

Electronic Filing Instructions for your 2012 Federal Tax Return

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



Jay A Hill & Suzanne R Gahs
2523 Betlo Ave
Mountain View, CA 94043

Balance Due/Refund	Your federal tax return (Form 1040) shows a balance due of \$33,240.00. Mail your completed Form 1040-V with included payment made payable to the United States Treasury by April 15, 2013. Make sure you sign your check and write your social security number and "Form 1040-V" on the check.		
What You Need to Mail	<p>Your return shows a balance due of \$33,240.00. Mail your completed Form 1040-V with included payment of \$33,240.00 made payable to United States Treasury by April 15, 2013 to:</p> <p>Mail to:</p> <p>Internal Revenue Service P.O. Box 7704 San Francisco, CA 94120-7704</p> <p>Do not mail Form 1040-V with payment until your return has been ACCEPTED for electronic filing by the IRS. If your return still hasn't been accepted by April 15, 2013, don't wait. Go ahead and mail in form 1040-V with your payment.</p>		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
2012 Federal Tax Return Summary	Adjusted Gross Income	\$	193,397.00
	Taxable Income	\$	170,097.00
	Total Tax	\$	46,473.00
	Total Payments/Credits	\$	13,552.00
	Payment Due	\$	32,921.00
	Penalty/Interest	\$	319.00
	Balance Due With Penalty/Interest	\$	33,240.00
	Effective Tax Rate		18.31%
Estimated Payments to Make for Next Year's Return	Estimated Payments for 2013 - Do not mail these vouchers with your 2012 income tax return. The estimated vouchers displayed below are used to prepay your 2013 income taxes that will be filed next year. If you expect to owe more than \$1,000 in 2013, you may incur underpayment penalties if you do not make these four estimated tax payments. This printout includes your estimated tax vouchers for your federal estimated taxes (Form 1040-ES).		

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2523 Betlo Ave
Mountain View, CA 94043

**Estimated
Payments to
Make for Next
Year's Return
(Continued)**

Mail payments according to the schedule below:

Voucher Number	Due Date	Amount
1	04/15/2013	\$ 9,392.00
2	06/17/2013	\$ 9,392.00
3	09/16/2013	\$ 9,392.00
4	01/15/2014	\$ 9,392.00

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

Mail payments to:
Internal Revenue Service
P.O. Box 510000
San Francisco, CA 94151-5100



Hi Jay and Suzanne,

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

With TurboTax Basic:

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

Here's the final wrap up for your 2012 taxes:

Your federal balance due is: \$ 33,240.00

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

Your Head Start On Next Year:

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

Also included:

- We e-filed your federal returns for free, so you could get your refund the fastest way possible.
- We provide the Audit Support Center free of charge in the unlikely event you get audited.

With TurboTax State:

- You saved time by automatically transferring your federal tax information to your state return

Many happy returns from TurboTax.

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/15/2013**

2013 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2013 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

9,392.

REV 01/14/13 TTO

1555

218-90-0990

214-78-1079

JAY A HILL

SUZANNE R GAHS

2523 BETLO AVE

MOUNTAIN VIEW CA 94043

INTERNAL REVENUE SERVICE

PO BOX 510000

SAN FRANCISCO CA 94151-5100

218900990 SS HILL 30 0 201312 430

----- ▼ Detach Here and Mail With Your Payment ▼ -----

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due **06/17/2013**

2013 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2013 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

9,392.

REV 01/14/13 TTO 1555

218-90-0990 214-78-1079
JAY A HILL
SUZANNE R GAHS
2523 BETLO AVE
MOUNTAIN VIEW CA 94043

INTERNAL REVENUE SERVICE
PO BOX 510000
SAN FRANCISCO CA 94151-5100

218900990 SS HILL 30 0 201312 430

----- ▼ Detach Here and Mail With Your Payment ▼ -----

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due **09/16/2013**

2013 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2013 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

9,392.

REV 01/14/13 TTO 1555

218-90-0990 214-78-1079
JAY A HILL
SUZANNE R GAHS
2523 BETLO AVE
MOUNTAIN VIEW CA 94043

INTERNAL REVENUE SERVICE
PO BOX 510000
SAN FRANCISCO CA 94151-5100

218900990 SS HILL 30 0 201312 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due 01/15/2014

2013 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2013 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order ▶	9,392.
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REV 01/14/13 TTO 1555

218-90-0990 214-78-1079
JAY A HILL
SUZANNE R GAHS
2523 BETLO AVE
MOUNTAIN VIEW CA 94043

INTERNAL REVENUE SERVICE
PO BOX 510000
SAN FRANCISCO CA 94151-5100

218900990 SS HILL 30 0 201312 430

IF you live in . . .**THEN use this address if you:**

	THEN use this address if you:	
	Are not enclosing a check or money order . . .	Are enclosing a check or money order . . .
Florida, Louisiana, Mississippi, Texas	Department of the Treasury Internal Revenue Service Austin, TX 73301-0002	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming	Department of the Treasury Internal Revenue Service Fresno, CA 93888-0002	Internal Revenue Service P.O. Box 7704 San Francisco, CA 94120-7704
Arkansas, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, Wisconsin	Department of the Treasury Internal Revenue Service Fresno, CA 93888-0002	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
Alabama, Georgia, Kentucky, Missouri, New Jersey, North Carolina, South Carolina, Tennessee, Virginia	Department of the Treasury Internal Revenue Service Kansas City, MO 64999-0002	Internal Revenue Service P.O. Box 1000 Louisville, KY 40293-1000
Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Pennsylvania, Rhode Island, Vermont, West Virginia	Department of the Treasury Internal Revenue Service Kansas City, MO 64999-0002	Internal Revenue Service P.O. Box 37008 Hartford, CT 06176-0008
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555, 2555-EZ, or 4563, or are a dual-status alien or nonpermanent resident of Guam or the Virgin Islands.	Department of the Treasury Internal Revenue Service Austin, TX 73301-0215	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

TO PAY YOUR TAXES DUE BY CHECK, MAIL THIS FORM TO THE ADDRESS LISTED BELOW.

Form **1040-V** (2012)

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

 Department of the Treasury
 Internal Revenue Service (99)
2012**Form 1040-V Payment Voucher**

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

 Enter the amount
 of your payment ▶
33,240.

REV 01/14/13 TTO

1555

JAY A HILL
 SUZANNE R GAHS
 2523 BETLO AVE
 MOUNTAIN VIEW CA 94043

INTERNAL REVENUE SERVICE
 P.O. BOX 7704
 SAN FRANCISCO, CA 94120-7704

218900990 SS HILL 30 0 201212 610

For the year Jan. 1–Dec. 31, 2012, or other tax year beginning

, 2012, ending

, 20

See separate instructions.

Your first name and initial

Jay A

Last name

Hill

Your social security number

218-90-0990

If a joint return, spouse's first name and initial

Suzanne R

Last name

Gahs

Spouse's social security number

214-78-1079

Home address (number and street). If you have a P.O. box, see instructions.

2523 Betlo Ave

Apt. no.

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Mountain View CA 94043

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status

1 ☐ Single2 ☒ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶4 ☐ 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. ▶5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6ab ☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
Graham A	Gahs-Hill	541-41-3374	Son	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

d Total number of exemptions claimed

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you
• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7 111,153.

8a Taxable interest. Attach Schedule B if required

8a

b Tax-exempt interest. Do not include on line 8a 8b

9a Ordinary dividends. Attach Schedule B if required

9a

b Qualified dividends 9b

10 Taxable refunds, credits, or offsets of state and local income taxes

10 470.

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12 91,051.

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

13

14 Other gains or (losses). Attach Form 4797

14

15a IRA distributions 15a

b Taxable amount 15b

16a Pensions and annuities 16a

b Taxable amount 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits 20a

b Taxable amount 20b

21 Other income. List type and amount

21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶

22 202,674.

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.

Adjusted Gross Income

23 Educator expenses

23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

24

25 Health savings account deduction. Attach Form 8889

25

26 Moving expenses. Attach Form 3903

26

27 Deductible part of self-employment tax. Attach Schedule SE

27 6,362.

28 Self-employed SEP, SIMPLE, and qualified plans

28

29 Self-employed health insurance deduction

29 2,915.

30 Penalty on early withdrawal of savings

30

31a Alimony paid b Recipient's SSN ▶

31a

32 IRA deduction

32

33 Student loan interest deduction

33

34 Tuition and fees. Attach Form 8917

34

35 Domestic production activities deduction. Attach Form 8903

35

36 Add lines 23 through 35

36 9,277.

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

37 193,397.

SCHEDULE C
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Profit or Loss From Business**
(Sole Proprietorship)**► For information on Schedule C and its instructions, go to www.irs.gov/schedulec.**
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2012
Attachment
Sequence No. **09**

Name of proprietor Jay A Hill		Social security number (SSN) 218-90-0990
A	Principal business or profession, including product or service (see instructions) Software engineering	B Enter code from instructions <div style="border: 1px solid black; padding: 2px; display: inline-block;">► 5 4 1 5 1 0</div>
C	Business name. If no separate business name, leave blank.	D Employer ID number (EIN), (see instr.) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
E	Business address (including suite or room no.) ► 2523 Betlo Ave City, town or post office, state, and ZIP code Mountain View, CA 94043	
F	Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►	
G	Did you "materially participate" in the operation of this business during 2012? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
H	If you started or acquired this business during 2012, check here <input type="checkbox"/>	
I	Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J	If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ► <input type="checkbox"/>	1	96,324.
2 Returns and allowances (see instructions)	2	
3 Subtract line 2 from line 1	3	96,324.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	96,324.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ►	7	96,324.

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

8 Advertising	8	18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions).	9	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a	
12 Depletion	12	b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22	800.
15 Insurance (other than health)	15	23 Taxes and licenses	23	
16 Interest:		24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a	a Travel	24a	
b Other	16b	b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17	25 Utilities	25	2,201.
		26 Wages (less employment credits)	26	
		27a Other expenses (from line 48)	27a	701.
		b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ►	28			4,152.
29 Tentative profit or (loss). Subtract line 28 from line 7	29			92,172.
30 Expenses for business use of your home. Attach Form 8829 . Do not report such expenses elsewhere	30			1,121.
31 Net profit or (loss). Subtract line 30 from line 29.				
<div style="display: flex; justify-content: space-between;"><div><ul style="list-style-type: none">• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.• If a loss, you must go to line 32.</div><div style="font-size: 3em; line-height: 1;">}</div><div style="width: 60%;"></div></div>				
32 If you have a loss, check the box that describes your investment in this activity (see instructions).				
<div style="display: flex; justify-content: space-between;"><div><ul style="list-style-type: none">• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.• If you checked 32b, you must attach Form 6198. Your loss may be limited.</div><div style="font-size: 3em; line-height: 1;">}</div><div style="width: 60%;"></div></div>				
				32a <input checked="" type="checkbox"/> All investment is at risk.
				32b <input type="checkbox"/> Some investment is not at risk.

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

REV 01/04/13 TTO

Schedule C (Form 1040) 2012

Part III Cost of Goods Sold (see instructions)

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

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

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶
44	Of the total number of miles you drove your vehicle during 2012, enter the number of miles you used your vehicle for:
a	Business
b	Commuting (see instructions)
c	Other
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Internet provider	701.
.....	
.....	
.....	
.....	
.....	
.....	
.....	
48 Total other expenses. Enter here and on line 27a	48 701.

Name of person with **self-employment** income (as shown on Form 1040)

Jay A Hill

Social security number of person
with **self-employment** income ▶

218-90-0990

Section B—Long Schedule SE**Part I Self-Employment Tax****Note.** If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for the definition of church employee income.

A	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I	▶	<input type="checkbox"/>
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b	()
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note. Skip this line if you use the nonfarm optional method (see instructions)	2	91,051.
3	Combine lines 1a, 1b, and 2	3	91,051.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3 Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a	84,086.
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c	Combine lines 4a and 4b. If less than \$400, stop ; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income , enter -0- and continue ▶	4c	84,086.
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b	0.
6	Add lines 4c and 5b	6	84,086.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 4.2% portion of the 5.65% railroad retirement (tier 1) tax for 2012	7	110,100 00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$110,100 or more, skip lines 8b through 10, and go to line 11	8a	27,130.
b	Unreported tips subject to social security tax (from Form 4137, line 10)	8b	
c	Wages subject to social security tax (from Form 8919, line 10)	8c	
d	Add lines 8a, 8b, and 8c	8d	27,130.
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . ▶	9	82,970.
10	Multiply the smaller of line 6 or line 9 by 10.4% (.104)	10	8,629.
11	Multiply line 6 by 2.9% (.029)	11	2,438.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56, or Form 1040NR, line 54	12	11,067.
13	Deduction for employer-equivalent portion of self-employment tax. Add the two following amounts. • 59.6% (.596) of line 10. • One-half of line 11. Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	13	6,362.

Part II Optional Methods To Figure Net Earnings (see instructions)**Farm Optional Method.** You may use this method **only** if (a) your gross farm income¹ was not more than \$6,780, or (b) your net farm profits² were less than \$4,894.

14	Maximum income for optional methods	14	4,520 00
15	Enter the smaller of: two-thirds (² / ₃) of gross farm income ¹ (not less than zero) or \$4,520. Also include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$4,894 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution.** You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds (² / ₃) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Name(s) of proprietor(s)

Jay A Hill

Expenses for Business Use of Your Home► **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**► **Information about Form 8829 and its separate instructions is at www.irs.gov/form8829.**

OMB No. 1545-0074

2012Attachment
Sequence No. **176**

Your social security number

218-90-0990

Part I Part of Your Home Used for Business

Software engineering

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	250
2	Total area of home	2	1,100
3	Divide line 1 by line 2. Enter the result as a percentage	3	22.73 %
For daycare facilities not used exclusively for business, go to line 4. All others go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	Total hours available for use during the year (366 days x 24 hours) (see instructions)	5	8,784
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	22.73 %

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home and shown on Schedule D or Form 4797, minus any loss from the trade or business not derived from the business use of your home and shown on Schedule D or Form 4797. See instructions	8	92,172.
See instructions for columns (a) and (b) before completing lines 9-21.			
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	
11	Real estate taxes (see instructions)	11	
12	Add lines 9, 10, and 11	12	
13	Multiply line 12, column (b) by line 7	13	
14	Add line 12, column (a) and line 13	14	
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	92,172.
16	Excess mortgage interest (see instructions)	16	
17	Insurance	17	450.
18	Rent	18	2,500.
19	Repairs and maintenance	19	
20	Utilities	20	
21	Other expenses (see instructions)	21	
22	Add lines 16 through 21	22	450.
23	Multiply line 22, column (b) by line 7	23	671.
24	Carryover of operating expenses from 2011 Form 8829, line 42	24	
25	Add line 22, column (a), line 23, and line 24	25	1,121.
26	Allowable operating expenses. Enter the smaller of line 15 or line 25	26	1,121.
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	91,051.
28	Excess casualty losses (see instructions)	28	
29	Depreciation of your home from line 41 below	29	
30	Carryover of excess casualty losses and depreciation from 2011 Form 8829, line 43	30	
31	Add lines 28 through 30	31	
32	Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	32	
33	Add lines 14, 26, and 32	33	1,121.
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions)	34	
35	Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	35	1,121.

Part III Depreciation of Your Home

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

Part IV Carryover of Unallowed Expenses to 2013

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

Name(s) Shown on Return Jay A Hill & Suzanne R Gahs	Social Security Number 218-90-0990
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Part I State and Local Income Tax Refunds from 2011 Tax Returns

1	(a) State or Local Code	(b) Refund Amount	(c) Estimated Tax Paid After 12/31/2011	(d) Extension Payments	(e) Total Payments and Withholding	(f) Refund Allocated to Column (c)	(g) Refund Allocated to Column (d)
	CA	1,039.			10,143.		
	Totals .	1,039.			10,143.		

2	Total state and local refunds. Total line 1 column (b).	1,039.
3	Refund allocated to tax paid after 12/31/2011. Total line 1 columns (f) and (g). (Include net tax paid after 12/31/2011 on Schedule A, line 5.)	
4	Net refund. Line 2 less line 3.	1,039.

Part II Recovery Amount

The **recovery amount** is the state and local income tax deducted in 2011 refunded in 2012.

5	Total state and local income tax deduction from line 5 of your 2011 Schedule A.	<u>11,771.</u>
6	Recovery amount. Lesser of line 4 or line 5.	1,039.

Part III Recovery Exclusion

The **recovery exclusion** is the part of the recovery amount which did **not** reduce tax in 2011.

7 Recovery exclusion from standard deduction and/or sales tax deduction:

a	Allowable itemized deductions, from 2011 Schedule A, line 29	12,070.
b	Allowable itemized deductions, refigured by excluding recovery amount:	
(1)	Refigured state and local tax deduction:	
(a)	Refigured state income tax deduction	10,732.
(b)	Sales tax deduction	
(c)	Refigured deduction. Larger of (a) or (b)	10,732.
(2)	Refigured total itemized deductions	11,031.
c	2011 standard deduction based on 2011 filing stat, exemptns, and deductns.	11,600.
d	Larger of lines 7b(2) or 7c.	11,600.
e	Subtract line 7d from line 7a	470.
f	Subtract line 7e from line 6	569.

8	Recovery exclusion from negative taxable income. If 2011 taxable income was negative, enter here as a positive number, else enter zero.	0.
9	Recovery exclusion from alternative minimum tax. If no alternative minimum tax (AMT) in 2011 enter zero. If did pay AMT in 2011, enter amt from line 22	0.
10	Recovery exclusion from unused tax credits. If no unused credits in 2011, enter zero. If there were unused credits in 2011, enter amount from line 33.	0.
11	Total recovery exclusion. Add lines 7f, 8, 9, and 10.	569.

Part IV Taxable Refund

The **recovery amount** less the **recovery exclusion** is a **taxable refund**.

12	Taxable refund from 2011. Line 6 less line 11.	470.
13	Total taxable refunds from 2010 or prior tax returns. Total line 34 column (d).	<u> </u>
14	Total taxable refunds. Add lines 12 and 13. Enter here and on Form 1040, line 10	470.

Before you finish, we need your consent to keep you advised on how the new healthcare law may affect you

A new law, the Affordable Care Act (sometimes referred to as Obamacare) is offering money-saving tax credits and benefits to help you pay for your health insurance, even if you're already covered. By signing this agreement, you give TurboTax permission to send you personalized information that will keep you informed on this issue. We will not share your data with any third parties. You do not need to sign this in order to file.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name(s) and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to review the information in my 2012 return to provide the best recommendations to me to maximize my savings and benefits for health coverage.

Jay
Taxpayer's First Name

Hill
Taxpayer's Last Name

Suzanne
Spouse's First Name
(if applicable)

Gahs
Spouse's Last name
(if applicable)

Please type the date below:

04/13/2013

Date

Federal Information Worksheet

► Keep for your records

2012

Part I – Personal InformationInformation in Part I is **completely calculated** from entries on Personal Information Worksheets.**Taxpayer:**

First name Jay
 Middle initial A Suffix
 Last name Hill
 Social security no. 218-90-0990
 Occupation Software Engineer
 Date of birth 04/02/1961 (mm/dd/yyyy)
 Age as of 1-1-2013 51
 Daytime phone (650) 930-0592 Ext _____
 Legally blind ☐
 Date of death _____

Dependent of Someone Else:

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

Credit for the Elderly or Disabled (Schedule R):

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

Presidential Election Campaign Fund:

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

Spouse:

First name Suzanne
 Middle initial R Suffix
 Last name Gahs
 Social security no. 214-78-1079
 Occupation Retail Manager
 Date of birth 07/14/1959 (mm/dd/yyyy)
 Age as of 1-1-2013 53
 Daytime phone (650) 380-9229 Ext _____
 Legally blind ☐
 Date of death _____

Dependent of Someone Else:

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

Credit for the Elderly or Disabled (Schedule R):

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

Presidential Election Campaign Fund:

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

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

Address 2523 Betlo Ave Apt no.
 City Mountain View State CA ZIP code 94043
 Foreign province/county Foreign postal code
 Foreign code Foreign country

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

Home phone
 Check to print phone number on Form 1040 . . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

Federal filing status:

- ☐ 1 Single
☒ 2 Married filing jointly
☐ 3 Married filing separately
 Check this box if you **did not** live with your spouse at any time during the year ☐
 Check this box if you are eligible to claim your spouse's exemption (see Help) ☐
☐ 4 Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's First name _____ MI _____ Last Name _____ Suff _____
 Child's social security number
☐ 5 Qualifying widow(er)
 Check the appropriate box for the year your spouse died 2010 ☐
 2011 ☐

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

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

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Qualified child/dep care exps incurred and paid 2012	E I C	Lived with taxpyr in U.S.	Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr					
Graham Gahs-Hill	A	541-41-3374 Son	04/20/1987 25	0			N		<input type="checkbox"/>	Yes
									<input type="checkbox"/>	
									<input type="checkbox"/>	
									<input type="checkbox"/>	
									<input type="checkbox"/>	

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

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

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

Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2012? ☐ Yes ☐ No

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

Check if you are filing head of household **and** your spouse is a nonresident alien **and** you lived with your spouse during the last six months of 2012 ☐

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

Check if you were notified by the IRS that EIC cannot be claimed in 2012 ☐

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

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

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

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

Name of Financial Institution (optional) ☐

Check the appropriate box ☐ Checking ☐ Savings

Routing number ☐ Account number ☐

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

Enter the payment date to withdraw from the account above ☐

Balance-due amount from this return ☐

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

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

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

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

Main Form Selection:

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

Real Estate Professionals:

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

Credit for Qualified Retirement Savings Contributions (Form 8880):

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

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

Foreign Tax Credit (Form 1116):

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

Resident country ☐ USA

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

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

Excludable income from Puerto Rico ☐

Dual Status Alien Return:

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

Third Party Designee:

Caution: Review transferred information for accuracy.

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

If Yes, complete the following:

Third party designee name ☐

Third party designee phone number . . . ☐

Personal Identification number (enter any 5 numbers) . . ☐

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

Part VII – State Filing Information**Taxpayer:**Enter the taxpayer's state of residence as of December 31, 2012 ▶ CA

Check the appropriate box:

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

Date the taxpayer established residence in state above ▶ _____

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

Spouse:Enter the spouse's state of residence as of December 31, 2012 ▶ CA

Check the appropriate box:

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

Date the spouse established residence in state above ▶ _____

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

Nonresident states:

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

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

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

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

**Personal Information Worksheet
For the Taxpayer**

2012

► Keep for your records

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

Part I – Taxpayer's Personal Information

First name . . . Jay Middle initial . A Last name . . Hill
Suffix

Social security no. . . 218-90-0990 Member of U.S. Armed Forces in 2012? . . ☐ Yes ☒ No

Date of birth 04/02/1961 (mm/dd/yyyy) age as of 1-1-2013 51

Occupation Software Engineer Daytime phone (650) 930-0592 Ext _____

Marital status . . . Married

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

After 2012 ► ☐ 2012 ► ☐ 2011 ► ☐ 2010 ► ☐ Before 2010 ► ☐

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

Check if this person is legally blind ► ☐

If deceased, enter the date of death ► (mm/dd/yyyy) _____

Were you under the age of 16 as of 1-1-2013 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No

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

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

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

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

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

3 Were you a full-time student during any part of five months during 2012? ► ☐ Yes ☐ No

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

5 Was at least one of your parents alive on December 31, 2012? ► ☐ Yes ☐ No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2012 CA

Check the appropriate box:

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

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

Date this person established residence in state above ► _____

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

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2012 _____

**Personal Information Worksheet
For the Spouse**

2012

► Keep for your records

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

Part I – Spouse's Personal Information

First name . . . Suzanne Middle initial . R Last name . . . Gahs
Suffix

Social security no. . . 214-78-1079 Member of U.S. Armed Forces in 2012? . . ☐ Yes ☒ No

Date of birth 07/14/1959 (mm/dd/yyyy) age as of 1-1-2013 53

Occupation . . . Retail Manager Daytime phone . . . (650) 380-9229 Ext _____

Marital status . . . Married

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

After 2012 ► ☐ 2012 ► ☐ 2011 ► ☐ 2010 ► ☐ Before 2010 ► ☐

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

Check if this person is legally blind ► ☐

If deceased, enter the date of death ► (mm/dd/yyyy) _____

Were you under the age of 16 as of 1-1-2013 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No

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

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

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

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

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

3 Were you a full-time student during any part of five months during 2012? ► ☐ Yes ☐ No

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

5 Was at least one of your parents alive on December 31, 2012? ► ☐ Yes ☐ No

Part III – Spouse's State Residency Information

Enter this person's state of residence as of December 31, 2012 CA

Check the appropriate box:

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

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

Date this person established residence in state above ► _____

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

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2012 _____

Dependent and Nondependent Information Worksheet

2012

► Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet ►

QuickZoom to Federal Information Worksheet ►

Part I – Personal Information

First name . . . Graham Middle initial . A Last name . . Gahs-Hill
Suffix _____

Social security no. . . 541-41-3374

Date of birth 04/20/1987 (mm/dd/yyyy) age as of 12-31-2012 25
Did this person pass away in 2012 (deceased)? ☐ Yes ☐ No

Relationship to taxpayer or spouse Son

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ► ☒ Yes ☐ No

Dependency code *. 0 — Other dependent

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☐

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ Yes ☐ No
Is this person a resident of Canada or Mexico? ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national
The adopted child lived with you all year ☐

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Qualifying for the earned income credit * . N — Non-qualifying person

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Months lived with taxpayer in the United States _____

Check if this person is **not** a qualifying child for the child tax credit ☐

If this dependent has an ITIN issued by the IRS instead of a social security number issued by the social security administration, did they meet the substantial presence test? (see Schedule 8812 Instructions) ☐ Yes ☐ No

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2012 _____

► Keep for your records

Name(s) Shown on Return

Jay A Hill & Suzanne R Gahs

Social Security Number

218-90-0990

Form W-2 Summary


Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	55,918.	55,235.	111,153.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.			
2	Total federal tax withheld	8,096.	5,456.	13,552.
3 & 7	Total social security wages/tips	27,130.	55,235.	82,365.
4	Total social security tax withheld	2,349.	2,320.	4,669.
5	Total Medicare wages and tips	27,130.	55,235.	82,365.
6	Total Medicare tax withheld	811.	801.	1,612.
8	Total allocated tips			
9	Not used			
10	Total dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	23.		23.
b	Elective deferrals to qualified plans			
c	Roth contributions to 401(k) & 403(b) plans . .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan . .			
g	Income 409A nonqual deferred comp plan . . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	Total other items from box 12	23.		23.
14 a	Total deductible mandatory state tax	559.	555.	1,114.
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Tier 1 wages			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RRTA tips.			
h	Total other items from box 14			
16	Total state wages and tips	27,130.	55,235.	82,365.
17	Total state tax withheld	3,670.	1,161.	4,831.
19	Total local tax withheld.			

- Keep for your records

Name	Social Security Number
Suzanne R Gahs	214-78-1079

X	Spouse's W-2
	Do not transfer this W-2 to next year

Military: Complete **Part VI** on Page 2 below

<p>a Employee's social security No . <u>214-78-1079</u></p> <p>b Employer's ID number <u>77-0231721</u></p> <p>c Employer's name, address, and ZIP code <u>C.U.P. Inc Watercourse Way</u></p> <p>Street <u>165 Channing Ave</u></p> <p>City <u>Palo Alto</u></p> <p>State <u>CA</u> ZIP Code <u>94301</u></p> <p>Foreign Country _____</p>	<p>1 Wages, tips, other compensation <u>55,234.93</u></p> <p>3 Social security wages <u>55,234.93</u></p> <p>5 Medicare wages and tips <u>55,234.93</u></p> <p>7 Social security tips <u> </u></p> <p>9 </p>	<p>2 Federal income tax withheld <u>5,455.86</u></p> <p>4 Social security tax withheld <u>2,319.88</u></p> <p>6 Medicare tax withheld <u>800.90</u></p> <p>8 Allocated tips <u> </u></p> <p>10 Dependent care benefits <u> </u></p>
<p>d Control number . _____</p>	<p>11 Nonqualified plans <u> </u></p>	<p>Distributions from sect. 457 and nonqualified plans <i>(Important, see Help)</i> <u> </u></p>
<p><input checked="" type="checkbox"/> Transfer employee information from the Federal Information Worksheet</p> <p>e Employee's name First <u>Suzanne</u> M.I. <u>R</u> Last <u>Gahs</u> Suff. _____</p> <p>f Employee's address and ZIP code Street <u>2523 Betlo Ave</u> City <u>Mountain View</u> State <u>CA</u> ZIP Code <u>94043</u> Foreign Country _____</p>	<p>12 Enter box 12 below</p> <p>13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p>	

Box 12 Code	Box 12 Amount	
		If Box 12 code is:
		A: Enter amount attributable to RRTA Tier 2 tax _____
		M: Enter amount attributable to RRTA Tier 2 tax _____
		P: Double click to link to Form 3903, line 4. . . _____
		R: Enter MSA contribution for Taxpayer . . . _____
		Spouse _____
		W: Enter HSA contribution for Taxpayer . . . _____
		Spouse _____
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
CA	36773620	55,234.93	1,160.64

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
CASDI	555.32	California SDI tax

Name
Jay A HillSocial Security Number
218-90-0990
☐ Spouse's W-2
☐ Do not transfer this W-2 to next year
Military: Complete **Part VI** on Page 2 below

a Employee's social security No. 218-90-0990
b Employer's ID number 26-3261990
c Employer's name, address, and ZIP code
RW Acquisition Sub II Inc.
 Street 12400 Wilshire Blvd Suite 1500
 City Los Angeles
 State CA ZIP Code 90025
 Foreign Country _____

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

e Employee's name
 First Jay M.I. A
 Last Hill Suff. _____
f Employee's address and ZIP code
 Street 2523 Betlo Ave
 City Mountain View
 State CA ZIP Code 94043
 Foreign Country _____

1 Wages, tips, other compensation
13,564.67

3 Social security wages
13,564.67

5 Medicare wages and tips
13,564.67

7 Social security tips

9 _____**11** Nonqualified plans
 _____**12** Enter box 12 below

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

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

2 Federal income tax withheld
1,877.72

4 Social security tax withheld
569.72

6 Medicare tax withheld
196.69

8 Allocated tips

10 Dependent care benefits

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

Box 12 Code	Box 12 Amount
C	23.00

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax _____

M: Enter amount attributable to RRTA Tier 2 tax _____

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

R: Enter MSA contribution for Taxpayer . . . _____

Spouse _____

W: Enter HSA contribution for Taxpayer . . . _____

Spouse _____

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

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
CA	291-6090-0	13,564.67	622.80

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
CASDI	135.42	California SDI tax

Name
Jay A HillSocial Security Number
218-90-0990☐**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below

a Employee's social security No. 218-90-0990
b Employer's ID number 20-2659735
c Employer's name, address, and ZIP code
Search Technologies Corp
 Street 590 Herndon Pkwy STE 375
 City Herndon
 State VA ZIP Code 20170
 Foreign Country _____

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

e Employee's name
 First Jay M.I. A
 Last Hill Suff. _____
f Employee's address and ZIP code
 Street 2523 Betlo Ave
 City Mountain View
 State CA ZIP Code 94043
 Foreign Country _____

1 Wages, tips, other compensation
42,352.78

3 Social security wages
13,564.67

5 Medicare wages and tips
13,564.67

7 Social security tips

9 _____

11 Nonqualified plans

12 Enter box 12 below

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

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

2 Federal income tax withheld
6,218.19

4 Social security tax withheld
1,778.82

6 Medicare tax withheld
614.12

8 Allocated tips

10 Dependent care benefits

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

Box 12
Code

Box 12
Amount

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax _____

M: Enter amount attributable to RRTA Tier 2 tax _____

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

R: Enter MSA contribution for Taxpayer . . . _____

Spouse _____

W: Enter HSA contribution for Taxpayer . . . _____

Spouse _____

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

Box 15
State

Employer's state I.D. no.

Box 16

State wages, tips, etc.

Box 17

State income tax

CA 262-1904 8 13,564.67 3,047.26

Box 20

Locality name

Box 18

Local wages, tips, etc.

Box 19

Local income tax

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

Amount

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

OTHER 423.52 California SDI tax

Form 1099-MISC Summary

2012

► Keep for your records

Name(s) Shown on Return

Jay A Hill & Suzanne R Gahs

Social Security Number

218-90-0990

Form 1099-MISC Summary

Box	Description	Taxpayer	Spouse	Total
1	Total Rents			
	► Schedule C			
	► Schedule E			
	► Form 4835			
	► Other Income			
2	Total Royalties			
	► Schedule C			
	► Schedule E			
3	Total Other income			
	► Schedule C			
	► Schedule F			
	► Form 4835			
	For Form 1040:			
	► Winnings (Prizes, etc.)			
	► Tribal Gaming			
	► Alaska Permanent Fund			
	► Other Income			
4	Federal tax withheld			
5	Fishing boat proceeds			
6	Medical and health care payments			
7	Total Nonemployee compensation	96,324.		96,324.
	► Schedule C	96,324.		96,324.
	► Schedule F			
	► Wages			
	► Other Income			
8	Substitute payments			
10	Total Crop insurance proceeds			
	► Schedule F			
	► Form 4835			
13	Excess golden parachute payments			
14	Gross proceeds paid to an attorney			
	► Taxable amount			
15a	Section 409A deferrals			
15b	Section 409A income			
16	State tax withheld - total			

► Keep for your records

Name Jay A Hill	Social Security Number 218-90-0990
--------------------	---------------------------------------

Payer's Name eSr Consulting, LLC
Payer's Identification No. EIN . 20-3485937 or SSN .
Account number (for your records only)

☐ Spouse's 1099-MISC ☐ Do not transfer this 1099-MISC to next year

For each type of 1099-MISC income, select the appropriate form or schedule in your return on which to report this income. Double-click in the field next to the form's name and when the window appears, either "select or create" the copy on which you want to report the 1099-MISC income. See Help.

Box 1	Rents. Required: double-click to select the form on which to report this income: <div style="display: flex; justify-content: space-between;"> <div> Schedule C Schedule E </div> <div> Form 4835 <input type="checkbox"/> Other Income </div> </div>
Box 2	Royalties. Required: double-click to select the form on which to report this income: <div style="display: flex; justify-content: space-between;"> <div> Schedule C Schedule E </div> </div>
Box 3	Other income Required: double-click to select the form on which to report this income: <div style="display: flex; justify-content: space-between;"> <div> Schedule C Schedule F <input type="checkbox"/> Winnings (Prizes, etc.) <input type="checkbox"/> Tribal Member Gaming Payments <input type="checkbox"/> From Alaska Permanent Fund <input type="checkbox"/> Other Income </div> <div> Form 4835 </div> </div>
Box 4	Federal income tax withheld
Box 5	Fishing boat proceeds Required: double-click to select the Schedule C on which to report this income: Schedule C
Box 6	Medical and health care payments Required: double-click to select the Schedule C on which to report this income: Schedule C
Box 7	Nonemployee compensation. 64,423.61 Required: double-click to select the form on which to report this income: <div style="display: flex; justify-content: space-between;"> <div> Software engineering <input type="checkbox"/> Wages subject to Social Security & Medicare tax If checked, enter Reason Code for Form 8919 (see Help) . . . If Reason Code A or C, enter determination date <input type="checkbox"/> Other Income </div> <div> Schedule C Schedule F </div> </div>
Box 8	Substitute payments in lieu of dividends or interest
Box 10	Crop insurance proceeds. Required: double-click to select the form on which to report this income: <div style="display: flex; justify-content: space-between;"> <div> Schedule F Form 4835 </div> </div>
Box 13	Excess golden parachute payments. Report 20% excise tax on Form 1040
Box 14	Gross proceeds paid to an attorney Taxable amount from box 14 to Schedule C Required: double-click to select the Schedule C on which to report this income: Schedule C
Boxes 15a & b	Section 409A deferrals Section 409A income
Boxes 16-18	State tax withheld - 1st state State name (two letters) - 1st state State ID number - 1st state State income - 1st state State tax withheld - 2nd state State name (two letters) - 2nd state State ID number - 2nd state State income - 2nd state

► Keep for your records

Name Jay A Hill	Social Security Number 218-90-0990
--------------------	---------------------------------------

Payer's Name Catapult Consulting
Payer's Identification No. EIN . 27-0493838 or SSN .
Account number (for your records only)

☐ Spouse's 1099-MISC ☐ Do not transfer this 1099-MISC to next year

For each type of 1099-MISC income, select the appropriate form or schedule in your return on which to report this income. Double-click in the field next to the form's name and when the window appears, either "select or create" the copy on which you want to report the 1099-MISC income. See Help.

Box 1	Rents. Required: double-click to select the form on which to report this income: <div style="display: flex; justify-content: space-between;"> <div> Schedule C Schedule E </div> <div> Form 4835 <input type="checkbox"/> Other Income </div> </div>
Box 2	Royalties. Required: double-click to select the form on which to report this income: <div style="display: flex; justify-content: space-between;"> <div> Schedule C Schedule E </div> </div>
Box 3	Other income Required: double-click to select the form on which to report this income: <div style="display: flex; justify-content: space-between;"> <div> Schedule C Schedule F <input type="checkbox"/> Winnings (Prizes, etc.) <input type="checkbox"/> Tribal Member Gaming Payments <input type="checkbox"/> From Alaska Permanent Fund <input type="checkbox"/> Other Income </div> <div> Form 4835 </div> </div>
Box 4	Federal income tax withheld
Box 5	Fishing boat proceeds Required: double-click to select the Schedule C on which to report this income: Schedule C
Box 6	Medical and health care payments Required: double-click to select the Schedule C on which to report this income: Schedule C
Box 7	Nonemployee compensation. 31,900.00 Required: double-click to select the form on which to report this income: <div style="display: flex; justify-content: space-between;"> <div> Software engineering <input type="checkbox"/> Wages subject to Social Security & Medicare tax If checked, enter Reason Code for Form 8919 (see Help) . . . If Reason Code A or C, enter determination date <input type="checkbox"/> Other Income </div> <div> Schedule C Schedule F </div> </div>
Box 8	Substitute payments in lieu of dividends or interest
Box 10	Crop insurance proceeds. Required: double-click to select the form on which to report this income: <div style="display: flex; justify-content: space-between;"> <div> Schedule F Form 4835 </div> </div>
Box 13	Excess golden parachute payments. Report 20% excise tax on Form 1040
Box 14	Gross proceeds paid to an attorney Taxable amount from box 14 to Schedule C Required: double-click to select the Schedule C on which to report this income: Schedule C
Boxes 15a & b	Section 409A deferrals Section 409A income
Boxes 16-18	State tax withheld - 1st state State name (two letters) - 1st state State ID number - 1st state State income - 1st state State tax withheld - 2nd state State name (two letters) - 2nd state State ID number - 2nd state State income - 2nd state

2012

Name(s) Shown on Return
Jay A Hill & Suzanne R Gahs

Social Security Number
218-90-0990

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/17/12		04/17/12			04/17/12		
2	06/15/12		06/15/12			06/15/12		
3	09/17/12		09/17/12			09/17/12		
4	01/15/13		01/15/13			01/15/13		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2012					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2012 extensions					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2				13,552.	4,831.	
11	Forms W-2G						
12	Forms 1099-R						
13	Forms 1099-MISC and 1099-G						
14	Schedules K-1						
15	Forms 1099-INT, DIV and OID						
16	Social Security and Railroad Benefits						
17	Form 1099-B	St		Loc			
18 a	Other withholding	St		Loc			
b	Other withholding	St		Loc			
c	Other withholding	St		Loc			
d	Positive Adjustment	St		Loc			
e	Negative Adjustment	St		Loc			
19	Total Withholding Lines 10 through 18e				13,552.	4,831.	
20	Total Tax Payments for 2012				13,552.	4,831.	

Prior Year Taxes Paid In 2012 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2011 extensions				
22	2011 estimated tax paid after 12/31/11				
23	Balance due paid with 2011 return				
24	Other (amended returns, installment payments, etc) . .				

Earned Income Worksheet**2012**

► Keep for your records

Name(s) Shown on Return

Jay A Hill & Suzanne R Gahs

Social Security Number

218-90-0990

Part I – Earned Income Credit Wks Computation

	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income	91,051.		91,051.
b Optional Method and Church Employee income			
c Add lines 1a and 1b	91,051.		91,051.
d One-half of self-employment tax	6,362.		6,362.
e Subtract line 1d from line 1c	84,689.		84,689.
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5	84,689.		84,689.

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above) . . .	84,689.		84,689.
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	55,918.	55,235.	111,153.
7 Taxable employer-provided adoption benefits . . .			
8 Add lines 5 through 7. To Form 2441, lines 19 and 20	140,607.	55,235.	195,842.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a and 9b. To Form 2441, lines 4 and 5	140,607.	55,235.	195,842.
11 Scholarship or fellowship income not on W-2 . . .			
12 SE exempt earnings less nontaxable income . . .			
13 Distributions from nonqualified/Sec. 457 plans . . .			
14 Add lines 8, 9a and 11 through 13. To Standard Deduction Worksheet	140,607.	55,235.	195,842.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	84,689.		84,689.
16 Wages, salaries, tips, etc	55,918.	55,235.	111,153.
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2. . .	140,607.	55,235.	195,842.

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

23 Self-employed, church and statutory employees . .	84,689.		84,689.
24 Wages, salaries, tips, etc	55,918.	55,235.	111,153.
25 Nontaxable combat pay			
26 Foreign earned income exclusion			
27 Combine lines 23 through 26. To Schedule 8812, line 4a & Line 11 Wks, line 2.	140,607.	55,235.	195,842.

Schedule SE Adjustments Worksheet

2012

► Keep for your records

Name(s) Shown on Return

Jay A Hill & Suzanne R Gahs

Social Security Number

218-90-0990

	(a) Taxpayer	(b) Spouse
QuickZoom to the Short Schedule SE (Schedule SE, page 1) ►	<input type="checkbox"/>	<input type="checkbox"/>
QuickZoom to the Long Schedule SE (Schedule SE, page 2) ►	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A Use Long Schedule SE, even if qualified to use Short Schedule SE .	<input type="checkbox"/>	<input type="checkbox"/>
B Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>
C Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3 . . .		
D QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).		
Part I Farm Profit or (Loss) Schedule SE, line 1		
1 Total Schedules F		
2 Farm partnerships, Schedules K-1		
3 Other SE farm profit or (loss) (See Help)		
4 Less SE exempt farm profit or (loss) (See Help)		
5 Total for Schedule SE, line 1		
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
a Schedule F, line 4b		
b Schedule K-1 (Form 1065), box 20, code Y		
c Total CRP payments not subject to SE tax		
Part II Nonfarm Profit or (Loss) Schedule SE, line 2		
1 a Total Schedules C	91,051.	
b Less SE exempt Schedules C (approved Form 4361)		
2 Nonfarm partnerships, Schedules K-1		
3 Forms 6781		
4 Other SE income reported as income on Form 1040, line 7		
5 a Clergy Form W-2 wages		
b Clergy housing allowance		
c Less clergy business deductions		
d QuickZoom to the Explanation statement for entry on line 5c.		
6 Scholarship/Grant/Fellowship subject to SE tax.		
7 Other SE nonfarm profit or (loss) (See Help)		
8 Less other SE exempt nonfarm profit or (loss) (See Help)		
9 Total for Schedule SE, line 2	91,051.	
10 Exempt Notary Public income for Schedule SE, line 3 (See Help). . .		
Part III Farm Optional Method Schedule SE, page 2, Part II		
1 Use Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F		
3 Gross farming or fishing income from partnership Schedules K-1 . . .		
4 Other gross farming or fishing self-employment income		
5 Total gross income for Farm Optional Method		
Part IV Nonfarm Optional Method Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C		
3 Gross nonfarm income from partnership Schedules K-1		
4 Other gross nonfarm self-employment income		
5 Total gross income for Nonfarm Optional Method		

Schedule SE Worksheet -- Recalculation of One-Half SE Tax Deduction

- For purposes of calculating the one-half of self-employment tax deduction, this worksheet recalculates Schedule SE using the full 15.3% rate of SE Tax. See Help.

Short Schedule SE:

- A** Schedule SE, line 4
- B** SE Tax:
- 1 If Line A is \$110,100 or less, line A multiplied by 15.3% (.153)
- 2 If Line A is more than \$110,100, line A multiplied by 2.9% (.029)
plus \$13,652.40
- C** One-half SE Tax: Line B multiplied by 50% (.50)

Long Schedule SE:

- D** Schedule SE line 6
- E** Schedule SE line 9
- F** Multiply the smaller of line D or E by 12.4% (.124)
- G** Multiply line D by 2.9% (.029)
- H** SE Tax: Add lines F and G
- I** One-half SE Tax: Line H multiplied by 50% (.50)

- J** One-half SE Tax deduction as computed above
- K** Deduction for employer-equivalent portion of SE Tax on
Schedule SE
- L** Subtract line K from line J for adjustment difference

Taxpayer	Spouse
84,086.	
82,970.	
10,288.	
2,438.	
12,726.	
6,363.	
6,363.	
6,362.	
1.	

► Keep for your records

Name(s) Shown on Return
Jay A HillSocial Security Number
218-90-0990

Name of the trade or business this worksheet is attached to. Software engineering

A Health insurance and long-term care insurance premiums:

- 1** Enter total amount paid during 2012 for health insurance coverage for 2012 for you, your spouse, and your dependents (for this trade or business only). Also enter amounts paid for health insurance for any child of yours who was under age 27 at the end of 2012, even if the child was not your dependent. See Help
- Enter the total premiums paid during the year for each person covered under a qualified long-term care insurance contract:

- | | | |
|---|----------|--|
| 2 Taxpayer's gross long-term care premiums | 2 | |
| 3 Taxpayer's allowable long-term care premiums | 3 | |
| 4 Spouse's gross long-term care premiums | 4 | |
| 5 Spouse's allowable long-term care premiums | 5 | |
| 6 Dep or child under 27 gross LT care premiums | 6 | |
| 7 Dep or child under 27 allowable LT care (see Help) | 7 | |

8 Total allowable long-term care premiums, sum of lines A3, A5, and A7.**9** Total self-employed health and allowed long-term care insurance premiums, sum of lines A1 and A8.**B** Total from the Keogh, SEP and SIMPLE Contribution Worksheet for the owner of this trade or business.

Enter the amount, if any, attributable to this trade or business only.

C Total from Form 2555, line 45 for the owner of this trade or business. (Foreign Income).

Enter the amount, if any, attributable to this trade or business.

1 Total payments made during 2012	1	2,915.
2 Enter the net profit and any other earned income from the trade or business under which the insurance plan is established (not including the self-employed health insurance deduction). Do not include Conservation Reserve Program payments exempt from self-employment tax	2	91,051.
3 Enter the total of net profits from: line 31, Schedule C (Form 1040); line 34, Schedule F (Form 1040); or box 14, Code A, Schedule K-1 (Form 1065); plus any other income allocable to a profitable business. Do not include Conservation Reserve Program payments exempt from SE tax	3	91,051.
4 Divide the amount on line 2 by the amount on line 3	4	1.0000
5 Multiply the amount on Form 1040 or 1040NR, line 27 (employer-equivalent portion of self-employment tax) by the percentage on line 4	5	6,362.
6 Subtract the amount on line 5 from the amount on line 2.	6	84,689.
7 Enter the amount, if any, from Form 1040, line 28 (SEP, SIMPLE, qual. plans), attributable to the same trade or business in which the health insurance plan is established	7	
8 Enter the amount from Form 2555, line 45, attributable to the amount entered on line 2.	8	
9 Subtract the amounts on lines 7 and 8, if any, from the amount on line 6.	9	84,689.
10 Enter the smaller of line 1 or line 9 above and on Form 1040, line 29 or 1040NR, line 29. Do not include this amount on Schedule A (Form 1040)	10	2,915.

Allocation of SE Health and Long-Term Care Premiums on Line 10

SE health insurance premium allowed as adjustment	2,915.
SE long-term care premium allowed as adjustment - Taxpayer	0.
SE long-term care premium allowed as adjustment - Spouse	0.
SE long-term care premium allowed as adjustment - Dep or child under 27	0.

Earned income includes net earnings and gains from the sale, transfer, or licensing of property you created. It does not include capital gain income.

Federal Carryover Worksheet

2012

► Keep for your records

Name(s) Shown on Return Jay A Hill & Suzanne R Gahs	Social Security Number 218-90-0990
--	---------------------------------------

2011 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
CA			10,143.		1,039.	
Totals . .			10,143.		1,039.	

Other Tax and Income Information

			2011	2012
1	Filing status	1	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3	12,070.	6,229.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5	161,596.	193,397.
6	Tax liability for Form 2210 or Form 2210-F	6	26,857.	46,473.
7	Alternative minimum tax	7		
8	Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions

			2011	2012
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers

Note: Enter all entries as a positive amount

			2011	2012
12 a	Short-term capital loss	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2012	b		
	b 2011	c		
	c 2010	d		
	d 2009	e		
	e 2008	f		
	f 2007			

Jay A Hill & Suzanne R Gahs

218-90-0990

Loss and Expense Carryovers (cont'd)				2011	2012																		
17	AMT Nonrecap'd net Sec 1231 losses from:	<table border="1"> <tr><td>a</td><td>2012 . . .</td></tr> <tr><td>b</td><td>2011 . . .</td></tr> <tr><td>c</td><td>2010 . . .</td></tr> <tr><td>d</td><td>2009 . . .</td></tr> <tr><td>e</td><td>2008 . . .</td></tr> <tr><td>f</td><td>2007 . . .</td></tr> </table>	a	2012 . . .	b	2011 . . .	c	2010 . . .	d	2009 . . .	e	2008 . . .	f	2007 . . .	<table border="1"> <tr><td>17 a</td></tr> <tr><td>b</td></tr> <tr><td>c</td></tr> <tr><td>d</td></tr> <tr><td>e</td></tr> <tr><td>f</td></tr> </table>	17 a	b	c	d	e	f		
a	2012 . . .																						
b	2011 . . .																						
c	2010 . . .																						
d	2009 . . .																						
e	2008 . . .																						
f	2007 . . .																						
17 a																							
b																							
c																							
d																							
e																							
f																							
Credit Carryovers				2011	2012																		
18	General business credit		18																				
19	Adoption credit from: a 2012		19 a																				
20	Mortgage interest credit from:	<table border="1"> <tr><td>a</td><td>2012</td></tr> <tr><td>b</td><td>2011</td></tr> <tr><td>c</td><td>2010</td></tr> <tr><td>d</td><td>2009</td></tr> </table>	a	2012	b	2011	c	2010	d	2009	<table border="1"> <tr><td>20 a</td></tr> <tr><td>b</td></tr> <tr><td>c</td></tr> <tr><td>d</td></tr> </table>	20 a	b	c	d								
a	2012																						
b	2011																						
c	2010																						
d	2009																						
20 a																							
b																							
c																							
d																							
21	Credit for prior year minimum tax		21																				
22	District of Columbia first-time homebuyer credit		22																				
23	Residential energy efficient property credit		23																				
Other Carryovers				2011	2012																		
24	Section 179 expense deduction disallowed		24																				
25	Excess	a Taxpayer (Form 2555, line 46)	25 a																				
	foreign	b Taxpayer (Form 2555, line 48)	b																				
	housing	c Spouse (Form 2555, line 46)	c																				
	deduction:	d Spouse (Form 2555, line 48)	d																				

Charitable Contribution Carryovers

26	2011 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2011				
b	2010				
c	2009				
d	2008				
e	2007				
27	2012 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2012				
b	2011				
c	2010				
d	2009				
e	2008				
28	Amount overpaid less earned income credit 0.				

2011 State Capital Loss Carryovers (For users **not** transferring from the prior year)

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

Two-Year Comparison

2012

Name(s) Shown on Return

Jay A Hill & Suzanne R Gahs

Social Security Number

Income	2011	2012	Difference	%
Wages, salaries, tips, etc	161,596.	111,153.	-50,443.	-31.22
Interest and dividend income				
State tax refund	0.	470.	470.	
Business income (loss)		91,051.	91,051.	
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income	161,596.	202,674.	41,078.	25.42
Adjustments to Income		9,277.	9,277.	
Adjusted Gross Income	161,596.	193,397.	31,801.	19.68
Itemized Deductions				
Medical and dental		0.	0.	
Income or sales tax	11,771.	5,945.	-5,826.	-49.49
Real estate taxes				
Personal property and other taxes	299.	284.	-15.	-5.02
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous	0.		0.	
Total Itemized Deductions	12,070.	6,229.	-5,841.	-48.39
Standard or Itemized Deduction	12,070.	11,900.	-170.	-1.41
Exemption Amount	11,100.	11,400.	300.	2.70
Taxable Income	138,426.	170,097.	31,671.	22.88
Income tax	26,857.	35,406.	8,549.	31.83
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	26,857.	35,406.	8,549.	31.83
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax		11,067.	11,067.	
Other taxes				
Total Tax After Credits	26,857.	46,473.	19,616.	73.04
Withholding	23,354.	13,552.	-9,802.	-41.97
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments	23,354.	13,552.	-9,802.	-41.97
Form 2210 penalty	18.	319.	301.	999.00
Applied to next year's estimated tax				
Refund				
Balance Due	3,521.	33,240.	29,719.	844.05

Current year effective tax rate 18.31 %

Tax History Report

► Keep for your records

2012

Name(s) Shown on Return

Jay A Hill & Suzanne R Gahs

	Five Year Tax History:				
	2008	2009	2010	2011	2012
Filing status			MFJ	MFJ	MFJ
Total income			159,672.	161,596.	202,674.
Adjustments to income					9,277.
Adjusted gross income			159,672.	161,596.	193,397.
Tax expense			10,398.	12,070.	6,229.
Interest expense . . .					
Contributions					
Miscellaneous deductions.					
Other Itemized Deductions					0.
Total itemized/standard deduction . .			11,400.	12,070.	11,900.
Exemption amount . .			10,950.	11,100.	11,400.
Taxable income			137,322.	138,426.	170,097.
Tax.			26,694.	26,857.	35,406.
Alternative min tax . .					
Total credits					
Other taxes					11,067.
Payments			22,666.	23,354.	13,552.
Form 2210 penalty . .			34.	18.	319.
Amount owed			4,062.	3,521.	33,240.
Applied to next year's estimated tax .					
Refund.					
Effective tax rate % . .			16.34	16.62	18.31
**Tax bracket % . . .			28	25	28

**Tax bracket % is based on Taxable income.

Tax Summary
► Keep for your records

2012

Name (s)

Jay A Hill & Suzanne R Gahs

Total income	202,674.
Adjustments to income	9,277.
Adjusted gross income	193,397.
Itemized/standard deduction	11,900.
Exemption amount	11,400.
Taxable income	170,097.
Tentative tax	35,406.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	11,067.
Total tax	46,473.
Total payments	13,552.
Estimated tax penalty	319.
Amount Overpaid	0.
Refund	0.
Amount Applied to Estimate	0.
Balance due	33,240.

Which Form 1040 to file?

You must use Form 1040 because
you filed Schedule C, Profit or Loss From Business.

Compare to U. S. Averages

► Keep for your records

2012

Name(s) Shown on Return Jay A Hill & Suzanne R Gahs	Social Security No 218-90-0990
--	-----------------------------------

Your 2012 adjusted gross income (AGI) 193,397.
National adjusted gross income range used below from 100,000. to 199,999.

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

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	111,153.	119,497.
Taxable interest		1,991.
Tax-exempt interest		9,670.
Dividends		4,526.
Business net income	91,051.	31,431.
Business net loss		7,122.
Net capital gain		14,949.
Net capital loss		2,424.
Taxable IRA		27,032.
Taxable pensions and annuities		38,868.
Rent and royalty net income		15,972.
Rent and royalty net loss		9,278.
Partnership and S corporation net income		41,158.
Partnership and S corporation net loss		13,561.
Taxable social security benefits		21,123.
Medical and dental expenses deduction	0.	10,438.
Taxes paid deduction	6,229.	11,413.
Interest paid deduction		12,709.
Charitable contributions deduction		4,053.
Total itemized deductions	6,229.	28,888.
Child care credit		584.
Education tax credits		1,528.
Child tax credit		1,457.
Retirement savings contributions credit		0.
Earned income credit		0.
Other Information	Actual Per Return	National Average
Adjusted gross income	193,397.	140,435.
Taxable income	170,097.	103,536.
Income tax	35,406.	17,029.
Alternative minimum tax		2,134.
Total tax liability	46,473.	17,825.

Estimated Tax Payment Options

Name: Jay A Hill & Suzanne R Gahs
SSN: 218-90-0990

Prepare My 2013 Estimated Taxes Based on	Tax Amount
<input type="checkbox"/> 90% of tax on your 2013 estimated taxable income	0.
<input type="checkbox"/> 100% of tax on your 2013 estimated taxable income	0.
<input type="checkbox"/> 66-2/3% of tax on your 2013 estimated taxable income (for farmers and fishermen only, see Tax Help)	0.
<input checked="" type="checkbox"/> 100% (110%) of your 2012 taxes (prior-year exception) Note: If your 2012 taxes were less than \$1000, see Tax Help	51,120.

Amount of Estimated Taxes to Pay in 2013	
Taxes based on method above	51,120.
Expected withholding for 2013 . . . (2012 actual withholding)	13,552.
Taxes due after withholding	37,568.
Estimates you've already paid	
Last year's overpayment you applied to this year	
Balance of estimated taxes due	37,568.

Round My Payments Up
<input type="checkbox"/> To the next \$10
<input type="checkbox"/> To the next \$100

Prepare Estimated Tax Payment Vouchers
<input checked="" type="checkbox"/> The amount of estimated taxes due is \$1,000 or more (see Tax Help)
<input type="checkbox"/> Even if the amount of estimated taxes due is less than \$1,000
<input type="checkbox"/> No, do not prepare estimated tax payment vouchers

Schedule of Estimated Tax Payments for 2013	
Check the box for the payment date due next. We will prepare your vouchers based on your choice.	
<input type="checkbox"/> Payment number 1, due April 15, 2013	9,392.
<input type="checkbox"/> Payment number 2, due June 17, 2013	9,392.
<input type="checkbox"/> Payment number 3, due September 16, 2013	9,392.
<input type="checkbox"/> Payment number 4, due January 15, 2014	9,392.

Total estimated tax payments for 2013	37,568.
---	---------

Print Estimated Tax Vouchers
<input checked="" type="checkbox"/> Yes, print those prepared by program
<input type="checkbox"/> No, I will use those supplied by the I.R.S. and write in the amounts

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Jay A Hill & Suzanne R Gahs

Primary SSN: 218-90-0990

Federal Return Submitted: April 13, 2013 12:33 PM PDT

Federal Return Acceptance Date: _____

Your return was electronically transmitted on 04/13/2013

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2013. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 15, 2013, your Intuit electronic postmark will indicate April 15, 2013, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2013, and a corrected return is submitted and accepted before April 20, 2013. If your return is submitted after April 20, 2013, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2013. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2013, and the corrected return is submitted and accepted by October 20, 2013.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

SMART WORKSHEET FOR: Schedule C (Software engineering): Profit or Loss from Business

Business Address Information Smart Worksheet		
Business street address . 2523 Betlo Ave		
City, State and Zip Code (do not enter State and Zip Code if foreign address)		
Mountain View	CA	94043
Or, foreign country information:		

SMART WORKSHEET FOR: Schedule C (Software engineering): Profit or Loss from Business

Domestic Production Activities Smart Worksheet

- Amounts have been gathered from the Schedule C as a starting point for the Domestic Production Activities deduction calculation. Make adjustments as necessary, taking care not to duplicate amounts on lines B, C and D. Be sure the amount on line E is also included on line(s) B, C and D, as appropriate.
- If you qualify for the deduction, complete the Domestic Production column and the Oil-Related Production column (if applicable). For the small business simplified overall method, enter gross receipts. For the simplified deduction method, enter gross receipts and cost of goods sold. For the Section 861 method, enter all amounts.

	Total	Domestic Production	Oil-Related Production
A Gross receipts	96,324.		
B Cost of goods sold			
C Directly allocable deductions, expenses, or losses			
D Indirectly allocable deductions, expenses, or losses	5,273.		
E W-2 wages (adjust for wages from COGS, if necessary)			

QuickZoom to Form 8903, Domestic Production Activities Deduction . . . ►

SMART WORKSHEET FOR: Schedule C (Software engineering): Profit or Loss from Business

Activity Summary Smart Worksheet

Supporting information provided by program. NO ENTRIES ARE NEEDED.

	Regular Tax	Alternative Minimum Tax
A Ownership	Taxpayer	
B At risk status	All	
C Passive status	Nonpassive	
Schedule C		
D Tentative profit (loss)	91,051.	91,051.
E Other preferences and adjustments		
F At risk disallowed loss		
G Passive carryover loss		
H Passive disallowed loss		
I Net profit (loss) allowed	91,051.	91,051.
Related Dispositions		
J Tentative profit (loss)		
K At risk disallowed loss		
L Passive carryover loss		
M Passive disallowed loss		
N Net profit (loss) allowed		

SMART WORKSHEET FOR: Form 8829: Exp for Business Use of Home (2523 Betlo Ave)

Line 8 Calculation Smart Worksheet

- A** Enter the date you began using this home office for this business. 01/01/2008
- B** Enter the percent of gross income on line 7 of Schedule C that is from the business use of this home 100.00 %
- C 1** Calculated gain from business use of this home on Schedule D or Form 4797. _____
- 2** Adjustments to calculated gain _____
- 3** Net gain _____
- D 1** Calculated loss from this business not derived from business use of home and shown on Schedule D or Form 4797 _____
- 2** Adjustments to calculated loss (enter additional losses as a negative number) _____
- 3** Net loss _____

SMART WORKSHEET FOR: State and Local Income Tax Refund Worksheet

2011 Federal Form 1040 Information Smart Worksheet

Use this worksheet to compute taxable refund amount? ☒ Yes ☐ No
If no, skip this Smart Worksheet. Total refunds from Line 1 column (b) will be reported as income.

- A** Did you itemize deductions in 2011? ☒ Yes ☐ No
If no, none of your refund from 2011 is reportable as income. Do not complete the remainder of this worksheet.
- B** Enter the amount from your 2011 Schedule A, line 5, State and local tax 11,771.
If none, enter zero, and do not complete the remainder of this worksheet.
- C** Which type of taxes were deducted on your 2011 Schedule A, line 5?
- | | |
|---|-------------------------------------|
| 1 Income taxes (2011 Schedule A, box 5a, was checked) | <input checked="" type="checkbox"/> |
| 2 General sales taxes (2011 Schedule A, box 5b, was checked) | <input type="checkbox"/> |
| 3 Not applicable | <input type="checkbox"/> |
- If general sales taxes were deducted, none of the refund from 2011 is reportable as income. Do not complete the remainder of this worksheet.
- D** Enter the deduction for general sales taxes that could have been taken in 2011 if you know that amount. If you don't know that amount, leave this field blank. _____
- E** What was your filing status for 2011?
- | |
|--|
| <input type="checkbox"/> Single |
| <input checked="" type="checkbox"/> Married filing jointly |
| <input type="checkbox"/> Married filing separately |
| <input type="checkbox"/> Married filing separately and your spouse itemized deductions |
| <input type="checkbox"/> Head of household |
| <input type="checkbox"/> Qualifying widow(er) |
- F** Could be claimed as a dependent by someone else in 2011? ☐ Yes ☒ No
- G** If yes, enter your earned income for 2011 _____
- Enter the following amounts from your 2011 Form 1040:**
- H** Line 38, Adjusted gross income 161,596.
- I** Line 39a, Total number of boxes checked. _____
- J** Line 40, Itemized deductions or standard deduction 12,070.
- K** Line 41, Adjusted gross income less itemized or standard deduction 149,526.
- L** Line 42, Deduction for exemptions 11,100.
- M** Line 43, Taxable income. Line K less line L (if less than zero, enter as negative). 138,426.
- N** Line 44, Tax 26,857.
- O** Line 45, Alternative minimum tax. _____
- P** Line 46, Total tax before credits 26,857.
- Q** Line 55, Total tax after credits 26,857.

SMART WORKSHEET FOR: Dependent Information Worksheet (Graham)

Dependency Exemption/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

- A** How many months did this person live with you?
Note: if born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more ▶ The whole year
- B** Who are the parents of this person?
 To determine if additional questions are necessary for children of divorced parents.
 Both Taxpayer and spouse ▶ ☒ ☐
 Taxpayer ▶ ☐
 Spouse ▶ ☐
- C** Did this person provide more than 1/2 their own support? . . ▶ ☐ Yes ☒ No
- D** Was this person married on December 31, 2012 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ▶ ☐ Yes ☒ No
- E** Is this person a Full time student? ▶ ☐ Yes ☐ No
- F** Is this person's gross income less than \$3,800? ▶ ☒ Yes ☐ No
- 1** Did you provide over 1/2 the support for this person?
 or
 Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? ☒ Yes ☐ No
- G** Is there an agreement with this person's other parent about who can claim this person as a dependent? ▶ ☐ Yes ☐ No
Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child
- H** Who will be claiming this person as a dependent as a result of
 an agreement between the parents
 or
 as a result of the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?
 Taxpayer (includes spouse if married filing joint) in this return? ▶ ☒
 Other parent in different return? ▶ ☐
 Someone else in different return? ▶ ☐

Electronic Filing Instructions for your 2012 California Tax Return

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



Jay A Hill & Suzanne R Gahs
2523 Betlo Ave
Mountain View, CA 94043

Balance Due/Refund	Your California state tax return (Form 540) shows a balance due of \$5,151.00. Mail your completed Form 3582 with included payment made payable to the Franchise Tax Board by April 15, 2013. Make sure you sign your check and write your social security number and "2012 Form 3582" on the check.		
What You Need to Sign	Sign and date Form 8453-OL within 1 day of acceptance. Since you are married filing jointly, your spouse must also sign and date the form.		
Do Not Mail	Do not mail a paper copy of your tax return. Since you filed electronically, the Franchise Tax Board already has your return.		
What You Need to Mail	<p>Your return shows a balance due of \$5,151.00. Mail your completed Form 3582 with included payment of \$5,151.00 made payable to Franchise Tax Board by April 15, 2013 to:</p> <p>Mail to:</p> <p>Franchise Tax Board P.O. Box 942867 Sacramento, CA 94267-0008</p> <p>Do not mail Form 3582 with payment until your return has been ACCEPTED for electronic filing by the Franchise Tax Board.</p>		
What You Need to Keep	<p>Your Electronic Filing Instructions (this form)</p> <p>- Form 8453-OL and attachment(s)</p> <p>Printed copy of your state and federal returns</p>		
2012 California Tax Return Summary	Taxable Income	\$	186,073.00
	Total Tax	\$	11,982.00
	Extension Payment	\$	2,000.00
	Total Payments/Credits	\$	6,831.00
	Payment Due	\$	5,151.00
	Effective Tax Rate		6.18%

Electronic Filing Instructions for your 2012 California Tax Return

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



Jay A Hill & Suzanne R Gahs
2523 Betlo Ave
Mountain View, CA 94043

How to Pay Electronically

For payments which must be made electronically but you choose to pay by check, you may incur a penalty of 1% of the amount owed. See http://www.ftb.ca.gov/individuals/mandatory_e-pay.shtml for a detailed explanation.

You may pay electronically either by credit card, (<http://www.ftb.ca.gov/online/CCard.shtml>), California Web Pay (<http://www.ftb.ca.gov/online/webpay/index.asp>) or Pay-By-Phone (http://www.ftb.ca.gov/individuals/mandatory_epay/paybyphone.shtml).

TAXABLE YEAR

2012**California Online e-file Return Authorization
for Individuals**

FORM

8453-OL

Your first name and initial JAY A		Last name HILL	Your SSN or ITIN 218-90-0990
If joint return, spouse's/RDP's first name and initial SUZANNE R		Last name GAHS	Spouse's/RDP's SSN or ITIN 214-78-1079
Address (including number and street, PO Box, or PMB no.) 2523 BETLO AVE		Apt. no./Ste.no.	Daytime telephone number (650) 930-0592
City MOUNTAIN VIEW		State CA	ZIP code 94043

Part I Tax Return Information (whole dollars only)

- 1 California adjusted gross income. (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 32; or Short Form 540NR, line 32). **1** 193,755.
- 2 Refund or no amount due. (Form 540, line 115; Form 540 2EZ, line 28; Long Form 540NR, line 125; or Short Form 540NR, line 125). **2**
- 3 Amount you owe. (Form 540, line 111; Form 540 2EZ, line 27; Long Form 540NR, line 121; or Short Form 540NR, line 121). **3** 5,151.

Part II Settle Your Account Electronically for Taxable Year 2012 (Due 04/15/2013)

- 4 ☐ Direct deposit of refund
- 5 ☐ Electronic funds withdrawal **5a** Amount _____ **5b** Withdrawal date (MM/DD/YYYY) _____

Part III Make Estimated Tax Payments for Taxable Year 2013 These are not installment payments for the current amount you owe.

	First Payment Due 4/15/13	Second Payment Due 6/17/13	Third Payment Due 9/16/13	Fourth Payment Due 1/15/14
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

- 8 Amount of refund to be directly deposited to account below _____ **12** The remaining amount of my refund for direct deposit _____
- 9 Routing number _____ **13** Routing number _____
- 10 Account number _____ **14** Account number _____
- 11 Type of account: ☐ Checking ☐ Savings **15** Type of account: ☐ Checking ☐ Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2012 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

**Sign
Here**

Your signature _____

Date _____

Spouse's/RDP's signature. If filing jointly, both must sign.

Date _____

It is unlawful to forge a spouse's/RDP's signature.

Voucher at bottom of page. ■

DO NOT MAIL A PAPER COPY OF YOUR TAX RETURN WITH THE PAYMENT VOUCHER.
If amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make your check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2012 FTB 3582" on the check or money order. Detach the voucher below. Enclose, but **do not** staple, payment with the voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Calendar Year – File and Pay by April 15, 2013.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov** for more information.
Do not mail this voucher if you use Web Pay.

✂ — DETACH HERE — — — — IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER — — — — DETACH HERE — ✂

CAUTION: You may be required to pay electronically. See instructions.

TAXABLE YEAR

2012

Payment Voucher for Individual e-filed Returns

CALIFORNIA FORM

3582 (e-file)

218-90-0990 HILL 214-78-1079 12
JAY A HILL
SUZANNE R GAHS

2523 BETLO AVE
MOUNTAIN VIEW CA 94043

Amount of Payment 5151.

California Resident Income Tax Return 2012**540** C1 Side 1

APE

ATTACH FEDERAL RETURN

P
AC
A
R
RP

218-90-0990 HILL 214-78-1079
JAY A HILL
SUZANNE R GAHS

12 PBA 541510

2523 BETLO AVE
MOUNTAIN VIEW

CA 94043

04-02-1961 07-14-1959

- Filing Status**
- 1 ☐ Single
2 ☒ Married/RDP filing jointly (see page 3)
3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here _____
4 ☐ Head of household (with qualifying person) (see page 3)
5 ☐ 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 ☐

- 6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here (see page 7) ☐ 6 ☐

► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see page 7 7 ☐ 2 X \$104 = \$ 208.

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 ☐ X \$104 = \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. • 9 ☐ X \$104 = \$

10 **Dependents: Do not include yourself or your spouse/RDP.**

First name	Last name	Dependent's relationship to you
GRAHAM A	GAHS-HILL	SON

Total dependent exemptions. • 10 ☐ 1 X \$321 = \$ 321.

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 11 \$ 529.

12 State wages from your Form(s) W-2, box 16. • 12 82,365.

13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4. 13 193,397.

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B • 14

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see page 9). 15 193,397.

16 California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C • 16 358.

17 California adjusted gross income. Combine line 15 and line 16 • 17 193,755.

18 Enter the **larger of:** { Your California **itemized deductions** from Schedule CA (540), line 44; **OR**
Your California **standard deduction** shown below for your filing status:
• Single or Married/RDP filing separately. \$3,841
• Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$7,682
If the box on line 6 is checked, STOP (see page 9) • 18 7,682.

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0-. 19 186,073.

Taxable Income

Exemptions

Your name: JAY A HILL & SUZANNE R GAHS Your SSN or ITIN: 218-90-0990

Tax

- 31** Tax. Check the box if from: ☐ Tax Table ☒ Tax Rate Schedule ☐ FTB 3800 ☐ FTB 3803. ● **31** 12,511.
- 32** Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$169,730 (see page 10) . . . | **32** 529.
- 33** Subtract line 32 from line 31. If less than zero, enter -0- | **33** 11,982.
- 34** Tax (see page 11). Check the box if from: ☐ Schedule G-1 ☐ FTB 5870A ● **34**
- 35** Add line 33 and line 34. | **35** 11,982.

Special Credits

- 40** Nonrefundable Child and Dependent Care Expenses Credit (see page 11). Attach form FTB 3506. ● **40**
- 41** New jobs credit, amount generated (see page 11) ● **41**
- 42** New jobs credit, amount claimed (see page 11). ● **42**
- 43** Enter credit name | code number and amount ► **43**
- 44** Enter credit name | code number and amount ► **44**
- 45** To claim more than two credits (see page 12). Attach Schedule P (540) ● **45**
- 46** Nonrefundable renter's credit (see page 12). ● **46**
- 47** Add line 40 and 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** 11,982.

Other Taxes

- 61** Alternative minimum tax. Attach Schedule P (540) ● **61**
- 62** Mental Health Services Tax (see page 13) ● **62**
- 63** Other taxes and credit recapture (see page 13) ● **63**
- 64** Add line 48, line 61, line 62, and line 63. This is your total tax. ● **64** 11,982.

Payments

- 71** California income tax withheld (see page 13). ● **71** 4,831.
- 72** 2012 CA estimated tax and other payments (see page 13). ● **72** 2,000.
- 73** Real estate and other withholding (see page 13) ● **73**
- 74** Excess SDI (or VPD) withheld (see page 13) ● **74**
- 75** Add line 71, line 72, line 73, and line 74. These are your total payments (see page 14). | **75** 6,831.

**Overpaid Tax/
Tax Due**

- 91** Overpaid tax. If line 75 is more than line 64, subtract line 64 from line 75. | **91**
- 92** Amount of line 91 you want applied to your **2013** estimated tax ● **92**
- 93** Overpaid tax available this year. Subtract line 92 from line 91 ● **93**
- 94** Tax due. If line 75 is less than line 64, subtract line 75 from line 64. | **94** 5,151.

Use Tax

- 95** Use Tax. **This is not a total line** (see page 14) ● **95**

Your name: JAY A HILL & SUZANNE R GAHS Your SSN or ITIN: 218-90-0990

Contributions	Code		Amount	Code		Amount
California Seniors Special Fund (see page 23)	•	400		California Sea Otter Fund	•	410
Alzheimer's Disease/Related Disorders Fund	•	401		Municipal Shelter Spay-Neuter Fund	•	412
California Fund for Senior Citizens	•	402		California Cancer Research Fund	•	413
Rare and Endangered Species Preservation Program	•	403		ALS/Lou Gehrig's Disease Research Fund	•	414
State Children's Trust Fund for the Prevention of Child Abuse	•	404		Child Victims of Human Trafficking Fund	•	419
California Breast Cancer Research Fund	•	405		California YMCA Youth and Government Fund	•	420
California Firefighters' Memorial Fund	•	406		California Youth Leadership Fund	•	421
Emergency Food for Families Fund	•	407		School Supplies for Homeless Children Fund	•	422
California Peace Officer Memorial Foundation Fund	•	408		State Parks Protection Fund/Parks Pass Purchase	•	423
110 Add code 400 through code 423. This is your total contribution				• 110		

111 AMOUNT YOU OWE. Add line 94, line 95, and line 110 (see page 15). **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009** • **111** 5,151.
Pay online – Go to **ftb.ca.gov** for more information.

112 Interest, late return penalties, and late payment penalties. • **112**
113 Underpayment of estimated tax. Check the box: ☐ **FTB 5805 attached** ☐ **FTB 5805F attached** • **113**
114 Total amount due (see page 17). Enclose, but **do not** staple, any payment. • **114** 5,151.

115 REFUND OR NO AMOUNT DUE. Subtract line 95 and line 110 from line 93 (see page 17).
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009** • **115**
Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip (see page 17).
Have you verified the routing and account numbers? Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:
☐ Checking ☐ Savings
● Routing number ● Type ● Account number ● **116** Direct deposit amount
The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
☐ Checking ☐ Savings
● Routing number ● Type ● Account number ● **117** Direct deposit amount

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Under penalties of perjury, I declare that I have examined this tax 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 tax return, both must sign)	Daytime phone number (optional) (650) 930-0592
<u>X</u>	<u>X</u>	Date
Your email address (optional). Enter only one email address.		
Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)		● PTIN
<u>SELF-PREPARED</u>		● FEIN
Firm's name (or yours, if self-employed)	Firm's address	
Do you want to allow another person to discuss this tax return with us? (see page 17) • <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Print Third Party Designee's Name		Telephone Number

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? (see page 17)

2012 California Adjustments — Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 3 as a supporting California schedule.

Name(s) as shown on tax return

SSN or ITIN

J A Y A H I L L & S U Z A N N E R G A H S

2 1 8 9 0 0 9 9 0

Part I Income Adjustment Schedule

Section A — Income

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C 7	111,153.		
8 Taxable interest (b) 8(a)			
9 Ordinary dividends. See instructions. (b) 9(a)			
10 Taxable refunds, credits, offsets of state and local income taxes 10	470.	470.	
11 Alimony received 11			
12 Business income or (loss) 12	91,051.		
13 Capital gain or (loss). See instructions 13			
14 Other gains or (losses) 14			
15 IRA distributions. See instructions. (a) 15(b)			
16 Pensions and annuities. See instructions. (a) 16(b)			
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 17			
18 Farm income or (loss) 18			
19 Unemployment compensation 19			
20 Social security benefits (a) 20(b)			
21 Other income.			
a California lottery winnings		a	
b Disaster loss carryover from FTB 3805V		b	
c Federal NOL (Form 1040, line 21)		c	
d NOL carryover from FTB 3805V		d	
e NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809		e	
f Other (describe):		f	
22 Total. 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. 22	202,674.	470.	

Section B — Adjustments to Income

23 Educator expenses 23			
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. 24			
25 Health savings account deduction 25			
26 Moving expenses 26			
27 Deductible part of self-employment tax 27	6,362.	828.	
28 Self-employed SEP, SIMPLE, and qualified plans 28			
29 Self-employed health insurance deduction. 29	2,915.		
30 Penalty on early withdrawal of savings. 30			
31a Alimony paid. (b) Recipient's: SSN			
Last name			
32 IRA deduction. 32			
33 Student loan interest deduction 33			
34 Tuition and fees 34			
35 Domestic production activities deduction. 35			
36 Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instructions 36	9,277.	828.	
37 Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions 37	193,397.	-358.	

REV 02/01/13 TTO

Part II Adjustments to Federal Itemized Deductions

38	Federal itemized deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28	38	6 , 2 2 9 .
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign income taxes only). See instructions.	39	5 , 9 4 5 .
40	Subtract line 39 from line 38	40	2 8 4 .
41	Other adjustments including California lottery losses. See instructions. Specify	41	
42	Combine line 40 and line 41	42	2 8 4 .
43	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?		
	Single or married/RDP filing separately		\$169,730
	Head of household		\$254,599
	Married/RDP filing jointly or qualifying widow(er)		\$339,464
	No. Transfer the amount on line 42 to line 43.		
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43	43	2 8 4 .
44	Enter the larger of the amount on line 43 or your standard deduction listed below		
	Single or married/RDP filing separately		\$3,841
	Married/RDP filing jointly, head of household, or qualifying widow(er)		\$7,682
	Transfer the amount on line 44 to Form 540, line 18	44	7 , 6 8 2 .

Form at bottom of page.

IF AMOUNT OF PAYMENT IS ZERO, DO NOT MAIL THIS FORM.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2012 FTB 3519" on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE:

**Calendar Year – File and Pay by April 15, 2013.
Fiscal Year Filers – see instructions**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES:

Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov** for more information.
Do not mail this form if you use Web Pay.

----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ----- DETACH HERE -----

CAUTION: You may be required to pay electronically. See instructions.

TAXABLE YEAR

2012

**Payment for Automatic
Extension for Individuals**

CALIFORNIA FORM

3519 (PIT)

218-90-0990 HILL 214-78-1079
JAY A HILL
SUZANNE R GAHS

12

2523 BETLO AVE
MOUNTAIN VIEW CA 94043

Amount of payment 2000.

Form **8829**Department of the Treasury
Internal Revenue Service (99)

Name(s) of proprietor(s)

JAY A HILL

California Copy

Expenses for Business Use of Your Home► **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**► **Information about Form 8829 and its separate instructions is at www.irs.gov/form8829.**

OMB No. 1545-0074

2012Attachment
Sequence No. **176**

Your social security number

218-90-0990

Part I Part of Your Home Used for Business

SOFTWARE ENGINEERING

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	250
2	Total area of home	2	1,100
3	Divide line 1 by line 2. Enter the result as a percentage	3	22.73 %
For daycare facilities not used exclusively for business, go to line 4. All others go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	Total hours available for use during the year (366 days x 24 hours) (see instructions)	5	8,784
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	22.73 %

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home and shown on Schedule D or Form 4797, minus any loss from the trade or business not derived from the business use of your home and shown on Schedule D or Form 4797. See instructions	8	92,172.
See instructions for columns (a) and (b) before completing lines 9-21.			
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	
11	Real estate taxes (see instructions)	11	
12	Add lines 9, 10, and 11	12	
13	Multiply line 12, column (b) by line 7	13	
14	Add line 12, column (a) and line 13	14	
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	92,172.
16	Excess mortgage interest (see instructions)	16	
17	Insurance	17	450.
18	Rent	18	2,500.
19	Repairs and maintenance	19	
20	Utilities	20	
21	Other expenses (see instructions)	21	
22	Add lines 16 through 21	22	450.
23	Multiply line 22, column (b) by line 7	23	671.
24	Carryover of operating expenses from 2011 Form 8829, line 42	24	
25	Add line 22, column (a), line 23, and line 24	25	1,121.
26	Allowable operating expenses. Enter the smaller of line 15 or line 25	26	1,121.
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	91,051.
28	Excess casualty losses (see instructions)	28	
29	Depreciation of your home from line 41 below	29	
30	Carryover of excess casualty losses and depreciation from 2011 Form 8829, line 43	30	
31	Add lines 28 through 30	31	
32	Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	32	
33	Add lines 14, 26, and 32	33	1,121.
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions)	34	
35	Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	35	1,121.

Part III Depreciation of Your Home

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

Part IV Carryover of Unallowed Expenses to 2013

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

California Information Worksheet

2012

► Keep for your records

Part I — Personal Information

Taxpayer:

First Name Jay
 Middle Initial A Suffix
 Last Name Hill
 Social Security No. 218-90-0990
 Date of Birth 04/02/1961 (mm/dd/yyyy)
 or age as of 1-1-2013 51
 Date of Death (mm/dd/yyyy)
 Legally blind
 Daytime Phone (650) 930-0592 Ext
 Home phone

Spouse/RDP:

First Name Suzanne
 Middle Initial R Suffix
 Last Name Gahs
 Social Security No. 214-78-1079
 Date of Birth 07/14/1959 (mm/dd/yyyy)
 or age as of 1-1-2013 53
 Date of Death (mm/dd/yyyy)
 Legally blind
 Daytime Phone (650) 380-9229 Ext

Your email address to print on Form 540, 540 2EZ or 540NR (optional)
 Check to print phone number on Form 540. ☒ Taxpayer daytime ☐ Spouse/RDP day ☐ Home

c/o Address
 Street Address 2523 Betlo Ave
 Unit Description Unit Number Private Mailbox (PMB)
 City Mountain View State CA ZIP Code 94043
 Foreign country

Military Filers:

☐ APO ☐ FPO
 Military indicator ► Taxpayer Spouse/RDP

Part II — Main Form

☒ Form 540: Resident Income Tax Return (Long form) ►
☐ Form 540 2EZ: Resident Income Tax Return ►
☐ Form 540NR: Nonresident or Part-Year Resident Income Tax Return ►
 Enter your state of residence as of December 31, 2012 CA
☒ Resident entire year
☐ Resident part of year
 Date you established residence in state above
 In which state (or foreign country) did you reside before this change?
QuickZoom to enter Part-Year and Nonresident income allocations on Schedule CA(NR) ►

Part III — Filing Status

☐ Single
☒ Married/RDP filing joint return
☐ Married/RDP filing separate return
☐ You **did not** live with spouse at any time during the year
Yes No
☐ ☐ If filing electronically, is spouse a CA Nonresident?
☐ ☐ If filing electronically, is spouse Active Duty Military?
☐ Head of household (with qualifying person) **Stop.** See instructions.
 If the 'qualifying person' is your child but **not** your dependent:
 Child's name
 Child's social security number
☐ Qualifying widow(er)
 Year spouse/RDP died ☐ 2009 ☐ 2011
☐ Check the box if your California filing status is different from your federal filing status.

Part IV — Dependent Information

First Name	I	Last Name	Social Security Number	Relationship
Graham	A	Gahs-Hill	541-41-3374	Son

Part V – Standard Deduction/Itemized Deductions

- ☐ Calculate California itemized deductions even if itemized deductions are less than the standard deduction
- ☐ You are married filing separately and your spouse itemized deductions
- ☐ Take the standard deduction even if less than itemized deductions

Part VI – Other Information**Prior Name:**

If you filed your 2011 return under a different last name, enter the last name **only** from the 2011 return ▶ Taxpayer . _____ Spouse/RDP _____

Dependent of Someone Else:

Taxpayer Spouse

☐ ☐ Can someone (such as a parent) claim you and/or your spouse/RDP as a dependent?

Interest and Penalties:

Returns filed late: Enter interest, late return and late payment penalties _____

Farmers and Fishermen:

- ☐ At least two-thirds of your 2011 or 2012 gross income is from farming or fishing
- ☐ Return will be filed and tax due will be paid by March 1, 2013

Mandatory Electronic Payments

- ☐ You are required to make California tax payments electronically
- ☐ A waiver is or will be in effect for the current year
- ☐ Force print all payment vouchers even if required to pay electronically

Schedule W-2:

☐ You do **not** want to complete Schedule W-2

Executor/Guardian Information:

First Name

MI

Last Name

Suf.

Executor/Guardian _____

Executor type (if filing electronically) _____

Third Party Designee:

Yes No

☐ ☐ Do you want to allow another person to discuss your return with the Franchise Tax Board?

If yes, enter the person's name Telephone

First Middle init Last Name Suffix

Disasters:

☐ Claiming a disaster loss (see FTB Publication 1034)

QuickZoom to enter disaster explanation ▶ _____

Outside of the USA:

☐ You were living or travelling outside the United States on April 15, 2013

Special Condition Text (prints at the top of Form 540, 540 2EZ or 540NR)**Part VII – Direct Deposit Information or Direct Debit Information**

Yes No

☐ ☒ Do you want to elect direct deposit of state tax refund?

☐ ☒ Do you want direct debit of state tax payment (Electronic Filing Only)?

Bank Information:

Enter the following information if you want to directly deposit any state tax refund or direct debit of state tax payment:

Name of Financial Institution (optional) _____

Account type Checking . ☐ Savings . ☐

Routing number _____

Account number _____

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

Enter the payment date to debit the account above _____

State balance-due amount from this return _____

International ACH Transactions

Yes No

☐ ☐ Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?
Part VIII – California Contributions

1	California Seniors Special Fund (Taxpayer)	1	
2	California Seniors Special Fund (Spouse/RDP)	2	
3	Alzheimer's Disease and Related Disorders Fund	3	
4	California Fund for Senior Citizens	4	
5	Rare and Endangered Species Preservation Program	5	
6	State Children's Trust Fund for the Prevention of Child Abuse	6	
7	California Breast Cancer Research Fund	7	
8	California Firefighters' Memorial Fund	8	
9	Emergency Food For Families Fund	9	
10	California Peace Officer Memorial Foundation Fund	10	
11	California Sea Otter Fund	11	
12	Municipal Shelter Spay-Neuter Fund	12	
13	California Cancer Research Fund	13	
14	ALS/Lou Gehrig's Disease Research Fund	14	
15	Child Victims of Human Trafficking Fund	15	
16	California YMCA Youth and Government Fund	16	
17	California Youth Leadership Fund	17	
18	School Supplies for Homeless Children Fund	18	
19	State Parks Protection Fund/Parks Pass Purchase	19	

Part IX – Extension Status

Yes No

☒ ☐ Have you filed Form 3519 - "Payment Voucher for Automatic Extension for Individuals" or extended the federal tax return?

 If Yes, enter the extended due date 10/15/2013
QuickZoom to Form 3519: Payment voucher for automatic extension ►
Automatic extension information for military filers (Electronic Filing Only):

	Taxpayer	Spouse
Beginning Military Date	_____	_____
Ending Military Date	_____	_____
Combat zone/QHDA Operation or Area Served	_____	_____

Part X – Amended Return
☐ Are you filing a California amended return?

Enter the tax year you are amending _____

Previous California payment made _____

Previous California refund received _____

QuickZoom here to Form 540X. ►

QuickZoom to Form 540 ►

QuickZoom to Form 540 2EZ. ►

QuickZoom to Form 540NR. ►

Name(s) Shown on Return

Jay A Hill & Suzanne R Gahs

Your Social Security Number

218-90-0990

Part I 2013 Estimated Tax Amount Options**1 Select One of Six Ways to Calculate the Required Annual Payment for 2013 Estimates:**

- a 100% (110%) of **2012** taxes (default, see Tax Help) ☒ 13,180.
- b 100% of tax on **2013** estimated taxable income ☐ 11,982.
- c 90% of tax on **2013** estimated taxable income ☐ 10,784.
- d 66-2/3% of tax on **2013** estimated taxable income (farmers and fishermen) ☐ 7,988.
- e Equal to 100% of overpayment (no vouchers) ☐ 0.
- f Enter total amount you want to use for estimates and check box ☐ ►

2 Selected estimated tax amount:

- a 2013 Required Annual Payment based on your choice above ☐ 13,180.
- b Estimated amount of 2013 state income tax withholding ☐ 4,831.
- c **Total of estimated tax payments required for 2013** (line 2a less line 2b) ☐ 8,349.

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$500 or more (\$250 or more if married filing separately) ☒
- b Calculate estimates if _____ (specify amount) or more ☐
- c Calculate estimates regardless of amount ☐
- d Do **not** calculate estimates ☐

Part II Overpayment Application Options

- 1 Amount of overpayment available ☐ 0.

2 Select Overpayment Application Option:

- a Apply none (refund entire overpayment) ☒
- b Apply all (increase estimate if required) ☐
- c Apply to extent of total estimated tax and refund excess ☐ 8,350.
- d Apply to extent of first quarter amount and refund excess ☐ 2,505.
- e Enter amount you want to apply ☐ ►
- f Amount applied to 2013 estimated tax ☐ 0.
- g Overpayment to be refunded (line 1 less line 2f) ☐ 0.

3 Select Overpayment Application Sequence:

- a ☒ ◀ Consecutively b ☐ ◀ Evenly

Part III Rounding and Printing Options**1 Select Rounding Option:**

- a ☒ ◀ Round up to next \$1 b ☐ ◀ Round up to next \$10 c ☐ ◀ Round up to next \$100 d ☐ ◀ Round to nearest \$1

2 Select Voucher Printing Option:

- a ☐ ◀ Print (per Part I, lines 3a - c) b ☐ ◀ Print only name, etc. c ☒ ◀ Do **not** print vouchers

Part IV Estimated Tax Payment Summary

	1 Apr 15, 2013	2 Jun 17, 2013	3 Sep 16, 2013	4 Jan 15, 2014	Total
1 If you have already made payments, enter amounts. . .					
2 Indicate which payment is due next. (e.g. if it is now May 10, 2013, check col. 2) . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Required Payment	2,505.	3,340.	0.	2,505.	8,350.
4 Overpayment applied	0.	0.	0.	0.	0.
5 Net payment due	2,505.	3,340.	0.	2,505.	8,350.
6 Voucher amounts					

Part V Filing Status and Residency Change for 2013

1 Choose 2013 filing status:

- ☐ Single
☒ Married filing jointly
☐ Married filing separately
☐ Head of Household
☐ Qualifying widow(er)

2 Check if you are a resident filer in 2012 and expect to be a nonresident in 2013 or vice versa ☐**Part VI Changes to Income, Deductions, Credits and Withholding for 2013**

2012 income and deductions are shown in the '2012 Actual' column below.

***Caution:** For each line in the '2013 Est' column, enter the estimated 2013 amount **if different** from 2012. Otherwise, the '2012 Actual' amount will be used for that line. If zero, you **must** enter zero.

	2012 Actual	*2013 Est
A Federal adjusted gross income	193,397.	
B Residents: Enter California adjusted gross income	193,755.	
C Nonresidents/Part-year residents:		
1 AGI from all sources (after all California adjustments)		
2 AGI from California sources		
D Itemized Deductions: Use itemized deductions for 2013 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
1 Total itemized deductions (before phaseout)		
2 Total itemized deductions (after phaseout)		
3 Medical, investment interest, casualty and gambling losses, included in D1 (after all California adjustments)	0.	
E Number of personal, blind and senior exemptions	2	
F Number of dependent exemptions	1	
G Credits:		
1 Credits for joint custody head of household, dependent parent and senior head of household		
2 Child and dependent care expenses		
H Other credits (such as renter's credit and other state tax credit)		
I Tax on accumulation distribution of trusts from FTB 5870A		
J Interest on deferred tax from installment obligations under IRC Section 453 or 453A		
K Alternative minimum tax		
L California income tax withheld	4,831.	

Part VII 2013 Estimated Taxable Income and Tax

1 Residents: Enter your estimated 2013 California AGI. Nonresidents and part-year residents: Enter your estimated 2013 total AGI from all sources		1	193,755.
2 a If you plan to itemize deductions, enter the estimated total of your itemized deductions	2 a		
b If you do not plan to itemize deductions, enter the standard deduction for your filing status: \$3,769 single or married filing separately \$7,538 married filing jointly, head of household, or qualifying widow(er)	b		7,682.
c Enter the amount from line 2a or line 2b, whichever applies		2 c	7,682.
3 Subtract line 2c from line 1		3	186,073.

4	Tax. Figure your tax on the amount on line 3 using 2012 tax table for Forms 540 or Long Form 540NR. Also include any tax from Form 3800, Tax Computation for Children with Investment Income; or Form 3803, Parents' Election to Report Child's Interest and Dividends.	4	12,511.
5	Residents: Skip to line 6a. Nonresidents and part-year residents:		
a	Enter your estimated California taxable income from Schedule CA (540NR), Part V, line 49	5 a	
b	Compute the CA Tax Rate: Tax on total taxable income from line 4	b	
	Total taxable income from line 3 =	b	
c	Multiply the amount on line 5a by the CA Tax Rate on line 5b.	c	
6 a	Residents: Enter the exemption credit amount from the 2012 instructions for Form 540 or Form 540A.	6 a	529.
b	Nonresidents or part-year residents: Enter the CA credit proration percentage. Divide line 5a by line 3. If more than 1 enter 1.0000	b	
7	Nonresidents: CA prorated exemption credits. Multiply the total exemption credit amount by line 6b.	7	
8	Residents: Subtract line 6a from line 4. Nonresidents or part-year residents subtract line 7 from line 5c	8	11,982.
9	Tax on accumulation distribution of trusts	9	
10	Add line 8 and line 9.	10	11,982.
11	Credits for joint custody head of household, dependent parent, senior head of household and child and dependent care expenses. Nonresidents or part-year residents: For the child and dependent care expenses credit, use the amount from your 2012 Long Form 540NR, line 50. For the other credits listed on line 11, multiply the total 2012 credit amount by the ratio on line 6b.	11	
12	Subtract line 11 from line 10	12	11,982.
13	Other credits (such as other state tax credit). See the 2012 instructions for Form 540 or Long Form 540NR	13	
14	Subtract line 13 from line 12	14	11,982.
15	Interest on deferred tax from installment obligations under IRC Sections 453 or 453A	15	
16	Alternative Minimum Tax	16	
17	Mental Health Services Tax.	17	
18	2013 estimated tax. Add line 14 through line 17. Enter the result, but not less than zero	18	11,982.

Tax Payments Worksheet

2012

► Keep for your records

Name Jay A Hill & Suzanne R Gahs	Social Security Number 218-90-0990
-------------------------------------	---------------------------------------

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	2,000.
8	Total tax payments	8	2,000.

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	4,831.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
13	Other state tax withholding	13	
14	Total income tax withheld	14	4,831.
15	Date return will be filed and balance paid	15	

California Carryover Worksheet

2012

Use this worksheet to enter information from your 2011 tax return
which will be used on your 2012 tax return

► Keep for your records

Name as Shown on Return Jay A Hill & Suzanne R Gahs	Social Security Number 218-90-0990
--	---------------------------------------

2011 Tax and Income Information

1	Filing status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married Filing Joint	<input type="checkbox"/> Married Filing Separate
		<input type="checkbox"/> Head of Household	<input type="checkbox"/> Qualifying Widow(er)	
2	Tax liability (Form 540, lines 48, 61 and 62; Form 540A, line 64; Form 540 2EZ, line 21; or Form 540NR, lines 63, 71 and 72)	2	9,104.	
3	Tax on lump-sum distributions (Schedule G-1)	3		
4	California income tax withheld (Form 540, lines 71 and 73; Form 540A, line 71; Form 540 2EZ, line 22 or Form 540NR, lines 81 and 83)	4	10,143.	
5	California withholding from W-2's.	5	10,143.	
6	Excess California SDI withheld (Form 540, line 74; Form 540A, line 74; or Form 540NR, line 84)	6		
7	California adjusted gross income (Form 540, line 17; Form 540A, line 17; Form 540 2EZ, line 16; or Form 540NR, line 32)	7	161,596.	
8	Refund (Form 540, line 115; Form 540A, line 115; Form 540 2EZ, line 28; or Form 540NR, line 125)	8	1,039.	
9	Balance Due (Form 540, line 114; Form 540A, line 111; Form 540 2EZ, line 27; or Form 540NR, line 124)	9		

Loss Carryovers (Non-passive)

		Regular Tax	AMT
10 a	Capital loss carryover (full year residents)		
b	Capital loss carryover (nonresidents)		
11	Schedule D-1 - Nonrecaptured net section 1231 losses from:		
a	2011	11 a	
b	2010	b	
c	2009	c	
d	2008	d	
e	2007	e	

Other Carryovers

12	Disallowed investment interest expense carryforward (Form 3526, line 7)	12	
13	Disallowed alternative minimum tax investment interest expense carryforward (Form 3526-AMT, line 7)	13	
14	Net operating loss carryforward from Form 3805V	14	
15	Disaster loss carryforward from Form 3805V	15	

Form 3510 (Credit for Prior Year Alternative Minimum Tax)

16 Form 3510 information - 2011 Resident filers		
a Schedule P, Part I, line 15 through line 18	16 a	_____
b Schedule P, Part I, line 1 through line 7, 13b, 13i, and any other exclusions not included on a line other than those listed	b	_____
c Schedule P, Part II, line 25	c	_____
d Schedule P, Part II, line 26	d	_____
e Schedule P, Part III, Section C, lines 23 and 24, column b.	e	_____
17 Form 3510 information - 2011 Nonresident or Part-year residents		
a Schedule P(NR), Part I, line 15 through line 18	17 a	_____
b Schedule P(NR), Part I, line 1 through line 7, 13b, 13i, and any other exclusions not included on a line other than those listed	b	_____
c Schedule P(NR), Part II, line 35	c	_____
d Schedule P(NR), Part II, line 28	d	_____
e Schedule P(NR), Part II, line 29a, 29h and 29q	e	_____
f Schedule P(NR), Part II, line 44	f	_____
g Schedule P(NR), Part II, line 45	g	_____
h Schedule P(NR), Part III, Section C, lines 23 and 24, column b	h	_____

Schedule C

California Profit or Loss from Business Worksheet

2012

► Keep for your records

Name of Proprietor <u>Jay A Hill</u>	Social Security Number <u>218-90-0990</u>
---	--

A Principal business or profession, including product or service:
Software engineering

B Principal business code ► 541510

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

D If this business was operated by spouse, check this box ☐

E If this business was operated jointly by taxpayer and spouse, check this box ☐

F Check this box if you completely disposed of this business during 2012 ☐

G Did you 'materially participate' in the operation of this business during 2012? Yes ☒ No ☐

H Check this box if all investment is at risk ☒

I Check this box if some of your investment is **not** at risk ☐

J Single member limited liability company ☐

K Federal profit (loss) before passive loss limitation, if any 91,051.

L If this activity is a passive activity, enter the current year net income or the current year net loss recorded on the federal Passive Activities Worksheet 1 **or** Passive Activities Worksheet 3, column A or column B, whichever is applicable

M Gross receipts less returns and allowances 96,324.

1 Federal tentative profit (loss)	1 <u>92,172.</u>
2 Depreciation:	
a Federal 2 a _____	
b California b _____	
c Federal/California adjustment 2 c _____	
3 Amortization:	
a Federal 3 a _____	
b California b _____	
c Federal/California adjustment 3 c _____	
4 Car and truck expenses:	
a Federal 4 a _____	
b California b _____	
c Federal/California adjustment 4 c _____	
5 Other federal/California adjustments:	
a Reduction in federal wages due to work credits 5 a _____	
b Reduction in federal qualified pension plan startup costs due to Form 8881 credit b _____	
c Reduction in federal employee benefits due to health insurance credit c _____	
d At-risk suspended loss carryover (Section 465(d)) d _____	
e _____ e _____	
f _____ f _____	
g _____ g _____	
h _____ h _____	
i _____ i _____	
6 California tentative profit (loss). Add lines 1, 2c, 3c, 4c and 5a through 5g	6 <u>92,172.</u>
7 Expenses for business use of your home	7 <u>1,121.</u>
8 At-risk adjustment	8 _____
9 Prior year suspended loss	9 _____
10 Current year unallowed passive loss	10 _____
11 Net California profit or (loss) allowed. Line 6 minus line 7, plus lines 8 - 10	11 <u>91,051.</u>
12 Net federal profit or (loss) allowed	12 <u>91,051.</u>
13 Federal/California adjustment. Subtract line 12 from line 11	13 <u>0.</u>

Two-Year Comparison

2012

Jay A Hill & Suzanne R Gahs

Income	2011	2012	Difference	%
Form 540 and 540NR Filers:				
Federal adjusted gross income	161,596.	193,397.	31,801.	19.68
California adjustments	0.	358.	358.	
Form 540 2EZ Filers:				
Total income				
Adjusted Gross Income	161,596.	193,755.	32,159.	19.90
Standard or Itemized Deduction . . .	7,538.	7,682.	144.	1.91
Taxable Income	154,058.	186,073.	32,015.	20.78
Tax	9,623.	12,511.	2,888.	30.01
Exemption credits	519.	529.	10.	1.93
Tax less exemption credits	9,104.	11,982.	2,878.	31.61
Schedule G-1 and Form 5870A tax . . .				
Tax before credits	9,104.	11,982.	2,878.	31.61
Credits				
Tax after credits	9,104.	11,982.	2,878.	31.61
Alternative minimum tax	0.		0.	
Other taxes and IRC interest	0.		0.	
Total Tax After Credits	9,104.	11,982.	2,878.	31.61
Withholding	10,143.	4,831.	-5,312.	-52.37
Estimated payments		2,000.	2,000.	
Other payments				
Total Payments	10,143.	6,831.	-3,312.	-32.65
Use tax				
Contributions				
Form 5805/5805F penalty				
Other penalties and interest				
Applied to next year's estimated tax . . .	0.		0.	
Amount Refund	1,039.		-1,039.	-100.00
Amount Due		5,151.	5,151.	

Current year effective tax rate 6.18 %

Smart Worksheets from your 2012 California Tax Return

SMART WORKSHEET FOR: Form 540: California Resident Income Tax Return

Form 540 California Income Tax Withheld Smart Worksheet	
A	California income tax withheld from the Tax Payments Worksheet <u>4,831.</u>
B	Real estate and other withholding from Form(s) 592-B and 593 entered on the federal Tax Payments Worksheet and included on line A _____ Note: Make sure that the amount on line B is reported on the federal Tax Payments Worksheet or you will not get the state income tax deduction on your federal Schedule A.
C	California income tax withheld for line 71. Subtract line B from line A <u>4,831.</u>

SMART WORKSHEET FOR: Form 3519: Automatic Extension for Individuals

Voucher Payment Smart Worksheet	
If you want to pay an amount different than the amount calculated on line 4, enter that amount here <u>2,000.</u>	
If the payment is over \$20,000 and you were not previously required to e-pay, enter the date paid _____	

SMART WORKSHEET FOR: Form 8829: Exp for Business Use of Home (2523 Betlo Ave)

Line 8 Calculation Smart Worksheet	
A	Enter the date you began using this home office for this business. <u>01/01/2008</u>
B	Enter the percent of gross income on line 7 of Schedule C that is from the business use of this home <u>100.00 %</u>
C 1	Calculated gain from business use of this home on Schedule D or Form 4797. _____
2	Adjustments to calculated gain _____
3	Net gain _____
D 1	Calculated loss from this business not derived from business use of home and shown on Schedule D or Form 4797 _____
2	Adjustments to calculated loss (enter additional losses as a negative number) _____
3	Net loss _____

SMART WORKSHEET FOR: Sch C Wks (Software engineering): Profit or Loss from Business

Activity Summary Smart Worksheet Supporting information provided by program. NO ENTRIES ARE NEEDED.		
	Regular Tax	Alternative Minimum Tax
A Ownership	<u>Taxpayer</u>	
B At risk status	<u>All</u>	
C Passive status	<u>Nonpassive</u>	
Schedule C		
D Tentative profit (loss)	91,051.	91,051.
E Other preferences and adjustments		
F At risk disallowed loss		
G Passive carryover loss		
H Passive disallowed loss		
I Net profit (loss) allowed	91,051.	91,051.
Related Dispositions		
J Tentative profit (loss)		
K At risk disallowed loss		
L Passive carryover loss		
M Passive disallowed loss		
N Net profit (loss) allowed		
AMT Exclusion		
O Schedule C income/loss	91,051.	

For the year Jan. 1–Dec. 31, 2012, or other tax year beginning

, 2012, ending

, 20

See separate instructions.

Your first name and initial

Jay A

Last name

Hill

Your social security number

218-90-0990

If a joint return, spouse's first name and initial

Suzanne R

Last name

Gahs

Spouse's social security number

214-78-1079

Home address (number and street). If you have a P.O. box, see instructions.

2523 Betlo Ave

Apt. no.

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Mountain View CA 94043

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status

1 ☐ Single2 ☒ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶4 ☐ 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. ▶5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6ab ☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
Graham A	Gahs-Hill	541-41-3374	Son	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

d Total number of exemptions claimed

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you
• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a 8b

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends 9b

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions 15a b Taxable amount 15b

16a Pensions and annuities 16a b Taxable amount 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits 20a b Taxable amount 20b

21 Other income. List type and amount

22 Combine the amounts in the far right column for lines 7 through 21. This is your total 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.

Adjusted Gross Income

23 Educator expenses

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 Deductible part of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN ▶

32 IRA deduction

33 Student loan interest deduction

34 Tuition and fees. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► **For information on Schedule C and its instructions, go to www.irs.gov/schedulec.**
► **Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.**

OMB No. 1545-0074

2012
Attachment
Sequence No. **09**

Name of proprietor Jay A Hill		Social security number (SSN) 218-90-0990
A Principal business or profession, including product or service (see instructions) Software engineering	B Enter code from instructions ► 5 4 1 5 1 0	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN), (see instr.) 	
E Business address (including suite or room no.) ► 2523 Betlo Ave City, town or post office, state, and ZIP code Mountain View, CA 94043		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2012? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2012, check here		<input type="checkbox"/>
I Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	96,324.
2 Returns and allowances (see instructions)		2	
3 Subtract line 2 from line 1		3	96,324.
4 Cost of goods sold (from line 42)		4	
5 Gross profit. Subtract line 4 from line 3		5	96,324.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6	►	7	96,324.

Part II Expenses

Enter expenses for business use of your home only on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions).	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	800.
15 Insurance (other than health)	15	450.	23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	2,201.
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	701.
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	►	28	4,152.		
29 Tentative profit or (loss). Subtract line 28 from line 7		29	92,172.		
30 Expenses for business use of your home. Attach Form 8829 . Do not report such expenses elsewhere		30	1,121.		
31 Net profit or (loss). Subtract line 30 from line 29.					
<ul style="list-style-type: none"> • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. 		31	91,051.		
32 If you have a loss, check the box that describes your investment in this activity (see instructions).					
<ul style="list-style-type: none"> • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited. 					
			32a <input checked="" type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

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

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

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶
44	Of the total number of miles you drove your vehicle during 2012, enter the number of miles you used your vehicle for:
a	Business
b	Commuting (see instructions)
c	Other
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Internet provider	701.
.....	
.....	
.....	
.....	
.....	
.....	
.....	
48 Total other expenses. Enter here and on line 27a	48 701.

Name(s) of proprietor(s)

Jay A Hill

Expenses for Business Use of Your Home► **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**► **Information about Form 8829 and its separate instructions is at www.irs.gov/form8829.**

OMB No. 1545-0074

2012Attachment
Sequence No. **176**

Your social security number

218-90-0990

Part I Part of Your Home Used for Business

Software engineering

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	250
2	Total area of home	2	1,100
3	Divide line 1 by line 2. Enter the result as a percentage	3	22.73 %
For daycare facilities not used exclusively for business, go to line 4. All others go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	Total hours available for use during the year (366 days x 24 hours) (see instructions)	5	8,784
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	22.73 %

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home and shown on Schedule D or Form 4797, minus any loss from the trade or business not derived from the business use of your home and shown on Schedule D or Form 4797. See instructions	8	92,172.
See instructions for columns (a) and (b) before completing lines 9-21.			
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	
11	Real estate taxes (see instructions)	11	
12	Add lines 9, 10, and 11	12	
13	Multiply line 12, column (b) by line 7	13	
14	Add line 12, column (a) and line 13	14	
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	92,172.
16	Excess mortgage interest (see instructions)	16	
17	Insurance	17	450.
18	Rent	18	2,500.
19	Repairs and maintenance	19	
20	Utilities	20	
21	Other expenses (see instructions)	21	
22	Add lines 16 through 21	22	450.
23	Multiply line 22, column (b) by line 7	23	671.
24	Carryover of operating expenses from 2011 Form 8829, line 42	24	
25	Add line 22, column (a), line 23, and line 24	25	1,121.
26	Allowable operating expenses. Enter the smaller of line 15 or line 25	26	1,121.
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	91,051.
28	Excess casualty losses (see instructions)	28	
29	Depreciation of your home from line 41 below	29	
30	Carryover of excess casualty losses and depreciation from 2011 Form 8829, line 43	30	
31	Add lines 28 through 30	31	
32	Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	32	
33	Add lines 14, 26, and 32	33	1,121.
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions)	34	
35	Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	35	1,121.

Part III Depreciation of Your Home

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

Part IV Carryover of Unallowed Expenses to 2013

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

Name of person with **self-employment** income (as shown on Form 1040)

Jay A Hill

Social security number of person
with **self-employment** income ▶

218-90-0990

Section B—Long Schedule SE**Part I Self-Employment Tax****Note.** If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for the definition of church employee income.

A	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I ▶ <input type="checkbox"/>		
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b	()
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note. Skip this line if you use the nonfarm optional method (see instructions)	2	91,051.
3	Combine lines 1a, 1b, and 2	3	91,051.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3 Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a	84,086.
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c	Combine lines 4a and 4b. If less than \$400, stop ; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income , enter -0- and continue ▶	4c	84,086.
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b	0.
6	Add lines 4c and 5b	6	84,086.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 4.2% portion of the 5.65% railroad retirement (tier 1) tax for 2012	7	110,100 00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$110,100 or more, skip lines 8b through 10, and go to line 11	8a	27,130.
b	Unreported tips subject to social security tax (from Form 4137, line 10)	8b	
c	Wages subject to social security tax (from Form 8919, line 10)	8c	
d	Add lines 8a, 8b, and 8c	8d	27,130.
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . ▶	9	82,970.
10	Multiply the smaller of line 6 or line 9 by 10.4% (.104)	10	8,629.
11	Multiply line 6 by 2.9% (.029)	11	2,438.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56, or Form 1040NR, line 54	12	11,067.
13	Deduction for employer-equivalent portion of self-employment tax. Add the two following amounts. • 59.6% (.596) of line 10. • One-half of line 11. Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	13	6,362.

Part II Optional Methods To Figure Net Earnings (see instructions)**Farm Optional Method.** You may use this method **only** if (a) your gross farm income¹ was not more than \$6,780, or (b) your net farm profits² were less than \$4,894.

14	Maximum income for optional methods	14	4,520 00
15	Enter the smaller of: two-thirds (² / ₃) of gross farm income ¹ (not less than zero) or \$4,520. Also include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$4,894 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution.** You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds (² / ₃) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Name(s) Shown on Return Jay A Hill & Suzanne R Gahs	Social Security Number 218-90-0990
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Part I State and Local Income Tax Refunds from 2011 Tax Returns

1	(a) State or Local Code	(b) Refund Amount	(c) Estimated Tax Paid After 12/31/2011	(d) Extension Payments	(e) Total Payments and Withholding	(f) Refund Allocated to Column (c)	(g) Refund Allocated to Column (d)
	CA	1,039.			10,143.		
	Totals .	1,039.			10,143.		

2	Total state and local refunds. Total line 1 column (b).	1,039.
3	Refund allocated to tax paid after 12/31/2011. Total line 1 columns (f) and (g). (Include net tax paid after 12/31/2011 on Schedule A, line 5.)	
4	Net refund. Line 2 less line 3.	1,039.

Part II Recovery Amount

The **recovery amount** is the state and local income tax deducted in 2011 refunded in 2012.

5	Total state and local income tax deduction from line 5 of your 2011 Schedule A.	<u>11,771.</u>
6	Recovery amount. Lesser of line 4 or line 5.	1,039.

Part III Recovery Exclusion

The **recovery exclusion** is the part of the recovery amount which did **not** reduce tax in 2011.

7 Recovery exclusion from standard deduction and/or sales tax deduction:

a	Allowable itemized deductions, from 2011 Schedule A, line 29	12,070.
b	Allowable itemized deductions, refigured by excluding recovery amount:	
(1)	Refigured state and local tax deduction:	
(a)	Refigured state income tax deduction	10,732.
(b)	Sales tax deduction	
(c)	Refigured deduction. Larger of (a) or (b)	10,732.
(2)	Refigured total itemized deductions	11,031.
c	2011 standard deduction based on 2011 filing stat, exemptns, and deductns.	11,600.
d	Larger of lines 7b(2) or 7c.	11,600.
e	Subtract line 7d from line 7a	470.
f	Subtract line 7e from line 6	569.

8	Recovery exclusion from negative taxable income. If 2011 taxable income was negative, enter here as a positive number, else enter zero.	0.
9	Recovery exclusion from alternative minimum tax. If no alternative minimum tax (AMT) in 2011 enter zero. If did pay AMT in 2011, enter amt from line 22	0.
10	Recovery exclusion from unused tax credits. If no unused credits in 2011, enter zero. If there were unused credits in 2011, enter amount from line 33.	0.
11	Total recovery exclusion. Add lines 7f, 8, 9, and 10.	569.

Part IV Taxable Refund

The **recovery amount** less the **recovery exclusion** is a **taxable refund**.

12	Taxable refund from 2011. Line 6 less line 11.	470.
13	Total taxable refunds from 2010 or prior tax returns. Total line 34 column (d).	<u> </u>
14	Total taxable refunds. Add lines 12 and 13. Enter here and on Form 1040, line 10	470.

Smart Worksheets from your 2012 California Attachment

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax <u>35,406.</u>
	Check if from:
1	Tax table <input type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input checked="" type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814 _____
C	Additional tax from Form 4972 _____
D	Tax from additional Form(s) 4972 _____
E	Recapture tax from Form 8863 _____
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____
G	Tax. Add lines A through F. Enter the result here and on line 44 <u>35,406.</u>

SMART WORKSHEET FOR: Schedule C : Profit or Loss from Business

Business Address Information Smart Worksheet	
Business street address . <u>2523 Betlo Ave</u>	
City, State and Zip Code (do not enter State and Zip Code if foreign address)	
<u>Mountain View</u>	<u>CA</u> <u>94043</u>
Or, foreign country information:	

SMART WORKSHEET FOR: Schedule C : Profit or Loss from Business

Domestic Production Activities Smart Worksheet

- Amounts have been gathered from the Schedule C as a starting point for the Domestic Production Activities deduction calculation. Make adjustments as necessary, taking care not to duplicate amounts on lines B, C and D. Be sure the amount on line E is also included on line(s) B, C and D, as appropriate.
- If you qualify for the deduction, complete the Domestic Production column and the Oil-Related Production column (if applicable). For the small business simplified overall method, enter gross receipts. For the simplified deduction method, enter gross receipts and cost of goods sold. For the Section 861 method, enter all amounts.

	Total	Domestic Production	Oil-Related Production
A Gross receipts	96,324.		
B Cost of goods sold			
C Directly allocable deductions, expenses, or losses			
D Indirectly allocable deductions, expenses, or losses	5,273.		
E W-2 wages (adjust for wages from COGS, if necessary)			

QuickZoom to Form 8903, Domestic Production Activities Deduction . . . ►

SMART WORKSHEET FOR: Schedule C : Profit or Loss from Business

Activity Summary Smart Worksheet

Supporting information provided by program. NO ENTRIES ARE NEEDED.

	Regular Tax	Alternative Minimum Tax
A Ownership	Taxpayer	
B At risk status	All	
C Passive status	Nonpassive	
Schedule C		
D Tentative profit (loss)	91,051.	91,051.
E Other preferences and adjustments		
F At risk disallowed loss		
G Passive carryover loss		
H Passive disallowed loss		
I Net profit (loss) allowed	91,051.	91,051.
Related Dispositions		
J Tentative profit (loss)		
K At risk disallowed loss		
L Passive carryover loss		
M Passive disallowed loss		
N Net profit (loss) allowed		

SMART WORKSHEET FOR: Form 8829: Exp for Business Use of Home

Line 8 Calculation Smart Worksheet

- A** Enter the date you began using this home office for this business. 01/01/2008
- B** Enter the percent of gross income on line 7 of Schedule C that is from the business use of this home 100.00 %
- C 1** Calculated gain from business use of this home on Schedule D or Form 4797. _____
- 2** Adjustments to calculated gain _____
- 3** Net gain _____
- D 1** Calculated loss from this business not derived from business use of home and shown on Schedule D or Form 4797 _____
- 2** Adjustments to calculated loss (enter additional losses as a negative number) _____
- 3** Net loss _____

SMART WORKSHEET FOR: State and Local Income Tax Refund Worksheet

2011 Federal Form 1040 Information Smart Worksheet

Use this worksheet to compute taxable refund amount? ☒ Yes ☐ No
If no, skip this Smart Worksheet. Total refunds from Line 1 column (b) will be reported as income.

- A** Did you itemize deductions in 2011? ☒ Yes ☐ No

If no, none of your refund from 2011 is reportable as income. Do not complete the remainder of this worksheet.

- B** Enter the amount from your 2011 Schedule A, line 5, State and local tax 11,771.
If none, enter zero, and do not complete the remainder of this worksheet.

- C** Which type of taxes were deducted on your 2011 Schedule A, line 5?

- 1** Income taxes (2011 Schedule A, box 5a, was checked) ☒
- 2** General sales taxes (2011 Schedule A, box 5b, was checked) ☐
- 3** Not applicable ☐

If general sales taxes were deducted, none of the refund from 2011 is reportable as income. Do not complete the remainder of this worksheet.

- D** Enter the deduction for general sales taxes that could have been taken in 2011 if you know that amount. If you don't know that amount, leave this field blank. _____

- E** What was your filing status for 2011?

- ☐ Single
- ☒ Married filing jointly
- ☐ Married filing separately
- ☐ Married filing separately and your spouse itemized deductions
- ☐ Head of household
- ☐ Qualifying widow(er)

- F** Could be claimed as a dependent by someone else in 2011? ☐ Yes ☒ No

- G** If yes, enter your earned income for 2011 _____

Enter the following amounts from your 2011 Form 1040:

- H** Line 38, Adjusted gross income 161,596.
- I** Line 39a, Total number of boxes checked. _____
- J** Line 40, Itemized deductions or standard deduction 12,070.
- K** Line 41, Adjusted gross income less itemized or standard deduction 149,526.
- L** Line 42, Deduction for exemptions 11,100.
- M** Line 43, Taxable income. Line K less line L (if less than zero, enter as negative). 138,426.
- N** Line 44, Tax 26,857.
- O** Line 45, Alternative minimum tax. _____
- P** Line 46, Total tax before credits 26,857.
- Q** Line 55, Total tax after credits 26,857.