

Form **1040** U.S. Individual Income Tax Return (99) **2011** OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2011, or other tax year beginning		, 2011, ending	, 20	See separate instructions.	
Your first name and initial JAY R		Last name INSLEE		Your social security number [REDACTED]	
If a joint return, spouse's first name and initial TRUDI A		Last name INSLEE		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]				Apt. no. [REDACTED]	
COPY					
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. [REDACTED]				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.	
Foreign country name		Foreign province/county		Foreign postal code	
Filing Status		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. ►			
1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►		5 <input type="checkbox"/> Qualifying widow(er) with dependent child			
Exemptions		6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input checked="" type="checkbox"/> Spouse c Dependents: (1) First name _____ Last name _____ (2) Dependent's social security number _____ (3) Dependent's relationship to you _____ (4) <input type="checkbox"/> If child under age 17 qualifying for child tax credit _____ [REDACTED]			
If more than four dependents, see instructions and check here ► [REDACTED]		Boxes checked on 6a and 6b _____ 2 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 ► 2			
Income		d Total number of exemptions claimed _____ 2			
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.		7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 158,837. 8a Taxable interest. Attach Schedule B if required 8a 4. b Tax-exempt interest. Do not include on line 8a 8b [REDACTED] 9a Ordinary dividends. Attach Schedule B if required 9a [REDACTED] b Qualified dividends 9b [REDACTED] 10 Taxable refunds, credits, or offsets of state and local income taxes 10 [REDACTED] 11 Alimony received 11 [REDACTED] 12 Business income or (loss). Attach Schedule C or C-EZ 12 33,208. 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► 13 [REDACTED] 14 Other gains or (losses). Attach Form 4797 14 [REDACTED] 15a IRA distributions 15a [REDACTED] b Taxable amount 15b 45,000. 16a Pensions and annuities 16a [REDACTED] b Taxable amount 16b [REDACTED] 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 14. 18 Farm income or (loss). Attach Schedule F 18 [REDACTED] 19 Unemployment compensation 19 [REDACTED] 20a Social security benefits 20a [REDACTED] b Taxable amount 20b [REDACTED] 21 Other income. List type and amount 21 [REDACTED] 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ► 22 237,063.			
Adjusted Gross Income		23 Educator expenses 23 [REDACTED] Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 [REDACTED] 25 Health savings account deduction. Attach Form 8889 25 [REDACTED] 26 Moving expenses. Attach Form 3903 26 [REDACTED] 27 Deductible part of self-employment tax. Attach Schedule SE 27 2,346. 28 Self-employed SEP, SIMPLE, and qualified plans 28 [REDACTED] 29 Self-employed health insurance deduction 29 [REDACTED] 30 Penalty on early withdrawal of savings 30 [REDACTED] 31a Alimony paid b Recipient's SSN ► 31a [REDACTED] 32 IRA deduction 32 [REDACTED] 33 Student loan interest deduction 33 [REDACTED] 34 Tuition and fees. Attach Form 8917 34 [REDACTED] 35 Domestic production activities deduction. Attach Form 8903 35 [REDACTED] 36 Add lines 23 through 35 36 2,346. 37 Subtract line 36 from line 22. This is your adjusted gross income ► 37 234,717.			

110001
11-07-11

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2011)

Tax and Credits	38 Amount from line 37 (adjusted gross income)	38	234,717.		
Standard Deduction for - • People who check any box on line 39a or 39b or who can be claimed as a dependent.	39a Check if: <input type="checkbox"/> You were born before January 2, 1947, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1947, <input type="checkbox"/> Blind. Total boxes checked ► 39a <input type="checkbox"/> 39b <input type="checkbox"/>	39a			
• All others: Single or Married filing separately, \$5,800 Married filing jointly or Qualifying widow(er), \$11,600 Head of household, \$8,500	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	35,483.		
	41 Subtract line 40 from line 38	41	199,234.		
	42 Exemptions. Multiply \$3,700 by the number on line 6d	42	7,400.		
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	191,834.		
	44 Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election	44	41,783.		
	45 Alternative minimum tax. Attach Form 6251	45			
	46 Add lines 44 and 45	46	41,783.		
	47 Foreign tax credit. Attach Form 1116 if required	47			
	48 Credit for child and dependent care expenses. Attach Form 2441	48			
	49 Education credits from Form 8863, line 23	49			
	50 Retirement savings contributions credit. Attach Form 8880	50			
	51 Child tax credit (see instructions)	51			
	52 Residential energy credits. Attach Form 5695	52			
	53 Other 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			
	55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	41,783.		
Other Taxes	56 Self-employment tax. Attach Schedule SE	56	4,079.		
	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			
	59a Household employment taxes from Schedule H b First-time homebuyer credit repayment. Attach Form 5405 if required	59a			
	60 Other taxes. Enter code(s) from instructions	59b			
	61 Add lines 55 through 60. This is your total tax	60			
	62 Federal income tax withheld from Forms W-2 and 1099	62	38,260.		
	63 2011 estimated tax payments and amount applied from 2010 return	63	6,800.		
If you have a qualifying child, attach Schedule EIC.	64a Earned income credit (EIC) b Nontaxable combat pay election 64b	64a			
	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 62, 63, 64a, and 65 through 71. These are your total payments	72	45,060.		
Refund	73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73			
Direct deposit? See instructions.	74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/> b Routing number ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings ► d Account number	74a			
	75 Amount of line 73 you want applied to your 2012 estimated tax 75	75			
Amount You Owe	76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	802.		
	77 Estimated tax penalty (see instructions) 77	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.				
Sign Here	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.				
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation US HOUSE OF REPRESENT.		
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation CONSULTANT		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		3/30/12		
	Firm's address			Firm's EIN	
				Phone no.	

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service
(99)
Name(s) shown on Form 1040

Itemized Deductions

OMB No. 1545-0074

2011

Attachment
Sequence No. 07

Your social security number [REDACTED]

JAY R & TRUDI A INSLEE

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.	
	1 Medical and dental expenses (see instructions) SEE STATEMENT 6	1 5,463.
	2 Enter amount from Form 1040, line 38	2 234,717.
	3 Multiply line 2 by 7.5% (.075)	3 17,604.
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4 0.
Taxes You Paid	5 State and local (check only one box): a <input type="checkbox"/> Income taxes, or b <input checked="" type="checkbox"/> General sales taxes } SEE STATEMENT 7	5 4,522.
	6 Real estate taxes (see instructions)	6 5,551.
	7 Personal property taxes	7
	8 Other taxes. List type and amount ►	8
	9 Add lines 5 through 8	9 10,073.
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10 21,637.
	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
Note. Your mortgage interest deduction may be limited (see instructions).	12 Points not reported to you on Form 1098. See instructions for special rules	12 139.
	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 21,776.
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16 3,634.
	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
If you made a gift and got a benefit for it, see instructions.	18 Carryover from prior year	18
	19 Add lines 16 through 18	19 3,634.
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-EZ	21 3,480.
	22 Tax preparation fees	22 891.
	23 Other expenses - investment, safe deposit box, etc. List type and amount ►	23
	24 Add lines 21 through 23	24 4,371.
	25 Enter amount from Form 1040, line 38	25 234,717.
	26 Multiply line 25 by 2% (.02)	26 4,694.
	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 35,483.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here ► <input type="checkbox"/>	

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Interest and Ordinary Dividends

► Attach to Form 1040A or 1040.

► See instructions.

OMB No. 1545-0074

2011
Attachment Sequence No. **08**

Your social security number

JAY R & TRUDI A INSLEE

Part I
Interest

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

CONGRESSIONAL FEDERAL CREDIT UNION
UNION BANK

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

2 Add the amounts on line 1

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989.

Attach Form 8815

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

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

Part II
Ordinary
Dividends

- 5 List name of payer ►

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

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

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

Part III
Foreign
Accounts
and
Trusts

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

Yes	No
-----	----

7a At any time during 2011, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

If "Yes," are you required to file Form TD F 90-22.1 to report that financial interest or signature authority? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements

b If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the financial account is located

8 During 2011, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

X

X

127501
11-02-11

LHA For Paperwork Reduction Act Notice, see separate instructions.

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

2011

Attachment
Sequence No 09

Name of proprietor

Social security number (SSN)
[REDACTED]

TRUDI A INSLEE

B Enter code from instructions
► 541600

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

D Employer ID number (EIN) (see instr.)
[REDACTED]

CONSULTING

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

TRUDI INSLEE CONSULTING

E Business address (including suite or room no.) ►

City, town or post office, state, and ZIP code

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

X Yes No

G Did you "materially participate" in the operation of this business during 2011? If "No," see instructions for limit on losses

H If you started or acquired this business during 2011, check here

I Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)

J If "Yes," did you or will you file all required Forms 1099?

Yes No
Yes No
Yes No

Part I Income

1 a Merchant card and third party payments. For 2011, enter -0-	1a	0.	
b Gross receipts or sales not entered on line 1a (see instructions)	1b	36,000.	
c Income reported to you on Form W-2 if the "Statutory Employee" box on that form was checked.	1c		
d Total gross receipts. Add lines 1a through 1c	1d	36,000.	
2 Returns and allowances plus any other adjustments (see instructions)	2		
3 Subtract line 2 from line 1d	3	36,000.	
4 Cost of goods sold (from line 42)	4		
5 Gross profit. Subtract line 4 from line 3	5	36,000.	
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	36,000.	

Part II Expenses

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

8 Advertising	8		18 Office expense	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	
15 Insurance (other than health)	15		23 Taxes and licenses	23	648.
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	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a			26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7			27 a Other expenses (from line 48)	27a	2,144.
30 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere			b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29.			28	2,792.	
● If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2.			29	33,208.	
If you entered an amount on line 1c, see instr. Estates and trusts, enter on Form 1041, line 3.			30		
● If a loss, you must go to line 32.			31	33,208.	
32 If you have a loss, check the box that describes your investment in this activity (see instructions).					
● If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2.					
If you entered an amount on line 1c, see the instructions for line 31. Estates and trusts, enter on Form 1041, line 3.					
● If you checked 32b, you must attach Form 6198. Your loss may be limited.					

LHA For Paperwork Reduction Act Notice, see separate instructions.

Schedule C (Form 1040) 2011

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation Yes 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 2011, enter the number of miles you used your vehicle for:

a Business _____ b Commuting _____ c Other _____

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

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

47 a Do you have evidence to support your deduction? Yes No
 b If "Yes," is the evidence written? Yes No

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

TELEPHONE	1,668.
-----------	--------

TRANSPORTATION EXPENSES	476.
-------------------------	------

48 Total other expenses. Enter here and on line 27a	48	2,144.
---	----	--------

SCHEDULE E**(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Supplemental Income and Loss**(From rental real estate, royalties, partnerships,
S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2011Attachment
Sequence No. 13

► Attach to Form 1040, 1040NR, or Form 1041. ► See separate instructions.

Name(s) shown on return

Your social security number [REDACTED]

JAY R & TRUDI A INSLEEA Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions) Yes NoB If "Yes," did you or will you file all required Forms 1099? Yes No**Part I Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use

Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

Caution. For each rental property listed on line 1, check the box in the last column only if you owned that property as a member of a qualified joint venture (QJV) reporting income not subject to self-employment tax.

1	Physical address of each property-street, city, state, ZIP	Type-from list below	2	For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions.	Fair Rental Days	Personal Use Days	QJV
A		6	B				
C			C				

Type of Property:

1 Single Family Residence	3 Vacation/Short-Term Rental	5 Land	7 Self-Rental
2 Multi-Family Residence	4 Commercial	6 Royalties	8 Other (describe)

Income:

3a Merchant card and third party payments. For 2011, enter -0-
 b Payments not reported to you on line 3a
 4 Total not including amounts on line 3a that are not income (see instructions)

Properties		
A	B	C
3a	0.	
3b	14.	
4	14.	

Expenses:

5 Advertising
 6 Auto and travel (see instructions)
 7 Cleaning and maintenance
 8 Commissions
 9 Insurance
 10 Legal and other professional fees
 11 Management fees
 12 Mortgage interest paid to banks, etc. (see instructions)
 13 Other interest
 14 Repairs
 15 Supplies
 16 Taxes
 17 Utilities
 18 Depreciation expense or depletion
 19 Other (list) ►
 20 Total expenses. Add lines 5 through 19
 21 Subtract line 20 from line 4. If result is a (loss), see instructions to find out if you must file Form 6198
 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)

5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21	14.	
22))

23a Total of all amounts reported on line 3a for all rental properties
 b Total of all amounts reported on line 3a for all royalty properties
 c Total of all amounts reported on line 4 for all rental properties
 d Total of all amounts reported on line 4 for all royalty properties
 e Total of all amounts reported on line 12 for all properties
 f Total of all amounts reported on line 18 for all properties
 g Total of all amounts reported on line 20 for all properties
 24 Income. Add positive amounts shown on line 21. Do not include any losses
 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here
 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

OMB No. 1545-0074

2011
Attachment
Sequence No. **17**

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

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

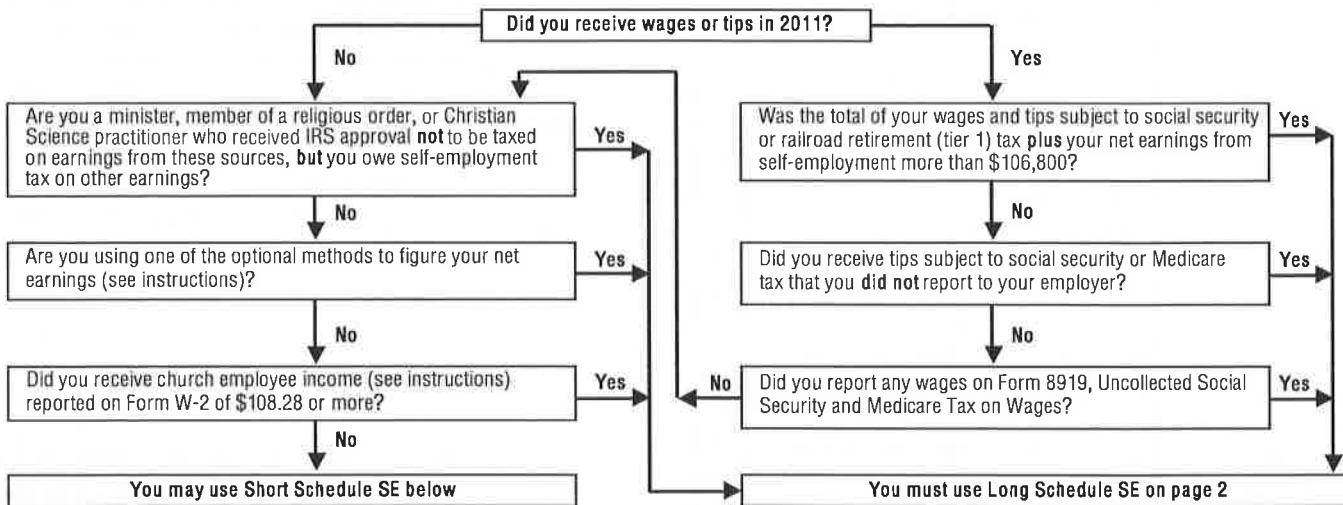
Social security number of person with self-employment income

TRUDI A INSLEE

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



Section A-Short Schedule SE. Caution.

Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	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 STMT 9	2 33,208.
3 Combine lines 1a, 1b, and 2	3 33,208.
4 Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4 30,668.
5 Self-employment tax. If the amount on line 4 is: • \$106,800 or less, multiply line 4 by 13.3% (.133). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54 • More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$11,107.20 to the result. Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54	5 4,079.
6 Deduction for employer-equivalent portion of self-employment tax. If the amount on line 5 is: • \$14,204.40 or less, multiply line 5 by 57.51% (.5751) • More than \$14,204.40, multiply line 5 by 50% (.50) and add \$1,067 to the result. Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6 2,346.

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

Schedule SE (Form 1040) 2011

Health Savings Accounts (HSAs)

2011

Attachment
Sequence No. 53Department of the Treasury
Internal Revenue Service

► Attach to Form 1040 or Form 1040NR.

► See separate instructions.

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

JAY R INSLEE

Social security number of HSA
beneficiary. If both spouses have
HSAs, see instructions ►**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

- 1 Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2011 (see instructions) ► Self-only Family
 - 2 HSA contributions you made for 2011 (or those made on your behalf), including those made from January 1, 2012, through April 17, 2012, that were for 2011. **Do not** include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions) 2
 - 3 If you were under age 55 at the end of 2011, and on the first day of **every** month during 2011, you were, or were considered, an eligible individual with the **same** coverage, enter \$3,050 (\$6,150 for family coverage). **All others**, see the instructions for the amount to enter 3
 - 4 Enter the amount you and your employer contributed to your Archer MSAs for 2011 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2011, also include any amount contributed to your spouse's Archer MSAs 4
 - 5 Subtract line 4 from line 3. If zero or less, enter -0 5
 - 6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2011, see the instructions for the amount to enter 6
 - 7 If you were age 55 or older at the end of 2011, married, and you or your spouse had family coverage under an HDHP at any time during 2011, enter your additional contribution amount (see instructions) 7
 - 8 Add lines 6 and 7 8
 - 9 Employer contributions made to your HSAs for 2011 9 1,000.
 - 10 Qualified HSA funding distributions 10
 - 11 Add lines 9 and 10 11 1,000.
 - 12 Subtract line 11 from line 8. If zero or less, enter -0 12 0.
 - 13 **HSA deduction.** Enter the **smaller** of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25 13
- Caution:** If line 2 is more than line 13, you may have to pay an additional tax (see instructions).

2		
3		
4		
5		
6		
7		
8		
9	1,000.	
10		
11	1,000.	
12	0.	
13		

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

- 14a Total distributions you received in 2011 from all HSAs (see instructions) 14a 1,000.
- b Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) 14b
- c Subtract line 14b from line 14a 14c 1,000.
- 15 Unreimbursed qualified medical expenses (see instructions) 15 1,000.
- 16 **Taxable HSA distributions.** Subtract line 15 from line 14c. If zero or less, enter -0. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount 16 0.
- 17a If any of the distributions included on line 16 meet any of the **Exceptions to the Additional 20% Tax**(see instructions), check here ►
- b **Additional 20% tax**(see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 60, or Form 1040NR, line 59. On the dotted line next to Form 1040, line 60, or Form 1040NR, line 59, enter "HSA" and the amount 17b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 8889 (2011)

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Qualified HSA distribution	18	
19	Last-month rule	19	
20	Qualified HSA funding distribution	20	
21	Total income. Add lines 18, 19, and 20. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount	21	
22	Additional tax. Multiply line 21 by 10% (.10). Include this amount in the total on Form 1040, line 60, or Form 1040NR, line 59. On the dotted line next to Form 1040, line 60, or Form 1040NR, line 59, enter "HDHP" and the amount	22	

Form 8889 (2011)

Your name

JAY R INSLEE

Occupation in which you incurred expenses

U.S. CONGRESSMAN

Social security number

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

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

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

Part I Figure Your Expenses

1	Complete Part II. Multiply line 8a by 51¢ (.51) for miles driven before July 1, 2011, and by 55.5¢ (.555) for miles driven after June 30, 2011. Add the amounts, then enter the result here	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	STATEMENT 10	3 , 480
5	Meals and entertainment expenses: \$ x 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.)	5	
6	Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	3 , 480

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

7 When did you place your vehicle in service for business use? (month, day, year) ► ____ / ____ / ____

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

a Business _____ b Commuting (see instructions) _____ c Other _____

9 Was your vehicle available for personal use during off-duty hours? _____ Yes No10 Do you (or your spouse) have another vehicle available for personal use? _____ Yes No11a Do you have evidence to support your deduction? _____ Yes Nob If "Yes," is the evidence written? _____ Yes No

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

Form 2106-EZ (2011)

JAY R & TRUDI A INSLEE

FORM 1040

IRA DISTRIBUTIONS

STATEMENT 1

NAME OF PAYER	GROSS DISTRIBUTION	TAXABLE AMOUNT
CITIGROUP GLOBAL MKTS INC.	45,000.	45,000.
TOTAL TO FORM 1040, LINE 15	45,000.	45,000.

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 2

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 139-A	158,837.	28,260.			4,486.	2,429.
TOTALS	158,837.	28,260.			4,486.	2,429.

FORM 1040

FEDERAL INCOME TAX WITHHELD

STATEMENT 3

T S DESCRIPTION	AMOUNT
T HOUSE OF REP., MEMBER SERVICES 139-A	28,260.
T CITIGROUP GLOBAL MKTS INC.	10,000.
TOTAL TO FORM 1040, LINE 62	38,260.

SCHEDULE A

POINTS NOT REPORTED ON FORM 1098

STATEMENT 4

DESCRIPTION	DATE RE- FINANCED	TOTAL POINTS	AMORT. PERIOD /MOS.	AMORTIZATION THIS YEAR
[REDACTED]	04/17/09	4,170.	360	139.
TOTAL TO SCHEDULE A, LINE 12				139.

SCHEDULE A**CASH CONTRIBUTIONS****STATEMENT 5**

DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
MISCELLANEOUS ORGANIZED CHARITIES	3,634.	
SUBTOTALS	3,634.	
TOTAL TO SCHEDULE A, LINE 16		3,634.

SCHEDULE A	MEDICAL AND DENTAL EXPENSES	STATEMENT 6
DESCRIPTION	AMOUNT	
MEDICAL INSURANCE PREMIUMS PAID	5,149.	
VISION PLAN INSURANCE	314.	
TOTAL TO SCHEDULE A, LINE 1		5,463.

SCHEDULE A	STATE AND LOCAL GENERAL SALES TAXES	STATEMENT 7
DESCRIPTION	AMOUNT	
STATE SALES TAX	1,923.	
LOCAL SALES TAX	621.	
SALES TAX PAID ON SPECIFIED ITEMS	1,978.	
TOTAL TO SCHEDULE A, LINE 5		4,522.

SCHEDULE A GENERAL SALES TAX DEDUCTION WORKSHEET STATEMENT 8

1	ENTER YOUR STATE GENERAL SALES TAXES FROM THE APPLICABLE TABLE.	1,923.
	WASHINGTON IF, FOR ALL OF 2011, YOU LIVED ONLY IN CONNECTICUT, THE DISTRICT OF COLUMBIA, INDIANA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MICHIGAN, NEW JERSEY, RHODE ISLAND, OR WEST VIRGINIA, SKIP LINES 2 THROUGH 5, ENTER -0- ON LINE 6, AND GO TO LINE 7. OTHERWISE, GO TO LINE 2.	
2	DID YOU LIVE IN ALASKA, ARIZONA, ARKANSAS, CALIFORNIA (LOS ANGELES COUNTY ONLY), COLORADO, GEORGIA, ILLINOIS, LOUISIANA, MISSOURI, NEW YORK STATE, NORTH CAROLINA, SOUTH CAROLINA, TENNESSEE, UTAH, OR VIRGINIA IN 2011? IF NO, ENTER -0-. IF YES, ENTER YOUR LOCAL GENERAL SALES TAXES FROM THE APPLICABLE TABLE.	0.
3	DID YOUR LOCALITY IMPOSE A LOCAL GENERAL SALES TAX IN 2011? RESIDENTS OF CALIFORNIA AND NEVADA SEE INSTRUCTIONS. IF NO, SKIP LINES 3 THROUGH 5, ENTER -0- ON LINE 6 AND GO TO LINE 7. IF YES, ENTER YOUR LOCAL GENERAL SALES TAX RATE, BUT OMIT PERCENTAGES.	2.1000
4	BAINBRIDGE ISLAND DID YOU ENTER -0- ON LINE 2 ABOVE? IF NO, SKIP LINES 4 AND 5 AND GO TO LINE 6. IF YES, ENTER YOUR STATE GENERAL SALES TAX RATE, BUT OMIT PERCENTAGES.	6.5000
5	DIVIDE LINE 3 BY LINE 4. ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES).	.3230
6	DID YOU ENTER -0- ON LINE 2 ABOVE? IF NO, MULTIPLY LINE 2 BY LINE 3. IF YES, MULTIPLY LINE 1 BY LINE 5.	621.
6A	ADD LINE 1 AND LINE 6.	2,544.
6B	PART-YEAR DAYS RATE.	1.000000
6C	MULTIPLY LINE 6A BY LINE 6B.	2,544.
7	ENTER YOUR GENERAL SALES TAXES PAID ON SPECIFIED ITEMS, IF ANY.	1,978.
8	DEDUCTION FOR GENERAL SALES TAXES. ADD LINES 6C AND 7. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 5 AND CHECK BOX "B" ON THAT LINE.	4,522.

JAY R & TRUDI A INSLEE

SCHEDULE SE	NON-FARM INCOME	STATEMENT 9
DESCRIPTION	AMOUNT	
CONSULTING	33,208.	
TOTAL TO SCHEDULE SE, LINE 2	33,208.	
FORM 2106-EZ	OTHER BUSINESS EXPENSES	STATEMENT 10
U.S. CONGRESSMAN		
DESCRIPTION	AMOUNT	
LICENSE-WSBA	480.	
AWAY FROM HOME LIVING EXPENSES AS A U.S. CONGRESSMAN	3,000.	
TOTAL TO FORM 2106-EZ, PART I, LINE 4	3,480.	

Amended U.S. Individual Income Tax Return

This return is for calendar year 2011 2010 2009 2008

Other year. Enter one: calendar year or fiscal year (month and year ended):

Your first name and initial
JAY R INSLEE

Last name

Your social security number
[REDACTED]If a joint return, spouse's first name and initial
TRUDI A INSLEE

Last name

Spouse's social security number
[REDACTED]Home address (number and street). If you have a P.O. box, see instructions.
501 13TH AVE SW

Apt. no.

Your phone number

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

OLYMPIA, WA 98501

Foreign country name

Foreign province/county

Foreign postal code

Amended return filing status. You must check one box even if you are not changing your filing status.*Caution. You cannot change your filing status from joint to separate returns after the due date.*

- Single Married filing jointly Married filing separately
 Qualifying widow(er) Head of household (If the qualifying person is a child but not your dependent, see instructions.)

Use Part III on page 2 to explain any changes		A. Original amount or as previously adjusted (see instructions)	B. Net change - amount of increase or (decrease) - explain in Part III	C. Correct amount
Income and Deductions				
1 Adjusted gross income. If net operating loss (NOL) carryback is included, check here	► <input type="checkbox"/>	1 234,717.	603.	235,320.
2 Itemized deductions or standard deduction		2 35,483.	29.	35,512.
3 Subtract line 2 from line 1		3 199,234.	574.	199,808.
4 Exemptions. If changing, complete Part I on page 2 and enter the amount from line 30		4 7,400.		7,400.
5 Taxable income. Subtract line 4 from line 3		5 191,834.	574.	192,408.
Tax Liability				
6 Tax. Enter method used to figure tax: TCW		6 41,783.	161.	41,944.
7 Credits. If general business credit carryback is included, check here	► <input type="checkbox"/>	7		
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-		8 41,783.	161.	41,944.
9 Other taxes		9 4,079.	79.	4,158.
10 Total tax. Add lines 8 and 9		10 45,862.	240.	46,102.
Payments				
11 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (if changing, see instructions)		11 38,260.		38,260.
12 Estimated tax payments, including amount applied from prior year's return		12 6,800.		6,800.
13 Earned income credit (EIC)		13		
14 Refundable credits from <input type="checkbox"/> Schedule M or Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 5405 <input type="checkbox"/> 8801 <input type="checkbox"/> 8812 <input type="checkbox"/> 8839 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 or <input type="checkbox"/> other (specify):		14		
15 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed		15	802.	
16 Total payments. Add lines 11 through 15		16	45,862.	
Refund or Amount You Owe (Note. Allow 8-12 weeks to process Form 1040X.)				
17 Overpayment, if any, as shown on original return or as previously adjusted by the IRS		17		
18 Subtract line 17 from line 16 (if less than zero, see instructions)		18	45,862.	
19 Amount you owe. If line 10, column C, is more than line 18, enter the difference		19	240.	
20 If line 10, column C, is less than line 18, enter the difference. This is the amount overpaid on this return		20		
21 Amount of line 20 you want refunded to you		21		
22 Amount of line 20 you want applied to your (enter year):	estimated tax	22		

Complete and sign this form on Page 2.

Part I Exemptions

Complete this part **only** if you are:

- Increasing or decreasing the number of exemptions (personal and dependents) claimed on line 6d of the return you are amending, or
- Increasing or decreasing the exemption amount for housing individuals displaced by a Midwestern disaster in 2008 or 2009.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

	A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
23 Yourself and spouse. <i>Caution. If someone can claim you as a dependent, you cannot claim an exemption for yourself</i>	23		
24 Your dependent children who lived with you	24		
25 Your dependent children who did not live with you due to divorce or separation	25		
26 Other dependents	26		
27 Total number of exemptions. Add lines 23 through 26	27		
28 Multiply the number of exemptions claimed on line 27 by the exemption amount shown in the instructions for line 28 for the year you are amending	28		
29 If you are claiming an exemption amount for housing individuals displaced by a Midwestern disaster, enter the amount from Form 8914, line 2 for 2008, or line 6 for 2009	29		
30 Add lines 28 and 29. Enter the result here and on line 4 on page 1 of this form	30		

31 List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit
				<input type="checkbox"/>

Part II Presidential Election Campaign Fund

Checking below will not increase your tax or reduce your refund.

Check here if you did not previously want \$3 to go to the fund, but now do.

Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of changes. In the space provided below, tell us why you are filing Form 1040X.

► Attach any supporting documents and new or changed forms and schedules.

LINE 1 CHANGED DUE TO INADVERTENT OVERSTATEMENT OF EXPENSES.

Sign Here**Remember to keep a copy of this form for your records.**

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

Your signature	Date	Spouse's signature. If a joint return, both must sign.	Date
Paid Preparer Use Only			
Preparer's signature	Date	Firm's name (or yours if self-employed)	
Print/type preparer's name	Firm's address and ZIP code		
<input type="checkbox"/> Check if self-employed	Phone number	EIN	

Form 1040 U.S. Individual Income Tax Return (99) 2011 OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2011, or other tax year beginning		, 2011, ending	20	See separate instructions.
Your first name and initial	Last name			Your social security number
JAY R	INSLEE			[REDACTED]
If a joint return, spouse's first name and initial	Last name			Spouse's social security number
TRUDI A	INSLEE			[REDACTED]
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.		▲ Make sure the SSN(s) above and on line 6c are correct.
501 13TH AVE SW				
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below.				
OLYMPIA, WA 98501				
Foreign country name	Foreign province/county		Foreign postal code	
				X You X Spouse
Filing Status	1 <input 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 checked="" type="checkbox"/> Married filing jointly (even if only one had income)			
Check only one box.	3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►	5 <input type="checkbox"/> Qualifying widow(er) with dependent child		
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 2		
	b <input checked="" type="checkbox"/> Spouse	No. of children on 6c who:		
c Dependents:	(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you
	⋮	⋮	⋮	⋮
	⋮	⋮	⋮	⋮
	⋮	⋮	⋮	⋮
If more than four dependents, see instructions and check here ►	d Total number of exemptions claimed	Dependents on 6c not entered above Add numbers on lines above ► 2		
Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7 158,837.		
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 4.		
	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		
If you did not get a W-2, see instructions.	11 Alimony received	11		
	12 Business income or (loss). Attach Schedule C or C-EZ	12 33,856.		
	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		
Enclose, but do not attach, any payment. Also, please use Form 1040-V.	15a IRA distributions	15a	b Taxable amount	15b 45,000.
	16a Pensions and annuities	16a	b Taxable amount	16b
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17 14.		
	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 ►	22 237,711.		
Adjusted Gross Income	23 Educator expenses	23		
	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	2,391.	
	28 Self-employed SEP, SIMPLE, and qualified plans	28		
	29 Self-employed health insurance deduction	29		
	30 Penalty on early withdrawal of savings	30		
	31a Alimony paid b Recipient's SSN ►	31a		
	32 IRA deduction	32		
	33 Student loan interest deduction	33		
	34 Tuition and fees. Attach Form 8917	34		
	35 Domestic production activities deduction. Attach Form 8903	35		
	36 Add lines 23 through 35	36	2,391.	
110001 11-07-11	37 Subtract line 36 from line 22. This is your adjusted gross income	37	235,320.	

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2011)

Tax and Credits	38 Amount from line 37 (adjusted gross income)	38	235,320.
Standard Deduction for - • People who check any box on line 39a or 39b or who can be claimed as a dependent.	39a Check { <input type="checkbox"/> You were born before January 2, 1947, <input type="checkbox"/> Blind. } Total boxes checked ... ► 39a <input type="checkbox"/>		
• All others: Single or Married filing separately, \$5,800 Married filing jointly or Qualifying widow(er), \$11,600 Head of household, \$8,500	if: <input type="checkbox"/> Spouse was born before January 2, 1947, <input type="checkbox"/> Blind. ► 39b <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 left margin)	40	35,512.
	41 Subtract line 40 from line 38	41	199,808.
	42 Exemptions. Multiply \$3,700 by the number on line 6d	42	7,400.
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	192,408.
	44 Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election	44	41,944.
	45 Alternative minimum tax. Attach Form 6251	45	
	46 Add lines 44 and 45 ►	46	41,944.
	47 Foreign tax credit. Attach Form 1116 if required	47	
	48 Credit for child and dependent care expenses. Attach Form 2441	48	
	49 Education credits from Form 8863, line 23	49	
	50 Retirement savings contributions credit. Attach Form 8880	50	
	51 Child tax credit (see instructions)	51	
	52 Residential energy credits. Attach Form 5695	52	
	53 Other 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	
	55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ►	55	41,944.
Other Taxes	56 Self-employment tax. Attach Schedule SE	56	4,158.
	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	
59a Household employment taxes from Schedule H	b First-time homebuyer credit repayment. Attach Form 5405 if required	59a	
	60 Other taxes. Enter code(s) from instructions	59b	
	61 Add lines 55 through 60. This is your total tax ►	60	
Payments	62 Federal income tax withheld from Forms W-2 and 1099	62	38,260.
	63 2011 estimated tax payments and amount applied from 2010 return	63	6,800.
If you have a qualifying child, attach Schedule EIC.	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 62, 63, 64a, and 65 through 71. These are your total payments ►	72	45,060.
Refund	73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	
Direct deposit? See instructions.	74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/>	74a	
	b Routing number <input type="checkbox"/> ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings ► d Account number <input type="checkbox"/>		
	75 Amount of line 73 you want applied to your 2012 estimated tax ► 75 <input type="checkbox"/>	75	
Amount You Owe	76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	1,042.
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. <input type="checkbox"/> No		
	Designee's name <input type="checkbox"/> Phone no. <input type="checkbox"/> Personal identification number (PIN) <input type="checkbox"/>		
Sign Here	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.		
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation
	US HOUSE OF REPRESENT.		
	Daytime phone number		
	Spouse's signature. If a joint return, both must sign.		
	Spouse's occupation		
	CONSULTANT		
	If the IRS sent you an Identity Protection PIN, enter it here <input type="checkbox"/>		
Paid Preparer Use Only	Print/Type preparer's name <input type="checkbox"/>	Preparer's signature <input type="checkbox"/>	Date <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN <input type="checkbox"/>
	Firm's name <input type="checkbox"/>		Firm's EIN <input type="checkbox"/>
	Firm's address <input type="checkbox"/>		Phone no. <input type="checkbox"/>
110002 11-07-11			

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

2011
Attachment
Sequence No. 07

Your social security number
[REDACTED]

JAY R & TRUDI A INSLEE

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.		
	1 Medical and dental expenses (see instructions) SEE STATEMENT 6	1	5,463.
	2 Enter amount from Form 1040, line 38	2 235,320.	
	3 Multiply line 2 by 7.5% (.075)	3	17,649.
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0.			4
			0.
Taxes You Paid	5 State and local (check only one box): a <input type="checkbox"/> Income taxes, or b <input checked="" type="checkbox"/> General sales taxes	SEE STATEMENT 7	5 4,551.
	6 Real estate taxes (see instructions)	6	5,551.
	7 Personal property taxes	7	
	8 Other taxes. List type and amount ►	8	
	9 Add lines 5 through 8	9	10,102.
	10 Home mortgage interest and points reported to you on Form 1098	10	21,637.
	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	139.
	13 Mortgage insurance premiums (see instructions)	13	
Interest You Paid	14 Investment interest. Attach Form 4952 if required. (See instructions.)	14	
	15 Add lines 10 through 14	15	21,776.
	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	3,634.
	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 3,634.
Gifts to Charity	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	
	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► FROM FORM 2106-EZ	21	3,480.
Job Expenses and Certain Miscellaneous Deductions	22 Tax preparation fees	22	891.
	23 Other expenses - investment, safe deposit box, etc. List type and amount ►	23	
	24 Add lines 21 through 23	24	4,371.
	25 Enter amount from Form 1040, line 38	25 235,320.	
	26 Multiply line 25 by 2% (.02)	26	4,706.
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0.	27	0.
	28 Other - from list in instructions. List type and amount ►	28	
Other Miscellaneous 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	35,512.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here ► <input type="checkbox"/>		

LHA 119501 11-03-11 For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2011

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

2011

Attachment
Sequence No. 09

Name of proprietor

Social security number (SSN)

TRUDI A INSLEE

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

B Enter code from instructions

CONSULTING

► 541600

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

D Employer ID number (EIN), (see instr.)

TRUDI INSLEE CONSULTING

E Business address (including suite or room no.) ►

City, town or post office, state, and ZIP code

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

Yes No

G Did you "materially participate" in the operation of this business during 2011? If "No," see instructions for limit on losses

►

H If you started or acquired this business during 2011, check here

Yes No

I Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)

Yes No

J If "Yes," did you or will you file all required Forms 1099?

Yes No

Part I Income

1 a Merchant card and third party payments. For 2011, enter -0-	1a	0.	
b Gross receipts or sales not entered on line 1a (see instructions)	1b	36,000.	
c Income reported to you on Form W-2 if the "Statutory Employee" box on that form was checked. Caution. See instr. before completing this line	1c		
d Total gross receipts. Add lines 1a through 1c	1d	36,000.	
2 Returns and allowances plus any other adjustments (see instructions)	2		
3 Subtract line 2 from line 1d	3	36,000.	
4 Cost of goods sold (from line 42)	4		
5 Gross profit. Subtract line 4 from line 3	5	36,000.	
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	36,000.	

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

8 Advertising	8		18 Office expense	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	
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	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27 a Other expenses (from line 48)	27a	2,144.
30 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere	30		b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29.			28	2,144.	
● If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2.			29	33,856.	
If you entered an amount on line 1c, see instr. Estates and trusts, enter on Form 1041, line 3.			30		
● If a loss, you must go to line 32.			31	33,856.	
32 If you have a loss, check the box that describes your investment in this activity (see instructions).					
● If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2.					
If you entered an amount on line 1c, see the instructions for line 31. Estates and trusts, enter on Form 1041, line 3.					
● If you checked 32b, you must attach Form 6198. Your loss may be limited.					

LHA For Paperwork Reduction Act Notice, see separate instructions.

Schedule C (Form 1040) 2011

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 2011, enter the number of miles you used your vehicle for:	
a	Business	b Commuting
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
47 a	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.

TELEPHONE		1,668.
TRANSPORTATION EXPENSES		476.
48 Total other expenses. Enter here and on line 27a		48 2,144.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

OMB No. 1545-0074

2011

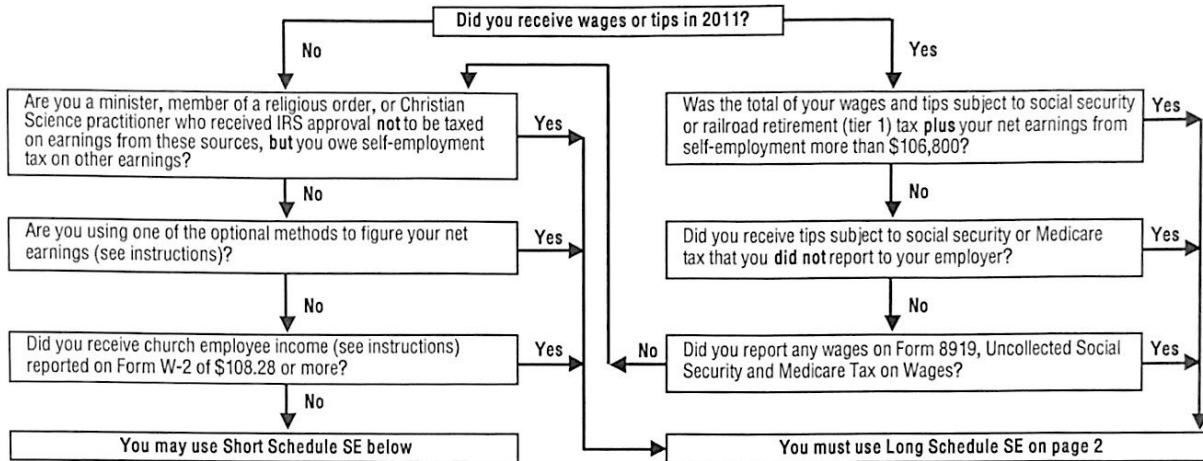
Attachment Sequence No. 17

Name of person with self-employment income (as shown on Form 1040)	Social security number of person with self-employment income	[REDACTED]
TRUDI A INSLEE		[REDACTED]

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



Section A-Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	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 STMT 9	2 33 , 856 .
3 Combine lines 1a, 1b, and 2	3 33 , 856 .
4 Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b	4 31 , 266 .
Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	
5 Self-employment tax. If the amount on line 4 is:	
• \$106,800 or less, multiply line 4 by 13.3% (.133). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54	5 4 , 158 .
• More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$11,107.20 to the result. Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54	
6 Deduction for employer-equivalent portion of self-employment tax.	
If the amount on line 5 is:	
• \$14,204.40 or less, multiply line 5 by 57.51% (.5751)	
• More than \$14,204.40, multiply line 5 by 50% (.50) and add \$1,067 to the result. Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6 2 , 391 .

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

Schedule SE (Form 1040) 2011