

For the year Jan. 1-Dec. 31, 2011, or other tax year beginning		, 2011, ending	.20	See separate instructions.
Your first name and initial <b>TIMOTHY J.</b>		Last name <b>RYAN</b>	Your social security number [REDACTED]	
If a joint return, spouse's first name and initial		Last name	Spouse's social security number [REDACTED] [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]			Apt. no.	<input type="checkbox"/> Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. [REDACTED]			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.	
Foreign country name		Foreign province/county	Foreign postal code	<input type="checkbox"/> You <input type="checkbox"/> Spouse
<b>Filing Status</b>		1 <input checked="" type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above Check only one box. 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 type="checkbox"/> Spouse	Boxes checked on 6a and 6b No. of children on 6c who: ● lived with you _____ ● did not live with you due to divorce or separation (see instructions) _____	
		c Dependents: (1) First name _____ Last name _____ [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] d Total number of exemptions claimed _____	Dependents on 6c not entered above Add numbers on lines above ► 1	
<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 16a Pensions and annuities 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 21 Other income. List type and amount 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ►	7 158,988. 8a 9a 10 818. 11 12 13 14 15b 16b 17 18 19 20b 21 22 159,806.	
<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 27 Deductible part of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN ► 32 IRA deduction 33 Student loan interest deduction 34 Tuition and fees. Attach Form 8917 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 35 37 Subtract line 36 from line 22. This is your adjusted gross income ►	23 24 25 26 27 28 29 30 31a 32 33 34 35 36 37	159,806.

**Tax and Credits**

Standard Deduction for -  
 • People who check any box on line 39a or 39b or who can be claimed as a dependent.

All others:  
 Single or Married filing separately, \$5,800  
 Married filing jointly or Qualifying widow(er), \$11,600  
 Head of household, \$8,500

38	Amount from line 37 (adjusted gross income) .....	38	159,806.
39a	Check <input type="checkbox"/> You were born before January 2, 1947, <input type="checkbox"/> Blind. } Total boxes checked ... ► 39a <input type="checkbox"/>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1947, <input type="checkbox"/> Blind. }		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here .....	► 39b <input type="checkbox"/>	
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin) .....	40	22,401.
41	Subtract line 40 from line 38 .....	41	137,405.
42	Exemptions. Multiply \$3,700 by the number on line 6d .....	42	3,700.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	133,705.
44	Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election .....	44	31,054.
45	Alternative minimum tax. Attach Form 6251 .....	45	
46	Add lines 44 and 45 .....	46	31,054.
47	Foreign tax credit. Attach Form 1116 if required .....	47	
48	Credit for child and dependent care expenses. Attach Form 2441 .....	48	
49	Education credits from Form 8863, line 23 .....	49	
50	Retirement savings contributions credit. Attach Form 8880 .....	50	
51	Child tax credit (see instructions) .....	51	
52	Residential energy credits. Attach Form 5695 .....	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> .....	53	
54	Add lines 47 through 53. These are your total credits .....	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- .....	55	31,054.
56	Self-employment tax. Attach Schedule SE .....	56	
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 .....	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required .....	58	
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 through 60. This is your total tax .....	61	31,054.

**Payments**

62	Federal income tax withheld from Forms W-2 and 1099 .....	62	37,546.
63	2011 estimated tax payments and amount applied from 2010 return .....	63	
64a	Earned income credit (EIC) .....	64a	
b	Nontaxable combat pay election .....	64b	
65	Additional child tax credit. Attach Form 8812 .....	65	
66	American opportunity credit from Form 8863, line 14 .....	66	
67	First-time homebuyer credit from Form 5405, line 10 .....	67	
68	Amount paid with request for extension to file .....	68	
69	Excess social security and tier 1 RRTA tax withheld .....	69	
70	Credit for federal tax on fuels. Attach Form 4136 .....	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885 .....	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments .....	72	37,546.

**Refund**

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid .....	73	6,492.
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/>	74a	6,492.
b	Routing number ► c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings ► d Account number .....		

**Amount You Owe**

76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions .....	76	
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**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)?  Yes. Complete below.  No

Designee's name ► Personal identification number (PIN) ►

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 U.S. CONGRESSMAN 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

Print/Type preparer's name Preparer's signature Date Check  if self-employed PTIN

Paid Preparer Use Only Firm's EIN ►

Phone no. ►

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

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

**Itemized Deductions**

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

OMB No. 1545-0074

**2011**

Attachment  
Sequence No. 07

Your social security number

**TIMOTHY J. RYAN**

<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)		1		
2 Enter amount from Form 1040, line 38		2		
3 Multiply line 2 by 7.5% (.075)		3		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4		
<b>Taxes You Paid</b>		5 State and local (check only one box): a <input checked="" type="checkbox"/> Income taxes, or b <input type="checkbox"/> General sales taxes	SEE STATEMENT 4	5 9,818.
6 Real estate taxes (see instructions)		6		2,360.
7 Personal property taxes		7		
8 Other taxes. List type and amount ►		8		
9 Add lines 5 through 8		9		12,178.
<b>Interest You Paid</b>		10 Home mortgage interest and points reported to you on Form 1098	10	9,513.
11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►		11		
12 Points not reported to you on Form 1098. See instructions for special rules		12		
13 Mortgage insurance premiums (see instructions)		13		
14 Investment interest. Attach Form 4952 if required. (See instructions.)		14		
15 Add lines 10 through 14		15		9,513.
<b>Gifts to Charity</b>		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	350.
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		360.
18 Carryover from prior year		18		
19 Add lines 16 through 18		19		710.
<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.) ► <b>FROM FORM 2106</b>	21	3,000.
22 Tax preparation fees		22		100.
23 Other expenses - investment, safe deposit box, etc. List type and amount ►		23		
24 Add lines 21 through 23		24		3,100.
25 Enter amount from Form 1040, line 38		25	159,806.	
26 Multiply line 25 by 2% (.02)		26		3,196.
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27		0.
<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	22,401.
		30 If you elect to itemize deductions even though they are less than your standard deduction, check here ► <input type="checkbox"/>		

## Employee Business Expenses

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

2011

Your name

TIMOTHY J. RYAN

Occupation in which you incurred expenses

U.S. CONGRESSMAN

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			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment .....	4	SEE STATEMENT 6	3,000.	
5 Meals and entertainment expenses (see instructions) .....	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 .....	6		3,000.	

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

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

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

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8) .....	8	3,000.	
<b>Note:</b> If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.			
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.) .....	9	3,000.	
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 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	3,000.	

LHA For Paperwork Reduction Act Notice, see instructions.

Form 2106 (2011)

**Part II** Vehicle Expenses

Section A - General Information (You must complete this section if you are claiming vehicle expenses.)		(a) Vehicle	(b) Vehicle
11 Enter the date the vehicle was placed in service .....	11		
12 Total miles the vehicle was driven during 2011 .....	12	miles	miles
13 Business miles included on line 12 .....	13	miles	miles
14 Percent of business use. Divide line 13 by line 12 .....	14	%	%
15 Average daily roundtrip commuting distance .....	15	miles	miles
16 Commuting miles included on line 12 .....	16	miles	miles
17 Other miles. Add lines 13 and 16 and subtract the total from line 12 .....	17	miles	miles
18 Was your vehicle available for personal use during off-duty hours? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
19 Do you (or your spouse) have another vehicle available for personal use? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
20 Do you have evidence to support your deduction? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
21 If "Yes," is the evidence written? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Section B - Standard Mileage Rate** (See the instructions for Part II to find out whether to complete this section or Section C.)22 Multiply line 13 by 51¢ (.51) for miles driven **before** July 1, 2011, and by 55.5¢ (.555) for miles driven **after**June 30, 2011. Add the amounts, then enter the result here and on line 1 22

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

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

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

FORM 1040

STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT 1

2010

2009

2008

OHIO

190.

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

NET TAX REFUNDS OHIO

190.

OHIO

628.

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

NET TAX REFUNDS OHIO

628.

TOTAL NET TAX REFUNDS

818.

FORM 1040

TAXABLE STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT

2

2010

2009

2008

NET TAX REFUNDS FROM STATE AND  
LOCAL INCOME TAX REFUNDS STMNT. 818.

LESS:REFUNDS-NO BENEFIT DUE TO AMT  
-SALES TAX BENEFIT REDUCTION

1 NET REFUNDS FOR RECALCULATION 818.

2 TOTAL ITEMIZED DEDUCTIONS  
BEFORE PHASEOUT 26,769.

3 DEDUCTION NOT SUBJ TO PHASEOUT

4 NET REFUNDS FROM LINE 1 818.

5 LINE 2 MINUS LINES 3 AND 4 25,951.

6 MULT LN 5 BY APPL SEC. 68 PCT

7 PRIOR YEAR AGI

8 ITEM. DED. PHASEOUT THRESHOLD

9 SUBTRACT LINE 8 FROM LINE 7  
(IF ZERO OR LESS, SKIP LINES  
10 THROUGH 15, AND ENTER  
AMOUNT FROM LINE 1 ON LINE 16)

10 MULT LN 9 BY APPL SEC. 68 PCT

11 ALLOWABLE ITEMIZED DEDUCTIONS  
(LINE 5 LESS THE LESSER OF  
LINE 6 OR LINE 10)

12 ITEM DED. NOT SUBJ TO PHASEOUT

13A TOTAL ADJ. ITEMIZED DEDUCTIONS 25,951.

13B PRIOR YR. STD. DED. AVAILABLE 5,700.

14 PRIOR YR. ALLOWABLE ITEM. DED. 26,769.

15 SUBTRACT THE GREATER OF LINE  
13A OR LINE 13B FROM LINE 14 818.

16 TAXABLE REFUNDS 818.  
(LESSER OF LINE 15 OR LINE 1)

17 ALLOWABLE PRIOR YR. ITEM. DED. 26,769.

18 PRIOR YEAR STD. DED. AVAILABLE 5,700.

19 SUBTRACT LINE 18 FROM LINE 17 21,069.

20 LESSER OF LINE 16 OR LINE 19 818.

21 PRIOR YEAR TAXABLE INCOME 129,186.

22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10

\* IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20

\* IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21

818.

STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2008

TOTAL TO FORM 1040, LINE 10

818.

FORM 1040

## WAGES RECEIVED AND TAXES WITHHELD

STATEMENT

3

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T HOUSE OF REP - MEMBER SERVICES	158,988.	37,546.	7,718.		4,486.	2,523.
<b>TOTALS</b>	<b>158,988.</b>	<b>37,546.</b>	<b>7,718.</b>		<b>4,486.</b>	<b>2,523.</b>

SCHEDULE A

## STATE AND LOCAL INCOME TAXES

STATEMENT

4

DESCRIPTION	AMOUNT
HOUSE OF REP - MEMBER SERVICES	7,718.
OHIO CITIES 1ST QTR ESTIMATE PAYMENTS	510.
OHIO CITIES 2ND QTR ESTIMATE PAYMENTS	700.
OHIO CITIES 3RD QTR ESTIMATE PAYMENTS	700.
OHIO CITIES PRIOR YEAR OVERPAYMENT APPLIED	190.
<b>TOTAL TO SCHEDULE A, LINE 5</b>	<b>9,818.</b>

SCHEDULE A

## CONTRIBUTIONS OTHER THAN CASH OR CHECK

STATEMENT

5

DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMIT
MISCELLANEOUS		360.		
<b>SUBTOTALS</b>		<b>360.</b>		
<b>TOTAL TO SCHEDULE A, LINE 17</b>				<b>360.</b>

FORM 2106/SBE

OTHER BUSINESS EXPENSES

STATEMENT 6

U.S. CONGRESSMAN

DESCRIPTION	AMOUNT
TEMPORARY LIVING EXPENSES - MEMBERS OF CONGRESS	3,000.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	3,000.

COPY

Please do not use staples.

**Ohio**

Department of  
Taxation



11000185

Taxable year beginning in

**2011**

**IT 1040** Rev. 11/11

Individual  
Income Tax Return

Please use only black ink.

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

Use UPPERCASE letters.

Your first name

**TIMOTHY**

check box

M.I. Last name

check box

J RYAN

Spouse's first name (only if joint return)

M.I. Last name

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

City

State ZIP code

County (first four letters)

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

ZIP code

County (first four letters)

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

Foreign postal code

**Ohio Residency Status** - Check applicable box

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

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

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

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

Single or head of household or qualifying widow(er)

Please do not use staples, tape or glue. Place your W-2(s),  
check (payable to Ohio Treasurer of State) and Ohio form  
IT 40P on top of your return. Include forms W-2G and  
1099-R if tax was withheld. Place any other supporting  
documents or statements after the last page of your return.

**Ohio Political Party Fund**

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

Yes      No  
     

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

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

Go paperless. It's FREE!

Visit [tax.ohio.gov](http://tax.ohio.gov)  
to try Ohio I-File.

**Ohio School District Number for 2011**

(see pages 43-48 of the instructions)

7818

Most electronic filers receive their refunds  
in 5-7 business days by direct deposit!

**INCOME AND TAX INFORMATION**

1. Federal adjusted gross income (from IRS form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10) .....	1.	159 806 00
2. Adjustments from line 47 on page 3 of Ohio form IT 1040 (enclose page 3) .....	2.	-818 00
3. Ohio adjusted gross income (line 2 added to or subtracted from line 1) .....	3.	158 988 00
4. Personal exemption and dependent exemption deduction - multiply your personal and dependent exemptions 1 times \$1,650 and enter the result here .....	4.	1 650 00
5. Ohio taxable income (line 3 minus line 4; enter -0- if line 3 is less than line 4) .....	5.	157 338 00
6. Tax on line 5 (see tax tables on pages 35-41 of the instructions) .....	6.	6 726 00
7. Schedule B credits from line 57 on page 4 of Ohio form IT 1040 (enclose page 4) .....	7.	
8. Ohio tax less Schedule B credits (line 6 minus line 7; enter -0- if line 6 is less than line 7) ...	8.	6 726 00
9. Exemption credit: Number of personal and dependent exemptions 1 times \$20 .....	9.	20 00
10. Ohio tax less exemption credit (line 8 minus line 9; enter -0- if line 8 is less than line 9) .....	10.	6 706 00

**2011 IT 1040**

CCH 171001 12-06-11

pg. 1 of 4

**2011 IT 1040**

**Ohio**Department of  
Taxation

Taxable year beginning in

**2011**

SS# [REDACTED]

**IT 1040** Rev. 11/11Individual  
Income Tax Return

10a. Amount from line 10 on page 1 .....	10a.	6 706 00
11. Joint filing credit. See the instructions on page 20 for eligibility and documentation requirements (this credit is for married filing jointly status only). % times line 10a( <b>limit \$650</b> ) .....	11.	
12. Ohio income tax less joint filing credit (line 10a minus line 11) .....	12.	6 706 00
13. Total credits from line 69 on page 4 of Ohio form IT 1040 ( <b>enclose page 4</b> ) .....	13.	
14. Manufacturing equipment grant. You must include the grant request form .....	14.	0 00
15. Ohio income tax (line 12 minus lines 13 and 14; enter -0- if the total of lines 13 and 14 is more than line 12) .....	15.	6 706 00
16. Interest penalty on underpayment of estimated tax. Enclose Ohio form IT/SD 2210 (see page 21 of the instructions) .....	16.	
17. Unpaid Ohio use tax (see the worksheet on page 33 of the instructions) .....	17.	0 00
18. Total Ohio tax liability (add lines 15, 16 and 17) .....	<b>TOTAL TAX ► 18.</b>	6 706 00
19. Ohio tax withheld (box 17 on your W-2; box 14 on your W-2G; and box 12 on your 1099-R). Place W-2(s), W-2G(s) and 1099-R(s) on top of this return .....	<b>AMOUNT WITHHELD ► 19.</b>	7 718 00
20. 2010 overpayment credited to 2011, 2011 est. tax payments and any other 2011 tax payments .....	20.	
21. Refundable credits. Include certificate(s) and K-1(s):		
a. Business jobs credit	b. Pass-through entity credit	
c. Historic preservation credit	d. Motion picture production credit	
22. Add lines 19, 20 and 21a, b, c and d .....	<b>TOTAL PAYMENTS ► 22.</b>	7 718 00
<b>If line 22 is MORE THAN line 18, go to line 23. If line 22 is LESS THAN line 18, skip to line 27.</b>		
23. If line 22 is MORE THAN line 18, subtract line 18 from line 22.....	<b>AMOUNT OVERPAID ► 23.</b>	1 012 00
24. Amount of line 23 to be credited to 2012 income tax liability .....	<b>CREDIT TO 2012 ► 24.</b>	0 00
25. Amount of line 23 that you wish to <u>donate</u> to the following funds:		
a. Military injury relief	b. Natural areas/endangered species	
c. Wildlife species/endangered wildlife	d. <b>NEW - Ohio Historical Society</b>	
26. Line 23 minus the sum of lines 24 and 25a, b, c and d. Enter here, then skip to line 28 .....	26.	1 012 00
27. If line 22 is LESS THAN line 18, subtract line 22 from line 18 .....	<b>AMOUNT DUE ► 27.</b>	
28. Interest and penalty due on late-paid tax and/or late-filed return (see page 22 of the instructions) .....	<b>INTEREST AND PENALTY ► 28.</b>	
<b>If you entered an amount on line 26, skip to line 30. If you entered an amount on line 27, go to line 29.</b>		
29. Amount due plus interest and penalty (add lines 27 and 28). If payment is enclosed, make check payable to Ohio Treasurer of State and include Ohio form IT 40P (see our Web site at <a href="http://tax.ohio.gov">tax.ohio.gov</a> ) .....	<b>AMOUNT DUE PLUS INTEREST AND PENALTY ► 29.</b>	
30. Refund less interest and penalty (line 26 minus line 28). Enter the amount here. (If line 28 is more than line 26, you have an amount due. Subtract line 26 from line 28 and enter this amount on line 29.) .....	<b>YOUR REFUND ► 30.</b>	1 012 00

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

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

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

**For Department Use Only**

► Your signature \_\_\_\_\_ Date \_\_\_\_\_

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

-----

Preparer's name (please print; see page 11 of the instructions) \_\_\_\_\_ Phone number \_\_\_\_\_

-----

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

Code \_\_\_\_\_

**2011 IT 1040**

171002 12-06-11 CCH

pg. 2 of 4

**2011 IT 1040**



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

**SCHEDULE A - Income Adjustments (Additions and Deductions)**

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

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

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

- |                                                                                                                                                                                                                                                       |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| 35a. Federal interest and dividends exempt from state taxation .....                                                                                                                                                                                  | 35a. |
| b. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense .....                                                                                                                                                            | b.   |
| 36. Employee compensation earned in Ohio by full-year residents of neighboring states and certain income earned by military nonresidents and civilian nonresident spouses (see inst) .....                                                            | 36.  |
| 37a. Military pay for Ohio residents, but only if the military pay is included on line 1 of this return and is received while the military member was stationed outside Ohio .....                                                                    | 37a. |
| b. Military retirement income and military injury relief fund amounts included in federal adjusted gross income (line 1 on page 1) .....                                                                                                              | b.   |
| 38a. State or municipal income tax overpayments shown on IRS form 1040, line 10 .....                                                                                                                                                                 | 38a. |
| b. Refund or reimbursements shown on IRS form 1040, line 21 for itemized deductions claimed on a prior year federal income tax return .....                                                                                                           | b.   |
| c. Repayment of income reported in a prior year and miscellaneous federal tax adjustments .....                                                                                                                                                       | c.   |
| 39. Disability and survivorship benefits (do not include pension continuation benefits) .....                                                                                                                                                         | 39.  |
| 40. Qualifying Social Security benefits and certain railroad retirement benefits .....                                                                                                                                                                | 40.  |
| 41. Education: Ohio 529 contributions; tuition credit purchases; and limited taxable grant amounts .....                                                                                                                                              | 41.  |
| 42. Certain Ohio National Guard reimbursements and benefits .....                                                                                                                                                                                     | 42.  |
| 43a. Unreimbursed long-term care insurance premiums, unsubsidized health care insurance premiums and excess health care expenses (see worksheet on page 27 of the instructions) .....                                                                 | 43a. |
| b. Funds deposited into, and earnings of, a medical savings account for eligible health care expenses (see worksheet on page 28 of the instructions) .....                                                                                            | b.   |
| c. Qualified organ donor expenses ( <b>maximum \$10,000 per taxpayer</b> ) and amounts contributed to an individual development account .....                                                                                                         | c.   |
| 44. Wage expense not deducted due to the targeted jobs or the work opportunity tax credits .....                                                                                                                                                      | 44.  |
| 45. Interest income from Ohio public obligations and from Ohio purchase obligations; gains from the sale or disposition of Ohio public obligations; public service payments received from the state of Ohio or income from a transfer agreement ..... | 45.  |
| 46. <b>Total deductions</b> (add lines 35a through 45). You must complete the applicable line items above .....                                                                                                                                       | 46.  |
| 47. Net adjustments - If line 34 is MORE THAN line 46, <b>enter the difference here and on line 2 as a positive amount</b> . If line 34 is LESS THAN line 46, <b>enter the difference here and on line 2 as a negative amount</b> . ....              | 47.  |

818 00

818 00

-818 00

STATE OF OHIO DISCLOSURE INFORMATION

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

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

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

COPY

---

2011 NILES

---

COPY

CUT HERE

**DECLARATION OF ESTIMATED NILES**

**INCOME TAX**

**D-1** For Calendar year 2012, Or \_\_\_\_\_ Months Ending \_\_\_\_\_  
Attach Payment and File on or before 04/17/12 or within 4 months after your tax period begins.

**D-1**

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

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

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

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

Do You Now Have Or Expect To Have Employees?

Resident Of **NILES**

Tele. No.

ACCT NO <input type="text"/>	ACCT TYPE <input type="text"/>
TIMOTHY J. RYAN <input type="text"/> <input type="text"/> <input type="text"/>	

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

1. ESTIMATED 2012 TAXABLE INCOME \$ 173,988. x 1.50% TAX RATE= 2012 ESTIMATED TAX \$ 2,610.

2. LESS ALLOWABLE CREDITS, IF ANY:

a. **NILES** TAX TO BE WITHHELD BY YOUR EMPLOYER \$

b. INCOME TAX PAYABLE ANOTHER CITY BY RESIDENT OF **NILES** \$

3. BALANCE OF 2012 ESTIMATED TAX ROUNDED 2,800.

4. DEDUCT OVERPAYMENT OF LAST YEAR'S TAX IF  
YOU REQUESTED TRANSFER ON YOUR RETURN 190.

5. BALANCE OF 2012 ESTIMATED TAX PAYMENT 2,610.

6. AMOUNT TO BE PAID WITH THIS DECLARATION AT  
TIME OF FILING. (Make your remittance  
payable to CITY OF **NILES**) \$ 510.

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

signature

date

20

CUT HERE

**DECLARATION OF ESTIMATED NILES**

**INCOME TAX**

**D-1** For Calendar year 2012, Or \_\_\_\_\_ Months Ending \_\_\_\_\_  
Attach Payment and File on or before 06/15/12 or within 4 months after your tax period begins.

**D-1**

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

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

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

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

Do You Now Have Or Expect To Have Employees?

Resident Of **NILES**

Tele. No.

**TIMOTHY J. RYAN**

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

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4. DEDUCT OVERPAYMENT OF LAST YEAR'S TAX IF  
YOU REQUESTED TRANSFER ON YOUR RETURN 190.

5. BALANCE OF 2012 ESTIMATED TAX PAYMENT 2,610.

6. AMOUNT TO BE PAID WITH THIS DECLARATION AT  
TIME OF FILING. (Make your remittance  
payable to CITY OF **NILES**) \$ 700.

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

signature

date

20

CUT HERE

**DECLARATION OF ESTIMATED NILES**

**INCOME TAX**

**D-1** For Calendar year 2012, Or \_\_\_\_\_ Months Ending \_\_\_\_\_  
Attach Payment and File on or before 09/17/12 or within 4 months after your tax period begins.

**D-1**

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

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

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

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

Do You Now Have Or Expect To Have Employees?

Resident Of **NILES**

Tele. No.

TIMOTHY J. RYAN

ACCT NO

ACCT TYPE

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

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b. INCOME TAX PAYABLE ANOTHER CITY BY RESIDENT OF **NILES** \$

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4. DEDUCT OVERPAYMENT OF LAST YEAR'S TAX IF  
YOU REQUESTED TRANSFER ON YOUR RETURN 190.

5. BALANCE OF 2012 ESTIMATED TAX PAYMENT 2,610.

6. AMOUNT TO BE PAID WITH THIS DECLARATION AT  
TIME OF FILING. (Make your remittance  
payable to CITY OF **NILES**) \$ 700.

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

signature

date

20

CUT HERE

**DECLARATION OF ESTIMATED NILES**

**INCOME TAX**

**D-1** For Calendar year 2012, Or \_\_\_\_\_ Months Ending \_\_\_\_\_  
Attach Payment and File on or before 01/15/13 or within 4 months after your tax period begins.

**D-1**

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

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

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

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

Do You Now Have Or Expect To Have Employees?

Resident Of **NILES**

Tele. No.

ACCT NO <input type="text"/>	ACCT TYPE <input type="text"/>
TIMOTHY J. RYAN <input type="text"/> <input type="text"/> <input type="text"/>	

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

1. ESTIMATED 2012 TAXABLE INCOME \$ 173,988. x 1.50% TAX RATE= 2012 ESTIMATED TAX \$ 2,610.

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4. DEDUCT OVERPAYMENT OF LAST YEAR'S TAX IF

YOU REQUESTED TRANSFER ON YOUR RETURN 190.

5. BALANCE OF 2012 ESTIMATED TAX PAYMENT 2,610.

6. AMOUNT TO BE PAID WITH THIS DECLARATION AT

TIME OF FILING. (Make your remittance

payable to CITY OF **NILES**) \$ 700.

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

signature

date

20

2011 NILES

2011

## INCOME TAX RETURN

2011

Form R

File by 04/17/12

THIS RETURN MUST BE FILED BY EVERYONE REQUIRED TO SUBMIT A DECLARATION  
OF ESTIMATED TAX EVEN THOUGH DECLARATION WAS ACCURATE AND PAID IN FULL.

Fiscal Years Fill in Dates

Beginning

Ending

And File Within 4 Months  
of Ending Date

OCCUPATION OR PRINCIPAL  
BUSINESS ACTIVITY U.S. CONGRESSMAN

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

ACCOUNT NO. [REDACTED]

ACCOUNT TYPE [REDACTED]

SOCIAL SECURITY # / F.I.D. # [REDACTED]

Check if a

Consolidated return YES NO 

ARE YOU A RESIDENT OF THIS CITY? .....

DID YOU FILE A RETURN FOR 2010? .....

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

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

 X 

YOUR LOCAL PHONE NO.

TIMOTHY J. RYAN

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

This Space for Tax Office Use Only

ENTER EMPLOYER'S NAME WHERE EMPLOYED AND 2011 GROSS WAGES, SALARIES, BONUSES, COMMISSIONS, TIPS, ETC. ATTACH COPY OF W-2 FORM(S)

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

INCOME	1a. TOTALS (if above is <u>fully taxable</u> and your only income, go next to Line 7) .....	<b>173,988.</b>
ADJUST-MENTS	2. OTHER INCOME: FROM LINE 26 PAGE 2 .....	<b>173,988.</b>
TO INCOME	3. TOTAL INCOME (TOTAL OF LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED) .....	<b>173,988.</b>
TAX	4a. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X BELOW) ..... ADD	
ALLOWABLE CREDITS	b. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X BELOW) ..... DEDUCT	
	c. DIFFERENCE BETWEEN LINES 4a and b TO BE ADDED TO OR SUBTRACTED FROM LINE 3. (+ OR -)	
	5a. ADJUSTED NET INCOME (Line 3 plus or minus Line 4c if Schedule X is used) .....	<b>173,988.</b>
	b. Amount of Line 5a Allocable to the City ( _____ % from line 5 Schedule Y) .....	
	c. LESS ALLOCABLE NET LOSS PER PREVIOUS CITY INCOME TAX RETURNS (Submit Schedule) .....	
	6. AMOUNT SUBJECT TO CITY INCOME TAX (LINE 5a OR 5b LESS LINE 5c) .....	<b>173,988.</b>
	7. <b>INCOME TAX - 1.5000% OF LINE 6</b>	<b>2,610.</b>
	8. CREDITS: (a) City tax withheld by employer(s) as shown on line 1a above .....	
	(b) Payments and credits on 2011 Declaration of Estimated Tax .....	<b>2,800.</b>
	(c) Earned income taxes paid City of _____ (Resident individuals only) .....	
	(X) TOTAL CREDITS ALLOWABLE → .....	<b>2,800.</b>
	9. BALANCE OF TAX DUE (Line 7 Less Line 8x) Make Remittance Payable to City of <b>NILES</b>	and Attach When Filing.
	10. OVERPAYMENT CLAIMED (If Line 8x Exceeds Line 7, Enter Difference in Box at Right) .....	<b>190.</b>

Enter Amount of Line 10 You Want: Credited to your **2012** Estimated Tax \$ **190.** Refunded \$

## SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN SEE INSTRUCTIONS BEFORE MAKING ENTRIES BELOW.

## ITEMS NOT DEDUCTIBLE

## ADD

## ITEMS NOT TAXABLE

## DEDUCT

a. Capital losses .....	\$ _____	n. Capital gains .....	\$ _____
b. Expenses incurred in the production of non-taxable income .....		o. Interest income .....	
c. City or state income taxes .....		p. Dividends .....	
d. Net operating loss deduction per Federal Return .....		q. Employee Stock Options .....	
e. Payments to partners .....		r. Other (Explain) .....	
f. Contribution to a Retirement Plan (401K, SERP) .....			
g. Stock Options .....			
h. Other (Explain) .....			
m. Total Additions (enter as Line 4a above) .....	\$ _____	z. Total Deductions (enter as Line 4b above) \$ _____	

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

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

Yes  No

SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER

DATE

SIGNATURE OF TAXPAYER OR AGENT

DATE

ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER  
195601 05-01-11

PAGE 1

TITLE IF SIGNING FOR A BUSINESS

DATE

**FEDERAL SCHEDULES MAY BE SUBMITTED IN LIEU OF SCHEDULES C, E AND H**  
**SCHEDULE C - PROFIT (Or Loss) FROM BUSINESS OR PROFESSION**

IF DIFFERENT FROM PAGE 1	Business Name &/or Address _____		
	Kind of Business _____		
Indicate method of accounting: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____			
1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS			\$ _____
2. Less <input type="checkbox"/> Cost of Goods Sold, or <input type="checkbox"/> Cost of operations:			\$ _____
Cost of Labor (per Sched. C of Federal Return) .....			\$ _____
Material, supplies & other costs includable .....			\$ _____
3. GROSS PROFIT FROM SALES, ETC., (line 1 less line 2) .....			\$ _____
4. DIVIDENDS \$ _____ ; INTEREST \$ _____ ; ROYALTIES \$ _____			\$ _____
5. RENTS RECEIVED, IF CONNECTED WITH TRADE OR BUSINESS .....			\$ _____
6. OTHER BUSINESS INCOME (Specify)			\$ _____
7. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS .....			\$ _____
<b>BUSINESS DEDUCTIONS</b>			
8. ADVERTISING AND PROMOTION	\$ _____	17. a - COMPENSATION OF OFFICERS	_____
9. AUTO, TRUCK AND TRAVEL	_____	b - SALARIES AND WAGES <small>NOT DEDUCTED ELSEWHERE</small>	_____
10. BAD DEBTS	_____	c - PAYMENTS TO PARTNERS	_____
11. REPAIRS AND MAINTENANCE	_____	d - COMMISSIONS AND FEES	_____
12. INTEREST ON BUSINESS INDEBTEDNESS	_____	18. DEPRECIATION, AMORTIZATION	_____
13. a - INCOME TAXES ON BUSINESS	_____	19. RENTS (Paid to _____)	_____
b - OTHER BUSINESS TAXES AND LICENSES	_____	20. EMPLOYEE PENSIONS AND PROFIT SHARING PLANS	_____
14. INSURANCE (Other than health)	_____	21. OTHER (List type and amount)	_____
15. SUPPLIES (Not deducted elsewhere)	_____	22. TOTAL BUSINESS DEDUCTIONS (Total of lines 8 thru 21)	\$ _____
16. UTILITIES	_____	23. NET PROFIT (or loss) FROM BUSINESS OR PROFESSION (Line 7 less Line 22)	\$ _____

**24. SCHEDULE E - INCOME FROM RENTS (If not included in Schedule C.)**

KIND & LOCATION OF PROPERTY	RENT	DEPRECIATION	REPAIRS	OTHER EXPENSES LIST TYPE/AMOUNT	NET INCOME/(LOSS)

NET INCOME (or loss) SCHEDULE E \$ \_\_\_\_\_

**25. SCHEDULE H - OTHER INCOME NOT INCLUDED IN SCHEDULES C OR E**

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS, FEES, TIPS, CAPITAL GAINS, ETC. (ATTACH COPY OF FORM K-1)

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

TOTAL INCOME SCHEDULE H \$ \_\_\_\_\_

**26. TOTAL SCHEDULES C, E & H. ENTER AS LINE 2, PAGE 1** \$ \_\_\_\_\_

**SCHEDULE Y - BUSINESS ALLOCATION FORMULA**

STEP 1. AVERAGE VALUE OF REAL & TANGIBLE PERS. PROP.	a. LOCATED EVERYWHERE	b. LOCATED IN CITY	c. PERCENTAGE (b ÷ a)
GROSS ANNUAL RENTAL PAID MULTIPLIED BY 8	_____	_____	_____ %
TOTAL STEP 1	_____	_____	_____ %
STEP 2. WAGES, SALARIES, ETC. PAID EMPLOYEES	_____	_____	_____ %
STEP 3. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED	_____	_____	_____ %
STEP 4. TOTAL PERCENTAGES	_____	_____	_____ %
STEP 5 AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used) .....	Carry to Line 5b, Page 1 %		

**SCHEDULE Z - PARTNERS' INFORMATION**

IF STEP 5 OF SCHEDULE Y IS LESS THAN 100%, COPY OF FEDERAL FORM 1065, SCHEDULE K-1 FOR EACH PARTNER MUST BE PROVIDED.