

1040

## U.S. Individual Income Tax Return

2010

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

<b>Name, Address, and SSN</b>  See separate instructions.  Presidential Election Campaign ►	P For the year Jan. 1-Dec. 31 2010, or other tax year beginning	2010, ending	20	OMB No. 1545-0074
	R Your first name and initial	Last name		Your social security number
	N JAY R	INSLEE		[REDACTED]
	T If a joint return, spouse's first name and initial	Last name		Spouse's social security number
	C TRUDI A	INSLEE		[REDACTED]
L 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.	
A [REDACTED]				
R City, town or post office, state, and ZIP code			Checking a box below will not change your tax or refund.	
Y [REDACTED]			<input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse	
<b>Filing Status</b> ► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund ►				
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. ►				
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. ► 5 <input type="checkbox"/> Qualifying widow(er) with dependent child				
<b>Exemptions</b> 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 d Total number of exemptions claimed _____				
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				
<b>Income</b> 7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15a b Taxable amount _____ 16a Pensions and annuities 16a b Taxable amount _____ 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20a b Taxable amount _____ 21 Other income. List type and amount _____				
7 157,733. 8a 2. 9a 10 11 12 28,060. 13 -2,500. 14 15b 16b 17 824. 18 19 20b 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ► 22 184,119.				
<b>Adjusted Gross Income</b> 23 Educator expenses Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 Health savings account deduction. Attach Form 8889 25 Moving expenses. Attach Form 3903 26 One-half of self-employment tax. Attach Schedule SE 27 Self-employed SEP, SIMPLE, and qualified plans 28 Self-employed health insurance deduction 29 Penalty on early withdrawal of savings 30 Alimony paid b Recipient's SSN ► 31a 31a 32 IRA deduction 33 Student loan interest deduction 34 Tuition and fees. Attach Form 8917 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 31a and 32 through 35 37 Subtract line 36 from line 22. This is your adjusted gross income ► 36 1,983. 37 182,136.				

010001  
01-27-11

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

Form 1040 (2010)

<b>Tax and Credits</b>	38 Amount from line 37 (adjusted gross income)	38	182,136.	
	39a Check if your spouse was born before January 2, 1946, [ ] You were born before January 2, 1946, [ ] Blind. } Total boxes checked ► 39a [ ] ► 39b [ ]			
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here			
	40 Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	32,742.	
	41 Subtract line 40 from line 38	41	149,394.	
	42 Exemptions. Multiply \$3,650 by the number on line 6d	42	7,300.	
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	142,094.	
	44 Tax. Check if any tax is from: a [ ] Form(s) 8814 b [ ] Form 4972	44	28,030.	
	45 Alternative minimum tax. Attach Form 6251	45		
	46 Add lines 44 and 45 ► 46	46	28,030.	
	47 Foreign tax credit. Attach Form 1116 if required	47	54.	
	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 [ ] 3800 b [ ] 8801 c [ ]	53		
	54 Add lines 47 through 53. These are your total credits	54	54.	
	55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ► 55	55	27,976.	
<b>Other Taxes</b>	56 Self-employment tax. Attach Schedule SE	56	3,965.	
	57 Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919	57		
	58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58		
	59 a [ ] Form(s) W-2, box 9 b [ ] Schedule H c [ ] Form 5405, line 16	59		
	60 Add lines 55 through 59. This is your total tax ► 60	60	31,941.	
<b>Payments</b>	61 Federal income tax withheld from Forms W-2 and 1099	61	28,195.	
	62 2010 estimated tax payments and amount applied from 2009 return	62		
	63 Making work pay credit. Attach Schedule M	63	157.	
	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 [ ] 2439 b [ ] 8839 c [ ] 8801 d [ ] 8885	71		
	72 Add lines 61, 62, 63, 64a, and 65 through 71. These are your total payments ► 72	72	28,352.	
<b>Refund</b>	73 If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	73		
	74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ► 74a	74a		
Direct deposit? See page 12 Instructions:	► b Routing [ ] ► c Type: [ ] Checking [ ] Savings ► d Account number [ ]			
	75 Amount of line 73 you want applied to your 2011 estimated tax ► 75	75		
<b>Amount You Owe</b>	76 Amount you owe. Subtract line 72 from line 60. For details on how to pay, see instructions ► 76	76	3,599.	
	77 Estimated tax penalty (see instructions) ► 77	77	10.	
<b>Third Party Designee</b>	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 ► [ ]		<input type="checkbox"/> No Personal identification number (PIN) ► [ ]	
<b>Sign Here</b>	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? Keep a copy for your records	Your signature ► [ ]	Date ► [ ]	Your occupation <b>US HOUSE OF REPRESENT.</b>	
	Spouse's signature. If a joint return, both must sign ► [ ]	Date ► [ ]	Spouse's occupation <b>CONSULTANT</b>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name ► [ ]	Preparer's signature ► [ ]	Date ► [ ]	Check [ ] if self-employed P.TIN ► [ ]
	Firm's name ► [ ]			Firm's EIN ► [ ] Phone no. ► [ ]
	Firm's address ► [ ]			

**SCHEDULE A**  
**(Form 1040)**

Department of the Treasury (99)  
Internal Revenue Service  
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 [REDACTED]

JAY R & TRUDI A INSLEE

<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.	
1	Medical and dental expenses (see instructions) SEE STATEMENT 4	1 6,577.
2	Enter amount from Form 1040, line 38	2 182,136.
3	Multiply line 2 by 7.5% (.075)	3 13,660.
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0.	4 0.
<b>Taxes You Paid</b>	5 State and local (check only one box): a <input type="checkbox"/> Income taxes, or b <input checked="" type="checkbox"/> General sales taxes	SEE STATEMENT 5 5 1,990.
6	Real estate taxes (see instructions)	6 5,778.
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 7,768.
<b>Interest You Paid</b>	10 Home mortgage interest and points reported to you on Form 1098	10 20,906.
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
14	Investment interest. Attach Form 4952 if required. (See instructions.)	14
15	Add lines 10 through 14	15 21,045.
<b>Gifts to Charity</b>	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16 3,233.
17	Other than by cash or check. If any gift of \$250 or more, see instructions.	17
If you made a gift and got a benefit for it, see instructions.	You must attach Form 8283 if over \$500	18 3,233.
18	Carryover from prior year	18
19	Add lines 16 through 18	19
<b>Casualty and Theft Losses</b>	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► FROM FORM 2106-EZ 3,480.	21 3,480.
22	Tax preparation fees	22 859.
23	Other expenses - investment, safe deposit box, etc. List type and amount ►	23
24	Add lines 21 through 23	24 4,339.
25	Enter amount from Form 1040, line 38	25 182,136.
26	Multiply line 25 by 2% (.02)	26 3,643.
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0.	27 696.
<b>Other Miscellaneous Deductions</b>	28 Other - from list in instructions. List type and amount ►	28
<b>Total Itemized Deductions</b>	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	29 32,742.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here ► <input type="checkbox"/>	

LHA 019501 12-21-10 For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2010

**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).

See the instructions for line 7 on page A-6.

**New motor vehicle taxes**

**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) .....

3	
4	

3 Is the amount on line 2 more than \$49,500?

No. Enter the amount from line 1.

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). }

5	
6	

4 Enter the amount from Form 1040, line 38 .....

7	
8	

5 Enter the total of any -

- 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

}

9	
10	

6 Add lines 4 and 5 .....

11	
12	

7 Enter \$125,000 (\$250,000 if married filing jointly) .....

8 Is the amount on line 6 more than the amount on line 7?

No. Enter the amount from line 3 above on Schedule A, line 7. **Do not complete the rest of this worksheet.**

Yes. Subtract line 7 from line 6 .....

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 .....

12	
13	

10 Multiply line 3 by line 9 .....

14	
15	

11 **Deduction for new motor vehicle taxes.** Subtract line 10 from line 3. Enter the result here and on Schedule A, line 7 .....

JAY R &amp; 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 page B-1 and list this interest first. Also, show that buyer's social security number and address ►

CONGRESSIONAL FEDERAL CREDIT UNION

**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 2010, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1

b If "Yes," enter the name of the foreign country ►

- 8 During 2010, 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 page B-2

**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

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

OMB No. 1545-0074

**2010**

Attachment Sequence No. 09

Name of proprietor

TRUDI A INSLEE

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

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

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

Social security number (SSN)

B Enter code from pages C-9, 10 & 11

► 541600

D Employer ID number (EIN), if any

**Part I Income**

1 Gross receipts or sales. <b>Caution.</b> See instructions and check the box if:	} ► <input type="checkbox"/>	1 30,000.
• This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or		
• You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see instructions for limit on losses.		
2 Returns and allowances		2
3 Subtract line 2 from line 1		3 30,000.
4 Cost of goods sold (from line 42 on page 2)		4
5 <b>Gross profit.</b> Subtract line 4 from line 3		5 30,000.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6
7 <b>Gross income.</b> Add lines 5 and 6		7 30,000.

**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 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27		26 Wages (less employment credits)	26
29 Tentative profit or (loss). Subtract line 28 from line 7		27 Other expenses (from line 48 on page 2)	27 1,940.
30 Expenses for business use of your home. Attach Form 8829			

31 <b>Net profit or (loss).</b> Subtract line 30 from line 29.	} ► <input type="checkbox"/>	28 1,940.
• If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.		
• If a loss, you <b>must</b> go to line 32.	} ► <input type="checkbox"/>	29 28,060.
32 If you have a loss, check the box that describes your investment in this activity (see instructions).		
• If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.	} ► <input type="checkbox"/>	30
• If you checked 32b, you <b>must</b> attach Form 6198. Your loss may be limited.		
32a <input type="checkbox"/> All investment is at risk		31 28,060.
32b <input type="checkbox"/> Some investment is not at risk		

**Part III Cost of Goods Sold** (see instructions)

33 Method(s) used to value closing inventory: a  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 page 1, line 4 42

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

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

44 Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for:

a Business \_\_\_\_\_ b Commuting \_\_\_\_\_ 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 1,368.

TRANSPORTATION EXPENSES 572.

48 Total other expenses. Enter here and on page 1, line 27 48 1,940.

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

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

**Capital Gains and Losses**

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

OMB No. 1545-0074

**2010**  
Attachment  
Sequence No. 12

Your social security number

JAY R & TRUDI A INSLEE

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

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

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

(a) Description of property (Example: 100 sh XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
8					
9 Enter your long-term totals, if any, from Schedule D-1, line 9	9				
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)	10				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11				
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12				
13 Capital gain distributions	13				
14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your <b>Capital Loss Carryover Worksheet</b> in the instructions	14	(	2,500.)		
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2	15		-2,500.		

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

Schedule D (Form 1040) 2010

<p><b>16</b> Combine lines 7 and 15 and enter the result .....</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter <b>-0-</b> on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>	<b>16</b>	<b>-2,500.</b>
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> on page D-8 of the instructions .....</p>	<b>18</b>	
<p><b>19</b> Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> on page D-9 of the instructions .....</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 <b>both</b> zero or blank?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the Instructions for Form 1040, line 44 (or in the Instructions for Form 1040NR, line 42). <b>Do not</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the <b>Schedule D Tax Worksheet</b> on page D-10 of the instructions. <b>Do not</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul>	<b>21</b>	<b>(2,500.)</b>
<p><b>Note.</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p><b>22</b> Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the Instructions for Form 1040, line 44 (or in the Instructions for Form 1040NR, line 42).</p> <p><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.</p>		

**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.)

► Attach to Form 1040, 1040NR, or Form 1041.

► See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

**2010**

Attachment Sequence No. 13

Name(s) shown on return

Your social security number  
[REDACTED]

JAY R & TRUDI A INSLEE

**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 page E-3). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

1 List the type and address of each rental real estate property:		2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:			Yes	No
A	ISLAND PRESS ROYALTIES	<ul style="list-style-type: none"> <li>● 14 days or</li> <li>● 10% of the total days rented at fair rental value? (See page E-3)</li> </ul>			A	
B					B	
C					C	
<b>Income:</b>		<b>Properties</b>			<b>Totals</b> (Add columns A, B, and C.)	
3		A	B	C	3	
4	824.				4	824.
<b>Expenses:</b>						
5					12	
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19					19	
20					20	
21						
22	824.					
23						
24					24	824.
25					25	

24 **Income.** Add positive amounts shown on line 22. Do not include any losses.

25 **Losses.** Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here.

26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here.

31 Parts W, W1, W2, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040.

Amounts shown on line 22, line 23, and line 26 must be reported on Form 1040. Amounts shown on line 24 must be reported on Form 1040.

**SCHEDULE SE  
(Form 1040)**Department of the Treasury  
Internal Revenue Service

(99)

**Self-Employment Tax****2010**Attachment  
Sequence No. 17

► Attach to Form 1040 or Form 1040NR. ► See Instructions for Schedule SE (Form 1040).

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

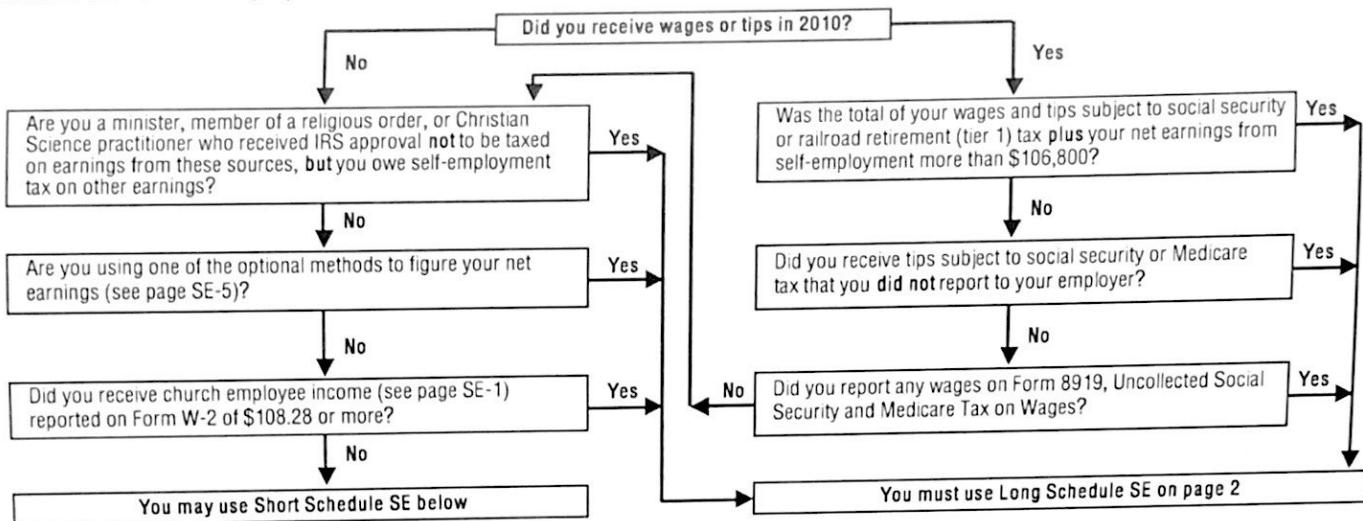
Social security number of  
person with self-employment  
income ► [REDACTED]

TRUDI A INSLEE

Before you begin: To determine if you must file Schedule SE, see the instructions on page SE-1.

**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, on page SE-1.

**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 36, 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 6b, 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  
see page SE-1 for types of income to report on this line. See page SE-3 for other income to report

2

28,060.

3 Combine lines 1a, 1b, and 2. Subtract from that total the amount on Form 1040, line 29, or Form 1040NR, line 29, and enter the result (see page SE-3)

3

28,060.

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 page SE-3.

4

25,913.

5 Self-employment tax. If the amount on line 4 is:

5

3,965.

- \$106,800 or less, multiply line 4 by 15.3% (.153). 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 \$13,243.20 to the result.  
Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54

6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50).  
Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27

6

1,983.

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

Schedule SE (Form 1040) 2010

## Health Savings Accounts (HSAs)

2010

Department 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

Social security number of HSA  
beneficiary. If both spouses have  
HSAs, see instructions ► [REDACTED]

JAY R INSLEE

**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 2010 (see instructions) ►  Self-only  Family
- 2 HSA contributions you made for 2010 (or those made on your behalf), including those made from January 1, 2011, through April 18, 2011, that were for 2010. **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 2010, and on the first day of **every** month during 2010, 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 2010 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2010, 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 2010, see the instructions for the amount to enter 6
- 7 If you were age 55 or older at the end of 2010, married, and you or your spouse had family coverage under an HDHP at any time during 2010, enter your additional contribution amount (see instructions) 7
- 8 Add lines 6 and 7 8
- 9 Employer contributions made to your HSAs for 2010 9 2,500.
- 10 Qualified HSA funding distributions 10
- 11 Add lines 9 and 10 11 2,500.
- 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. **Caution:** If line 2 is more than line 13, you may have to pay an additional tax (see page 5 of the instructions). 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 2010 from all HSAs (see instructions)   | 14a 2,500. |
| 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 2,500. |
| 15 Unreimbursed qualified medical expenses (see instructions)   | 15 2,500.  |
| 16 <b>Taxable HSA distributions.</b> 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 <b>Exceptions to the Additional 10% Tax</b> (see instructions), check here ► <input type="checkbox"/>   | 17b        |
| b <b>Additional 10% tax</b> (see instructions). Enter 10% (.10) of the distributions included on line 16 that are subject to the additional 10% 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 |            |

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 8889 (2010)

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See page 6 of 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	<b>Total income.</b> 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	<b>Additional tax.</b> 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 (2010)

## Unreimbursed Employee Business Expenses

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)**2010**Attachment  
Sequence No. 129A

► Attach to Form 1040 or Form 1040NR.

Your name

**JAY R. INSLEE**

Occupation in which you incurred expenses

**U.S. CONGRESSMAN**

Social security number

**[REDACTED]**

## 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 2010.

**Caution:** You can use the standard mileage rate for 2010 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	Vehicle expense using the standard mileage rate. Complete Part II and multiply line 8a by 50¢ (.50)	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 8	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 9). (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 2010, 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 (2010)

**SCHEDULE M**  
**(Form 1040A or 1040)**Department of the Treasury  
Internal Revenue Service (99)**Making Work Pay Credit**

► Attach to Form 1040A or 1040.

► See separate instructions.

OMB NO. 1545-0074

**2010**Attachment  
Sequence No. 166

Name(s) shown on return

**JAY R & TRUDI A INSLEE**Your social security number  
[REDACTED]

**CAUTION** ! To take the making work pay credit, you must include your social security number (if filing a joint return, the number of either you or your spouse) on your tax return. A social security number does not include an identification number issued by the IRS. Only the Social Security Administration issues social security numbers.

**CAUTION** ! You cannot take the making work pay credit if you can be claimed as someone else's dependent or if you are a nonresident alien.

**Important:** Check the "No" box on line 1a and see the instructions if:

- (a) You have a net loss from a business,
- (b) You received a taxable scholarship or fellowship grant not reported on a Form W-2,
- (c) Your wages include pay for work performed while an inmate in a penal institution,
- (d) You received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or
- (e) You are filing Form 2555 or 2555 EZ.

1a Do you (and your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?

Yes. Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.  
 No. Enter your earned income (see instructions) .....

1a

b Nontaxable combat pay included on

line 1a (see instructions) .....

1b

2

2 Multiply line 1a by 6.2% (.062) .....

3

3 Enter \$400 (\$800 if married filing jointly) .....

800.

4 Enter the smaller of line 2 or line 3 (unless you checked "Yes" on line 1a) .....

5 Enter the amount from Form 1040, line 38\*, or Form 1040A, line 22 .....

5 182,136.

6 Enter \$75,000 (\$150,000 if married filing jointly) .....

6 150,000.

7 Is the amount on line 5 more than the amount on line 6?

No. Skip line 8. Enter the amount from line 4 on line 9 below.  
 Yes. Subtract line 6 from line 5 .....

7 32,136.

8 Multiply line 7 by 2% (.02) .....

643.

9 Subtract line 8 from line 4. If zero or less, enter -0 .....

157.

10 Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2010? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions).

No. Enter 0 on line 10 and go to line 11.  
 Yes. Enter the total of the payments you (and your spouse, if filing jointly) received in 2010. Do not enter more than \$250 (\$500 if married filing jointly) .....

10 0.

11 Making work pay credit. Subtract line 10 from line 9. If zero or less, enter -0. Enter the result here and on Form 1040, line 63; or Form 1040A, line 40 .....

11 157.

\*If you are filing Form 2555, 2555 EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Schedule M (Form 1040A or 1040) 2010

JAY R & TRUDI A INSLEE

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 1

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	157,733.	28,195.			6,622.	2,413.
TOTALS	157,733.	28,195.			6,622.	2,413.

SCHEDULE A POINTS NOT REPORTED ON FORM 1098 STATEMENT 2

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 3

DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
MISCELLANEOUS ORGANIZED CHARITIES	3,233.	
SUBTOTALS	3,233.	
TOTAL TO SCHEDULE A, LINE 16		3,233.

SCHEDULE A MEDICAL AND DENTAL EXPENSES STATEMENT 4

DESCRIPTION	AMOUNT
MEDICAL INSURANCE PREMIUMS PAID	4,284.
DOCTORS, DENTISTS, ETC.	1,688.
EYEGLASSES AND CONTACTS	329.
VISION PLAN INSURANCE	276.
TOTAL TO SCHEDULE A, LINE 1	6,577.

## SCHEDULE A

## STATE AND LOCAL GENERAL SALES TAXES

## STATEMENT 5

DESCRIPTION	AMOUNT
STATE SALES TAX	1,504.
LOCAL SALES TAX	486.
TOTAL TO SCHEDULE A, LINE 5	1,990.

JAY R & TRUDI A INSLEE

SCHEDULE A	GENERAL SALES TAX DEDUCTION WORKSHEET	STATEMENT	6
1	ENTER YOUR STATE GENERAL SALES TAXES FROM THE APPLICABLE TABLE. WASHINGTON IF, FOR ALL OF 2010, 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.	1,504.	
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 2010? 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 2010? 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.	486.	
6A	ADD LINE 1 AND LINE 6.	1,990.	
6B	PART-YEAR DAYS RATE.	1.000000	
6C	MULTIPLY LINE 6A BY LINE 6B.	1,990.	
7	ENTER YOUR GENERAL SALES TAXES PAID ON SPECIFIED ITEMS, IF ANY.		
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.	1,990.	

SCHEDULE SE	NON-FARM INCOME	STATEMENT 7
DESCRIPTION		AMOUNT
CONSULTING		28,060.
TOTAL TO SCHEDULE SE, LINE 2		28,060.
FORM 2106-EZ	OTHER BUSINESS EXPENSES	STATEMENT 8
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.

Form 1040X

## Amended U.S. Individual Income Tax Return

(Rev. December 2011)

OMB No. 1545-0074

Department of the Treasury—Internal Revenue Service

► See separate instructions.

This return is for calendar year  2011  2010  2009  2008

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

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]

COPY

Your phone number

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

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 the back 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
1	182,136	2,500	184,636
2	32,742	(50)	32,692
3	149,394	2,550	151,944
4	7,300		7,300
5	142,094	2,550	144,644
6	28,030	714	28,744
7	54		54
8	27,976	714	28,690
9	3,965		3,965
10	31,941	714	32,655

**Income and Deductions**

- 1 Adjusted gross income. If net operating loss (NOL) carryback is included, check here ►   
 2 Itemized deductions or standard deduction  
 3 Subtract line 2 from line 1  
 4 Exemptions. If changing, complete Part I on the back and enter the amount from line 30  
 5 Taxable income. Subtract line 4 from line 3

11	28,195		28,195
12			
13			
14	157	-50	107

**Tax Liability**

- 6 Tax. Enter method used to figure tax:  
 TCW  
 7 Credits. If general business credit carryback is included, check here ►   
 8 Subtract line 7 from line 6. If the result is zero or less, enter -0-  
 9 Other taxes  
 10 Total tax. Add lines 8 and 9

11	28,195		28,195
12			
13			
14	157	-50	107

**Payments**

- 11 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (if changing, see instructions)  
 12 Estimated tax payments, including amount applied from prior year's return  
 13 Earned income credit (EIC)  
 14 Refundable credits from  Schedule M or Form(s)  2439  4136  
 5405  8801  8812  8839  8863  8885 or  
 other (specify): [redacted]  
 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  
 16 Total payments. Add lines 11 through 15

15	3,589
16	31,891

**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.  
 18 Subtract line 17 from line 16 (If less than zero, see instructions)  
 19 Amount you owe. If line 10, column C, is more than line 18, enter the difference  
 20 If line 10, column C, is less than line 18, enter the difference. This is the amount overpaid on this return  
 21 Amount of line 20 you want refunded to you  
 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. <b>Caution.</b> If someone can claim you as a dependent, you cannot claim an exemption for yourself . . . . .	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 <b>ALL</b> 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 (see instructions)
				<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.

THE CAPITAL LOSS CARRYOVER WAS REDUCED DUE TO AMENDING THE TAXPAYER'S 2009 FORM 1040.

**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 \_\_\_\_\_ Date \_\_\_\_\_ Spouse's signature. If a joint return, **both** must sign. \_\_\_\_\_ Date \_\_\_\_\_

Preparer's signature \_\_\_\_\_ Firm's name (or yours if self-employed) \_\_\_\_\_

Print/type preparer's name \_\_\_\_\_ Firm's address and ZIP code \_\_\_\_\_

\_\_\_\_\_  Check if self-employed \_\_\_\_\_ Phone number \_\_\_\_\_ EIN \_\_\_\_\_

PTIN \_\_\_\_\_ For forms and publications, visit IRS.gov. \_\_\_\_\_ Form 1040X (Rev. 12-2011) \_\_\_\_\_

Form 1040

## U.S. Individual Income Tax Return

2010

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

<b>Name, Address, and SSN</b>	P For the year Jan. 1-Dec. 31, 2010, or other tax year beginning	2010, ending	20	OMB No. 1545-0074
	R Your first name and initial	Last name	Your social security number [REDACTED]	
	I N JAY R	INSLEE		
	T If a joint return, spouse's first name and initial	Last name	Spouse's social security number [REDACTED]	
	C A TRUDI A	INSLEE		
<b>See separate instructions.</b>	L E Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]	Apt. no.	Make sure the SSN(s) above ▲ and on line 6c are correct.	
<b>Presidential Election Campaign</b>	► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund			► <input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse
<b>Filing Status</b>	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. ►		
Check only one box.	2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	5 <input type="checkbox"/> Qualifying widow(er) with dependent child		
<b>Exemptions</b>	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			Boxes checked on 6a and 6b 2
If more than four dependents, see instructions and check here ►	c Dependents: (1) First name [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] d Total number of exemptions claimed	(2) Dependent's social security number [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	(3) Dependent's relationship to you [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	(4) <input type="checkbox"/> If child under age 17 qualifying for child tax credit 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
<b>Income</b>	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	157,733.	
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	2.	
If you did not get a W-2, see page 20.	b Tax-exempt interest. Do not include on line 8a	8b		
Enclose, but do not attach, any payment. Also, please use Form 1040-V.	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		
	11 Alimony received	11		
	12 Business income or (loss). Attach Schedule C or C-EZ	12	28,060.	
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►	13		
	14 Other gains or (losses). Attach Form 4797	14		
	15a IRA distributions	15a	b Taxable amount	
	16a Pensions and annuities	16a	b Taxable amount	
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	824.	
	18 Farm income or (loss). Attach Schedule F	18		
	19 Unemployment compensation	19		
	20a Social security benefits	20a	b Taxable amount	
	21 Other income. List type and amount	21		
<b>Adjusted Gross Income</b>	22 Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	186,619.	
	23 Educator expenses Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	23		
	24	24		
	25 Health savings account deduction. Attach Form 8889	25		
	26 Moving expenses. Attach Form 3903	26		
	27 One-half of self-employment tax. Attach Schedule SE	27	1,983.	
	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		
010001 01-27-11	36 Add lines 23 through 31a and 32 through 35	36	1,983.	
	37 Subtract line 36 from line 22. This is your adjusted gross income	37	184,636.	

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

Form 1040 (2010)

Form 1040 (2010) JAY R &amp; TRUDI A INSLEE

Page 2

<b>Tax and Credits</b>	38 Amount from line 37 (adjusted gross income) .....	38	184,636.
	39a Check { <input type="checkbox"/> You were born before January 2, 1946, <input type="checkbox"/> Blind. } Total boxes checked ► 39a		
	if: <input type="checkbox"/> Spouse was born before January 2, 1946, <input type="checkbox"/> Blind. ► 39b		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here ► 39b		
	40 Itemized deductions (from Schedule A) or your standard deduction (see instructions) .....	40	32,692.
	41 Subtract line 40 from line 38 .....	41	151,944.
	42 Exemptions. Multiply \$3,650 by the number on line 6d .....	42	7,300.
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- .....	43	144,644.
	44 Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 .....	44	28,744.
	45 Alternative minimum tax. Attach Form 6251 .....	45	
	46 Add lines 44 and 45 .....	46	28,744.
	47 Foreign tax credit. Attach Form 1116 if required .....	47	54.
	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	54.
	55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- .....	55	28,690.
<b>Other Taxes</b>	56 Self-employment tax. Attach Schedule SE .....	56	3,965.
	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	32,655.
<b>Payments</b>	61 Federal income tax withheld from Forms W-2 and 1099 .....	61	28,195.
	62 2010 estimated tax payments and amount applied from 2009 return .....	62	
	63 Making work pay credit. Attach Schedule M .....	63	107.
	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	28,302.
<b>Refund</b>	73 If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid .....	73	
	74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/>	74a	
Direct deposit? See instructions.	b Routing <input type="text"/> ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings ► d Account number <input type="text"/> .....		
	75 Amount of line 73 you want applied to your 2011 estimated tax .....	75	
<b>Amount You Owe</b>	76 Amount you owe. Subtract line 72 from line 60. For details on how to pay, see instructions .....	76	4,353.
<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below.		No
	Designer's name <input type="text"/> Date <input type="text"/> Your occupation <input type="text"/> Daytime phone number <input type="text"/>		Personal identification number (PIN) <input type="text"/>
<b>Sign Here</b>	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 page 12. Keep a copy for your records.	Your signature <input type="text"/> Date <input type="text"/> Your occupation <input type="text"/> Daytime phone number <input type="text"/>	US HOUSE OF REPRESENT.	
	Spouse's signature. If a joint return, both must sign. Date <input type="text"/> Spouse's occupation <input type="text"/> Daytime phone number <input type="text"/>	CONSULTANT	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <input type="text"/> Preparer's signature <input type="text"/> Date <input type="text"/> Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN <input type="text"/>		
	Firm's name <input type="text"/> Firm's EIN <input type="text"/> Phone no <input type="text"/>		
	Firm's address <input type="text"/>		

010002  
12-22-10

**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

**JAY R & TRUDI A INSLEE**

<b>Medical and Dental Expenses</b>	Caution. Do not include expenses reimbursed or paid by others.		
	1 Medical and dental expenses (see instructions) <b>SEE STATEMENT 4</b>	1	6,577.
	2 Enter amount from Form 1040, line 38 .....	2	184,636.
	3 Multiply line 2 by 7.5% (.075) .....	3	13,848.
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	0.
<b>Taxes You Paid</b>	5 State and local (check only one box): a <input type="checkbox"/> Income taxes, or b <input checked="" type="checkbox"/> General sales taxes } <b>SEE STATEMENT 5</b>	5	1,990.
	6 Real estate taxes (see instructions) .....	6	5,778.
	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	7,768.
<b>Interest You Paid</b>	10 Home mortgage interest and points reported to you on Form 1098	10	20,906.
	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	
	14 Investment interest. Attach Form 4952 if required. (See instructions.) .....	14	
15 Add lines 10 through 14		15	21,045.
<b>Gifts to Charity</b>	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions .....	16	3,233.
	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	3,233.
<b>Casualty and Theft Losses</b>	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) .....	20	
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.)	21	
	► <b>FROM FORM 2106-EZ</b> 3,480.	22	3,480.
	22 Tax preparation fees .....	23	859.
	23 Other expenses - investment, safe deposit box, etc. List type and amount ►	24	
	24 Add lines 21 through 23 .....	25	4,339.
	25 Enter amount from Form 1040, line 38	26	184,636.
	26 Multiply line 25 by 2% (.02) .....	27	3,693.
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		28	646.
<b>Other Miscellaneous Deductions</b>	28 Other - from list in instructions. List type and amount ►	29	
	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	29	32,692.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here ► <input type="checkbox"/>		

## ATTACHMENT TO 1040X

Page 2

## Schedule A (Form 1040) 2010

**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).

**New motor vehicle taxes**  See the instructions for line 7 on page A-6.

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

(Attach to Form 1040.)

<p><b>1</b> 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) .....</p> <p><b>2</b> Enter the purchase price (before taxes) of the new motor vehicle(s) .....</p> <p><b>3</b> Is the amount on line 2 more than \$49,500?  <input type="checkbox"/> <b>No.</b> Enter the amount from line 1.  <input type="checkbox"/> <b>Yes.</b> 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). } .....</p> <p><b>4</b> Enter the amount from Form 1040, line 38 .....</p> <p><b>5</b> Enter the total of any -            • 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 } .....</p> <p><b>6</b> Add lines 4 and 5 .....</p> <p><b>7</b> Enter \$125,000 (\$250,000 if married filing jointly) .....</p> <p><b>8</b> Is the amount on line 6 more than the amount on line 7?  <input type="checkbox"/> <b>No.</b> Enter the amount from line 3 above on Schedule A, line 7. Do not complete the rest of this worksheet.  <input type="checkbox"/> <b>Yes.</b> Subtract line 7 from line 6 .....</p> <p><b>9</b> 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 .....</p> <p><b>10</b> Multiply line 3 by line 9 .....</p> <p><b>11</b> Deduction for new motor vehicle taxes. Subtract line 10 from line 3. Enter the result here and on Schedule A, line 7 .....</p>	<p><b>1</b></p> <p><b>2</b></p> <p><b>3</b></p> <p><b>4</b></p> <p><b>5</b></p> <p><b>6</b></p> <p><b>7</b></p> <p><b>8</b></p> <p><b>9</b></p> <p><b>10</b></p> <p><b>11</b></p>	
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Schedule A (Form 1040) 2010

**SCHEDULE M**  
**(Form 1040A or 1040)**Department of the Treasury  
Internal Revenue Service (99)**Making Work Pay Credit**

OMB No. 1545-0074

**2010**Attachment  
Sequence No. 166

► Attach to Form 1040A or 1040.

► See separate instructions.

Name(s) shown on return

Your social security number  
[REDACTED]**JAY R & TRUDI A INSLEE**

**CAUTION** ! To take the making work pay credit, you must include your social security number (if filing a joint return, the number of either you or your spouse) on your tax return. A social security number does not include an identification number issued by the IRS. Only the Social Security Administration issues social security numbers.

**CAUTION** ! You cannot take the making work pay credit if you can be claimed as someone else's dependent or if you are a nonresident alien.

Important: Check the "No" box on line 1a and see the instructions if:

- (a) You have a net loss from a business,
- (b) You received a taxable scholarship or fellowship grant not reported on a Form W-2,
- (c) Your wages include pay for work performed while an inmate in a penal institution,
- (d) You received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or
- (e) You are filing Form 2555 or 2555-EZ.

1a Do you (and your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?

 Yes. Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5. No. Enter your earned income (see instructions) .....

1a

b Nontaxable combat pay included on

line 1a (see instructions) .....

1b

2 Multiply line 1a by 6.2% (.062) .....

2

3 Enter \$400 (\$800 if married filing jointly) .....

3

4 Enter the smaller of line 2 or line 3 (unless you checked "Yes" on line 1a) .....

4 800.

5 Enter the amount from Form 1040, line 38\*, or Form 1040A, line 22 .....

5

184,636.

6 Enter \$75,000 (\$150,000 if married filing jointly) .....

6

150,000.

7 Is the amount on line 5 more than the amount on line 6?

 No. Skip line 8. Enter the amount from line 4 on line 9 below. Yes. Subtract line 6 from line 5 .....

7

34,636.

8 Multiply line 7 by 2% (.02) .....

8 693.

9 Subtract line 8 from line 4. If zero or less, enter -0- .....

9 107.

10 Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2010? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions).

 No. Enter -0- on line 10 and go to line 11. Yes. Enter the total of the payments you (and your spouse, if filing jointly) received in 2010. Do not enter more than \$250 (\$500 if married filing jointly) .....

10 0.

11 Making work pay credit. Subtract line 10 from line 9. If zero or less, enter -0-. Enter the result here and on Form 1040, line 63; or Form 1040A, line 40 .....

11 107.

\*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Schedule M (Form 1040A or 1040) 2010

JAY R &amp; TRUDI A INSLEE

ATTACHMENT TO 1040X

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 1

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	157,733.	28,195.			6,622.	2,413.
<b>TOTALS</b>	<b>157,733.</b>	<b>28,195.</b>			<b>6,622.</b>	<b>2,413.</b>

SCHEDULE A

POINTS NOT REPORTED ON FORM 1098

STATEMENT 2

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

SCHEDULE A

CASH CONTRIBUTIONS

STATEMENT 3

DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
MISCELLANEOUS ORGANIZED CHARITIES	3,233.	
<b>SUBTOTALS</b>	<b>3,233.</b>	
<b>TOTAL TO SCHEDULE A, LINE 16</b>		<b>3,233.</b>

SCHEDULE A

MEDICAL AND DENTAL EXPENSES

STATEMENT 4

DESCRIPTION	AMOUNT
MEDICAL INSURANCE PREMIUMS PAID	4,284.
DOCTORS, DENTISTS, ETC.	1,688.
EYEGLASSES AND CONTACTS	329.
VISION PLAN INSURANCE	276.
<b>TOTAL TO SCHEDULE A, LINE 1</b>	<b>6,577.</b>

JAY R & TRUDI A INSLEE

ATTACHMENT TO 1040X

STATEMENT 5

SCHEDULE A	STATE AND LOCAL GENERAL SALES TAXES	STATEMENT 5
DESCRIPTION		AMOUNT
STATE SALES TAX		1,504.
LOCAL SALES TAX		486.
TOTAL TO SCHEDULE A, LINE 5		1,990.

SCHEDULE AGENERAL SALES TAX DEDUCTION WORKSHEETSTATEMENT 6

1	ENTER YOUR STATE GENERAL SALES TAXES FROM THE APPLICABLE TABLE. WASHINGTON IF, FOR ALL OF 2010, 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.	1,504.
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 2010? 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 2010? 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. BAINBRIDGE ISLAND	2.1000
4	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.	486.
6A	ADD LINE 1 AND LINE 6.	1,990.
6B	PART-YEAR DAYS RATE.	1.000000
6C	MULTIPLY LINE 6A BY LINE 6B.	1,990.
7	ENTER YOUR GENERAL SALES TAXES PAID ON SPECIFIED ITEMS, IF ANY.	
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.	1,990.