rate
4. If line 2 is zero, enter your state general sales tax rate. Otherwise, skip line 4 and 5, and go to line 6
5. Divide line 3 by line 4
6. Local general sales taxes. If line 2 is zero, multiply line 1 by line 5. Otherwise, multiply line 2 by line 3. 0.
7. State and local general sales taxes (add lines 1 and 6) 285.
8. Sales taxes paid on vehicles, boats, etc. 0.
9. Sales tax deduction when using Tables (add lines 7 and 8) 285.

Client EX12F-CA

Joe Investor Commodity Loss Ex 12

999-99-9999

2/13/10

03:19PM

**State and Local Taxes (Schedule A, Line 5) (continued)**

State and Local Sales Tax Deduction  
(Greater of Taxes Paid or Table Amount)

|  |             |
|--|-------------|
| 1. General sales taxes paid                    | 0.          |
| 2. Use taxes paid                              | 0.          |
| 3. Total actual taxes paid (add lines 1 and 2) | 0.          |
| 4. Sales taxes using Tables                    | 285.        |
| 5. Greater of sales taxes paid or Table amount | <u>285.</u> |

**Schedule A, Line 16  
Contributions by Cash or Check**

|             |
|-------------|
| <u>985.</u> |
| <u>985.</u> |

**Capital Loss Carryover Worksheet  
(IRS Publication 550)**

1. Enter the amount from Form 1040, line 41 or Form 1040NR, line 38. -12,024.
2. Did you file Form 8914 (to claim an exemption amount for housing a Midwestern displaced individual for 2008)?  
☒ No. Enter zero.  
☐ Yes. Enter amount from 2008 Form 8914, line 6 0.
3. Subtract line 2 from line 1. -12,024.
4. Enter the loss from Schedule D, line 21. 3,000.
5. Combine lines 3 and 4 (but not less than zero). 0.
6. Enter the smaller of line 4 or line 5. 0.

Note: If line 7 of Schedule D is a loss,  
go to line 7; otherwise, enter zero  
on line 7 and go to line 11.

7. Enter the loss from Schedule D, line 7. 63,348.
8. Enter gain from Schedule D, line 15. 0.
9. Add lines 6 and 8. 0.
10. Short-term capital loss carryover to 2010.  
Subtract line 9 from line 7. 63,348.

Note: If line 15 of Schedule D is a loss,  
go to line 11; otherwise, skip  
lines 11 through 15.

11. Enter the loss from Schedule D, line 15. 64,292.
12. Enter gain from Schedule D, line 7. 0.
13. Subtract line 7 from line 6. 0.
14. Add lines 12 and 13. 0.
15. Long-term capital loss carryover to 2010.  
Subtract line 14 from line 11. 64,292.

2/13/10

03:19PM

**Computation of 2009 Net Operating Loss**

|   |          |           |
|---|----------|-----------|
| 1. Enter the amount from Form 1040, line 41                                       |          | -12,024.  |
| 2. Nonbusiness Capital Losses   | 63,820.  |           |
| 3. Nonbusiness Capital Gains  | 15,366.  |           |
| 4. Excess of line 2 over line 3   | 48,454.  |           |
| 5. Excess of line 3 over line 2   | 0.       |           |
| 6. Nonbusiness Deductions   | 9,983.   |           |
| 7. Nonbusiness Income   | 959.     |           |
| 8. Add lines 5 and 7  | 959.     |           |
| 9. Excess of line 6 over line 8   |          | 9,024.    |
| 10. Excess of line 8 over line 6;<br>But do not enter more than line 5            | 0.       |           |
| 11. Business Capital Losses   | 79,186.  |           |
| 12. Business Capital Gains  | 0.       |           |
| 13. Add lines 10 and 12   | 0.       |           |
| 14. Excess of line 11 over line 13  | 79,186.  |           |
| 15. Add lines 4 and 14  | 127,640. |           |
| 16. Loss from Schedule D, line 16   | 127,640. |           |
| 17. Section 1202 Exclusion  |          | 0.        |
| 18. Subtract line 17 from line 16   | 127,640. |           |
| 19. Loss from Schedule D, line 21   | 3,000.   |           |
| 20. Subtract line 19 from line 18   | 124,640. |           |
| 21. Subtract line 18 from line 19   |          | 0.        |
| 22. Subtract line 20 from line 15   |          | 3,000.    |
| 23. Domestic production activities deduction                                      |          | 0.        |
| 24. Prior years' Net Operating Losses   |          | 0.        |
| 25. 2009 Net Operating Gain (Loss)<br>(Combine lines 1, 9, 17, and 21 through 24. |          | <u>0.</u> |

**Computation of 2009 AMT Net Operating Loss**

|  |          |                  |
|--|----------|------------------|
| 1. AMTI before ATNOLD (Form 6251, lines 1 through 26)                          |          | -7,383.          |
| 2. Nonbusiness Capital Losses  | 63,820.  |                  |
| 3. Nonbusiness Capital Gains   | 15,366.  |                  |
| 4. Excess of line 2 over line 3  | 48,454.  |                  |
| 5. Excess of line 3 over line 2  | 0.       |                  |
| 6. Nonbusiness Deductions  | 5,342.   |                  |
| 7. Nonbusiness Income  | 959.     |                  |
| 8. Add lines 5 and 7   | 959.     |                  |
| 9. Excess of line 6 over line 8  |          | 4,383.           |
| 10. Excess of line 8 over line 6   | 0.       |                  |
| 11. Business Capital Losses  | 79,186.  |                  |
| 12. Business Capital Gains   | 0.       |                  |
| 13. Add lines 10 and 12  | 0.       |                  |
| 14. Excess of line 11 over line 13   | 79,186.  |                  |
| 15. Add lines 4 and 14   | 127,640. |                  |
| 16. Loss from Schedule D, line 17  | 127,640. |                  |
| 17. Section 1202 Exclusion   |          | 0.               |
| 18. Subtract line 17 from line 16  | 127,640. |                  |
| 19. Loss from Schedule D, line 18  | 3,000.   |                  |
| 20. Subtract line 19 from line 18  | 124,640. |                  |
| 21. Subtract line 18 from line 19  |          | 0.               |
| 22. Subtract line 20 from line 15  |          | 3,000.           |
| 23. 2009 AMT Net Operating Gain (Loss)<br>(Combine lines 1, 9, 17, 21, and 22) |          | <u><u>0.</u></u> |

Demo



12/31/09

## 2009 Federal Summary Depreciation Schedule

Page 1

Client EX12F-CA

Joe Investor Commodity Loss Ex 12

999-99-9999

2/13/10

03:19PM

| No.                     | Description                   | Date<br>Acquired | Date<br>Sold | Cost/<br>Basis | Bus.<br>Pct. | Cur<br>179/<br>SDA | Prior<br>179/<br>SDA/<br>Depr. | Method | Life | Current<br>Depr. |
|-------------------------|-------------------------------|------------------|--------------|----------------|--------------|--------------------|--------------------------------|--------|------|------------------|
| Schedule A (2%)         |                               |                  |              |                |              |                    |                                |        |      |                  |
| Machinery and Equipment |                               |                  |              |                |              |                    |                                |        |      |                  |
| 1                       | Computers for investor        | Various          |              | 3,466          |              |                    |                                | S/L    | 5    | 693              |
|                         | Total Machinery and Equipment |                  |              | 3,466          |              | 0                  | 0                              |        |      | 693              |
|                         | Total Depreciation            |                  |              | 3,466          |              | 0                  | 0                              |        |      | 693              |
|                         | Grand Total Depreciation      |                  |              | 3,466          |              | 0                  | 0                              |        |      | 693              |

Demo

**California Resident  
Income Tax Return 2009**

FORM

**540** C1 Side 1

APE

ATTACH FEDERAL RETURN

999-99-9999 COMM 09  
JOE I COMMODITYLOSSEX

P  
AC  
A  
R  
RP

ANY ST  
LOS ANGELES CA 90025

|    |        |     |   |     |   |              |   |
|----|--------|-----|---|-----|---|--------------|---|
| 01 | 1      | 72  | 0 | 408 | 0 | APE          | 0 |
| 06 | 0      | 73  | 0 | 409 | 0 | FS           | 0 |
| 09 | 0      | 74  | 0 | 410 | 0 | 3800         | 0 |
| 10 | 0      | 75  | 0 | 411 | 0 | 3803         | 0 |
| 12 | 0      | 76  | 0 | 412 | 0 | SCHG1        | 0 |
| 14 | 51057  | 77  | 0 | 413 | 0 | 5870A        | 0 |
| 16 | 0      | 78  | 0 | 414 | 0 | 5805 5805F   | 0 |
| 17 | -53098 | 91  | 0 | 110 | 0 | DESIGNEE     | 1 |
| 18 | 9698   | 92  | 0 | 111 | 0 | TPID         |   |
| 31 | 0      | 93  | 0 | 112 | 0 | FN 200751653 |   |
| 34 | 0      | 94  | 0 | 113 | 0 |              |   |
| 41 | 0      | 95  | 0 | 115 | 0 |              |   |
| 42 | 0      | 400 | 0 | 116 | 0 |              |   |
| 43 | 0      | 401 | 0 | 117 | 0 |              |   |
| 44 | 0      | 402 | 0 |     |   |              |   |
| 45 | 0      | 403 | 0 |     |   |              |   |
| 46 | 0      | 404 | 0 |     |   |              |   |
| 61 | 0      | 405 | 0 |     |   |              |   |
| 62 | 0      | 406 | 0 |     |   |              |   |
| 63 | 0      | 407 | 0 |     |   |              |   |
| 64 | 0      |     |   |     |   |              |   |
| 71 | 0      |     |   |     |   |              |   |

Demo

**Sign  
Here**It is unlawful to  
forge a  
spouse's/RDP's  
signature.Joint return?  
(See instructions.)**IMPORTANT:** See the instructions to find out if you should attach a copy of your complete federal return. Under penalties 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.

► Your signature \_\_\_\_\_ Spouse's/RDP's signature (if a joint return, both must sign) \_\_\_\_\_

Daytime phone number (optional) \_\_\_\_\_ Date \_\_\_\_\_

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) \_\_\_\_\_ ● Paid Preparer's SSN/PTIN

**Z EXAMPLES**

Firm's name (or yours if self-employed) Firm's address ● FEIN

GREEN & COMPANY CPAS, LLC

54 DANBURY RD., #351

RIDGEFIELD, CT 06877 20-0751653

Do you want to allow another person to discuss this return with us (see instructions)? ● ☒ Yes ☐ No

PREPARER 877-662-2014

Print Third Party Designee's Name Telephone Number

|  |   |  |  |
|--|---|--|--|
| <b>Filing Status</b>   | 1   | <input checked="" type="checkbox"/> Single   |  |
|  | 2   | <input type="checkbox"/> Married/RDP filing jointly. (see instructions)  |  |
|  | 3   | <input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here...   |  |
|  | 4   | <input type="checkbox"/> Head of household (with qualifying person). (see instructions)  |  |
|  | 5   | <input type="checkbox"/> Qualifying widow(er) with dependent child. Enter year spouse/RDP died....   |  |
| If your California filing status is different from your federal filing status, check the box here..... |   |  | <input type="checkbox"/>                         |
|  | 6   | If someone can claim you (or your spouse/RDP) as a dependent, check the box here (see instructions).....   | <input type="checkbox"/> 6                       |
| <b>Exemptions</b>  | 7   | <b>Personal:</b> If you checked 1, 3, or 4 above, enter 1 in the box. If you checked 2 or 5, enter 2 in the box. If you checked the box on line 6, see the instructions. ....  | 7 <input type="text" value="1"/> x \$98 = \$ 98. |
|  | 8   | <b>Blind:</b> If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ..  | 8 <input type="text"/> x \$98 = \$               |
|  | 9   | <b>Senior:</b> If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 .....  | 9 <input type="text"/> x \$98 = \$               |
|  | 10  | <b>Dependents:</b> Enter name and relationship. Do not include yourself or your spouse/RDP.  |  |
| Total dependent exemptions.....  |   |  | 10 <input type="text"/> x \$98 = \$              |
|  | 11  | <b>Exemption amount:</b> Add line 7 through line 10. Transfer this amount to line 32.....  | 11 \$ 98.  |
| <b>Taxable Income</b>  | 12  | State wages from your Form(s) W-2, box 16. ....  | 12   |
|  | 13  | Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4 .....  | 13 -2,041.                                       |
|  | 14  | California adjustments — subtractions. Enter the amount from Schedule CA (540), line 37, column B .....  | 14 51,057.                                       |
|  | 15  | Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see instructions).....  | 15 ( 53,098.)                                    |
|  | 16  | California adjustments — additions. Enter the amount from Schedule CA (540), line 37, column C .....   | 16   |
|  | 17  | California adjusted gross income. Combine line 15 and line 16 .....  | 17 -53,098.                                      |
|  | 18  | Enter the larger of your CA standard deduction OR your CA itemized deductions. ....  | 18 9,698.  |
|  | 19  | Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-.....  | 19 0.  |
| <b>Tax</b>   | 31  | Tax. Check box if from: <input type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803..... | 31 0.  |
|  | 32  | Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$160,739 (see instrs).....   | 32 98.   |
|  | 33  | Subtract line 32 from line 31. If less than zero, enter -0-.....   | 33 0.  |
|  | 34  | Tax. (see instructions) Check box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> Form FTB 5870A .....   | 34 0.  |
|  | 35  | Add line 33 and line 34.....   | 35   |
| <b>Special Credits</b>   | 41  | New jobs credit, amount generated (see instructions).....  | 41   |
|  | 42  | New jobs credit, amount claimed (see instructions).....  | 42   |
|  | 43  | Credit _____ Code _____ amount.....  | 43   |
|  | 44  | Credit _____ Code _____ amount.....  | 44   |
|  | 45  | To claim more than two credits (see instructions).....   | 45   |
|  | 46  | Nonrefundable renter's credit (see instructions).....  | 46   |
|  | 47  | Add line 42 through line 46. These are your total credits.....   | 47   |
|  | 48  | Subtract line 47 from line 35. If less than zero, enter -0-.....   | 48 0.  |
| <b>Other Taxes</b>   | 61  | Alternative minimum tax. Attach Schedule P (540).....  | 61   |
|  | 62  | Mental Health Services Tax (see instructions).....   | 62   |
|  | 63  | Other taxes and credit recapture (see instructions).....   | 63   |
|  | 64  | Add line 48, line 61, line 62, and line 63. This is your total tax.....  | 64   |
| <b>Payments</b>  | 71  | California income tax withheld (see instructions).....   | 71   |
|  | 72  | 2009 CA estimated tax and other payments (see instructions).....   | 72   |
|  | 73  | Real estate and other withholding (see instructions).....  | 73   |
|  | 74  | Excess SDI (or VPD) withheld (see instructions).....   | 74 0.  |
|  | <b>Child and Dependent Care Expenses Credit</b> (see instructions). Attach form FTB 3506. |  |  |
|  | 75  | Qualifying person's social security number.....  | 75   |
|  | 76  | Qualifying person's social security number.....  | 76   |
|  | 77  | Enter the amount from form FTB 3506, Part III, line 8.....   | 77   |
|  | 78  | Child and Dependent Care Expenses Credit from form FTB 3506, Part III, line 12 .....   | 78   |
|  | 79  | Add line 71, line 72, line 73, line 74, and line 78. These are your total payments (see instructions).....   | 79   |
| <b>Overpaid Tax/ Tax Due</b>   | 91  | Overpaid tax. If line 79 is more than line 64, subtract line 64 from line 79.....  | 91   |
|  | 92  | Amount of line 91 you want applied to your 2010 estimated tax.....   | 92   |
|  | 93  | Overpaid tax available this year. Subtract line 92 from line 91.....   | 93   |
|  | 94  | Tax due. If line 79 is less than line 64, subtract line 79 from line 64.....   | 94   |
| <b>Use Tax</b>   | 95  | Use Tax. This is not a total line (see instructions).....  | 95 00  |

|                      |   | Code   | Amount |
|----------------------|---|--|--------|
| <b>Contributions</b> | California Seniors Special Fund. ....                               | ● 400  | _____  |
|                      | Alzheimer's Disease/Related Disorders Fund. ....                    | ● 401  | _____  |
|                      | California Fund for Senior Citizens. ....                           | ● 402  | _____  |
|                      | Rare and Endangered Species Preservation Program. ....              | ● 403  | _____  |
|                      | State Children's Trust Fund for the Prevention of Child Abuse. .... | ● 404  | _____  |
|                      | California Breast Cancer Research Fund. ....                        | ● 405  | _____  |
|                      | California Firefighters' Memorial Fund. ....                        | ● 406  | _____  |
|                      | Emergency Food For Families Fund. ....                              | ● 407  | _____  |
|                      | California Peace Officer Memorial Foundation Fund. ....             | ● 408  | _____  |
|                      | California Military Family Relief Fund. ....                        | ● 409  | _____  |
|                      | California Sea Otter Fund. ....                                     | ● 410  | _____  |
|                      | California Ovarian Cancer Research Fund. ....                       | ● 411  | _____  |
|                      | Municipal Shelter Spay-Neuter Fund. ....                            | ● 412  | _____  |
|                      | California Cancer Research Fund. ....                               | ● 413  | _____  |
|                      | ALS/Lou Gehrig's Disease Research Fund. ....                        | ● 414  | _____  |
|                      | 110   | Add code 400 through code 414. This is your total contribution. .... | ● 110  |

|                               |     |  |       |       |
|-------------------------------|-----|--|-------|-------|
| <b>Amount You Owe</b>         | 111 | <b>AMOUNT YOU OWE.</b> Add line 94, line 95, and line 110 (see instructions). Mail to:<br><b>FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009.</b> ..... | ● 111 | _____ |
|                               | 112 | Interest, late return penalties, and late payment penalties. ....  | 112   | _____ |
| <b>Interest and Penalties</b> | 113 | Underpayment of estimated tax. Check box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached .....                               | ● 113 | _____ |
|                               | 114 | Total amount due (see instructions). Enclose, but <b>do not</b> staple, any payment. ....  | 114   | _____ |

|                                  |  |   |                             |           |       |  |       |       |                  |        |                  |                             |       |  |       |       |                  |        |                  |
|----------------------------------|--|---|-----------------------------|-----------|-------|--|-------|-------|------------------|--------|------------------|-----------------------------|-------|--|-------|-------|------------------|--------|------------------|
| <b>Refund and Direct Deposit</b> | 115  | <b>REFUND OR NO AMOUNT DUE.</b> Subtract line 95 and line 110 from line 93 (see instructions). Mail to:<br><b>FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009.</b> ..... | ● 115                       | _____ 0 . |       |  |       |       |                  |        |                  |                             |       |  |       |       |                  |        |                  |
|                                  | Fill in the information to authorize direct deposit of your refund into one or two accounts. <b>Do not</b> attach a voided check or a deposit slip (see instructions).<br><b>Have you verified the routing and account numbers?</b> Use whole dollars only.<br>All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:<br><table><tbody><tr><td>_____</td><td><input type="checkbox"/> Checking <input type="checkbox"/> Savings</td><td>_____</td><td>_____</td></tr><tr><td>● Routing number</td><td>● Type</td><td>● Account number</td><td>● 116 Direct deposit amount</td></tr></tbody></table><br>The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:<br><table><tbody><tr><td>_____</td><td><input type="checkbox"/> Checking <input type="checkbox"/> Savings</td><td>_____</td><td>_____</td></tr><tr><td>● Routing number</td><td>● Type</td><td>● Account number</td><td>● 117 Direct deposit amount</td></tr></tbody></table> |   |                             |           | _____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings | _____ | _____ | ● Routing number | ● Type | ● Account number | ● 116 Direct deposit amount | _____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings | _____ | _____ | ● Routing number | ● Type | ● Account number |
| _____                            | <input type="checkbox"/> Checking <input type="checkbox"/> Savings   | _____   | _____                       |           |       |  |       |       |                  |        |                  |                             |       |  |       |       |                  |        |                  |
| ● Routing number                 | ● Type   | ● Account number  | ● 116 Direct deposit amount |           |       |  |       |       |                  |        |                  |                             |       |  |       |       |                  |        |                  |
| _____                            | <input type="checkbox"/> Checking <input type="checkbox"/> Savings   | _____   | _____                       |           |       |  |       |       |                  |        |                  |                             |       |  |       |       |                  |        |                  |
| ● Routing number                 | ● Type   | ● Account number  | ● 117 Direct deposit amount |           |       |  |       |       |                  |        |                  |                             |       |  |       |       |                  |        |                  |

**2009 California Adjustments – Residents****CA (540)****Important:** Attach this schedule behind Form 540, Side 3 as a supporting California schedule.

Name(s) as shown on return

SSN or ITIN

JOE INVESTOR COMMODITY LOSS EX 12

999-99-9999

**Part I Income Adjustment Schedule**  
**Section A – Income**

|   | <b>A</b>   | <b>Federal Amounts</b><br>(taxable amounts from<br>your federal return) | <b>B</b> | <b>Subtractions</b><br>See instructions | <b>C</b> | <b>Additions</b><br>See instructions |
|---|------------|---|----------|---|----------|--------------------------------------|
| <b>7</b> Wages, salaries, tips, etc. See instructions before making an entry in column B or C.                                      | <b>7</b>   |   |          |   |          |                                      |
| <b>8</b> Taxable interest   | <b>8</b>   | 62.   |          |   |          |                                      |
| <b>9</b> Ordinary dividends. See instructions <b>(b)</b> 897.   | <b>9a</b>  | 897.  |          |   |          |                                      |
| <b>10</b> Taxable refunds, credits, offsets of state and local income taxes   | <b>10</b>  |   |          |   |          |                                      |
| <b>11</b> Alimony received  | <b>11</b>  |   |          |   |          |                                      |
| <b>12</b> Business income or (loss)   | <b>12</b>  |   |          |   |          |                                      |
| <b>13</b> Capital gain or (loss). See instructions  | <b>13</b>  | -3,000.   |          |   |          |                                      |
| <b>14</b> Other gains or (losses)   | <b>14</b>  |   |          |   |          |                                      |
| <b>15</b> IRA distributions. See instructions <b>(a)</b>  | <b>15b</b> |   |          |   |          |                                      |
| <b>16</b> Pensions and annuities. See instructions <b>(a)</b>   | <b>16b</b> |   |          |   |          |                                      |
| <b>17</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc.   | <b>17</b>  |   |          |   |          |                                      |
| <b>18</b> Farm income or (loss)   | <b>18</b>  |   |          |   |          |                                      |
| <b>19</b> Unemployment compensation in excess of \$2,400 per recipient  | <b>19</b>  |   |          |   |          |                                      |
| <b>20</b> Social security benefits <b>(a)</b>   | <b>20b</b> |   |          |   |          |                                      |
| <b>21</b> Other income.   |            |   |          |   |          |                                      |
| <b>a</b> California lottery winnings  |            |   | <b>a</b> |   | <b>a</b> |                                      |
| <b>b</b> Disaster loss carryover from FTB 3805V   |            |   | <b>b</b> |   | <b>b</b> |                                      |
| <b>c</b> Federal NOL (Form 1040, line 21)   |            |   | <b>c</b> |   | <b>c</b> |                                      |
| <b>d</b> NOL carryover from FTB 3805V   |            |   | <b>d</b> | 51,057.                                 | <b>d</b> |                                      |
| <b>e</b> NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809   | <b>21</b>  |   | <b>e</b> |   | <b>e</b> |                                      |
| <b>f</b> Other (describe):  |            |   | <b>f</b> |   | <b>f</b> |                                      |
| <b>22 Total.</b> Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B. | <b>22</b>  | -2,041.   |          | 51,057.                                 |          |                                      |

**Section B – Adjustments to Income**

|   |             |         |  |         |  |
|---|-------------|---------|--|---------|--|
| <b>23</b> Educator expenses   | <b>23</b>   |         |  |         |  |
| <b>24</b> Certain business expenses of reservists, performing artists, and fee-basis government officials | <b>24</b>   |         |  |         |  |
| <b>25</b> Health savings account deduction  | <b>25</b>   |         |  |         |  |
| <b>26</b> Moving expenses   | <b>26</b>   |         |  |         |  |
| <b>27</b> One-half of self-employment tax   | <b>27</b>   |         |  |         |  |
| <b>28</b> Self-employed SEP, SIMPLE, and qualified plans  | <b>28</b>   |         |  |         |  |
| <b>29</b> Self-employed health insurance deduction  | <b>29</b>   |         |  |         |  |
| <b>30</b> Penalty on early withdrawal of savings  | <b>30</b>   |         |  |         |  |
| <b>31 a</b> Alimony paid.   |             |         |  |         |  |
| <b>b</b> Recipient's:<br>SSN.....   |             |         |  |         |  |
| Last name.....  | <b>31 a</b> |         |  |         |  |
| <b>32</b> IRA deduction   | <b>32</b>   |         |  |         |  |
| <b>33</b> Student loan interest deduction   | <b>33</b>   |         |  |         |  |
| <b>34</b> Tuition and fees deduction  | <b>34</b>   |         |  |         |  |
| <b>35</b> Domestic production activities deduction  | <b>35</b>   |         |  |         |  |
| <b>36</b> Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instrs.    | <b>36</b>   |         |  |         |  |
| <b>37 Total.</b> Subtract line 36 from line 22 in columns A, B, and C. See instructions.                  | <b>37</b>   | -2,041. |  | 51,057. |  |

**Part II Adjustments to Federal Itemized Deductions**

|             |   |           |   |
|-------------|---|-----------|---|
| <b>38</b>   | Federal itemized deductions. Add the amounts on federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28.....   | <b>38</b> | <u>9,983.</u>   |
| <b>39</b>   | Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), line 7 (new motor vehicle tax), and line 8 (foreign income taxes <b>only</b> ). See instructions..... | <b>39</b> | <u>285.</u>   |
| <b>40</b>   | Subtract line 39 from line 38.....  | <b>40</b> | <u>9,698.</u>   |
| <b>41</b>   | Other adjustments including California lottery losses. See instructions.<br>Specify ... _____   | <b>41</b> | _____   |
| <b>42</b>   | Combine line 40 and line 41.....  | <b>42</b> | <u>9,698.</u>   |
| <b>43</b>   | <b>Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?</b>   |           |   |
|             | Single or married/RDP filing separately.....  |           | <b>\$160,739</b>  |
|             | Head of household.....  |           | <b>\$241,113</b>  |
|             | Married/RDP filing jointly or qualifying widow(er).....   |           | <b>\$321,483</b>  |
| <b>No.</b>  | Transfer the amount on line 42 to line 43.  |           |   |
| <b>Yes.</b> | Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43.....  | <b>43</b> | <div style="border: 1px solid black; padding: 2px; display: inline-block;">9,698.</div> |
| <b>44</b>   | <b>Enter the larger of the amount on line 43 or your standard deduction listed below</b>  |           |   |
|             | Single or married/RDP filing separately.....  |           | <b>\$3,637</b>  |
|             | Married/RDP filing jointly, head of household, or qualifying widow(er)  |           | <b>\$7,274</b>  |
|             | Transfer the amount on line 44 to Form 540, line 18.....  | <b>44</b> | <div style="border: 1px solid black; padding: 2px; display: inline-block;">9,698.</div> |

Demo

TAXABLE YEAR

## SCHEDULE

# 2009

## California Capital Gain or Loss Adjustment

**Do not complete this schedule if all of your California gains (losses) are the same as your federal gains (losses).**

## D (540)

Name(s) as shown on return

SSN or ITIN

JOE INVESTOR COMMODITY LOSS EX 12

999-99-9999

[illegible]

2009

Alternative Minimum Tax and  
Credit Limitations – Residents

P (540)

Attach this schedule to Form 540.

Name(s) as shown on Form 540

Your SSN or ITIN

JOE INVESTOR COMMODITY LOSS EX 12

999-99-9999

**Part I Alternative Minimum Taxable Income (AMTI)** Important: See instructions for information regarding California/federal differences.

|  |  |    |                                 |
|--|--|----|---------------------------------|
| 1  | If you itemized deductions, go to line 2. If you did not itemize deductions, enter your standard deduction from Form 540, line 18, and go to line 6.   | 1  | 0.                              |
| 2  | Medical and dental expense. Enter the smaller of Schedule A (Form 1040), line 4, or 2-1/2% (.025) of Form 1040, line 37.   | 2  |                                 |
| 3  | Personal property taxes and real property taxes. See instructions.   | 3  |                                 |
| 4  | Certain interest on a home mortgage <b>not</b> used to buy, build, or improve your home. See instructions.   | 4  |                                 |
| 5  | Miscellaneous itemized deductions. See instructions.   | 5  | 4,356.                          |
| 6  | Refund of personal property taxes and real property taxes. See instructions.   | 6  |                                 |
| <b>Do not</b> include your state income tax refund on this line. |  |    |                                 |
| 7  | Investment interest expense adjustment. See instructions.  | 7  |                                 |
| 8  | Post-1986 depreciation. See instructions.  | 8  |                                 |
| 9  | Adjusted gain or loss. See instructions.   | 9  |                                 |
| 10   | Incentive stock options and California qualified stock options (CQSOs). See instructions.  | 10 |                                 |
| 11   | Passive activities adjustment. See instructions.   | 11 |                                 |
| 12   | Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 12a.   | 12 |                                 |
| 13   | Other adjustment and preferences. Enter the amount, if any, for each item, a through o, and enter the total on line 13. See instructions.  |    |                                 |
| a  | Appreciated contribution carryover.  | h  | Loss limitations.               |
| b  | Circulation expenditures.  | i  | Mining costs.                   |
| c  | Depletion.   | j  | Patron's adjustment.            |
| d  | Depreciation (pre-1987).   | k  | Pollution control facilities.   |
| e  | Installment sales.   | l  | Qualified small business stock. |
| f  | Intangible drilling costs.   | m  | Research and experimental.      |
| g  | Long-term contracts.   | n  | Tax shelter farm activities.    |
|  |  | o  | Related adjustments.            |
| 14   | Total Adjustments and Preferences. Combine line 1 through line 13.   | 13 |                                 |
| 15   | Enter taxable income from Form 540, line 19. See instructions.   | 14 | 4,356.                          |
| 16   | Net operating loss (NOL) deductions from Schedule CA (540), line 21d and 21e, column B. Enter as a positive amount.  | 15 | -62,796.                        |
| 17   | AMTI exclusion. See instructions.  | 16 | 51,057.                         |
| 18   | If your federal adjusted gross income (AGI) is less than the amount for your filing status (listed below), skip this line and go to line 19. If you itemized deductions and your federal AGI is more than the amount for your filing status, see instructions. | 17 | 0.                              |
|  | Single or married/RDP filing separately.   |    | \$160,739                       |
|  | Married/RDP filing jointly or qualifying widow(er).  |    | \$321,483                       |
|  | Head of household.   |    | \$241,113                       |
| 19   | Combine line 14 through line 18.   | 18 |                                 |
| 20   | Alternative minimum tax NOL deduction. See instructions.   | 19 | -7,383.                         |
| 21   | <b>Alternative Minimum Taxable Income.</b> Subtract line 20 from line 19 (if married/RDP filing separately and line 21 is more than \$305,409, see instructions).  | 20 |                                 |
|  |  | 21 | -7,383.                         |

**Part II Alternative Minimum Tax (AMT)**

|    |  |                                 |                          |
|----|--|---------------------------------|--------------------------|
| 22 | <b>Exemption Amount.</b> (If this schedule is for a child under age 14, see instructions.)   |                                 |                          |
|    | <b>If your filing status is:</b>   | <b>And line 21 is not over:</b> | <b>Enter on line 22:</b> |
|    | Single or head of household  | \$ 221,674                      | \$ 59,114                |
|    | Married/RDP filing jointly or qualifying widow(er)   | 295,564                         | 78,817                   |
|    | Married/RDP filing separately  | 147,781                         | 39,407                   |
|    | If Part I, line 21 is more than the amount shown above for your filing status, see instructions.   |                                 |                          |
| 23 | Subtract line 22 from line 21. If zero or less, enter -0-.   | 22                              | 59,114.                  |
| 24 | Tentative Minimum Tax. Multiply line 23 by 7.25% (.0725).  | 23                              | 0.                       |
| 25 | Regular tax before credits from Form 540, line 31.   | 24                              |                          |
| 26 | <b>Alternative Minimum Tax.</b> Subtract line 25 from line 24. If zero or less, enter -0- here and on Form 540, line 61. If more than zero, enter here and on Form 540, line 61. If you make estimated tax payments for taxable year 2010, enter amount from line 26 on the 2010 Form 540-ES, Estimated Tax Worksheet, line 16. (Exception: If you have carryover credit for solar energy or commercial solar energy, first enter the result on Side 2, Part III, Section C, line 23 or 24.) | 25                              | 0.                       |
|    |  | 26                              | 0.                       |



**Part III Credits that Reduce Tax** **Note:** Be sure to attach your credit forms to Form 540.

| <b>1</b>  | Enter the amount from Form 540, line 35.....  | <b>1</b>                | 0.                               |  |                            |
|---|---|-------------------------|----------------------------------|--|----------------------------|
| <b>2</b>  | Enter the tentative minimum tax from Side 1, Part II, line 24.....  | <b>2</b>                |                                  |  |                            |
|   |   | (a)<br>Credit<br>amount | (b)*<br>Credit used<br>this year | (c)<br>Tax balance that<br>may be offset<br>by credits | (d)<br>Credit<br>carryover |
| <b>Section A – Credits that reduce excess tax.</b>  |   |                         |                                  |  |                            |
| <b>3</b>  | Subtract line 2 from line 1. If zero or less enter -0- and see instructions. This is your excess tax which may be offset by credits.....                | <b>3</b>                |                                  | 0.   |                            |
| <b>A1 Credits that reduce excess tax and have no carryover provisions.</b>                |   |                         |                                  |  |                            |
| <b>4</b>  | Code: 162 Prison inmate labor credit (FTB 3507).....  | <b>4</b>                |                                  |  |                            |
| <b>5</b>  | Code: 169 Enterprise zone employee credit (FTB 3553).....   | <b>5</b>                |                                  |  |                            |
| <b>6</b>  | Code: 219 New Home Credit (FTB 3528-A).....   | <b>6</b>                |                                  |  |                            |
| <b>A2 Credits that reduce excess tax and have carryover provisions. See instructions.</b> |   |                         |                                  |  |                            |
| <b>7</b>  | Code: _____ Credit Name: _____  | <b>7</b>                |                                  |  |                            |
| <b>8</b>  | Code: _____ Credit Name: _____  | <b>8</b>                |                                  |  |                            |
| <b>9</b>  | Code: _____ Credit Name: _____  | <b>9</b>                |                                  |  |                            |
| <b>10</b>   | Code: _____ Credit Name: _____  | <b>10</b>               |                                  |  |                            |
| <b>11</b>   | Code: 188 Credit for prior year alternative minimum tax.....  | <b>11</b>               |                                  |  |                            |
| <b>Section B – Credits that may reduce tax below tentative minimum tax.</b>               |   |                         |                                  |  |                            |
| <b>12</b>   | If Part III, line 3 is zero, enter the amount from line 1. If line 3 is more than zero, enter the total of line 2 and the last entry in column (c)..... | <b>12</b>               |                                  |  |                            |
| <b>B1 Credits that reduce net tax and have no carryover provisions.</b>                   |   |                         |                                  |  |                            |
| <b>13</b>   | Code: 170 Credit for joint custody head of household....  | <b>13</b>               |                                  |  |                            |
| <b>14</b>   | Code: 173 Credit for dependent parent.....  | <b>14</b>               |                                  |  |                            |
| <b>15</b>   | Code: 163 Credit for senior head of household.....  | <b>15</b>               |                                  |  |                            |
| <b>16</b>   | Nonrefundable renter's credit.....  | <b>16</b>               | 60.                              |  |                            |
| <b>B2 Credits that reduce net tax and have carryover provisions. See instructions.</b>    |   |                         |                                  |  |                            |
| <b>17</b>   | Code: _____ Credit Name: _____  | <b>17</b>               |                                  |  |                            |
| <b>18</b>   | Code: _____ Credit Name: _____  | <b>18</b>               |                                  |  |                            |
| <b>19</b>   | Code: _____ Credit Name: _____  | <b>19</b>               |                                  |  |                            |
| <b>20</b>   | Code: _____ Credit Name: _____  | <b>20</b>               |                                  |  |                            |
| <b>B3 Other state tax credit.</b>   |   |                         |                                  |  |                            |
| <b>21</b>   | Code: 187 Other state tax credit.....   | <b>21</b>               |                                  |  |                            |
| <b>Section C – Credits that may reduce alternative minimum tax.</b>                       |   |                         |                                  |  |                            |
| <b>22</b>   | Enter your alternative minimum tax from Side 1, Part II, line 26.....   | <b>22</b>               |                                  |  |                            |
| <b>23</b>   | Code: 180 Solar energy credit carryover from Section B2, column (d).....  | <b>23</b>               |                                  |  |                            |
| <b>24</b>   | Code: 181 Commercial solar energy credit carryover from Section B2, column (d).....   | <b>24</b>               |                                  |  |                            |
| <b>25</b>   | Adjusted AMT. Enter the balance from line 24, column (c) here and on Form 540, line 61.....   | <b>25</b>               |                                  |  |                            |

\* If the taxpayer is subject to the business tax credit limitation, the total of the business credits in Part III, Column (b) cannot exceed 50% of the amount reported on Part III, Line 1.

2009

# Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations – Individuals, Estates, and Trusts

3805V

Attach to your California tax return.

Name(s) as shown on return

SSN or ITIN

999-99-9999

FEIN

JOE INVESTOR COMMODITY LOSS EX 12

## Part I Computation of Current Year NOL for Individuals, Estates, and Trusts. If you do not have a current year NOL, go to Part II.

### Section A – California Residents Only (Nonresidents go to Section B.)

|    |   |    |             |
|----|---|----|-------------|
| 1  | Adjusted gross income from 2009 Form 540, line 17. If negative, use brackets. Estates and Trusts, begin on line 3.  | 1  | ( 53,098. ) |
| 2  | Itemized deductions or standard deduction from 2009 Form 540, line 18.  | 2  | ( 9,698. )  |
| 3a | Combine line 1 and line 2. (Estates and Trusts, enter taxable income, see instructions.) If negative, use brackets. If positive, enter -0- here and on line 27. <b>Do not</b> complete the rest of Section A. You do not have a current year NOL. Complete Part II and Part III if you have a carryover from prior years. | 3a | ( 62,796. ) |
| 3b | 2009 designated disaster loss included in line 3a. Enter as a positive number.  | 3b | 0.          |
| 3c | Combine line 3a and line 3b. If negative, use brackets and continue to line 4. If zero or more, <b>do not</b> complete the rest of Part I. Enter the amount from line 3b, if any, in Part III, line 3, column (d) and complete Part II and Part III as instructed.  | 3c | ( 62,796. ) |

Enter amounts on line 4 through line 26 as if they were all **positive** numbers. See instructions.

|    |   |    |          |
|----|---|----|----------|
| 4  | Nonbusiness capital losses.   | 4  | 63,820.  |
| 5  | Nonbusiness capital gains. See instructions.  | 5  | 15,366.  |
| 6  | If line 4 is more than line 5, enter the difference; otherwise, enter -0-.  | 6  | 48,454.  |
| 7  | If line 4 is less than line 5, enter the difference; otherwise, enter -0-.  | 7  | 0.       |
| 8  | Nonbusiness deductions.   | 8  | 9,698.   |
| 9  | Nonbusiness income other than capital gains.  | 9  | 959.     |
| 10 | Add line 7 and line 9.  | 10 | 959.     |
| 11 | If line 8 is more than line 10, enter the difference; otherwise, enter -0-.   | 11 | 8,739.   |
| 12 | If line 8 is less than line 10, enter the difference; otherwise, enter -0-.   | 12 | 0.       |
| 13 | Business capital losses.  | 13 | 79,186.  |
| 14 | Business capital gains.   | 14 |          |
| 15 | Add line 12 and line 14.  | 15 |          |
| 16 | If line 13 is more than line 15, enter the difference; otherwise, enter -0-.  | 16 | 79,186.  |
| 17 | Add line 6 and line 16.   | 17 | 127,640. |
| 18 | Enter the loss, if any, from line 8 of Schedule D (540). Estates and Trusts, enter the loss, if any, from line 9, column (c), of Schedule D (541). If you do not have a loss on that line (and do not have an R&TC Section 18152.5 exclusion), skip line 18 through line 23 and enter on line 24 the amount from line 17. | 18 | 127,640. |
| 19 | R&TC Section 18152.5 exclusion. Enter as a positive number.   | 19 |          |
| 20 | Subtract line 19 from line 18. If zero or less, enter -0-.  | 20 | 127,640. |
| 21 | Enter the loss, if any, from line 9 of Schedule D (540). Estates and Trusts, enter the loss, if any, from line 10 of Schedule D (541). Enter as a positive number.  | 21 | 3,000.   |
| 22 | If line 20 is more than line 21, enter the difference; otherwise, enter -0-.  | 22 | 124,640. |
| 23 | If line 21 is more than line 20, enter the difference; otherwise enter -0-.   | 23 | 0.       |
| 24 | Subtract line 22 from line 17. If zero or less, enter -0-.  | 24 | 3,000.   |
| 25 | NOL and disaster loss carryovers from prior years. See instructions.  | 25 | 51,057.  |
| 26 | Add lines 11, 19, 23, 24, and 25.   | 26 | 62,796.  |
| 27 | <b>2009 NOL carryover.</b> Combine line 3c and line 26. If more than zero, enter -0-. You do not have a current year NOL to carryover.  | 27 | 0.       |

**Section B – Nonresidents and Part-Year Residents Only – Computation of Current Year California NOL**

|  | A<br>Enter total amounts<br>as if you were a<br><b>CA resident for<br/>entire year.</b> | B<br>Enter amounts earned or<br>received from CA sources<br>if you were a <b>nonresident<br/>for the entire year.</b> | C<br>Enter amounts<br>earned or received<br>during the portion<br>of the year you<br>were a <b>CA resident.</b> | D<br>Enter amounts earned<br>or received from CA<br>sources during the<br>portion of the year you<br>were a <b>nonresident.</b> | E<br><b>Total</b><br>Combine<br>columns C and D. |
|--|---|---|---|---|--|
| <b>1</b> Adjusted gross income.<br>See instructions. If negative,<br>use brackets . . . . . <b>1</b>   |   |   |   |   |  |
| <b>2</b> Itemized deductions or standard<br>deduction. See instructions . . . . . <b>2</b>   |   |   |   |   |  |
| <b>3a</b> Combine line 1 and line 2. If<br>negative, use brackets. If positive,<br>enter -0- here and on line 27.<br>Complete Part II and Part III if you<br>have a carryover from prior years. . . <b>3a</b>  |   |   |   |   |  |
| <b>b</b> 2009 designated disaster loss<br>included in line 3a. Enter as a<br>positive number . . . . . <b>3b</b>   |   |   |   |   |  |
| <b>c</b> Combine line 3a and line 3b. If<br>negative, use brackets and<br>continue to line 4 . . . . . <b>3c</b>   |   |   |   |   |  |
| Enter amounts on line 4 through line 26 as if they were all <b>positive</b> numbers.   |   |   |   |   |  |
| <b>4</b> Nonbusiness capital losses . . . . . <b>4</b>   |   |   |   |   |  |
| <b>5</b> Nonbusiness capital gains. . . . . <b>5</b>   |   |   |   |   |  |
| <b>6</b> If line 4 is more than line 5, enter<br>the difference; otherwise, enter -0- <b>6</b>   |   |   |   |   |  |
| <b>7</b> If line 4 is less than line 5, enter<br>the difference; otherwise, enter -0- <b>7</b>   |   |   |   |   |  |
| <b>8</b> Nonbusiness deductions . . . . . <b>8</b>   |   |   |   |   |  |
| <b>9</b> Nonbusiness income other than<br>capital gains . . . . . <b>9</b>   |   |   |   |   |  |
| <b>10</b> Add line 7 and line 9 . . . . . <b>10</b>  |   |   |   |   |  |
| <b>11</b> If line 8 is more than line 10, enter<br>the difference; otherwise, enter -0- <b>11</b>  |   |   |   |   |  |
| <b>12</b> If line 8 is less than line 10, enter<br>the difference; otherwise, enter -0- <b>12</b>  |   |   |   |   |  |
| <b>13</b> Business capital losses. . . . . <b>13</b>   |   |   |   |   |  |
| <b>14</b> Business capital gains . . . . . <b>14</b>   |   |   |   |   |  |
| <b>15</b> Add line 12 and line 14. . . . . <b>15</b>   |   |   |   |   |  |
| <b>16</b> If line 13 is more than line 15,<br>enter the difference; otherwise,<br>enter -0- . . . . . <b>16</b>  |   |   |   |   |  |
| <b>17</b> Add line 6 and line 16. . . . . <b>17</b>  |   |   |   |   |  |
| <b>18</b> Enter the loss, if any, from line 4<br>of Schedule D (540NR) worksheet<br>for nonresidents and part-year<br>residents. If you do not have a<br>loss on that line (and do not have<br>an R&TC Section 18152.5<br>exclusion), skip line 18 through<br>line 23 and enter on line 24 the<br>amount from line 17. . . . . <b>18</b> |   |   |   |   |  |
| <b>19</b> R&TC Section 18152.5 exclusion.<br>Enter as a positive number . . . . . <b>19</b>  |   |   |   |   |  |
| <b>20</b> Subtract line 19 from line 18. If<br>zero or less, enter -0- . . . . . <b>20</b>   |   |   |   |   |  |
| <b>21</b> Enter the loss, if any, from<br>line 5 of Schedule D (540NR)<br>worksheet for nonresidents and<br>part-year residents. Enter as a<br>positive number . . . . . <b>21</b>   |   |   |   |   |  |
| <b>22</b> If line 20 is more than line 21,<br>enter the difference; otherwise,<br>enter -0- . . . . . <b>22</b>  |   |   |   |   |  |
| <b>23</b> If line 21 is more than line 20,<br>enter the difference; otherwise,<br>enter -0- . . . . . <b>23</b>  |   |   |   |   |  |
| <b>24</b> Subtract line 22 from line 17. If<br>zero or less, enter -0- . . . . . <b>24</b>   |   |   |   |   |  |
| <b>25</b> NOL and disaster loss carryovers<br>from prior years. . . . . <b>25</b>  |   |   |   |   |  |
| <b>26</b> Add lines 11, 19, 23, 24, and 25. . <b>26</b>  |   |   |   |   |  |
| <b>27</b> <b>2009 NOL carryover.</b> Combine<br>line 3c and line 26. If more than<br>zero, enter -0- . . . . . <b>27</b>   |   |   |   |   |  |

**Part II Determine 2009 Modified Taxable Income (MTI).** Be sure to read the instructions for Part II.

|   |   |   |             |
|---|---|---|-------------|
| 1   | Taxable income. See instructions.....   | 1 | ( 62,796. ) |
| Enter amounts on line 2 through line 4 as if they were all <b>positive</b> numbers. |   |   |             |
| 2   | Capital loss deduction included in line 1.....                                | 2 | 3,000.      |
| 3   | Disaster loss carryover included in line 1.....                               | 3 |             |
| 4   | NOL carryover included in line 1.....   | 4 | 51,057.     |
| 5   | MTI. Combine line 1 through line 4. If line 5 is zero or less, enter -0-..... | 5 | 0.          |

**Part III NOL Carryover and Disaster Loss Carryover Limitations.** See Instructions.

|   |  | (g)<br>Available balance |  |
|---|--|--------------------------|--|
| 1 | MTI from Part II, line 5. <b>If your net business income is \$500,000 or more, see instructions.</b> ..... | 1                        |  |

**Prior Year NOLs**

| (a)<br>Year of<br>loss | (b)<br>Code | (c)<br>Type of<br>NOL*<br>See<br>below | (d)<br>Initial Loss | (e)<br>Carryover<br>from 2008 | (f)<br>Amount used<br>in 2009 |    | (h)<br>Carryover to 2010<br>subtract column (f)<br>from column (e) |
|------------------------|-------------|--|---------------------|-------------------------------|-------------------------------|----|--|
| 2 2002                 |             | GEN                                    | 51,057.             | 51,057.                       | 0.                            | 0. | 51,057.  |
|                        |             |  |                     |                               |                               |    |  |
|                        |             |  |                     |                               |                               |    |  |
|                        |             |  |                     |                               |                               |    |  |

**Current Year NOLs**

|        |  |     |  |  |  |  |  |
|--------|--|-----|--|--|--|--|--|
| 3 2009 |  | DIS |  |  |  |  |  |
| 4 2009 |  |     |  |  |  |  |  |
| 2009   |  |     |  |  |  |  |  |
| 2009   |  |     |  |  |  |  |  |
| 2009   |  |     |  |  |  |  |  |

\*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

|   |  |   |         |
|---|--|---|---------|
| 5 | NOL carryover. Add the carryover amounts in column (h) that are not the result of a disaster loss .....                    | 5 | 51,057. |
| 6 | Disaster loss carryover. Enter the total loss carryover amounts in column (h) that are the result of disaster losses ..... | 6 |         |

2009

# Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations – Individuals, Estates, and Trusts

3805V

Attach to your California tax return.

Name(s) as shown on return

SSN or ITIN

999-99-9999

FEIN

JOE INVESTOR COMMODITY LOSS EX 12

## Part I Computation of Current Year NOL for Individuals, Estates, and Trusts. If you do not have a current year NOL, go to Part II.

### Section A – California Residents Only (Nonresidents go to Section B.)

|  |   |                 |               |
|--|---|-----------------|---------------|
| 1  | Adjusted gross income from 2009 Form 540, line 17. If negative, use brackets. Estates and Trusts, begin on line 3.  | 1               |               |
| 2  | Itemized deductions or standard deduction from 2009 Form 540, line 18.  | 2               |               |
| 3a   | Combine line 1 and line 2. (Estates and Trusts, enter taxable income, see instructions.) If negative, use brackets. If positive, enter -0- here and on line 27. <b>Do not</b> complete the rest of Section A. You do not have a current year NOL. Complete Part II and Part III if you have a carryover from prior years. | AMTI BEFORE NOL | 3a ( 7,383. ) |
| 3b   | 2009 designated disaster loss included in line 3a. Enter as a positive number.  |                 | 3b 0.         |
| 3c   | Combine line 3a and line 3b. If negative, use brackets and continue to line 4. If zero or more, <b>do not</b> complete the rest of Part I. Enter the amount from line 3b, if any, in Part III, line 3, column (d) and complete Part II and Part III as instructed.  |                 | 3c ( 7,383. ) |
| Enter amounts on line 4 through line 26 as if they were all <b>positive</b> numbers. See instructions. |   |                 |               |
| 4  | Nonbusiness capital losses.   | 4               | 63,820.       |
| 5  | Nonbusiness capital gains. See instructions.  | 5               | 15,366.       |
| 6  | If line 4 is more than line 5, enter the difference; otherwise, enter -0-.  | 6               | 48,454.       |
| 7  | If line 4 is less than line 5, enter the difference; otherwise, enter -0-.  | 7               | 0.            |
| 8  | Nonbusiness deductions.   | 8               | 5,342.        |
| 9  | Nonbusiness income other than capital gains.  | 9               | 959.          |
| 10   | Add line 7 and line 9.  | 10              | 959.          |
| 11   | If line 8 is more than line 10, enter the difference; otherwise, enter -0-.   | 11              | 4,383.        |
| 12   | If line 8 is less than line 10, enter the difference; otherwise, enter -0-.   | 12              | 0.            |
| 13   | Business capital losses.  | 13              | 79,186.       |
| 14   | Business capital gains.   | 14              |               |
| 15   | Add line 12 and line 14.  | 15              |               |
| 16   | If line 13 is more than line 15, enter the difference; otherwise, enter -0-.  | 16              | 79,186.       |
| 17   | Add line 6 and line 16.   | 17              | 127,640.      |
| 18   | Enter the loss, if any, from line 8 of Schedule D (540). Estates and Trusts, enter the loss, if any, from line 9, column (c), of Schedule D (541). If you do not have a loss on that line (and do not have an R&TC Section 18152.5 exclusion), skip line 18 through line 23 and enter on line 24 the amount from line 17. | 18              | 127,640.      |
| 19   | R&TC Section 18152.5 exclusion. Enter as a positive number.   | 19              |               |
| 20   | Subtract line 19 from line 18. If zero or less, enter -0-.  | 20              | 127,640.      |
| 21   | Enter the loss, if any, from line 9 of Schedule D (540). Estates and Trusts, enter the loss, if any, from line 10 of Schedule D (541). Enter as a positive number.  | 21              | 3,000.        |
| 22   | If line 20 is more than line 21, enter the difference; otherwise, enter -0-.  | 22              | 124,640.      |
| 23   | If line 21 is more than line 20, enter the difference; otherwise enter -0-.   | 23              | 0.            |
| 24   | Subtract line 22 from line 17. If zero or less, enter -0-.  | 24              | 3,000.        |
| 25   | NOL and disaster loss carryovers from prior years. See instructions.  | 25              |               |
| 26   | Add lines 11, 19, 23, 24, and 25. <b>C/O'S INCLUDED ON LINE 3A</b>  | 26              | 7,383.        |
| 27   | <b>2009 NOL carryover.</b> Combine line 3c and line 26. If more than zero, enter -0-. You do not have a current year NOL to carryover.  | 27              | 0.            |

**Section B – Nonresidents and Part-Year Residents Only – Computation of Current Year California NOL**

AMT COPY

|  | A<br>Enter total amounts<br>as if you were a<br><b>CA resident for<br/>entire year.</b> | B<br>Enter amounts earned or<br>received from CA sources<br>if you were a <b>nonresident<br/>for the entire year.</b> | C<br>Enter amounts<br>earned or received<br>during the portion<br>of the year you<br>were a <b>CA resident.</b> | D<br>Enter amounts earned<br>or received from CA<br>sources during the<br>portion of the year you<br>were a <b>nonresident.</b> | E<br><b>Total</b><br>Combine<br>columns C and D. |
|--|---|---|---|---|--|
| <b>1</b> Adjusted gross income.<br>See instructions. If negative,<br>use brackets . . . . . <b>1</b>   |   |   |   |   |  |
| <b>2</b> Itemized deductions or standard<br>deduction. See instructions . . . . . <b>2</b>   |   |   |   |   |  |
| <b>3a</b> Combine line 1 and line 2. If<br>negative, use brackets. If positive,<br>enter -0- here and on line 27.<br>Complete Part II and Part III if you<br>have a carryover from prior years. . . <b>3a</b>  |   |   |   |   |  |
| <b>b</b> 2009 designated disaster loss<br>included in line 3a. Enter as a<br>positive number . . . . . <b>3b</b>   |   |   |   |   |  |
| <b>c</b> Combine line 3a and line 3b. If<br>negative, use brackets and<br>continue to line 4 . . . . . <b>3c</b>   |   |   |   |   |  |
| Enter amounts on line 4 through line 26 as if they were all <b>positive</b> numbers.   |   |   |   |   |  |
| <b>4</b> Nonbusiness capital losses . . . . . <b>4</b>   |   |   |   |   |  |
| <b>5</b> Nonbusiness capital gains. . . . . <b>5</b>   |   |   |   |   |  |
| <b>6</b> If line 4 is more than line 5, enter<br>the difference; otherwise, enter -0- <b>6</b>   |   |   |   |   |  |
| <b>7</b> If line 4 is less than line 5, enter<br>the difference; otherwise, enter -0- <b>7</b>   |   |   |   |   |  |
| <b>8</b> Nonbusiness deductions . . . . . <b>8</b>   |   |   |   |   |  |
| <b>9</b> Nonbusiness income other than<br>capital gains . . . . . <b>9</b>   |   |   |   |   |  |
| <b>10</b> Add line 7 and line 9 . . . . . <b>10</b>  |   |   |   |   |  |
| <b>11</b> If line 8 is more than line 10, enter<br>the difference; otherwise, enter -0- <b>11</b>  |   |   |   |   |  |
| <b>12</b> If line 8 is less than line 10, enter<br>the difference; otherwise, enter -0- <b>12</b>  |   |   |   |   |  |
| <b>13</b> Business capital losses. . . . . <b>13</b>   |   |   |   |   |  |
| <b>14</b> Business capital gains . . . . . <b>14</b>   |   |   |   |   |  |
| <b>15</b> Add line 12 and line 14. . . . . <b>15</b>   |   |   |   |   |  |
| <b>16</b> If line 13 is more than line 15,<br>enter the difference; otherwise,<br>enter -0- . . . . . <b>16</b>  |   |   |   |   |  |
| <b>17</b> Add line 6 and line 16. . . . . <b>17</b>  |   |   |   |   |  |
| <b>18</b> Enter the loss, if any, from line 4<br>of Schedule D (540NR) worksheet<br>for nonresidents and part-year<br>residents. If you do not have a<br>loss on that line (and do not have<br>an R&TC Section 18152.5<br>exclusion), skip line 18 through<br>line 23 and enter on line 24 the<br>amount from line 17. . . . . <b>18</b> |   |   |   |   |  |
| <b>19</b> R&TC Section 18152.5 exclusion.<br>Enter as a positive number . . . . . <b>19</b>  |   |   |   |   |  |
| <b>20</b> Subtract line 19 from line 18. If<br>zero or less, enter -0- . . . . . <b>20</b>   |   |   |   |   |  |
| <b>21</b> Enter the loss, if any, from<br>line 5 of Schedule D (540NR)<br>worksheet for nonresidents and<br>part-year residents. Enter as a<br>positive number . . . . . <b>21</b>   |   |   |   |   |  |
| <b>22</b> If line 20 is more than line 21,<br>enter the difference; otherwise,<br>enter -0- . . . . . <b>22</b>  |   |   |   |   |  |
| <b>23</b> If line 21 is more than line 20,<br>enter the difference; otherwise,<br>enter -0- . . . . . <b>23</b>  |   |   |   |   |  |
| <b>24</b> Subtract line 22 from line 17. If<br>zero or less, enter -0- . . . . . <b>24</b>   |   |   |   |   |  |
| <b>25</b> NOL and disaster loss carryovers<br>from prior years. . . . . <b>25</b>  |   |   |   |   |  |
| <b>26</b> Add lines 11, 19, 23, 24, and 25. . <b>26</b>  |   |   |   |   |  |
| <b>27</b> <b>2009 NOL carryover.</b> Combine<br>line 3c and line 26. If more than<br>zero, enter -0- . . . . . <b>27</b>   |   |   |   |   |  |

| <b>Part II Determine 2009 Modified Taxable Income (MTI).</b> Be sure to read the instructions for Part II. |  | ALT. | MIN. | TAX     |
|--|--|------|------|---------|
| 1  | Taxable income. See instructions. . . . . AMTI, BEFORE ATNOLD. (SCH. P, LINE 19) . . . . .       | 1    | (    | 7,383.) |
| Enter amounts on line 2 through line 4 as if they were all <b>positive</b> numbers.                        |  |      |      |         |
| 2  | Capital loss deduction included in line 1. . . . .   | 2    |      | 3,000.  |
| 3  | Disaster loss carryover included in line 1. . . . .  | 3    |      |         |
| 4  | NOL carryover included in line 1. . . . .  | 4    |      |         |
| 5  | MTI. Combine line 1 through line 4. If line 5 is zero or less, enter -0- . . . . . MODIFIED AMTI | 5    |      | 0.      |
| ATNOLD LIMITATION PERCENTAGE   |  |      |      | 90      |

**Part III NOL Carryover and Disaster Loss Carryover Limitations.** See Instructions.

NOTE: LINE 1, AMTI BEFORE ATNOLD INCLUDES THE LINE 3 AND/OR LINE 4 NOL C/O AMOUNTS. NO ADDITIONAL ADD BACK IS REQUIRED.

|   |   | (g)<br>Available balance |  |
|---|---|--------------------------|--|
|   |   |                          |  |
| 1 | MTI from Part II, line 5. If your net business income is \$500,000 or more, see instructions. . . . . | 1                        |  |

**Prior Year NOLs**

| (a)<br>Year of loss | (b)<br>Code | (c)<br>Type of NOL*<br>See below | (d)<br>Initial Loss | (e)<br>Carryover from 2008 | (f)<br>Amount used in 2009 | (g)<br>Amount available for 2009 | (h)<br>Carryover to 2010<br>subtract column (f) from column (e) |
|---------------------|-------------|----------------------------------|---------------------|----------------------------|----------------------------|----------------------------------|---|
| 2 2002              |             | GEN                              | 51,018.             | 51,018.                    | 0.                         | 0.                               | 51,018.   |
| 2006                |             | GEN                              | 62.                 | 62.                        | 0.                         | 0.                               | 62.   |
|                     |             |                                  |                     |                            |                            |                                  |   |
|                     |             |                                  |                     |                            |                            |                                  |   |

**Current Year NOLs**

|        |  |     |  |  |  |  |  |
|--------|--|-----|--|--|--|--|--|
| 3 2009 |  | DIS |  |  |  |  |  |
| 4 2009 |  |     |  |  |  |  |  |
| 2009   |  |     |  |  |  |  |  |
| 2009   |  |     |  |  |  |  |  |
| 2009   |  |     |  |  |  |  |  |

\*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

|   |  |   |         |
|---|--|---|---------|
| 5 | NOL carryover. Add the carryover amounts in column (h) that are not the result of a disaster loss . . . . .                    | 5 | 51,080. |
| 6 | Disaster loss carryover. Enter the total loss carryover amounts in column (h) that are the result of disaster losses . . . . . | 6 |         |

**Capital Loss Carryover Worksheet**

|   |                        |
|---|------------------------|
| 1. Loss from Schedule D, line 11.               | 3,000.                 |
| 2. Amount from Form 540 or Form 540NR, line 17. | -53,098.               |
| 3. Amount from Form 540 or Form 540NR, line 18. | 9,698.                 |
| 4. Subtract line 3 from line 2.                 | -62,796.               |
| 5. Combine Line 1 and line 4.                   | 0.                     |
| 6. Loss from Schedule D, line 8.                | 127,640.               |
| 7. Enter the smaller of line 1 or line 5.       | <u>0.</u>              |
| 8. Subtract line 7 from line 6.                 | <u>127,640.</u>        |
| This is your capital loss carryover to 2010.    | <u><u>127,640.</u></u> |

Demo



2009

## Federal Income Tax Summary

Page 1

Client EX12F-CA

Joe Investor Commodity Loss Ex 12

999-99-9999

2/13/10

3:19 PM

|   | 2009    | 2008    | Diff |
|---|---------|---------|------|
| <b>INCOME</b>                                 |         |         |      |
| Interest income.....                          | 62      | 62      | 0    |
| Dividend income.....                          | 897     | 897     | 0    |
| Capital gain or loss.....                     | -3,000  | -3,000  | 0    |
| Total income.....                             | -2,041  | -2,041  | 0    |
| <b>ADJUSTMENTS TO INCOME</b>                  |         |         |      |
| Total adjustments.....                        | 0       | 0       | 0    |
| Adjusted gross income.....                    | -2,041  | -2,041  | 0    |
| <b>ITEMIZED DEDUCTIONS</b>                    |         |         |      |
| Medical & dental.....                         | 5,342   | 5,342   | 0    |
| Taxes.....                                    | 285     | 246     | 39   |
| Miscellaneous (subject to 2% of AGI).....     | 4,356   | 4,356   | 0    |
| Total itemized deductions.....                | 9,983   | 9,944   | 39   |
| <b>TAX COMPUTATION</b>                        |         |         |      |
| Standard deduction.....                       | 5,700   | 5,450   | 250  |
| Larger of itemized or standard deduction..... | 9,983   | 9,944   | 39   |
| Income prior to exemption deduction.....      | -12,024 | -11,985 | -39  |
| Exemption deduction.....                      | 3,650   | 3,500   | 150  |
| Taxable income.....                           | -15,674 | -15,485 | -189 |
| Tax before credits.....                       | 0       | 0       | 0    |
| <b>CREDITS</b>                                |         |         |      |
| Total credits.....                            | 0       | 0       | 0    |
| Tax after credits.....                        | 0       | 0       | 0    |
| <b>OTHER TAXES</b>                            |         |         |      |
| Total tax.....                                | 0       | 0       | 0    |
| <b>PAYMENTS</b>                               |         |         |      |
| Total payments.....                           | 0       | 0       | 0    |
| <b>REFUND OR AMOUNT DUE</b>                   |         |         |      |
| Amount you owe.....                           | 0       | 0       | 0    |
| <b>TAX RATES</b>                              |         |         |      |
| Marginal tax rate.....                        | 0.0%    | 0.0%    | 0.0% |

2009

## California Income Tax Summary

Page 1

Client EX12F-CA

Joe Investor Commodity Loss Ex 12

999-99-9999

2/13/10

3:19 PM

|  | 2009    | 2008    | Diff |
|--|---------|---------|------|
| <b>FEDERAL ADJUSTED GROSS INCOME</b>     |         |         |      |
| Federal adjusted gross income.....       | -2,041  | -2,041  | 0    |
| <b>CALIFORNIA SUBTRACTIONS</b>           |         |         |      |
| Net operating loss carryover.....        | 51,057  | 51,057  | 0    |
| Total subtractions from federal AGI..... | 51,057  | 51,057  | 0    |
| <b>ADJUSTED GROSS INCOME</b>             |         |         |      |
| Adjusted gross income.....               | -53,098 | -53,098 | 0    |
| <b>ITEMIZED DEDUCTIONS</b>               |         |         |      |
| Federal itemized deductions.....         | 9,983   | 9,944   | 39   |
| Less state, local and foreign taxes..... | 285     | 246     | 39   |
| California itemized deductions.....      | 9,698   | 9,698   | 0    |
| California standard deduction.....       | 3,637   | 3,692   | -55  |
| <b>TAX COMPUTATION</b>                   |         |         |      |
| Total taxable income.....                | 0       | 0       | 0    |
| Tax.....                                 | 0       | 0       | 0    |
| Exemption credits.....                   | 98      | 99      | -1   |
| Net tax.....                             | 0       | 0       | 0    |
| <b>PAYMENTS</b>                          |         |         |      |
| California income tax withheld.....      | 0       | 0       | 0    |
| Total payments.....                      | 0       | 0       | 0    |
| <b>REFUND OR AMOUNT DUE</b>              |         |         |      |
| Amount overpaid.....                     | 0       | 0       | 0    |
| Amount you owe.....                      | 0       | 0       | 0    |
| <b>TAX RATES</b>                         |         |         |      |
| Marginal tax rate.....                   | 0.0%    | 0.0%    | 0.0% |

**2009****General Information****Page 1****Client EX12F-CA****Joe Investor Commodity Loss Ex 12****999-99-9999**

2/13/10

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**Forms needed for this return**

Federal: 1040, Sch A, Sch B, Sch D, 4562, 6251, 6781  
California: 540, Sch CA, Sch D (540), Sch P, 3805V

**Tax Rates**

|            | <u>Marginal</u> | <u>Effective</u> |
|------------|-----------------|------------------|
| Federal    | 0.%             | 0.%              |
| California | 0.%             | 0.%              |

**Carryovers to 2010**Federal Carryovers

|                             |         |
|-----------------------------|---------|
| Short-Term Capital Loss     | 63,348. |
| Long-Term Capital Loss      | 64,292. |
| AMT Short-Term Capital Loss | 63,348. |
| AMT Long-Term Capital Loss  | 64,292. |
| Contributions (50%)         | 985.    |

California Carryovers

|                              |          |
|------------------------------|----------|
| Prior Net Operating Loss     | 51,057.  |
| Prior AMT Net Operating Loss | 51,080.  |
| Contributions (50%)          | 985.     |
| State Capital Loss           | 127,640. |
| AMT State Capital Loss       | 127,640. |

### Future Tax Savings

- ☐ If the medical insurance premiums currently being paid by the taxpayer are for a high deductible health plan, consideration should be given to opening a Health Savings Account (HSA) under IRC Section 223. Qualified HSA contributions provide for an above-the-line deduction. In 2010, the policy must have an annual deductible of at least \$1,200 (\$2,400 for family coverage) and maximum out-of-pocket expenses not exceeding \$5,950 (\$11,900 for family coverage). If the taxpayer participates for the entire year, contributions up to the amount of the annual deductible, but not exceeding \$3,050 (\$6,150 for family coverage) could be deducted on the tax return. In 2010, catch-up contributions of \$1,000 can be made by taxpayers between age 55 and 65. Distributions and earnings from HSA's are not taxed provided they are used to pay qualified medical expenses.

### Tax Tips

- ☐ Taxable income is \$-15,674, placing the taxpayer in a 0% marginal tax bracket. Based on 2009 tax rates, income would have to increase by over \$15,674 in order for any income to begin being taxed in the 10% bracket. This may be used as a guide in determining the advantages or disadvantages of receiving discretionary income in 2010.
- ☐ The taxpayer has a long-term capital loss carryover. Since long-term capital gains are taxed at a lower rate than short-term capital gains, it is more advantageous to use short-term gains to offset the carryover. If the taxpayer plans on recognizing gains in 2010 and has a choice between recognizing short-term gains or long-term gains, an overall greater tax savings will be realized by recognizing short-term gains up to the amount of the loss carryover.

### Compliance Tips

- ☐ You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution.

**Compliance Tips (continued)**

- ☐ Under audit, charitable contributions of \$250 or more require a written receipt, letter, postcard, or email from the organization to substantiate the donation. A cancelled check is not sufficient evidence for a cash donation of \$250 or more. The receipt should show the date of the donation, the dollar amount of the money gift or description of the property donated, and the estimated value of goods or services received in return for the donation. In figuring whether a gift is \$250 or more, separate and regular donations of less than \$250 to the same organization do not need to be combined.

**Schedule A Comparison Flags**

- ☐ Schedule A medical and dental expenses before the 7.5% AGI limitation are 31% lower than the typical amount deducted by taxpayers claiming the deduction, with similar AGI.
- ☐ Schedule A medical and dental expenses after the 7.5% AGI limitation are 29% lower than the typical amount deducted by taxpayers claiming the deduction, with similar AGI.
- ☐ Schedule A state and local taxes are 65% lower than the typical amount deducted by taxpayers claiming the deduction, with similar AGI.
- ☐ Schedule A total taxes paid are 91% lower than the typical amount deducted by taxpayers claiming the deduction, with similar AGI.
- ☐ Schedule A cash or check contributions are 27% lower than the typical amount deducted by taxpayers claiming the deduction, with similar AGI.
- ☐ Schedule A other 2% miscellaneous deductions are 237% higher than the typical amount deducted by taxpayers claiming the deduction, with similar AGI.
- ☐ Schedule A total miscellaneous deductions before the 2% AGI limitation are 131% higher than the typical amount deducted by taxpayers claiming the deduction, with similar AGI.
- ☐ Schedule A total miscellaneous deductions after the 2% AGI limitation are 113% higher than the typical amount deducted by taxpayers claiming the deduction, with similar AGI.
- ☐ Schedule A total itemized deductions are 40% lower than the typical amount deducted by taxpayers claiming the deduction, with similar AGI.