

For the year Jan. 1-Dec. 31, 2012, or other tax year beginning		, 2012, ending	.20	See separate instructions.
Your first name and initial TIMOTHY J.		Last name RYAN	Your social security number [REDACTED]	
If a joint return, spouse's first name and initial		Last name	Spouse's social security number [REDACTED] [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]			Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct.
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/state/county	Foreign postal code	<input type="checkbox"/> You <input type="checkbox"/> Spouse
Filing Status		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
Exemptions		6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a <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 _____ _____ _____ _____ _____ _____ d Total number of exemptions claimed _____	Dependents on 6c not entered above Add numbers on lines above ► 1	
Income		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 ►	7 158,500. 8a 9a STMT 3 10 1,154. 11 12 17,170. 13 14 15b 16b 17 18 19 20b 21 22 176,824.	
Adjusted Gross Income		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 27 230. 28 29 30 31a 32 33 34 35 36 37 176,594.	

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, \$5,950
 Married filing jointly or Qualifying widow(er), \$11,900
 Head of household, \$8,700

38	Amount from line 37 (adjusted gross income)	38	176,594.
39a	Check <input type="checkbox"/> You were born before January 2, 1948, <input type="checkbox"/> Blind. } Total boxes checked ... ► 39a <input type="checkbox"/>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1948, <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	22,290.
41	Subtract line 40 from line 38	41	154,304.
42	Exemptions. Multiply \$3,800 by the number on line 6d	42	3,800.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	150,504.
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	35,602.
45	Alternative minimum tax. Attach Form 6251	45	
46	Add lines 44 and 45	46	35,602.
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	
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	35,602.
56	Self-employment tax. Attach Schedule SE	56	460.
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	36,062.

Payments

62	Federal income tax withheld from Forms W-2 and 1099	62	37,238.
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 <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved 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	37,238.

Refund

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	1,176.
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/>	74a	
b	Routing number <input type="checkbox"/> ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings ► d Account number <input type="checkbox"/>		

Amount You Owe

75	Amount of line 73 you want applied to your 2013 estimated tax	75	1,176.
----	---------------------------------------------------------------------	----	--------

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)?	<input checked="" type="checkbox"/> Yes. Complete below.	<input type="checkbox"/> No
Designee's name ►	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

U.S. CONGRESSMAN

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

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check

if self-employed

PTIN

Firm's name ►

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

► Information about Schedule A and its separate instructions is at www.irs.gov/form1040 .
► Attach to Form 1040.

OMB No. 1545-0074

2012

Attachment
Sequence No. 07

Your social security number

TIMOTHY J. RYAN

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions)	1	
2	Enter amount from Form 1040, line 38	2	
3	Multiply line 2 by 7.5% (.075)	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
Taxes You Paid	5 State and local (check only one box): a <input checked="" type="checkbox"/> Income taxes, or b <input type="checkbox"/> General sales taxes	SEE STATEMENT 5	
	6 Real estate taxes (see instructions)	6	9,739.
	7 Personal property taxes	7	
	8 Other taxes. List type and amount ►	8	
	9 Add lines 5 through 8	9	12,358.
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098 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 ►	10	9,222.
Note. Your mortgage interest deduction may be limited (see instructions).	12 Points not reported to you on Form 1098. See instructions for special rules 13 Mortgage insurance premiums (see instructions) 14 Investment interest. Attach Form 4952 if required. (See instructions.) 15 Add lines 10 through 14	11	
		12	
		13	
		14	
		15	9,222.
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, 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	16	350.
If you made a gift and got a benefit for it, see instructions.	17	360.	
	18 Carryover from prior year	18	
	19 Add lines 16 through 18	19	710.
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► FROM FORM 2106	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	176,594.
	26 Multiply line 25 by 2% (.02)	26	3,532.
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	0.
Other Miscellaneous Deductions	28 Other - from list in instructions. List type and amount ►	28	
Total Itemized Deductions	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40 30 If you elect to itemize deductions even though they are less than your standard deduction, check here ►	29	22,290.

**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

2012

Attachment Sequence No. 09

Name of proprietor

Social security number (SSN)
[REDACTED]**TIMOTHY J. RYAN**

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

B Enter code from instructions
► 711510**AUTHOR**

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

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

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 NoH 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 NoJ If "Yes," did you or will you file 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 ►

1 26,066.

2 Returns and allowances (see instructions)

2

3 Subtract line 2 from line 1

3 26,066.

4 Cost of goods sold (from line 42)

4

5 Gross profit. Subtract line 4 from line 3

5 26,066.

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 26,066.

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

8 Advertising	8	18 Office expense	18
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans	19
10 Commissions and fees	10	20 Rent or lease (see instructions):	
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a
12 Depletion	12	b Other business property	20b
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	21
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22
15 Insurance (other than health)	15	23 Taxes and licenses	23
16 Interest:		24 Travel, meals, and entertainment:	
a Mortgage (paid to banks, etc.)	16a	a Travel	24a 8,830.
b Other	16b	b Deductible meals and entertainment (see instructions)	24b 66.
17 Legal and professional services	17	25 Utilities	25
28 Total expenses before expenses for business use of home. Add lines 8 through 27a		26 Wages (less employment credits)	26
29 Tentative profit or (loss). Subtract line 28 from line 7		27 a Other expenses (from line 48)	27a
30 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere		b Reserved for future use	27b
31 Net profit or (loss). Subtract line 30 from line 29.			
● 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.			28 8,896.
● If a loss, you must go to line 32.			29 17,170.
32 If you have a loss, check the box that describes your investment in this activity (see instructions).			30
● 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 line 31 instructions). Estates and trusts, enter on Form 1041, line 3.			31 17,170.
● If you checked 32b, you must attach Form 6198. Your loss may be limited.			

LHA For Paperwork Reduction Act Notice, see separate instructions.

Schedule C (Form 1040) 2012

Name of person with **self-employment** income (as shown on Form 1040)Social security number of
person with **self-employment**
income ► [REDACTED]**TIMOTHY J. RYAN****Section B - Long Schedule SE****Part I Self-Employment Tax**

Note. If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for the definition of church employee income.

A	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I	► [REDACTED]
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report.	
	Note. Skip this line if you use the nonfarm optional method (see instructions) SEE STATEMENT 7	
3	Combine lines 1a, 1b, and 2	2 17,170.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	3 17,170.
	Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a 15,856.
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b
c	Combine lines 4a and 4b. If less than \$400, stop ; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income , enter -0- and continue	4c 15,856.
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a
b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b
6	Add lines 4c and 5b	6 15,856.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 4.2% portion of the 5.65% railroad retirement (tier 1) tax for 2012	7 110,100.00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$110,100 or more, skip lines 8b through 10, and go to line 11	8a 110,100.
b	Unreported tips subject to social security tax (from Form 4137, line 10)	8b
c	Wages subject to social security tax (from Form 8919, line 10)	8c
d	Add lines 8a, 8b, and 8c	8d
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9
10	Multiply the smaller of line 6 or line 9 by 10.4% (.104)	10
11	Multiply line 6 by 2.9% (.029)	11 460.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56, or Form 1040NR, line 54	12 460.
13	Deduction for employer-equivalent portion of self-employment tax. Add the two following amounts. • 59.6% (.596) of line 10. • One-half of line 11.	
	Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	13 230.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only if** (a) your gross farm income¹ was not more than \$6,780, **or**
(b) your net farm profits² were less than \$4,894.

14 Maximum income for optional methods

14 4,520.00

15 Enter the **smaller** of: two-thirds (2/3) of gross farm income¹ (not less than zero) **or** \$4,520. Also include
this amount on line 4b above

15

Nonfarm Optional Method. You may use this method **only if** (a) your net nonfarm profits³ were less than \$4,894 and
also less than 72.189% of your gross nonfarm income⁴, **and** (b) you had net earnings from self-employment of at
least \$400 in 2 of the prior 3 years.

Caution. You may use this method no more than five times.

16 Subtract line 15 from line 14

16

17 Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income⁴ (not less than zero) **or** the amount on
line 16. Also include this amount on line 4b above

17

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the
amount you would have entered on line 1b had you not used the optional
method.³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A;
and Sch. K-1 (Form 1065-B), box 9, code J1.⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C;
and Sch. K-1 (Form 1065-B), box 9, code J2.

Employee Business Expenses

► Attach to Form 1040 or Form 1040NR.

2012

Your name

Occupation in which you incurred expenses

TIMOTHY J. RYAN

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 SEE STATEMENT 8	4	3,000.		
5 Meals and entertainment expenses (see instructions)	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	3,000.		

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

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

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

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8)	8	3,000.	
Note: If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.			
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	9	3,000.	
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 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 (2012)

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 2012	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 55.5¢ (.555). Enter the result here and on line 1	22		
Section C - Actual Expenses		(a) Vehicle	(b) Vehicle
23 Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a Vehicle rentals	24a		
b Inclusion amount (see instructions)	24b		
c Subtract line 24b from line 24a	24c		
25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2—see instructions)	25		
26 Add lines 23, 24c, and 25	26		
27 Multiply line 26 by the percentage on ln 14	27		
28 Depreciation (see instructions)	28		
29 Add lines 27 and 28. Enter total here and on line 1	29		

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

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



FORM 1040

STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT 1

2011

2010

2009

OHIO

GROSS STATE/LOCAL INC TAX REFUNDS 190.
LESS: TAX PAID IN FOLLOWING YEAR 48.

NET TAX REFUNDS OHIO 142.

OHIO

GROSS STATE/LOCAL INC TAX REFUNDS 1,012.
LESS: TAX PAID IN FOLLOWING YEAR

NET TAX REFUNDS OHIO 1,012.

TOTAL NET TAX REFUNDS 1,154.

FORM 1040	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT	2
	2011	2010	2009
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMNT.	1,154.		
LESS:REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION			
1 NET REFUNDS FOR RECALCULATION	1,154.		
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	22,401.		
3 DEDUCTION NOT SUBJ TO PHASEOUT			
4 NET REFUNDS FROM LINE 1	1,154.		
5 LINE 2 MINUS LINES 3 AND 4	21,247.		
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	21,247.		
13B PRIOR YR. STD. DED. AVAILABLE	5,800.		
14 PRIOR YR. ALLOWABLE ITEM. DED.	22,401.		
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14	1,154.		
16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)	1,154.		
17 ALLOWABLE PRIOR YR. ITEM. DED.	22,401.		
18 PRIOR YEAR STD. DED. AVAILABLE	5,800.		
19 SUBTRACT LINE 18 FROM LINE 17	16,601.		
20 LESSER OF LINE 16 OR LINE 19	1,154.		
21 PRIOR YEAR TAXABLE INCOME	133,705.		
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			1,154.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2009			
TOTAL TO FORM 1040, LINE 10			1,154.

FORM 1040 REFUNDS ATTRIBUTABLE TO EST. TAX PAID FOLLOWING YR STATEMENT 3

	2011	STATE REFUND	AMOUNT SUBTRACTED FROM TAXABLE REFUND
STATE TAX PAID IN FOLLOW YEAR	700.	X	
TOTAL STATE TAX PAID 2011	2,800.	190. =	48.

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 4

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T HOUSE OF REP - MEMBER SERVICES	158,500.	37,238.	7,687.		4,624.	2,516.
TOTALS	158,500.	37,238.	7,687.		4,624.	2,516.

SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 5

DESCRIPTION	AMOUNT
HOUSE OF REP - MEMBER SERVICES	7,687.
OHIO CITIES 3RD QTR ESTIMATE PAYMENTS	1,210.
OHIO CITIES PRIOR YEAR OVERPAYMENT APPLIED	190.
OHIO CITIES PRIOR YEAR ESTIMATE PAYMENTS	700.
REDUCTION OF STATE TAX DEDUCTION - STATE REFUNDS	-48.
TOTAL TO SCHEDULE A, LINE 5	9,739.



SCHEDULE A	CONTRIBUTIONS OTHER THAN CASH OR CHECK			STATEMENT 6
DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMIT
MISCELLANEOUS		360.		
SUBTOTALS		360.		
TOTAL TO SCHEDULE A, LINE 17				360.

SCHEDULE SE	NON-FARM INCOME	STATEMENT 7
DESCRIPTION	AMOUNT	
AUTHOR	17,170.	
TOTAL TO SCHEDULE SE, LINE 2	17,170.	

FORM 2106/SBE	OTHER BUSINESS EXPENSES	STATEMENT 8
U.S. CONGRESSMAN	AMOUNT	
TEMPORARY LIVING EXPENSES - MEMBERS OF CONGRESS	3,000.	
TOTAL TO FORM 2106/SBE, PART I, LINE 4	3,000.	

Do not use staples.

Ohio

Department of
Taxation



12000185

Taxable year beginning in

2012

Use only black ink.

IT 1040 Rev. 10/12

**Individual
Income Tax Return**

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

Use **UPPERCASE** letters.

Your first name

TIMOTHY

check box

M.I. Last name

check box

J RYAN

Spouse's first name (only if married filing jointly)

M.I. Last name

Mailing address (for faster processing, use a street address)
[REDACTED]

City

State ZIP code

Ohio county (first four letters)
[REDACTED]

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

ZIP code

County (first four letters)

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

Foreign postal code

E-mail address

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)

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.

Yes No

Married filing jointly

Married filing separately ►►

(enter spouse's SS#)

Ohio Political Party Fund

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

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

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

Ohio School District Number for 2012

(see pages 43-48 of the instructions)
[REDACTED]

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.	176	594	00
2. Adjustments from line 47 on page 3 of Ohio form IT 1040 (enclose page 3)	2.	-1	154	00
3. Ohio adjusted gross income (line 2 added to or subtracted from line 1)	3.	175	440	00
4. Personal exemption and dependent exemption deduction - multiply your personal and dependent exemptions 1 times \$1,700 and enter the result here	4.	1	700	00
5. Ohio taxable income (line 3 minus line 4; enter -0- if line 3 is less than line 4)	5.	173	740	00
6. Tax on line 5 (see tax tables on pages 35-41 of the instructions)	6.	7	582	00
7. Schedule B credits from line 57 on page 4 of Ohio form IT 1040 (enclose page 4)	7.	7	582	00
8. Ohio tax less Schedule B credits (line 6 minus line 7; enter -0- if line 6 is less than line 7) ...	8.	20	00	
9. Exemption credit: Number of personal and dependent exemptions 1 times \$20	9.			
10. Ohio tax less exemption credit (line 8 minus line 9; enter -0- if line 8 is less than line 9)	10.	7	562	00

Go paperless. It's FREE!
Visit tax.ohio.gov to try Ohio I-File.

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

2012 IT 1040

CCH 271001 12-20-12

2012 IT 1040

OhioDepartment of
Taxation

12000285

Taxable year beginning in

2012

SS#

IT 1040 Rev. 10/12**Individual
Income Tax Return**

10a. Amount from line 10 on page 1	10a.	7 562 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(limit \$650)	11.	
12. Ohio income tax less joint filing credit (line 10a minus line 11)	12.	7 562 00
13. Total credits from line 69 on page 4 of Ohio form IT 1040 (enclose page 4)	13.	
14. Manufacturing equipment grant. You must include the grant request form	14.	0 00
15. Ohio income tax (line 12 minus lines 13 and 14; enter -0- if the total of lines 13 and 14 is more than line 12)	15.	7 562 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)	TOTAL TAX ► 18.	7 562 00
19. Ohio income tax withheld (box 17 on W-2; box 14 on W-2G; and box 12 on 1099-R). Place W-2(s), W-2G(s) and 1099-R(s) on top of this return	AMOUNT WITHHELD ► 19.	7 687 00
20. Add the 2012 Ohio form IT 1040ES payment(s), 2012 Ohio form IT 40P extension payment(s) and 2011 overpayment credited to 2012	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	TOTAL PAYMENTS ► 22.	7 687 00
If line 22 is MORE THAN line 18, go to line 23. If line 22 is LESS THAN line 18, skip to line 27.		
23. If line 22 is MORE THAN line 18, subtract line 18 from line 22	AMOUNT OVERPAID ► 23.	125 00
24. Amount of line 23 to be credited to 2013 income tax liability	CREDIT TO 2013 ► 24.	0 00
25. Amount of line 23 that you wish to <u>donate</u> to the following fund(s): a. Military injury relief b. Ohio Historical Society		
c. Wildlife species d. Natural areas		
26. Line 23 minus the sum of lines 24 and 25a, b, c and d. Enter here, then skip to line 28	26.	125 00
27. If line 22 is LESS THAN line 18, subtract line 22 from line 18	AMOUNT DUE ► 27.	
28. Interest and penalty due on late-paid tax and/or late-filed return (see page 22 of the instructions)	INTEREST AND PENALTY ► 28.	
If you entered an amount on line 26, skip to line 30. If you entered an amount on line 27, go to line 29.		
29. Amount due plus interest and penalty (add lines 27 and 28). If payment is enclosed, make check payable to Ohio Treasurer of State and include Ohio form IT 40P (see our Web site at tax.ohio.gov)	AMOUNT DUE PLUS INTEREST AND PENALTY ► 29.	
30. Refund less interest and penalty (line 26 minus line 28). Enter the amount here. (If line 28 is more than line 26, you have an amount due. Subtract line 26 from line 28 and enter this amount on line 29.)	YOUR REFUND ► 30.	125 00

SIGN HERE (required)

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.

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

For Department Use Only

► Your signature

Date _____

► _____

mber (optional) _____

Preparer's printed name (see page 11 of the instructions)

Phone number _____

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

Code _____

MAILING INFORMATION:

NO Payment Enclosed - Mail to: Ohio Department of Taxation, P.O. Box 2679, Columbus, OH 43218-2679
Payment Enclosed - Mail to: Ohio Department of Taxation, P.O. Box 2057, Columbus, OH 43218-2057

2012 IT 1040

271002 12-20-12 CCH

pg. 2 of 4

2012 IT 1040

OhioDepartment of
Taxation

SS#

12000385

Taxable year beginning in

2012**IT 1040** Rev. 10/12Individual
Income Tax Return

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 a college savings account b.
 c. Losses from sale or disposition of Ohio public obligations c.
 d. Nonmedical withdrawals from a 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. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense g.
34. **Total additions** (add lines 31 through 33g and enter here). You must complete the applicable line items above 34.

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

- 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 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.
41a. Education: Ohio 529 contributions; tuition credit purchases 41a.
 b. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board b.
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 (**maximum \$10,000 per taxpayer**) 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. **Total deductions** (add lines 35a through 45 only). You must complete the applicable line items above 46. 1 154 00
47. Net adjustments - If line 34 is MORE THAN line 46, **enter the difference here and on line 2 as a positive amount**. If line 34 is LESS THAN line 46, **enter the difference here and on line 2 as a negative amount** 47. -1 154 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

2012 NILES

COPY

CUT HERE

DECLARATION OF ESTIMATED NILES

INCOME TAX

D-1 For Calendar year 2013, Or _____ Months Ending _____
Attach Payment and File on or before 04/15/13 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
[REDACTED]

ACCT TYPE
[REDACTED]

TIMOTHY J. RYAN

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

1. ESTIMATED 2013 TAXABLE INCOME \$ 190,670. x 1.50% TAX RATE= 2013 ESTIMATED TAX \$ 2,860.

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 2013 ESTIMATED TAX ROUNDED 3,200.

4. DEDUCT OVERPAYMENT OF LAST YEAR'S TAX IF

YOU REQUESTED TRANSFER ON YOUR RETURN 640.

5. BALANCE OF 2013 ESTIMATED TAX PAYMENT 2,560.

6. AMOUNT TO BE PAID WITH THIS DECLARATION AT

TIME OF FILING. (Make your remittance

payable to CITY OF **NILES**) \$ 160.

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 2013, Or _____ Months Ending _____
Attach Payment and File on or before 06/17/13 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. # _____

ACCT NO
[REDACTED]

ACCT TYPE
[REDACTED]

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

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

signature

date

20 _____

INTEREST AND PENALTIES MUST BE ASSESSED FOR FAILURE TO FILE AND MAKE TIMELY PAYMENTS	
1. ESTIMATED 2013 TAXABLE INCOME \$ <u>190,670.</u>	x 1.50% TAX RATE= 2013 ESTIMATED TAX \$ <u>2,860.</u>
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 2013 ESTIMATED TAX ROUNDED	<u>3,200.</u>
4. DEDUCT OVERPAYMENT OF LAST YEAR'S TAX IF YOU REQUESTED TRANSFER ON YOUR RETURN	<u>640.</u>
5. BALANCE OF 2013 ESTIMATED TAX PAYMENT	<u>2,560.</u>
6. AMOUNT TO BE PAID WITH THIS DECLARATION AT TIME OF FILING. (Make your remittance payable to CITY OF NILES) \$	<u>800.</u>

CUT HERE

DECLARATION OF ESTIMATED NILES

INCOME TAX

D-1 For Calendar year 2013, Or _____ Months Ending _____
Attach Payment and File on or before 09/16/13 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
[REDACTED]

ACCT TYPE
[REDACTED]

TIMOTHY J. RYAN
[REDACTED]

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

1. ESTIMATED 2013 TAXABLE INCOME \$ 190,670. x 1.50% TAX RATE= 2013 ESTIMATED TAX \$ 2,860.

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 2013 ESTIMATED TAX ROUNDED 3,200.

4. DEDUCT OVERPAYMENT OF LAST YEAR'S TAX IF
YOU REQUESTED TRANSFER ON YOUR RETURN 640.

5. BALANCE OF 2013 ESTIMATED TAX PAYMENT 2,560.

6. AMOUNT TO BE PAID WITH THIS DECLARATION AT
TIME OF FILING. (Make your remittance
payable to CITY OF **NILES**) \$ 800.

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 2013, Or _____ Months Ending _____
Attach Payment and File on or before 01/15/14 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
[REDACTED]

ACCT TYPE
[REDACTED]

TIMOTHY J. RYAN
[REDACTED]

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

1. ESTIMATED 2013 TAXABLE INCOME \$ 190,670. x 1.50% TAX RATE= 2013 ESTIMATED TAX \$ 2,860.

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 2013 ESTIMATED TAX ROUNDED 3,200.

4. DEDUCT OVERPAYMENT OF LAST YEAR'S TAX IF
YOU REQUESTED TRANSFER ON YOUR RETURN 640.

5. BALANCE OF 2013 ESTIMATED TAX PAYMENT 2,560.

6. AMOUNT TO BE PAID WITH THIS DECLARATION AT
TIME OF FILING. (Make your remittance
payable to CITY OF **NILES**) \$ 800.

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

signature

date

20 _____

2012 NILES

2012

INCOME TAX RETURN

2012

Form R

File by 04/15/13

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 2011?

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 2012 GROSS WAGES, SALARIES, BONUSES, COMMISSIONS, TIPS, ETC. ATTACH COPY OF W-2 FORM(S)

Employer's Name (Attach Copy of W-2 Form(s))	City Where Employed	City Tax W'Held	Wages, Etc.
HOUSE OF REP - MEMBER SERVICES	NILES		173,500.

INCOME	1a. TOTALS (if above is <u>fully taxable</u> and your only income, go next to Line 7)	173,500.
	2. OTHER INCOME: FROM LINE 26 PAGE 2	17,170.
	3. TOTAL INCOME (TOTAL OF LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED)	190,670.
ADJUST- MENTS TO INCOME	4a. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X BELOW) ADD	
	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)	190,670.
	b. Amount of Line 5a Allocable to the City (_____ % from line 5 Schedule Y)	
	c. LESS ALLOCABLE NET LOSS PER PREVIOUS CITY INCOME TAX RETURNS (Submit Schedule)	
TAX	6. AMOUNT SUBJECT TO CITY INCOME TAX (LINE 5a OR 5b LESS LINE 5c)	190,670.
	7. INCOME TAX - 1.5000% OF LINE 6	2,860.
ALLOWABLE CREDITS	8. CREDITS: (a) City tax withheld by employer(s) as shown on line 1a above	
	(b) Payments and credits on 2012 Declaration of Estimated Tax	3,500.
	(c) Earned income taxes paid City of _____ (Resident individuals only)	
	(X) TOTAL CREDITS ALLOWABLE	3,500.
9. BALANCE OF TAX DUE (Line 7 Less Line 8x) Make Remittance Payable to City of NILES and Attach When Filing.		
10. OVERPAYMENT CLAIMED (If Line 8x Exceeds Line 7, Enter Difference in Box at Right)		
Enter Amount of Line 10 You Want: Credited to your 2013 Estimated Tax \$ 640. 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
295601 05-01-12

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: Cash Accrual Other _____

1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS \$ _____

2. Less Cost of Goods Sold, or 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 \$ _____

BUSINESS DEDUCTIONS

8. ADVERTISING AND PROMOTION \$ _____ 17. a - COMPENSATION OF OFFICERS _____

9. AUTO, TRUCK AND TRAVEL _____ b - SALARIES AND WAGES NOT DEDUCTED ELSEWHERE _____

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) \$ _____

\$

17,170.

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

SEE FED SCH 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 \$ **17,170.**

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

a. LOCATED EVERYWHERE	b. LOCATED IN CITY	c. PERCENTAGE (b ÷ a)
--------------------------	-----------------------	--------------------------

- STEP 1. AVERAGE VALUE OF REAL & TANGIBLE PERS. PROP.
 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.