

Form **1040** U.S. Individual Income Tax Return **2010** (99)

IRS Use Only - Do not write or staple in this space.

Name, Address, and SSN	P R I N T	For the year Jan. 1-Dec. 31, 2010, or other tax year beginning , 2010, ending .20		OMB No. 1545-0074
	Your first name and initial TIMOTHY J.		Last name RYAN	Your social security number [REDACTED]
	If a joint return, spouse's first name and initial		Last name	Spouse's social security number [REDACTED]
	C E A R L Y	Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]		Apt. no.
	City, town or post office, state, and ZIP code. [REDACTED]			Make sure the SSN(s) above ▲ and on line 6c are correct.
				Checking a box below will not change your tax or refund.
Presidential Election Campaign	Check here if you, or your spouse if filing jointly, want \$3 to go to this fund ►			<input type="checkbox"/> You <input type="checkbox"/> Spouse
Filing Status	1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ►		
	2 <input type="checkbox"/> Married filing jointly (even if only one had income)	5 <input type="checkbox"/> Qualifying widow(er) with dependent child		
Check only one box.	3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►			
Exemptions	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b 1		
	b <input type="checkbox"/> Spouse	No. of children on 6c who: ● lived with you _____ ● did not live with you due to divorce or separation (see instructions) _____		
If more than four dependents, see instructions and check here ► <input type="checkbox"/>	c Dependents: (1) First name _____ Last name _____ [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] d Total number of exemptions claimed _____	(2) Dependent's social security number _____ [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	(3) Dependent's relationship to you _____ [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	(4) V if child under age 17 qualifying for child tax credit _____
Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2 _____	7	158,988.	
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	8a Taxable interest. Attach Schedule B if required _____	8a		
	b Tax-exempt interest. Do not include on line 8a _____	8b		
If you did not get a W-2, see page 20.	9a Ordinary dividends. Attach Schedule B if required _____	9a		
Enclose, but do not attach, any payment. Also, please use Form 1040-V.	b Qualified dividends _____	9b		
	10 Taxable refunds, credits, or offsets of state and local income taxes _____	STMT 1	STMT 2	10 617.
	11 Alimony received _____	11		
	12 Business income or (loss). Attach Schedule C or C-EZ _____	12		
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	13		
	14 Other gains or (losses). Attach Form 4797 _____	14		
	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	159,605.	
Adjusted Gross Income	23 Educator expenses _____ Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ _____	23		
	24 Health savings account deduction. Attach Form 8889 _____	24		
	25 Moving expenses. Attach Form 3903 _____	25		
	26 One-half of self-employment tax. Attach Schedule SE _____	26		
	28 Self-employed SEP, SIMPLE, and qualified plans _____	28		
	29 Self-employed health insurance deduction _____	29		
	30 Penalty on early withdrawal of savings _____	30		
	31a Alimony paid b Recipient's SSN ► _____	31a		
	32 IRA deduction _____	32		
	33 Student loan interest deduction _____	33		
	34 Tuition and fees. Attach Form 8917 _____	34		
	35 Domestic production activities deduction. Attach Form 8903 _____	35		
	36 Add lines 23 through 31a and 32 through 35 _____	36		
010001 01-27-11	37 Subtract line 36 from line 22. This is your adjusted gross income ►	37	159,605.	

Tax and Credits	38 Amount from line 37 (adjusted gross income)	38	159,605.
	39a Check <input type="checkbox"/> You were born before January 2, 1946, <input type="checkbox"/> Blind. } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1946, <input type="checkbox"/> Blind. } checked ► 39a <input type="checkbox"/> b If your spouse itemizes on a separate return or you were a dual-status alien, check here ► 39b <input type="checkbox"/>		
	40 Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	26,769.
	41 Subtract line 40 from line 38	41	132,836.
	42 Exemptions. Multiply \$3,650 by the number on line 6d	42	3,650.
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43	129,186.
	44 Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	29,881.
	45 Alternative minimum tax. Attach Form 6251	45	
	46 Add lines 44 and 45	46	29,881.
	47 Foreign tax credit. Attach Form 1116 if required	47	
	48 Credit for child and dependent care expenses. Attach Form 2441	48	
	49 Education credits from Form 8863, line 23	49	
	50 Retirement savings contributions credit. Attach Form 8880	50	
	51 Child tax credit (see instructions)	51	
	52 Residential energy credits. Attach Form 5695	52	294.
	53 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
	54 Add lines 47 through 53. These are your total credits	54	294.
	55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0	55	29,587.
Other Taxes	56 Self-employment tax. Attach Schedule SE	56	
	57 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59 a <input type="checkbox"/> Form(s) W-2, box 9 b <input type="checkbox"/> Schedule H c <input type="checkbox"/> Form 5405, line 16	59	
	60 Add lines 55 through 59. This is your total tax	60	29,587.
Payments	61 Federal income tax withheld from Forms W-2 and 1099	61	37,652.
	62 2010 estimated tax payments and amount applied from 2009 return	62	
	63 Making work pay credit. Attach Schedule M	63	
	64a Earned income credit (EIC)	64a	
	b Nontaxable combat pay election	64b	
	65 Additional child tax credit. Attach Form 8812	65	
	66 American opportunity credit from Form 8863, line 14	66	
	67 First-time homebuyer credit from Form 5405, line 10	67	
	68 Amount paid with request for extension to file	68	
	69 Excess social security and tier 1 RRTA tax withheld	69	
	70 Credit for federal tax on fuels. Attach Form 4136	70	
	71 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
	72 Add lines 61, 62, 63, 64a, and 65 through 71. These are your total payments	72	37,652.
Refund	73 If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	73	8,065.
	74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/>	74a	8,065.
Direct deposit? See instructions.	b Routing number ► c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings ► d Account number		
	75 Amount of line 73 you want applied to your 2011 estimated tax	75	
Amount You Owe	76 Amount you owe. Subtract line 72 from line 60. For details on how to pay, see instructions	76	
	77 Estimated tax penalty (see instructions)	77	
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. Designee's name		
	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Sign Here	Your signature	Date	Your occupation
	U.S. CONGRESSMAN		
	Daytime phone number		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Check <input type="checkbox"/> if self-employed		
	PTIN		
	Firm's EIN		
	Phone no.		
010002 12-22-10	Firm's address		

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service
(99)

Name(s) shown on Form 1040

Itemized Deductions

► Attach to Form 1040. ► See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

2010

Attachment
Sequence No. 07

Your social security number

TIMOTHY J. RYAN

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions)	1	
2	Enter amount from Form 1040, line 38	2	
3	Multiply line 2 by 7.5% (.075)	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
Taxes You Paid	5 State and local (check only one box): a <input checked="" type="checkbox"/> Income taxes, or b <input type="checkbox"/> General sales taxes } SEE STATEMENT 5	5	11,835.
6	Real estate taxes (see instructions)	6	2,289.
7	New motor vehicle taxes from line 11 of the worksheet on page 2 (for certain vehicles purchased in 2009). Skip this line if you checked box 5b	7	
8	Other taxes. List type and amount ►	8	
9	Add lines 5 through 8	9	14,124.
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	9,805.
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	11	
12	Points not reported to you on Form 1098. See instructions for special rules	12	
13	Mortgage insurance premiums (see instructions)	13	
14	Investment interest. Attach Form 4952 if required. (See instructions.)	14	
15	Add lines 10 through 14	15	9,805.
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	2,840.
If you made a gift and got a benefit for it, see instructions.	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
18	Carryover from prior year	18	
19	Add lines 16 through 18	19	2,840.
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► FROM FORM 2106 3,000.	21	3,000.
22	Tax preparation fees	22	100.
23	Other expenses - investment, safe deposit box, etc. List type and amount ►	23	
24	Add lines 21 through 23	24	3,100.
25	Enter amount from Form 1040, line 38	25	159,605.
26	Multiply line 25 by 2% (.02)	26	3,192.
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	0.
Other Miscellaneous Deductions	28 Other - from list in instructions. List type and amount ►	28	
Total Itemized Deductions	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	29	26,769.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here ► <input type="checkbox"/>		

Worksheet Before you begin: ✓ You cannot take this deduction if the amount on Form 1040, line 38, is equal to or greater than \$135,000 (\$260,000 if married filing jointly).
for Line 7 -
New motor vehicle taxes

Use this worksheet to figure the amount to enter on line 7.

(Attach to Form 1040.)

1 Enter the state or local sales or excise taxes you paid in 2010 for the purchase of any new motor vehicle(s) after February 16, 2009, and before January 1, 2010 (see instructions)	1 2	
2 Enter the purchase price (before taxes) of the new motor vehicle(s)	2	3
3 Is the amount on line 2 more than \$49,500? <input type="checkbox"/> No. Enter the amount from line 1. <input type="checkbox"/> Yes. Figure the portion of the tax from line 1 that is attributable to the first \$49,500 of the purchase price of each new motor vehicle and enter it here (see instructions).	3	
4 Enter the amount from Form 1040, line 38	4	
5 Enter the total of any - <ul style="list-style-type: none"> ● Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15, and ● Exclusion of income from Puerto Rico 	5	
6 Add lines 4 and 5	6	
7 Enter \$125,000 (\$250,000 if married filing jointly)	7	
8 Is the amount on line 6 more than the amount on line 7? <input type="checkbox"/> No. Enter the amount from line 3 above on Schedule A, line 7. Do not complete the rest of this worksheet. <input type="checkbox"/> Yes. Subtract line 7 from line 6	8	
9 Divide the amount on line 8 by \$10,000. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	9	
10 Multiply line 3 by line 9	10	
11 Deduction for new motor vehicle taxes. Subtract line 10 from line 3. Enter the result here and on Schedule A, line 7	11	

Employee Business Expenses

► See separate instructions.
 ► Attach to Form 1040 or Form 1040NR.

2010

Your name

TIMOTHY J. RYAN

Occupation in which you incurred expenses

U.S. CONGRESSMAN

Social security number

[REDACTED]

Part I Employee Business Expenses and Reimbursements

Step 1 Enter Your Expenses	Column A		Column B	
	Other Than Meals and Entertainment		Meals and Entertainment	
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.) ...	1			
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 6	4	3,000.		
5 Meals and entertainment expenses (see instructions)	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	3,000.		

Note: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

7 Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions)	7		
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Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8)	8	3,000.	
Note: If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.			
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	9	3,000.	
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 9). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.)	▶ 10	3,000.	

LHA For Paperwork Reduction Act Notice, see instructions.

Form 2106 (2010)

Part II Vehicle Expenses

Section A - General Information (You must complete this section if you are claiming vehicle expenses.)		(a) Vehicle	(b) Vehicle
11 Enter the date the vehicle was placed in service	11		
12 Total miles the vehicle was driven during 2010	12	miles	miles
13 Business miles included on line 12	13	miles	miles
14 Percent of business use. Divide line 13 by line 12	14	%	%
15 Average daily roundtrip commuting distance	15	miles	miles
16 Commuting miles included on line 12	16	miles	miles
17 Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles
18 Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
19 Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
20 Do you have evidence to support your deduction?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
21 If "Yes," is the evidence written?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section B - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22 Multiply line 13 by 50¢ (.50). Enter the result here and on line 1	22
---	----

Section C - Actual Expenses		(a) Vehicle	(b) Vehicle
23 Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a Vehicle rentals	24a		
b Inclusion amount (see instructions)	24b		
c Subtract line 24b from line 24a	24c		
25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2--see instructions)	25		
26 Add lines 23, 24c, and 25	26		
27 Multiply line 26 by the percentage on ln 14	27		
28 Depreciation (see instructions)	28		
29 Add lines 27 and 28. Enter total here and on line 1	29		

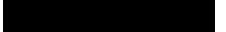
Section D - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle	(b) Vehicle
30 Enter cost or other basis (see instructions)	30		
31 Enter section 179 deduction and special allowance (see instructions)	31		
32 Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance)	32		
33 Enter depreciation method and percentage (see instructions)	33		
34 Multiply line 32 by the percentage on line 33 (see instructions)	34		
35 Add lines 31 and 34	35		
36 Enter the applicable limit explained in the line 36 instructions	36		
37 Multiply line 36 by the percentage on ln 14	37		
38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Residential Energy Credits**2010**

Name(s) shown on return

TIMOTHY J. RYAN

Your social security number
**Part I Nonbusiness Energy Property Credit** (See instructions before completing this part.)

- 1 Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions)

1 Yes No

 <img alt="Gray shaded box" data-bbox="795

Part II Residential Energy Efficient Property Credit (See instructions before completing this part.)**Note.** Skip lines 12 through 21 if you only have a credit carryforward from 2009.

12 Qualified solar electric property costs	12	
13 Qualified solar water heating property costs	13	
14 Qualified small wind energy property costs	14	
15 Qualified geothermal heat pump property costs	15	
16 Add lines 12 through 15	16	
17 Multiply line 16 by 30% (.30)	17	
18 Qualified fuel cell property costs	18	
19 Multiply line 18 by 30% (.30)	19	
20 Kilowatt capacity of property on line 18 above ► X \$1,000	20	
21 Enter the smaller of line 19 or line 20	21	
22 Credit carryforward from 2009. Enter the amount, if any, from your 2009 Form 5695, line 28	22	
23 Add lines 17, 21, and 22	23	
24 Enter the amount from Form 1040, line 46, or Form 1040NR, line 44	24	
25 1040 filers: Enter the total, if any, of your credits from Form 1040, lines 47 through 50; line 11 of this form; line 12 of the Line 11 worksheet in Pub. 972 (see instructions); Form 8396, line 9; Form 8859, line 3; Form 8834, line 22; Form 8910, line 21; Form 8936, line 14; and Schedule R, line 22. 1040NR filers: Enter the amount, if any, from Form 1040NR, lines 45 through 47; line 11 of this form; line 12 of the Line 11 worksheet in Pub. 972 (see instructions); Form 8396, line 9; Form 8859, line 3; Form 8834, line 22; Form 8910, line 21; and Form 8936, line 14.	25	
26 Subtract line 25 from line 24. If zero or less, enter -0- here and on line 27	26	
27 Residential energy efficient property credit. Enter the smaller of line 23 or line 26. Also include this amount on Form 1040, line 52, or Form 1040NR, line 49	27	
28 Credit carryforward to 2011. If line 27 is less than line 23, subtract line 27 from line 23	28	

FORM 1040

STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT 1

2009

2008

2007

OHIO

617.

GROSS STATE/LOCAL INC TAX REFUNDS
LESS: TAX PAID IN FOLLOWING YEAR

NET TAX REFUNDS OHIO

617.

TOTAL NET TAX REFUNDS

617.



FORM 1040	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT	2
	2009	2008	2007
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMNT.	617.		
LESS:REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION			
1 NET REFUNDS FOR RECALCULATION	617.		
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	26,571.		
3 DEDUCTION NOT SUBJ TO PHASEOUT			
4 NET REFUNDS FROM LINE 1	617.		
5 LINE 2 MINUS LINES 3 AND 4	25,954.		
6 MULT LN 5 BY APPL SEC. 68 PCT	20,763.		
7 PRIOR YEAR AGI	156,384.		
8 ITEM. DED. PHASEOUT THRESHOLD	166,800.		
9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	-10,416.		
10 MULT LN 9 BY APPL SEC. 68 PCT			
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)			
12 ITEM DED. NOT SUBJ TO PHASEOUT			
13A TOTAL ADJ. ITEMIZED DEDUCTIONS			
13B PRIOR YR. STD. DED. AVAILABLE			
14 PRIOR YR. ALLOWABLE ITEM. DED.			
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14			
16 TAXABLE REFUNDS	617.		
(LESSER OF LINE 15 OR LINE 1)			
17 ALLOWABLE PRIOR YR. ITEM. DED.	26,571.		
18 PRIOR YEAR STD. DED. AVAILABLE	6,200.		
19 SUBTRACT LINE 18 FROM LINE 17	20,371.		
20 LESSER OF LINE 16 OR LINE 19	617.		
21 PRIOR YEAR TAXABLE INCOME	126,163.		
22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21			617.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2007			
TOTAL TO FORM 1040, LINE 10		617.	



FORM 1040

STUDENT LOAN INTEREST DEDUCTION

STATEMENT 3

1.	ENTER THE TOTAL INTEREST PAID IN 2010 ON QUALIFIED STUDENT LOANS. DO NOT ENTER MORE THAN \$2,500	1,492.
2.	ENTER THE AMOUNT FROM FORM 1040, LINE 22	159,605.
3.	ENTER THE TOTAL OF THE AMOUNTS FROM FORM 1040, LINES 23 THROUGH 32 PLUS ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED LINE NEXT TO LINE 36	
4.	SUBTRACT LINE 3 FROM LINE 2	159,605.
5.	ENTER THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS. * SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)-\$60,000 * MARRIED FILING JOINTLY-\$120,000	60,000.
6.	IS THE AMOUNT ON LINE 4 MORE THAN THE AMOUNT ON LINE 5? [] NO. SKIP LINES 6 AND 7, ENTER -0- ON LINE 8, AND GO TO LINE 9 [X] YES. SUBTRACT LINE 5 FROM LINE 4	99,605.
7.	DIVIDE LINE 6 BY \$15,000 (\$30,000 IF MARRIED FILING JOINTLY). ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES). IF THE RESULT IS 1.000 OR MORE, ENTER 1.000 . . .	1.000
8.	MULTIPLY LINE 1 BY LINE 7.	1,492.
9.	STUDENT LOAN INTEREST DEDUCTION. SUBTRACT LINE 8 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1040, LINE 33 . . .	0.

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 4

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T HOUSE OF REP - MEMBER SERVICES	158,988.	37,652.	7,718.		6,622.	2,523.
TOTALS	158,988.	37,652.	7,718.		6,622.	2,523.



SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT 5
DESCRIPTION		AMOUNT
HOUSE OF REP - MEMBER SERVICES		7,718.
OHIO CITIES 1ST QTR ESTIMATE PAYMENTS		700.
OHIO CITIES 2ND QTR ESTIMATE PAYMENTS		700.
OHIO CITIES 3RD QTR ESTIMATE PAYMENTS		700.
OHIO CITIES 4TH QTR ESTIMATE PAYMENTS		700.
OHIO CITIES PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS		1,317.
TOTAL TO SCHEDULE A, LINE 5		11,835.

FORM 2106/SBE	OTHER BUSINESS EXPENSES	STATEMENT 6
U.S. CONGRESSMAN		
DESCRIPTION		AMOUNT
TEMPORARY LIVING EXPENSES - MEMBERS OF CONGRESS		3,000.
TOTAL TO FORM 2106/SBE, PART I, LINE 4		3,000.

NONBUSINESS ENERGY PROPERTY

Please do not use staples.

Ohio

Department of
Taxation



10000115

Taxable year beginning in

2010

IT 1040 Rev. 9/10

**Individual
Income Tax Return**

Please use only black ink.

Taxpayer Social Security no. (required) ►► If deceased Spouse's Social Security no. (only if joint return) ►► If deceased

Use UPPERCASE letters.

check box

Your first name

TIMOTHY

M.I.

J

Last name

RYAN

check box

Spouse's first name (only if joint return)

M.I.

Last name

Mailing address (for faster processing, please use a street address)

City

State ZIP code

County (first four letters)

Home address (if different from mailing address) - please do **NOT** show city or state

ZIP code

County (first four letters)

Foreign country (please provide this information if your mailing address is outside the U.S.)

Foreign postal code

Ohio Residency Status - Check applicable box

Full-year resident Part-year resident Nonresident ►►
Indicate state

Check applicable box for spouse (only if married filing jointly)

Full-year resident Part-year resident Nonresident ►►
Indicate state

Filing Status - Check one (as reported on federal income tax return)

Single or head of household or qualifying widow(er)

Married filing jointly

Married filing separately ►►

(enter spouse's SS#)

Yes

No
X

Ohio Political Party Fund

Do you want \$1 to go to this fund?

If joint return, does your spouse want \$1 to go to this fund?

Note: Checking "Yes" will not increase your tax or decrease your refund.

Ohio School District Number for 2010

(see pages 42-46 in the instructions)

7818

INCOME AND TAX INFORMATION

1. Federal adjusted gross income (from IRS form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10)	1.	159 605 00
2. Adjustments from line 47 on page 3 of Ohio form IT 1040 (enclose page 3)	2.	-617 00
3. Ohio adjusted gross income (line 2 added to or subtracted from line 1)	3.	158 988 00
4. Personal exemption and dependent exemption deduction - multiply your personal and dependent exemptions 1 times \$1,600 and enter the result here	4.	1 600 00
5. Ohio taxable income (line 3 minus line 4; enter -0- if line 3 is less than line 4)	5.	157 388 00
6. Tax on line 5 (see tax tables on pages 34-40 of the instructions)	6.	7 110 00
7. Credits from Schedule B from line 57 on page 4 of Ohio form IT 1040 (enclose page 4) ...	7.	7 110 00
8. Ohio tax less Schedule B credits (line 6 minus line 7; enter -0- if line 7 is more than line 6) ...	8.	7 110 00
9. Exemption credit: Number of personal and dependent exemptions 1 times \$20	9.	20 00
10. Ohio tax less exemption credit (line 8 minus line 9; enter -0- if line 8 is less than line 9)	10.	7 090 00

2010 IT 1040

CCH 071001 11-08-10

pg. 1 of 4

2010 IT 1040



2010

SS#

10a. Amount from line 10 on page 1	10a.	7 090 00
11. Joint filing credit. See the instructions on page 19 for eligibility and documentation requirements (this credit is for married filing jointly status only). % times line 10a(limit \$650)	11.	
12. Ohio tax less joint filing credit (line 10a minus line 11; if line 11 is more than line 10a, enter -0-) 12.		7 090 00
13. Total credits from line 69 on page 4 of Ohio form IT 1040 (enclose page 4) 13.		
14. Manufacturing equipment grant. You must include the grant request form	14.	0 00
15. Ohio income tax (line 12 minus lines 13 and 14; if the total of lines 13 and 14 is more than line 12, enter -0-)	15.	7 090 00
16. Interest penalty on underpayment of income tax. Enclose Ohio form IT/SD 2210 (see page 20 of the instructions)	16.	
17. Unpaid Ohio use tax (see worksheet on page 32 of the instructions)	17.	0 00
18. Total Ohio tax liability (add lines 15, 16 and 17)	TOTAL TAX ► 18.	7 090 00
19. Ohio tax withheld (box 17 on your W-2; box 14 on your W-2G; and box 10 on your 1099-R). Place W-2(s), W-2G(s) and 1099-R(s) on top of this return	AMOUNT WITHHELD ► 19.	7 718 00
20. 2009 overpayment credited to 2010, 2010 est. tax payments and any other 2010 tax payments	20.	
21. Refundable credits. Include certificate(s) and K-1(s):		
a. Business jobs credit	b. Pass-through entity credit	
c. Historical preservation credit	d. Motion picture production credit	
22. Add lines 19, 20 and 21a, b, c and d	TOTAL PAYMENTS ► 22.	7 718 00
If line 22 is MORE THAN line 18, go to line 23. If line 22 is LESS THAN line 18, skip to line 27.		
23. If line 22 is MORE THAN line 18, subtract line 18 from line 22.....	AMOUNT OVERPAID ► 23.	628 00
24. Amount of line 23 to be credited to 2011 income tax liability	CREDIT TO 2011 ► 24.	0 00
25. Amount of line 23 that you wish to <u>donate</u> to the following funds:		
a. Military injury relief	b. Wildlife species/endangered wildlife	c. Natural areas/endangered species
26. Line 23 minus the sum of lines 24 and 25a, b and c. Enter amount here, then skip to line 28	26.	628 00
27. If line 22 is LESS THAN line 18, subtract line 22 from line 18	AMOUNT DUE ► 27.	
28. Interest and penalty due on late-paid taxes and/or late-filed return (see page 21 of the instructions)	INTEREST AND PENALTY ► 28.	
If you entered an amount on line 26, skip to line 30. If you entered an amount on line 27, go to line 29.		
29. Amount due plus interest and penalty (add lines 27 and 28). If payment is enclosed, make check payable to Ohio Treasurer of State and include Ohio form IT 40P (see page 7 or 47 of the instructions)	AMOUNT DUE PLUS INTEREST AND PENALTY ► 29.	
30. Refund less interest and penalty (line 26 minus line 28). Enter the amount here. (If line 28 is more than line 26, you have an amount due. Subtract line 26 from line 28 and enter this amount on line 29)	YOUR REFUND ► 30.	628 00

If your refund is less than \$1.01, no refund will be issued. If you owe less than \$1.01, no payment is necessary.

SIGN HERE (required) - See page 4 of this return for mailing information.

I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge
and belief, the return and all enclosures are true, correct and complete.

For Department Use Only

► Your signature _____ Date _____

► Spouse's signature (see page 10 of the instructions) _____ Phone number (optional) _____

Preparer's name (please print; see page 10 of the instructions) _____ Phone number _____

Do you authorize your preparer to contact us regarding this return? Yes No _____ Code _____



IF LINE 2 (ON PAGE 1) IS -0- OR BLANK, DO NOT MAIL PAGE 3.

SCHEDULE A - Income Adjustments (Additions and Deductions)

Additions (add income items only to the extent not included on page 1, line 1).

31. Non-Ohio state or local government interest and dividends 31.
32. Certain pass-through entity Ohio taxes paid and Ohio Revised Code section 5733.40(A) pass-through entity adjustment 32.
- 33a. Federal interest and dividends subject to state taxation 33a.
- b. Reimbursement of college tuition expenses and fees deducted in any previous year(s) b.
- c. Losses from sale or disposition of Ohio public obligations c.
- d. Nonmedical withdrawals from an Ohio medical savings account, lump sum distribution add-back and miscellaneous federal income tax adjustments d.
- e. Reimbursement of expenses previously deducted for Ohio income tax purposes, but only if the reimbursement is not in federal adjusted gross income e.
- f. Noneducation expenditures from college savings account f.
- g. 5/6 adjustment for IRC section 168(k) and 179 depreciation expense g.
34. **Total additions** (add lines 31 through 33g and enter here). You must complete the applicable line items above 34.

Deductions (deduct income items only to the extent included on page 1, line 1).

Important: See caution on page 23 of the instructions.

35. Federal interest and dividends exempt from state taxation 35.
36. Employee compensation earned in Ohio by full-year residents of neighboring states and certain income earned by military nonresidents and civilian nonresident spouses (see inst) 36.
37. Military pay for Ohio residents, but only if the military pay is included on line 1 of this return and is received while the military member was stationed outside Ohio 37.
38. State or municipal income tax overpayments shown on IRS form 1040, line 10 38.
39. Disability and survivorship benefits (do not include pension continuation benefits) 39.
40. Qualifying Social Security benefits and certain railroad retirement benefits 40.
41. Contributions to Ohio CollegeAdvantage 529 savings plan and/or purchases of tuition credits 41.
42. Certain Ohio National Guard reimbursements and benefits (see page 25 of the instructions) 42.
43. Unreimbursed long-term care insurance premiums, unsubsidized health care insurance premiums and excess health care expenses (see worksheet on page 25 of the instructions) 43.
44. Funds deposited into, and earnings of, a medical savings account for eligible health care expenses (see worksheet on page 26 of the instructions) 44.
- 45a. Wage expense not deducted due to the targeted jobs or the work opportunity tax credits 45a.
- b. Interest income from Ohio public obligations and from Ohio purchase obligations and gains from the sale or disposition of Ohio public obligations b.
- c. Refund or reimbursements shown on IRS form 1040, line 21 for itemized deductions claimed on a prior year federal income tax return c.
- d. Repayment of income reported in a prior year and miscellaneous federal tax adjustments d.
- e. Qualified organ donor expenses (maximum \$10,000 per taxpayer) and amounts contributed to an individual development account e.
- f. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense f.
- g. Military retirement income and military injury relief fund amounts included in federal adjusted gross income (line 1) g.
46. **Total deductions** (add lines 35 through 45g). You must complete the applicable line items above 46. 617 00
47. Net adjustments - If line 34 is GREATER than line 46, enter the difference here and on line 2 as a positive amount. If line 34 is LESS than line 46, enter the difference here and on line 2 as a negative amount. Include this page when you file your return 47. -617 00

STATE OF OHIO DISCLOSURE INFORMATION

BY SUBMITTING THIS RETURN ELECTRONICALLY, THE TAXPAYER ACCEPTS THE FOLLOWING STATEMENTS:

UNDER PENALTIES OF PERJURY, I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE OHIO INCOME TAX RETURN AND IF APPLICABLE, THE OHIO SCHOOL DISTRICT INCOME TAX RETURN IS TRUE, CORRECT AND COMPLETE. I ALSO DECLARE UNDER PENALTIES OF PERJURY THAT IF I AM FILING A RETURN WITH MY SPOUSE, I AM AUTHORIZED TO MAKE THIS DECLARATION ON HIS/HER BEHALF AND TO FILE THE RETURN FOR BOTH OF US.

THE OHIO DEPARTMENT OF TAXATION IS NOT RESPONSIBLE FOR THE MISAPPLICATION OF A DIRECT DEPOSIT REFUND INTO A CHECKING, SAVINGS, IRA OR 529 COLLEGEADVANTAGE ACCOUNT THAT IS CAUSED BY ERROR, NEGLIGENCE OR MALFEASANCE ON THE PART OF THE TAXPAYER, ELECTRONIC FILER, FINANCIAL INSTITUTION, OR ANY OF THEIR AGENTS.

COPY

2010 NILES

COPY

DECLARATION OF ESTIMATED NILES**INCOME TAX**

D-1 For Calendar year 2011, Or _____ Months Ending _____
 Attach Payment and File on or before 04/18/11 or within 4 months after your tax period begins.

D-1

To Legally Constitute Filing A Declaration, Form Must Be Signed, Dated, And Accompanied By Payment. The Safest And Easiest Way To Declare Is To Estimate This Year's Tax Based On Last Year's Taxable Income.

S.S. # _____ F.I.D. # _____

IF YOU ARE FILING FOR THE FIRST TIME OR YOUR TAX STATUS HAS CHANGED IN THE PAST YEAR, please answer the questions below and attach explanation.

Corp'n. Ptnrship? Sole Prop? Employee? Other?

Do You Now Have Or Expect To Have Employees? _____

Resident Of **NILES**

Tele. No. _____

TIMOTHY J. RYAN
[REDACTED]

INTEREST AND PENALTIES MUST BE ASSESSED FOR FAILURE TO FILE AND MAKE TIMELY PAYMENTS

1. ESTIMATED TAXABLE INCOME \$ _____ X % TAX RATE= ESTIMATED TAX \$ _____
 2. LESS ALLOWABLE CREDITS, IF ANY:

a. TAX TO BE WITHHELD BY YOUR EMPLOYER \$ _____
 b. INCOME TAX PAYABLE ANOTHER CITY BY RESIDENT OF \$ _____

The undersigned declares this to be a true, correct and complete declaration of estimated income tax for the year

_____ signature _____ date 20 _____

3. BALANCE OF 2011 ESTIMATED TAX ROUNDED 2,800.
 4. DEDUCT OVERPAYMENT OF LAST YEAR'S TAX IF YOU REQUESTED TRANSFER ON YOUR RETURN 190.
 5. BALANCE OF 2011 ESTIMATED TAX PAYMENT 2,610.
 6. AMOUNT TO BE PAID WITH THIS DECLARATION AT TIME OF FILING. (Make your remittance payable to CITY OF **NILES**) \$ 510.

CUT HERE**DECLARATION OF ESTIMATED NILES****INCOME TAX**

D-1 For Calendar year 2011, Or _____ Months Ending _____
 Attach Payment and File on or before 06/15/11 or within 4 months after your tax period begins.

D-1

To Legally Constitute Filing A Declaration, Form Must Be Signed, Dated, And Accompanied By Payment. The Safest And Easiest Way To Declare Is To Estimate This Year's Tax Based On Last Year's Taxable Income.

S.S. # _____ F.I.D. # _____

IF YOU ARE FILING FOR THE FIRST TIME OR YOUR TAX STATUS HAS CHANGED IN THE PAST YEAR, please answer the questions below and attach explanation.

Corp'n. Ptnrship? Sole Prop? Employee? Other?

Do You Now Have Or Expect To Have Employees? _____

Resident Of **NILES**

Tele. No. _____

TIMOTHY J. RYAN
[REDACTED]

INTEREST AND PENALTIES MUST BE ASSESSED FOR FAILURE TO FILE AND MAKE TIMELY PAYMENTS

1. ESTIMATED TAXABLE INCOME \$ _____ X % TAX RATE= ESTIMATED TAX \$ _____
 2. LESS ALLOWABLE CREDITS, IF ANY:

a. TAX TO BE WITHHELD BY YOUR EMPLOYER \$ _____
 b. INCOME TAX PAYABLE ANOTHER CITY BY RESIDENT OF \$ _____

The undersigned declares this to be a true, correct and complete declaration of estimated income tax for the year

_____ signature _____ date 20 _____

3. BALANCE OF 2011 ESTIMATED TAX ROUNDED 2,800.
 4. DEDUCT OVERPAYMENT OF LAST YEAR'S TAX IF YOU REQUESTED TRANSFER ON YOUR RETURN 190.
 5. BALANCE OF 2011 ESTIMATED TAX PAYMENT 2,610.
 6. AMOUNT TO BE PAID WITH THIS DECLARATION AT TIME OF FILING. (Make your remittance payable to CITY OF **NILES**) \$ 700.

DECLARATION OF ESTIMATED NILES**INCOME TAX**

D-1 For Calendar year 2011, Or _____ Months Ending _____
 Attach Payment and File on or before 09/15/11 or within 4 months after your tax period begins.

D-1

To Legally Constitute Filing A Declaration, Form Must Be Signed, Dated, And Accompanied By Payment. The Safest And Easiest Way To Declare Is To Estimate This Year's Tax Based On Last Year's Taxable Income.

S.S. # _____ F.I.D. # _____

IF YOU ARE FILING FOR THE FIRST TIME OR YOUR TAX STATUS HAS CHANGED IN THE PAST YEAR, please answer the questions below and attach explanation.

Corp'n. Ptnrship? Sole Prop? Employee? Other?

Do You Now Have Or Expect To Have Employees? _____

Resident Of **NILES**

Tele. No. _____

TIMOTHY J. RYAN

INTEREST AND PENALTIES MUST BE ASSESSED FOR FAILURE TO FILE AND MAKE TIMELY PAYMENTS

1. ESTIMATED TAXABLE INCOME \$ _____ X % TAX RATE= ESTIMATED TAX \$ _____
 2. LESS ALLOWABLE CREDITS, IF ANY:

a. TAX TO BE WITHHELD BY YOUR EMPLOYER \$ _____
 b. INCOME TAX PAYABLE ANOTHER CITY BY RESIDENT OF \$ _____

The undersigned declares this to be a true, correct and complete declaration of estimated income tax for the year

_____ signature _____ date 20 _____

3. BALANCE OF 2011 ESTIMATED TAX ROUNDED 2,800.
 4. DEDUCT OVERPAYMENT OF LAST YEAR'S TAX IF YOU REQUESTED TRANSFER ON YOUR RETURN 190.
 5. BALANCE OF 2011 ESTIMATED TAX PAYMENT 2,610.
 6. AMOUNT TO BE PAID WITH THIS DECLARATION AT TIME OF FILING. (Make your remittance payable to CITY OF **NILES**) \$ 700.

CUT HERE**DECLARATION OF ESTIMATED NILES****INCOME TAX**

D-1 For Calendar year 2011, Or _____ Months Ending _____
 Attach Payment and File on or before 01/17/12 or within 4 months after your tax period begins.

D-1

To Legally Constitute Filing A Declaration, Form Must Be Signed, Dated, And Accompanied By Payment. The Safest And Easiest Way To Declare Is To Estimate This Year's Tax Based On Last Year's Taxable Income.

S.S. # _____ F.I.D. # _____

IF YOU ARE FILING FOR THE FIRST TIME OR YOUR TAX STATUS HAS CHANGED IN THE PAST YEAR, please answer the questions below and attach explanation.

Corp'n. Ptnrship? Sole Prop? Employee? Other?

Do You Now Have Or Expect To Have Employees? _____

Resident Of **NILES**

Tele. No. _____

TIMOTHY J. RYAN

INTEREST AND PENALTIES MUST BE ASSESSED FOR FAILURE TO FILE AND MAKE TIMELY PAYMENTS

1. ESTIMATED TAXABLE INCOME \$ _____ X % TAX RATE= ESTIMATED TAX \$ _____
 2. LESS ALLOWABLE CREDITS, IF ANY:

a. TAX TO BE WITHHELD BY YOUR EMPLOYER \$ _____
 b. INCOME TAX PAYABLE ANOTHER CITY BY RESIDENT OF \$ _____

The undersigned declares this to be a true, correct and complete declaration of estimated income tax for the year

_____ signature _____ date 20 _____

3. BALANCE OF 2011 ESTIMATED TAX ROUNDED 2,800.
 4. DEDUCT OVERPAYMENT OF LAST YEAR'S TAX IF YOU REQUESTED TRANSFER ON YOUR RETURN 190.
 5. BALANCE OF 2011 ESTIMATED TAX PAYMENT 2,610.
 6. AMOUNT TO BE PAID WITH THIS DECLARATION AT TIME OF FILING. (Make your remittance payable to CITY OF **NILES**) \$ 700.

Form R	2010	INCOME TAX RETURN	2010	Fiscal Years Fill in Dates
File by 04/18/11				Beginning _____
				Ending _____
				And File Within 4 Months of Ending Date

OCCUPATION OR PRINCIPAL BUSINESS ACTIVITY **U.S. CONGRESSMAN**

INDICATE CORP'N SOLE PROP. SUB S CORP
WHETHER PTNRSHP EMPLOYEE OTHER

ACCOUNT NO.

ACCOUNT TYPE

SOCIAL SECURITY # / F.I.D. #

Check if a
Consolidated return

ARE YOU A RESIDENT OF THIS CITY?

DID YOU FILE A RETURN FOR 2009?

HAS INTERNAL REVENUE SERVICE INCREASED YOUR
INCOME TAX LIABILITY FOR ANY PRIOR YEAR?

IF SO, HAS AN AMENDED CITY INCOME TAX RETURN BEEN FILED?

YES	NO
X	
X	
	X

TIMOTHY J. RYAN

Your Name, Address & Social Security # / F.I.D. # Are Printed Above As They Appear On Our Records,
Make Corrections Where Necessary. Add Social Security # / F.I.D. # If Missing. Attach Copy of Federal
Return And Schedules In Lieu of Page 2 Schedules C, E & H. Otherwise, Returns Will Be Questioned if
all lines Applicable to Taxpayer Are Not Completed.

This Space for Tax Office Use Only

ENTER EMPLOYER'S NAME WHERE EMPLOYED AND 2010 GROSS WAGES, SALARIES, BONUSES, COMMISSIONS, TIPS, ETC. ATTACH COPY OF W-2 FORM(S)

Employer's Name (Attach Copy of W-2 Form(s))	City Where Employed	City Tax W'Held	Wages, Etc.
HOUSE OF REP - MEMBER SERVICES	NILES		173,988.

INCOME	1a. TOTALS (if above is <u>fully taxable</u> and your only income, go next to Line 7)	173,988.
	2. OTHER INCOME: FROM LINE 26 PAGE 2	
	3. TOTAL INCOME (TOTAL OF LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED)	173,988.
ADJUST- MENTS TO INCOME	4a. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X BELOW) ADD <input type="checkbox"/> b. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X BELOW) DEDUCT <input type="checkbox"/> c. DIFFERENCE BETWEEN LINES 4a and b TO BE ADDED TO OR SUBTRACTED FROM LINE 3. (+ OR -)	
	5a. ADJUSTED NET INCOME (Line 3 plus or minus Line 4c if Schedule X is used)	173,988.
	b. Amount of Line 5a Allocable to the City (_____ % from line 5 Schedule Y)	
	c. LESS ALLOCABLE NET LOSS PER PREVIOUS CITY INCOME TAX RETURNS (Submit Schedule)	
TAX	6. AMOUNT SUBJECT TO CITY INCOME TAX (LINE 5a OR 5b LESS LINE 5c)	173,988.
	7. INCOME TAX - 1.5000% OF LINE 6	2,610.
ALLOWABLE CREDITS	8. CREDITS: (a) City tax withheld by employer(s) as shown on line 1a above	
	(b) Payments and credits on 2010 Declaration of Estimated Tax	2,800.
	(c) Earned income taxes paid City of _____ (Resident individuals only)	
	(X) TOTAL CREDITS ALLOWABLE	2,800.
	and Attach When Filing.	
	9. BALANCE OF TAX DUE (Line 7 Less Line 8x) Make Remittance Payable to City of NILES	
	10. OVERPAYMENT CLAIMED (If Line 8x Exceeds Line 7, Enter Difference in Box at Right)	190.

Enter Amount of Line 10 You Want: Credited to your **2011** Estimated Tax \$ **190.** Refunded \$

SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN SEE INSTRUCTIONS BEFORE MAKING ENTRIES BELOW.			
ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital losses	\$ <input type="text"/>	n. Capital gains	\$ <input type="text"/>
b. Expenses incurred in the production of non-taxable income		o. Interest income	
c. City or state income taxes		p. Dividends	
d. Net operating loss deduction per Federal Return		q. Employee Stock Options	
e. Payments to partners		r. Other (Explain)	
f. Contribution to a Retirement Plan (401K, SERP)			
g. Stock Options			
h. Other (Explain)			
m. Total Additions (enter as Line 4a above)	\$ <input type="text"/>	z. Total Deductions (enter as Line 4b above)	\$ <input type="text"/>

I CERTIFY I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE AND THAT THE FIGURES USED HEREIN ARE THE SAME AS FOR FEDERAL INCOME TAX PURPOSES.

If this return was prepared by a tax preparer, may we contact him/her directly with questions regarding the preparation of this return.

Yes No

SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER

SIGNATURE OF TAXPAYER OR AGENT

DATE

SIGNATURE OF SPOUSE (IF JOINT)

DATE

ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER
095601 05-01-10

PAGE 1

TITLE IF SIGNING FOR A BUSINESS

