

Form 1040		Department of the Treasury — Internal Revenue Service (99)		U.S. Individual Income Tax Return	2012	OMB No. 1545-0074	IRS Use Only — Do not write or staple in this space.
For the year Jan 1 - Dec 31, 2012, or other tax year beginning , 2012, ending , 20						See separate instructions.	
Your first name and initial Jay R Inslee						Your social security number [REDACTED]	
Last name Inslee						Spouse's social security number [REDACTED]	
If a joint return, spouse's first name and initial Trudi A Inslee						▲ Make sure the SSN(s) above and on line 6c are correct.	
Last name Inslee						Presidential Election Campaign	
Home address (number and street). If you have a P.O. box, see instructions. 501 13th Avenue SW						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. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Apartment no.							
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/state/county	
Foreign postal code							
Filing Status							
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 & full name here. ▶							
4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶							
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 checked="" type="checkbox"/> if child under age 17 qualifying for child tax or (see instrs)							
If more than four dependents, see instructions and check here. . . <input type="checkbox"/>							
d Total number of exemptions claimed. 2							
Income							
7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 48,180.							
8a Taxable interest. Attach Schedule B if required. 8a							
b Tax-exempt interest. Do not include on line 8a. 8b							
9a Ordinary dividends. Attach Schedule B if required. 9a							
b Qualified dividends. 9b							
10 Taxable refunds, credits, or offsets of state and local income taxes. 10							
11 Alimony received. 11							
12 Business income or (loss). Attach Schedule C or C-EZ. 12 33,915.							
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here. 13							
14 Other gains or (losses). Attach Form 4797. 14							
15a IRA distributions. 15a b Taxable amount. 15b 88,000.							
16a Pensions and annuities. 16a b Taxable amount. 16b							
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 17 113.							
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. 21							
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. 22 170,208.							
Adjusted Gross Income							
23 Educator expenses. 23							
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 24							
25 Health savings account deduction. Attach Form 8889. 25							
26 Moving expenses. Attach Form 3903. 26							
27 Deductible part of self-employment tax. Attach Schedule SE. 27 2,396.							
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 2,396.							
37 Subtract line 36 from line 22. This is your adjusted gross income. 37 167,812.							

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 167,812.

39a Check ☐ You were born before January 2, 1948, ☐ Blind. Total boxes
if: ☐ Spouse was born before January 2, 1948, ☐ Blind. checked. ▶ 39a ☐b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☐**Standard Deduction for –**

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:

Single or Married filing separately, \$5,950

Married filing jointly or Qualifying widow(er), \$11,900

Head of household, \$8,700

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 34,623.

41 Subtract line 40 from line 38 41 133,189.

42 Exemptions. Multiply \$3,800 by the number on line 6d. 42 7,600.

43 Taxable income. Subtract line 42 from line 41.
If line 42 is more than line 41, enter -0- 43 125,589.44 Tax (see instrs). Check if any from: a ☐ Form(s) 8814 c ☐ 962 election
b ☐ Form 4972. 44 23,457.

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

46 Add lines 44 and 45 46 23,457.

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 19 49

50 Retirement savings contributions credit. Attach Form 8880 50

51 Child tax credit. Attach Schedule 8812, if required 51

52 Residential energy credits. Attach Form 5695 52 300.

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

54 Add lines 47 through 53. These are your total credits 54 300.

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 23,157.

Other Taxes

56 Self-employment tax. Attach Schedule SE 56 4,166.

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

59a Household employment taxes from Schedule H 59a

b First-time homebuyer credit repayment. Attach Form 5405 if required 59b

60 Other taxes. Enter code(s) from instructions 60

61 Add lines 55-60. This is your total tax. 61 27,323.

Payments

If you have a qualifying child, attach Schedule EIC.

62 Federal income tax withheld from Forms W-2 and 1099 62 28,190.

63 2012 estimated tax payments and amount applied from 2011 return. 63

64a Earned income credit (EIC) 64a

b Nontaxable combat pay election ▶ 64b

65 Additional child tax credit. Attach Schedule 8812 65

66 American opportunity credit from Form 8863, line 8 66

67 Reserved 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 ☐ Reserved c ☐ 8801 d ☐ 8885 71

72 Add lines 62, 63, 64a, & 65-71. These are your total pmts. 72 28,190.

Refund

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 73 867.

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ ☐ 74a 867.▶ b Routing number ☐ ▶ c Type: ☒ Checking ☐ Savings▶ d Account number ☐

Direct deposit? See instructions.

75 Amount of line 73 you want applied to your 2013 estimated tax 75

Amount You Owe

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions 76

77 Estimated tax penalty (see instructions) 77

Third Party DesigneeDo you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ NoDesignee's name ☐ Phone no. ☐ Personal identification number (PIN) ☐**Sign Here**

Joint return? See instructions.

Keep a copy for your records.

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

Your signature ☐ Date ☐ Your occupation ☐ Daytime phone number ☐Spouse's signature. If a joint return, both must sign. ☐ Date ☐ Spouse's occupation ☐ If the IRS sent you an Identity Protection PIN, enter it here (see instrs) ☐

Governor

Consultant

Print/Type preparer's name ☐ Preparer's signature ☐ Date ☐ Check ☐ if self-employed ☐ PTIN ☐**Paid Preparer Use Only**Firm's name ☐Firm's address ☐ Firm's EIN ☐Phone no. ☐

SCHEDULE A
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions**► Information about Schedule A and its separate instructions is at www.irs.gov/form1040.
► **Attach to Form 1040.**

OMB No. 1545-0074

2012Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

Jay R and Trudi A Inslee

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions) <u>Statement 3</u>	1	16,431.
2	Enter amount from Form 1040, line 38. <u>2</u> 167,812.		
3	Multiply line 2 by 7.5% (.075)	3	12,586.
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	3,845.
Taxes You Paid	5 State and local (check only one box):		
	a <input type="checkbox"/> Income taxes, or	5	1,875.
	b <input checked="" type="checkbox"/> General sales taxes		
6	Real estate taxes (see instructions)	6	5,958.
7	Personal property taxes	7	
8	Other taxes. List type and amount ►	8	
9	Add lines 5 through 8	9	7,833.
Interest You Paid	10 Home mtg interest and points reported to you on Form 1098. <u>See St. 4</u>	10	16,117.
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ►	11	
Note. Your mortgage interest deduction may be limited (see instructions).	12 Points not reported to you on Form 1098. See instrs for spcl rules	12	
	13 Mortgage insurance premiums (see instructions)	13	
	14 Investment interest. Attach Form 4952 if required. (See instrs.)	14	
	15 Add lines 10 through 14	15	16,117.
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instrs. <u>See Statement 5</u>	16	5,863.
If you made a gift and got a benefit for it, see instructions.	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
	18 Carryover from prior year	18	
	19 Add lines 16 through 18	19	5,863.
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	0.
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.) ► <u>Form 2106 (Taxpayer)</u> 3,480.	21	3,480.
	22 Tax preparation fees	22	841.
	23 Other expenses — investment, safe deposit box, etc. List type and amount ►	23	
	24 Add lines 21 through 23	24	4,321.
	25 Enter amount from Form 1040, line 38. <u>25</u> 167,812.		
	26 Multiply line 25 by 2% (.02)	26	3,356.
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	965.
Other Miscellaneous Deductions	28 Other — from list in instructions. List type and amount ►	28	0.
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	34,623.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here. <input type="checkbox"/>		

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

2012Attachment
Sequence No. **09**

Name of proprietor

Trudi A Inslee

Social security number (SSN)

[REDACTED]

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

Consulting

B Enter code from instructions

► 541600

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

Trudi Inslee Consulting

D Employer ID number (EIN), (see instrs)

[REDACTED]

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 2012? If 'No,' see instructions for limit on losses. ☒ Yes ☐ No**H** If you started or acquired this business during 2012, check here ☐**I** Did you make any payments in 2012 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 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked. <input type="checkbox"/>	1	36,091.
2 Returns and allowances (see instructions)	2	
3 Subtract line 2 from line 1	3	36,091.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	36,091.
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	36,091.

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

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20 a	
12 Depletion	12		b Other business property	20 b	
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)	16 a		a Travel	24 a	336.
b Other	16 b		b Deductible meals and entertainment (see instructions)	24 b	
17 Legal & professional services	17	100.	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)	27 a	1,740.
30 Expenses for business use of your home. Attach Form 8829 . Do not report such expenses elsewhere	30		b Reserved for future use	27 b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	33,915.			

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 checked the box on line 1, 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.**32 a** ☐ All investment is at risk.**32 b** ☐ Some investment is not at risk.**BAA** For Paperwork Reduction Act Notice, see your tax return instructions.Schedule **C** (Form 1040) 2012

Part III Cost of Goods Sold (see instructions)

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

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

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

44 Of the total number of miles you drove your vehicle during 2012, enter the number of miles you used your vehicle for:

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

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

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

47a 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	1,740.
.....	
.....	
.....	
.....	
.....	
.....	
.....	
.....	
.....	
48 Total other expenses. Enter here and on line 27a	48 1,740.

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Supplemental Income and Loss
(From rental real estate, royalties, partnerships,
S corporations, estates, trusts, REMICs, etc)
▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at www.irs.gov/form1040.

OMB No. 1545-0074

2012

Attachment
Sequence No. **13**

Jay R and Trudi A Inslee

Your social security number

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.

- A** Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No
B If 'Yes,' did you or will you file required Forms 1099? ☐ Yes ☐ No

1 a	Physical address of each property (street, city, state, ZIP code)				
A					
B					
C					
1 b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	6	A			
B		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:		Properties:	A	B	C
3	Rents received	3			
4	Royalties received	4	113.		
Expenses:					
5	Advertising	5			
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7			
8	Commissions	8			
9	Insurance	9			
10	Legal and other professional fees	10			
11	Management fees	11			
12	Mortgage interest paid to banks, etc (see instructions)	12			
13	Other interest	13			
14	Repairs	14			
15	Supplies	15			
16	Taxes	16			
17	Utilities	17			
18	Depreciation expense or depletion	18			
19	Other (list) ▶	19			
20	Total expenses. Add lines 5 through 19	20			
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	113.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22			
23 a	Total of all amounts reported on line 3 for all rental properties	23 a			
b	Total of all amounts reported on line 4 for all royalty properties	23 b	113.		
c	Total of all amounts reported on line 12 for all properties	23 c			
d	Total of all amounts reported on line 18 for all properties	23 d			
e	Total of all amounts reported on line 20 for all properties	23 e			
24	Income. Add positive amounts shown on line 21. Do not include any losses	24			113.
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			
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.	26			113.

BAA For Paperwork Reduction Act Notice, see instructions.

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Schedule E (Form 1040) 2012

Department of the Treasury
Internal Revenue Service (99)

▶ Information about Schedule SE and its separate instructions is at www.irs.gov/form1040
▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2012

Attachment Sequence No. **17**Name of person with **self-employment** income (as shown on Form 1040)

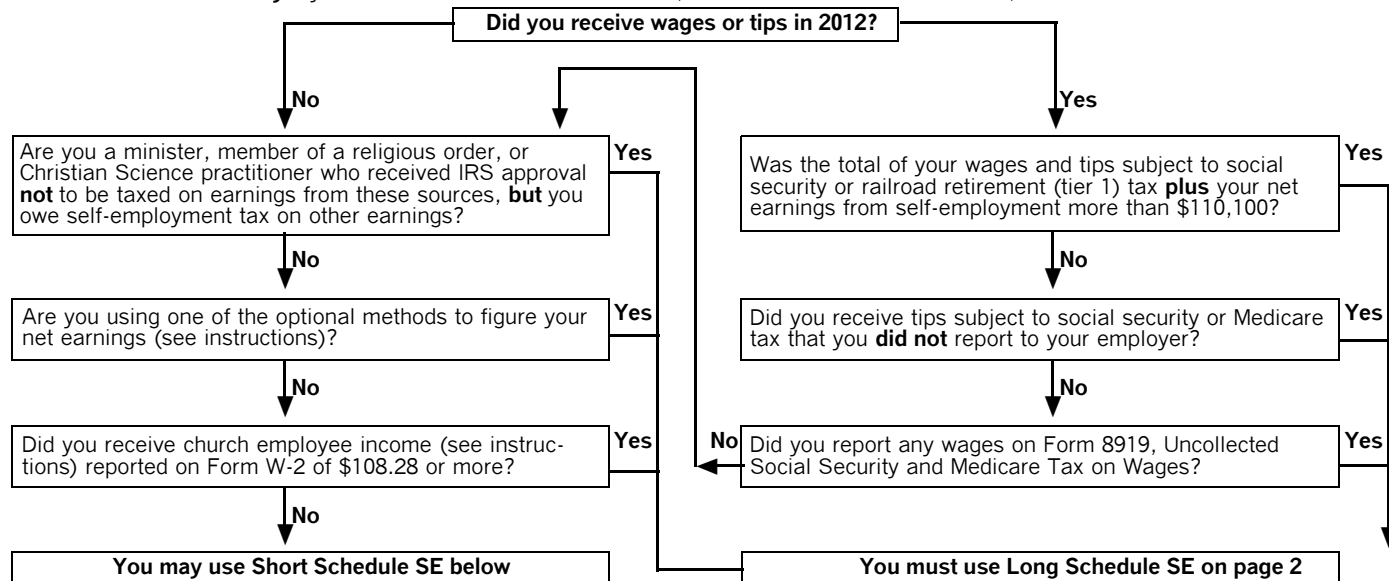
Trudi A Inslee

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

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.

1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1 a	
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	1 b	
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	2	33,915.
3 Combine lines 1a, 1b, and 2	3	33,915.
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	31,321.
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: • \$110,100 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 \$110,100, multiply line 4 by 2.9% (.029). Then, add \$11,450.40 to the result. Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54	5	4,166.
6 Deduction for employer-equivalent portion of self-employment tax. If the amount on line 5 is: • \$14,643.30 or less, multiply line 5 by 57.51% (.5751) • More than \$14,643.30, multiply line 5 by 50% (.50) and add \$1,100 to the result. Enter the result here and on Form 1040, line 27 or Form 1040NR, line 27	6	2,396.

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

Schedule **SE** (Form 1040) 2012

Department of the Treasury
Internal Revenue Service

► Information about Form 8889 and its separate instructions is available at www.irs.gov/form8889.
 ► Attach to Form 1040 or Form 1040NR.

2012Attachment
Sequence No. **53**

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

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

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 2012 (see instructions).....	Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2012 (or those made on your behalf), including those made from January 1, 2013, through April 15, 2013, that were for 2012. 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 2012, and on the first day of every month during 2012, you were, or were considered, an eligible individual with the same coverage, enter \$3,100 (\$6,250 for family coverage). All others , see instructions for the amount to enter.....	3	6,250.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2012 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2012, 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	6,250.
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 2012, see the instructions for the amount to enter.....	6	6,250.
7	If you were age 55 or older at the end of 2012, married, and you or your spouse had family coverage under an HDHP at any time during 2012, enter your additional contribution amount (see instructions).....	7	1,000.
8	Add lines 6 and 7.....	8	7,250.
9	Employer contributions made to your HSAs for 2012.....	9	500.
10	Qualified HSA funding distributions.....	10	
11	Add lines 9 and 10.....	11	500.
12	Subtract line 11 from line 8. If zero or less, enter -0-.....	12	6,750.
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 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.

14 a	Total distributions you received in 2012 from all HSAs (see instructions).....	14 a	
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).....	14 b	
c	Subtract line 14b from line 14a.....	14 c	
15	Unreimbursed qualified medical expenses (see instructions).....	15	
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	
17 a	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.....	17 b	

BAA For Paperwork Reduction Act Notice, see your tax return instructions.Form **8889** (2012)

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 Last-month rule	18	
19 Qualified HSA funding distribution	19	
20 Total income. Add lines 18 and 19. 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.	20	
21 Additional tax. Multiply line 20 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.	21	

Form 8889 (2012)

Form **2106****Employee Business Expenses**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)▶ **Attach to Form 1040 or Form 1040NR.**▶ Information about Form 2106 and its separate instructions is available at www.irs.gov/form2106.**2012**Attachment
Sequence No. **129**

Your name

Jay R Inslee

Occupation in which you incurred expenses

Governor

Social security number

Part I Employee Business Expenses and Reimbursements**Step 1 Enter Your Expenses**

	Column A		Column B	
	Other Than Meals and Entertainment		Meals and Entertainment	
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1			
2 Parking fees, tolls, and transportation, including train, bus, etc, that did not involve overnight travel or commuting to and from work.	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment.	3	3,000.		
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment. See Statement 6	4	480.		
5 Meals and entertainment expenses (see instructions)	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	3,480.		

Note: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.**Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1**

7 Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any reimbursements reported under code 'L' in box 12 of your Form W-2 (see instructions).	7			
--	----------	--	--	--

Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8).	8	3,480.		0.
Note: If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.				
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	9	3,480.		
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.)	10			3,480.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.Form **2106** (2012)

Part II Nonbusiness Energy Property Credit

19 a Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions)	19 a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Caution: If you checked the 'No' box, you cannot claim the nonbusiness energy property credit. Do not complete Part II.	
b Print the complete address of the main home where you made the qualifying improvements.	
Caution: You can only have one main home at a time.	
501 13th Avenue SW <small>Number and street</small>	
Olympia WA 98501 <small>City, State, and ZIP code</small>	
c Were any of these improvements related to the construction of this main home?	19 c <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Caution: If you checked the 'Yes' box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.	
20 Lifetime limitation. Amounts claimed in 2006, 2007, 2009, 2010 and 2011.	
a Amount, if any, from line 12 of your 2006 Form 5695.	20 a
b Amount, if any, from line 15 of your 2007 Form 5695.	20 b
c Amount, if any, from line 11 of your 2009 Form 5695.	20 c
d Amount, if any, from line 11 of your 2010 Form 5695.	20 d
e Amount, if any, from line 14 of your 2011 Form 5695.	20 e
f Add lines 20a through 20e. If \$500 or more, stop ; you cannot take the nonbusiness energy property credit. .	20 f
21 Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions)	
a Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC.	21 a
b Exterior doors that meet or exceed the Energy Star program requirements.	21 b
c Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home.	21 c
d Exterior windows and skylights that meet or exceed the Energy Star program requirements.	21 d
e Maximum amount of cost on which the credit can be figured.	21 e \$2,000.
f If you claimed window expenses on your Form 5695 for 2006, 2007, 2009, 2010, or 2011, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0-.	21 f
g Subtract line 21f from line 21e. If zero or less, enter -0-.	21 g
h Enter the smaller of line 21d or line 21g.	21 h 0.
22 Add lines 21a, 21b, 21c, and 21h.	22
23 Multiply line 22 by 10% (.10).	23
24 Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).	
a Energy-efficient building property. Do not enter more than \$300.	24 a 300.
b Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150.	24 b
c Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50.	24 c
25 Add lines 24a through 24c.	25 300.
26 Add lines 23 and 25.	26 300.
27 Maximum credit amount. (If you jointly occupied the home, see instructions)	27 500.
28 Enter the amount, if any, from line 20f.	28
29 Subtract line 28 from line 27. If zero or less, stop ; you cannot take the nonbusiness energy property credit. .	29 500.
30 Enter the smaller of line 26 or line 29.	30 300.
31 Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet (see instructions)	31 23,457.
32 Nonbusiness energy property credit. Enter the smaller of line 30 or line 31. Also include this amount on Form 1040, line 52, or Form 1040NR, line 49.	32 300.

Jay R and Trudi A Inslee

Statement 1
Form 1040
Wage Schedule

<u>Taxpayer - Employer</u>	<u>Wages</u>	<u>Federal W/H</u>	<u>FICA</u>	<u>Medi- care</u>	<u>State W/H</u>	<u>Local W/H</u>
House of Rep - Members Services	48,180.	8,090.	2,135.	737.		
Grand Total	<u>48,180.</u>	<u>8,090.</u>	<u>2,135.</u>	<u>737.</u>	<u>0.</u>	<u>0.</u>

Statement 2
Form 1040
IRA Distribution Schedule

<u>Taxpayer - Payer</u>	<u>Total Received</u>	<u>Taxable Amount</u>	<u>Federal W/H</u>	<u>State W/H</u>
Morgan Stanley	88,000.	88,000.	20,100.	
Grand Total	<u>88,000.</u>	<u>88,000.</u>	<u>20,100.</u>	<u>0.</u>

Statement 3
Schedule A, Line 1
Medical and Dental Expenses

Doctors, Dentists, and Nurses.....	\$	1,637.
Eye Care.....		808.
Insurance Premiums.....		13,986.
Total	\$	<u>16,431.</u>

Statement 4
Schedule A, Line 10
Home Mortgage Interest Reported on Form 1098

JP Morgan Chase Bank NA.....	\$	874.
NYCB Mortgage Company.....		15,243.
Total	\$	<u>16,117.</u>

Statement 5
Schedule A, Line 16
Contributions by Cash or Check

Various charities.....	\$	5,863.
Total	\$	<u>5,863.</u>

Jay R and Trudi A Inslee



Statement 6 - Governor
Form 2106, Page 1, Line 4
Other Business Expenses

License - WSBA	\$	480.
Total	\$	<u>480.</u>

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

▶ Information about Form 1040X and its separate instructions is at www.irs.gov/form1040X.This return is for calendar year ☒ 2012 ☐ 2011 ☐ 2010 ☐ 2009

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

Your first name MI Last name Your social security number

Jay R Inslee

If a joint return, spouse's first name MI Last name Spouse's social security number

Trudi A Inslee

Home address (number and street). If you have a P.O. box, see instructions. Apt no. Your phone number

501 13th Avenue SW

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

Olympia, WA 98501

Foreign country name Foreign province/state/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

Income and Deductions

		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	Adjusted gross income. If net operating loss (NOL) carryback is included, check here. ▶ <input type="checkbox"/>	1		
2	Itemized deductions or standard deduction	2		
3	Subtract line 2 from line 1.	3		
4	Exemptions. If changing, complete Part I on page 2 and enter the amount from line 30.	4		
5	Taxable income. Subtract line 4 from line 3.	5		

Tax Liability

6	Tax. Enter method used to figure tax:	6		
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		
9	Other taxes	9		
10	Total tax. Add lines 8 and 9.	10	27,323.	27,323.

Payments

11	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (if changing, see instructions)	11	28,190.	28,190.
12	Estimated tax payments, including amount applied from prior year's return	12		
13	Earned income credit (EIC)	13		
14	Refundable credits from Schedule(s) <input type="checkbox"/> 8812 or <input type="checkbox"/> M or Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 5405 <input type="checkbox"/> 8801 <input type="checkbox"/> 8812 (2009-2011) <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		
16	Total payments. Add lines 11 through 15.	16		28,190.

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	867.
18	Subtract line 17 from line 16 (If less than zero, see instructions).	18	27,323.
19	Amount you owe. If line 10, column C, is more than line 18, enter the difference.	19	
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 ExemptionsComplete 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 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. Caution. 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 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 (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<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 address of the taxpayers' main home reported on Form 5695 was incorrect. The amended return corrects this error. See the attached amended Form 5695.

Sign Here


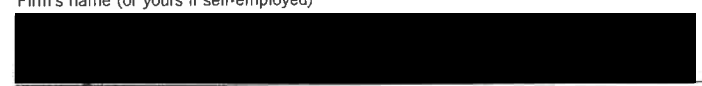
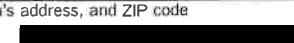

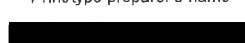
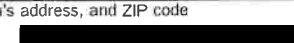
Remember to keep a copy of this form for your records.

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.

►  7-27-16 Date
 Spouse's signature. If a joint return, both must sign.  7-28-17 Date

Paid Preparer Use Only

►  7/28/16 Date
 Firm's name (or yours if self-employed) 

Print/type preparer's name 
 Firm's address, and ZIP code 
☐ Check if self-employed  EIN 
 PTIN  Phone number 

AMENDED

Part II Nonbusiness Energy Property Credit

19a Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions)

19a ☒ Yes ☐ No

Caution: If you checked the 'No' box, you cannot claim the nonbusiness energy property credit. Do not complete Part II.

b Print the complete address of the main home where you made the qualifying improvements.

Caution: You can only have one main home at a time.

Number and street

Unit No.

City, State, and ZIP code

c Were any of these improvements related to the construction of this main home?

19c ☐ Yes ☒ No

Caution: If you checked the 'Yes' box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.

20 Lifetime limitation. Amounts claimed in 2006, 2007, 2009, 2010 and 2011.

a Amount, if any, from line 12 of your 2006 Form 5695

20a

b Amount, if any, from line 15 of your 2007 Form 5695

20b

c Amount, if any, from line 11 of your 2009 Form 5695

20c

d Amount, if any, from line 11 of your 2010 Form 5695

20d

e Amount, if any, from line 14 of your 2011 Form 5695

20e

f Add lines 20a through 20e. If \$500 or more, **stop**; you cannot take the nonbusiness energy property credit.

20f

21 Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions)

a Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC

21a

b Exterior doors that meet or exceed the Energy Star program requirements

21b

c Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home

21c

d Exterior windows and skylights that meet or exceed the Energy Star program requirements

21d

e Maximum amount of cost on which the credit can be figured

21e

\$2,000.

f If you claimed window expenses on your Form 5695 for 2006, 2007, 2009, 2010, or 2011, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0-

21f

g Subtract line 21f from line 21e. If zero or less, enter -0-

21g

h Enter the smaller of line 21d or line 21g

21h

0.

22 Add lines 21a, 21b, 21c, and 21h

22

23 Multiply line 22 by 10% (.10)

23

24 Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).

a Energy-efficient building property. Do not enter more than \$300

24a

300.

b Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150

24b

c Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50

24c

25 Add lines 24a through 24c

25

300.

26 Add lines 23 and 25

26

300.

27 Maximum credit amount. (If you jointly occupied the home, see instructions).

27

500.

28 Enter the amount, if any, from line 20f

28

29 Subtract line 28 from line 27. If zero or less, **stop**; you cannot take the nonbusiness energy property credit

29

500.

30 Enter the smaller of line 26 or line 29

30

300.

31 Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet (see instructions)

31

23,457.

32 **Nonbusiness energy property credit.** Enter the smaller of line 30 or line 31. Also include this amount on Form 1040, line 52, or Form 1040NR, line 49

32

300.