

Form 1040

U.S. Individual Income Tax Return

2009

(99)

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

Label

(See instructions on page 14.)

L A B E L H E R E	For the year Jan. 1-Dec. 31, 2009, or other tax year beginning		. 2009, ending	20	OMB No. 1545-0074
	Your first name and initial		Last name	Your social security number	
	JAY R		INSLEE		
	If a joint return, spouse's first name and initial		Last name	Spouse's social security number	
TRUDI A		INSLEE			
Home address (number and street). If you have a P.O. box, see page 14. [REDACTED]					
City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. [REDACTED]					

COPYUse the IRS label.
Otherwise,
please print
or type.
PresidentialElection Campaign ► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) ► You Spouse

Filing Status	1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ►	2	
	2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)		3	
	3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 16)	4	

Exemptions	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	6b <input checked="" type="checkbox"/> Spouse		7			
	c Dependents:	(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input type="checkbox"/> If qualifying child for child tax credit (see page 17)	8
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	9
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	10
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	11
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	12
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	13
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	14
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	15
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	16
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	17
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	18
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	19
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	20
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	21
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	22
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	23
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	24
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	25
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	26
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	27
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	28
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	29
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	30
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	31
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	32
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	33
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	34
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	35
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	36
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	37

If more than four dependents, see page 17 and check here ►

Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	156,911.
	8a Taxable interest. Attach Schedule B if required	8a	2.
b Tax-exempt interest. Do not include on line 8a	8b		
9a Ordinary dividends. Attach Schedule B if required	9a		
b Qualified dividends (see page 22)	9b		
10 Taxable refunds, credits, or offsets of state and local income taxes	10		
11 Alimony received	11		
12 Business income or (loss). Attach Schedule C or C-EZ	12	36,883.	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	13	-3,000.	
14 Other gains or (losses). Attach Form 4797	14		
15a IRA distributions	15a	b Taxable amount	
16a Pensions and annuities	16a	b Taxable amount	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	1,017.	
18 Farm income or (loss). Attach Schedule F Unemployment compensation in excess of \$2,400 per recipient (see page 27)	18		
19	19		
20a Social security benefits	20a	b Taxable amount (see page 27)	
21 Other income. List type and amount (see page 29)	21		
22 Add the amounts in the far right column for lines 7 through 21. This is your total income ►	22	191,813.	

Adjusted Gross Income	23 Educator expenses (see page 29) Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	23	
	24 Health savings account deduction. Attach Form 8889	24	
25 Moving expenses. Attach Form 3903	25		
26 One-half of self-employment tax. Attach Schedule SE	26		
27 Self-employed SEP, SIMPLE, and qualified plans	27	2,606.	
28 Self-employed health insurance deduction (see page 30)	28		
29 Penalty on early withdrawal of savings	29		
30 Alimony paid b Recipient's SSN ►	30		
31a IRA deduction (see page 31)	31a		
32 Student loan interest deduction (see page 34)	32		
33 Tuition and fees deduction. Attach Form 8917	33		
34 Domestic production activities deduction. Attach Form 8903	34		
35 Add lines 23 through 31a and 32 through 35	35		
36 Subtract line 36 from line 22. This is your adjusted gross income ►	36	2,606.	
37	37	189,207.	

910001
10-20-09

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 97.

Form 1040 (2009)

JAY R & TRUDI A INSLEE

Tax and Credits

Standard Deduction for -

- People who check any box on line 39a, 39b, or 40b or who can be claimed as a dependent.

- All others:

Single or Married filing separately, \$5,700

Married filing jointly or Qualifying widow(er), \$11,400

Head of household, \$8,350

38 Amount from line 37 (adjusted gross income) 38 189,207.

39a Check { You were born before January 2, 1945, Blind. } Total boxes checked ► 39a 39b

if:

 Spouse was born before January 2, 1945, Blind.

b If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here

40a Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40a 35,986.

If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see page 35) ► 40b

41 Subtract line 40a from line 38 41 153,221.

42 Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see page 37 42 7,300.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 145,921.

44 Tax. Check if any tax is from: a Form(s) 8814 b Form 4972 44 29,121.

45 Alternative minimum tax. Attach Form 6251 45

46 Add lines 44 and 45 ► 46 29,121.

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 29 49

50 Retirement savings contributions credit. Attach Form 8880 50

51 Child tax credit (see page 42) 51

52 Credits from Form: a 8396 b 8839 c 5695 52 1,500.53 Other credits from Form: a 3800 b 8801 c 53

54 Add lines 47 through 53. These are your total credits 54 1,500.

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ► 55 27,621.

Other Taxes

56 Self-employment tax. Attach Schedule SE 56 5,211.

57 Unreported social security and Medicare tax from Form: a 4137 b 8919 57

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58

59 Additional taxes: a AEIC payments b Household employment taxes. Attach Schedule H 59

60 Add lines 55 through 59. This is your total tax ► 60 32,832.

Payments

61 Federal income tax withheld from Forms W-2 and 1099 61 27,820.

62 2009 estimated tax payments and amount applied from 2008 return 62

63 Making work pay and government retiree credits. Attach Schedule M 63 16.

64a Earned income credit (EIC) 64a

b Nontaxable combat pay election 64b

65 Additional child tax credit. Attach Form 8812 65

66 Refundable education credit from Form 8863, line 16 66

67 First-time homebuyer credit. Attach Form 5405 67

68 Amount paid with request for extension to file (see page 72) 68

69 Excess social security and tier 1 RRTA tax withheld (see page 72) 69

70 Credits from Form: a 2439 b 4136 c 8801 d 8885 70

71 Add lines 61, 62, 63, 64a, and 65 through 70. These are your total payments ► 71 27,836.

Refund

Direct deposit?

See page 73

and fill in 73b,

73c, and 73d,

or Form 8888.

72 If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid ► 72

73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here ► 73a

b Routing ► c Type: Checking Savings ► d Account number

74 Amount of line 72 you want applied to your 2010 estimated tax ► 74

75

4,996.

Amount

You Owe

75 Amount you owe. Subtract line 71 from line 60. For details on how to pay, see page 74 ► 75

76 Estimated tax penalty (see page 74) 76

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 75)? Yes. Complete the following.

Designer's name ► [REDACTED] Phone ► [REDACTED] Personal identification number (PIN) ► [REDACTED]

Sign Here

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

Your signature

Date Your occupation

Daytime phone number

US HOUSE OF REPRESENT.

Joint return? See page 15

Keep a copy for your records.

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Preparer's signature Date Check if self-employed Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code EIN

Phone no.

Paid Preparer's Use Only

Preparer's signature Date Check if self-employed Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code EIN

Phone no.

910002

10-20-09

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

2009

Attachment
Sequence No. 07

Your social security number

JAY R & TRUDI A INSLEE

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (See page A-1.)	SEE STATEMENT 4	1	9,067.
2	Enter amount from Form 1040, line 38		2	189,207.
3	Multiply line 2 by 7.5% (.075)		3	14,191.
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	0.
Taxes You Paid (See page A-2.)	5 State and local (check only one box): a <input type="checkbox"/> Income taxes, or b <input checked="" type="checkbox"/> General sales taxes	SEE STATEMENT 6	5	3,326.
	6 Real estate taxes (See page A-5.)		6	5,663.
	7 New motor vehicle taxes from line 11 of the worksheet on page 2. Skip this line if you checked box 5b		7	
	8 Other taxes. List type and amount ►		8	
	9 Add lines 5 through 8		9	8,989.
Interest You Paid (See page A-6.)	10 Home mortgage interest and points reported to you on Form 1098		10	23,074.
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-7 and show that person's name, identifying no., and address		11	
Note. Personal interest is not deductible.	12 Points not reported to you on Form 1098	STMT 2	12	93.
	13 Qualified mortgage insurance premiums (See page A-7.)		13	
	14 Investment interest. Attach Form 4952 if required. (See page A-8.)		14	
	15 Add lines 10 through 14		15	23,167.
Gifts to Charity	16 Gifts by cash or check	SEE STATEMENT 3	16	3,705.
If you made a gift and got a benefit for it, see page A-8.	17 Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500		17	
	18 Carryover from prior year		18	
	19 Add lines 16 through 18		19	3,705.
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See page A-10.)		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 page A-10.)	► FROM FORM 2106-EZ	21	3,415.
(See page A-10.)	22 Tax preparation fees		22	718.
	23 Other expenses - investment, safe deposit box, etc. List type and amount		23	
	24 Add lines 21 through 23		24	4,133.
	25 Enter amount from Form 1040, line 38	25	189,207.	
	26 Multiply line 25 by 2% (.02)		26	3,784.
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	349.
Other Miscellaneous Deductions	28 Other - from list on page A-11. List type and amount		28	
	29 Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filing separately)?		29	35,986.
	<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40a.			
	<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-11 for the amount to enter.	STMT 5 ►		
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here ►			

Worksheet Before you begin: ✓ You cannot take this deduction if the amount on Form 1040, line 38, is equal to or greater than \$135,000 (\$260,000 if married filing jointly).

for Line 7 - New motor vehicle taxes

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

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

(Keep a copy for your records.)

1 Enter the state or local sales or excise taxes you paid in 2009 for the purchase of any new motor vehicle(s) **after** February 16, 2009 (see page A-6)

2 Enter the purchase price (**before taxes**) of the new motor vehicle(s)

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

- No.** Enter the amount from line 1.
 Yes. Figure the portion of the tax from line 1 that is attributable to the first \$49,500 of the purchase price of each new motor vehicle and enter it here (see page A-6). }

4 Enter the amount from Form 1040, line 38

5 Enter the total of any -

- Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15, and
- Exclusion of income from Puerto Rico

6 Add lines 4 and 5

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

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

- No.** Enter the amount from line 3 above on Schedule A, line 7. **Do not** complete the rest of this worksheet.
 Yes. Subtract line 7 from line 6

9 Divide the amount on line 8 by \$10,000. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000

10 Multiply line 3 by line 9

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

1		
2		
	3	
4		
5		
6		
7		
8		
9		
	10	
	11	

SCHEDULE B
(Form 1040A or 1040)

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

Interest and Ordinary Dividends

► Attach to Form 1040A or 1040.

► See instructions.

OMB No. 1545-0074

2009

Attachment
Sequence No. 08

Your social security number
[REDACTED]

JAY R & TRUDI A INSLEE

Part I
Interest

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

CONGRESSIONAL FEDERAL CREDIT UNION

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

- 2 Add the amounts on line 1
 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989.
 Attach Form 8815
 4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ►

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

Part II
**Ordinary
Dividends**

- 5 List name of payer ►

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

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

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

Part III
**Foreign
Accounts
and
Trusts**

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

Yes

No

- 7a At any time during 2009, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1

X

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

- 8 During 2009, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2

X

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10-20-09

LHA For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2009

Attachment Sequence No. 09

Name of proprietor

Social security number (SSN)

TRUDI A INSLEE

A Principal business or profession, including product or service (see page C-2)
CONSULTING

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

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

D Employer ID number (EIN), if any

TRUDI INSLEE CONSULTING

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

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

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

G Did you "materially participate" in the operation of this business during 2009? If "No," see page C-3 for limit on losses

Yes No

H If you started or acquired this business during 2009, check here ►

Part I Income

1 Gross receipts or sales. **Caution.** See page C-4 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, or
- You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see page C-3 for limit on losses.

}

►

1

38,000.

2 Returns and allowances

2

3 Subtract line 2 from line 1

3

38,000.

4 Cost of goods sold (from line 42 on page 2)

4

5 Gross profit. Subtract line 4 from line 3

5

38,000.

6 Other income, including federal and state gasoline or fuel tax credit or refund (see page C-4)

6

7 Gross income. Add lines 5 and 6

7

38,000.

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

8 Advertising	8		18 Office expense	18
9 Car and truck expenses (see page C-4)	9	281.	19 Pension and profit-sharing plans	19
10 Commissions and fees	10		20 Rent or lease (see page C-6):	
11 Contract labor (see page C-4)	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 page C-5)	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: a Mortgage (paid to banks, etc.)	16a		24 Travel, meals, and entertainment:	
b Other	16b		a Travel	24a
17 Legal and professional services	17		b Deductible meals and entertainment (see page C-6)	24b
28 Total expenses before expenses for business use of home. Add lines 8 through 27			25 Utilities	25
29 Tentative profit or (loss). Subtract line 28 from line 7			26 Wages (less employment credits)	26
30 Expenses for business use of your home. Attach Form 8829			27 Other expenses (from line 48 on page 2)	27
31 Net profit or (loss). Subtract line 30 from line 29.				836.

● If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see page C-7). Estates and trusts, enter on Form 1041, line 3.		31	36,883.
● If a loss, you must go to line 32.			
32 If you have a loss, check the box that describes your investment in this activity (see page C-7).			
● If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions on page C-7). Estates and trusts, enter on Form 1041, line 3.			
● If you checked 32b, you must attach Form 6198. Your loss may be limited.			

32a All investment
is at risk.
32b Some investment
is not at risk.

LHA For Paperwork Reduction Act Notice, see page C-9 of the instructions.

920001 10-22-09

Schedule C (Form 1040) 2009

Part III Cost of Goods Sold (see page C-8)

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

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35

36 Purchases less cost of items withdrawn for personal use 36

37 Cost of labor. Do not include any amounts paid to yourself 37

38 Materials and supplies 38

39 Other costs 39

40 Add lines 35 through 39 40

41 Inventory at end of year 41

42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4 42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-5 to find out if you must file Form 4562.

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

44 Of the total number of miles you drove your vehicle during 2009, enter the number of miles you used your vehicle for:

a Business _____ b Commuting _____ c Other _____

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

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

47 a Do you have evidence to support your deduction? Yes No

b If "Yes," is the evidence written? Yes No

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

TELEPHONE	828.
-----------	------

POSTAGE	8.
---------	----

48 Total other expenses. Enter here and on page 1, line 27	48	836.
--	----	------

**SCHEDULE D
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

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

OMB No. 1545-0074

2009

Attachment

Sequence No. **12**Your social security number
[REDACTED]Name(s) shown on return
JAY R & TRUDI A INSLEE**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

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

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

(a) Description of property (Example: 100 sh XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
8 WING POINT GOLF & COUNTRY CLUB	07/01/88	07/01/09	6,000.	11,500.	-5,500.
9 Enter your long-term totals, if any, from Schedule D-1, line 9		9			
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)		10	6,000.		
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12	
13 Capital gain distributions				13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet in the instructions				14 ()	
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2				15	-5,500.

LHA For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.

Schedule D (Form 1040) 2009

Part III Summary

16 Combine lines 7 and 15 and enter the result **16** **-5,500.**

If line 16 is:

- **A gain**, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.
- **A loss**, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
- **Zero**, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.

17 Are lines 15 and 16 **both** gains?

Yes. Go to line 18.

No. Skip lines 18 through 21, and go to line 22.

18 Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** on page D-8 of the instructions ► **18**

19 Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** on page D-9 of the instructions ► **19**

20 Are lines 18 and 19 **both** zero or blank?

Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** on page 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). **Do not** complete lines 21 and 22 below.

No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Schedule D Tax Worksheet** on page D-10 of the instructions. **Do not** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of:

- The loss on line 16 or
 - (\$3,000), or if married filing separately, (\$1,500)
- } **SEE STATEMENT 8**

Note. When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?

Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** on page 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR).

No. Complete the rest of Form 1040 or Form 1040NR.

21 (**3,000.**)

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships,
S corporations, estates, trusts, REMICs, etc.)

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

► See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

2009

Attachment Sequence No. 13

Name(s) shown on return

Your social security number
[REDACTED]

JAY R & TRUDI A INSLEE

Part I Income or Loss From Rental Real Estate and Royalties Note. If you are in the business of renting personal property, use

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

1	List the type and address of each rental real estate property:	2	For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:	Yes	No
A	ISLAND PRESS ROYALTIES		<ul style="list-style-type: none"> ● 14 days or ● 10% of the total days rented at fair rental value? (See page E-3) 	A	
B				B	
C				C	
Income:		Properties			Totals (Add columns A, B, and C.)
3	Rents received	A	B	C	3
4	Royalties received	1,017.			4 1,017.
Expenses:					
5	Advertising				
6	Auto and travel (see page E-4)				
7	Cleaning and maintenance				
8	Commissions				
9	Insurance				
10	Legal and other professional fees				
11	Management fees				
12	Mortgage interest paid to banks, etc. (see page E-5)				12
13	Other interest				
14	Repairs				
15	Supplies				
16	Taxes				
17	Utilities				
18	Other (list) ►				
19	Add lines 5 through 18				19
20	Depreciation expense or depletion (see page E-5)				20
21	Total expenses. Add lines 19 and 20				
22	Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file Form 6198	1,017.			
23	Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2				
24	Income. Add positive amounts shown on line 22. Do not include any losses				24 1,017.
25	Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here				25 ()
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2				26 1,017.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

OMB No. 1545-0074

2009
Attachment
Sequence No. **17**

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

Social security number of
person with self-employment
income ►

TRUDI A INSLEE

Who Must File Schedule SE

You must file Schedule SE if:

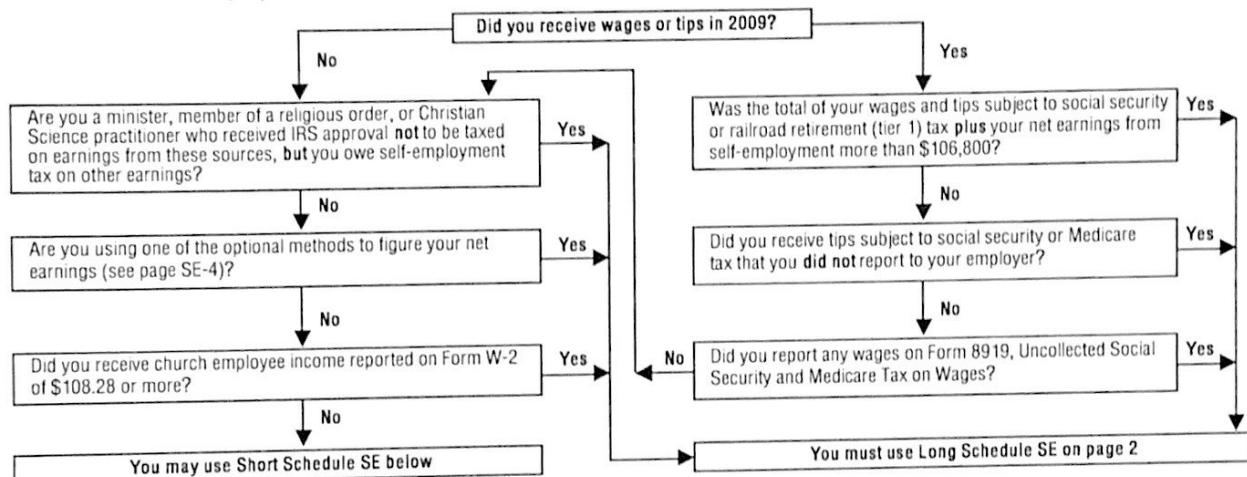
- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income (see page SE-1).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE-4).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 56.

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

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



Section A-Short Schedule SE. Caution.

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

1a Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065 B), box 9, code J1. Ministers and members of religious orders, see pg SE-1 for types of income to report on this line. See pg SE-3 for other income to report	STMT 9
3 Combine lines 1a, 1b, and 2	2 36,883.
4 Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	3 36,883.
5 Self-employment tax. If the amount on line 4 is:	4 34,061.
• \$106,800 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56.	5 5,211.
• More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$13,243.20 to the result. Enter the total here and on Form 1040, line 56	
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27	6 2,606.

Schedule SE (Form 1040) 2009

LHA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Form 1116

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

► Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

2009

Attachment
Sequence No. 19

Name

JAY R & TRUDI A INSLEE

Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** beginning on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- | | | |
|---|--|---|
| a <input type="checkbox"/> Passive category income | c <input type="checkbox"/> Section 901(j) income | e <input type="checkbox"/> Lump-sum distributions |
| b <input checked="" type="checkbox"/> General category income | d <input type="checkbox"/> Certain income re-sourced by treaty | |

f Resident of (name of country) ► UNITED STATES

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	► CANADA			
1a Gross income from sources within country shown above and of the type checked above:				1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ► <input type="checkbox"/>				
Deductions and losses (Caution: See pages 13 and 14 of the instructions):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	9 , 280 .			
b Other deductions (attach statement)				
c Add lines 3a and 3b	9 , 280 .			
d Gross foreign source income				
e Gross income from all sources	195 , 930 .			
f Divide line 3d by line 3e	. 000000			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use worksheet on page 14 of the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 14, page 2				► 7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) <input type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued											
		In foreign currency			In U.S. dollars								
		Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			(o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties		(m) Interest							
A													
B													
C													

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 1116 (2009)

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I

9	
10	54.
11	54.
12	

10 Carryback or carryover (attach detailed computation) **SEE STATEMENT 10**

11 Add lines 9 and 10

12 Reduction in foreign taxes

13 Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit

14 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I

14	
15	
16	

15 Adjustments to line 14

16 Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.)

17 **Individuals:** Enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6). If you are a nonresident alien, enter the amount from Form 1040NR, line 38 (minus any amount on Form 8914, line 6). **Estates and trusts:** Enter your taxable income without the deduction for your exemption

17	
18	
19	

Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.

18 Divide line 16 by line 17. If line 16 is more than line 17, enter *1*

19 **Individuals:** Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 41.

Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37

Caution: If you are completing line 19 for separate category e (lump-sum distributions), see pg. 19 of the instructions.

20 Multiply line 19 by line 18 (maximum amount of credit)

21 Enter the **smaller** of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 26 and enter this amount on line 27. Otherwise, complete the appropriate line in Part IV ► **21** 0.

20	
21	0.

Part IV Summary of Credits From Separate Parts III

22 Credit for taxes on passive category income

22	
23	
24	
25	
26	

23 Credit for taxes on general category income

24 Credit for taxes on certain income re-sourced by treaty

25 Credit for taxes on lump-sum distributions

26 Add lines 22 through 25

27 Enter the **smaller** of line 19 or line 26

26	
27	0.
28	
29	
29	0.

28 Reduction of credit for international boycott operations

29 Subtract line 28 from line 27. This is your **foreign tax credit**. Enter here and on Form 1040, line 47; Form 1040NR, line 44; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a ► **29** 0.

Form
1116Department of the Treasury
Internal Revenue Service (99)**ALTERNATIVE MINIMUM TAX
Foreign Tax Credit**(Individual, Estate, or Trust)
► Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

2009Attachment
Sequence No. **19**

Name

Identifying number as shown on page 1 of your tax return

JAY R & TRUDI A INSLEEUse a separate Form 1116 for each category of income listed below. See **Categories of Income** beginning on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a Passive category income c Section 901(j) income e Lump-sum distributions
 b General category income d Certain income re-sourced by treaty

f Resident of (name of country) ► **UNITED STATES**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	CANADA			
1a Gross income from sources within country shown above and of the type checked above:				1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)				
Deductions and losses (Caution: See pages 13 and 14 of the instructions):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction				
b Other deductions (attach statement)				
c Add lines 3a and 3b				
d Gross foreign source income				
e Gross income from all sources	195,930.			
f Divide line 3d by line 3e	.000000			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use worksheet on page 14 of the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 14, page 2				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one)	Foreign taxes paid or accrued					
		In foreign currency			In U.S. dollars		
		Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:	
(h) <input checked="" type="checkbox"/> Paid	(k) Dividends	(l) Rents and royalties	(m) Interest	(o) Dividends	(p) Rents and royalties	(q) Interest	
(i) <input type="checkbox"/> Accrued							
(j) Date paid or accrued							
A							
B							
C							

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2

► 8

Form 1116 (2009)

LHA For Paperwork Reduction Act Notice, see separate instructions.

ALTERNATIVE MINIMUM TAX

Page 2

Form 1116 (2009) JAY R & TRUDI A INSLEE

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I **9**

10 Carryback or carryover (attach detailed computation) SEE STATEMENT 11 **10** **63.**

11 Add lines 9 and 10 **11** **63.**

12 Reduction in foreign taxes **12**

13 Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit **13** **63.**

14 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I **14**

15 Adjustments to line 14 **15**

16 Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.) **16**

17 Individuals: Enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6). If you are a nonresident alien, enter the amount from Form 1040NR, line 38 (minus any amount on Form 8914, line 6). Estates and trusts: Enter your taxable income without the deduction for your exemption **17**

Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.

18 Divide line 16 by line 17. If line 16 is more than line 17, enter "1" **18**

19 Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 41.

Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 **19**

Caution: If you are completing line 19 for separate category e (lump-sum distributions), see pg. 19 of the instructions.

20 Multiply line 19 by line 18 (maximum amount of credit) **20**

21 Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 26 and enter this amount on line 27. Otherwise, complete the appropriate line in Part IV **21** **0.**

Part IV Summary of Credits From Separate Parts III

22 Credit for taxes on passive category income **22**

23 Credit for taxes on general category income **23**

24 Credit for taxes on certain income re-sourced by treaty **24**

25 Credit for taxes on lump-sum distributions **25**

26 Add lines 22 through 25 **26**

27 Enter the smaller of line 19 or line 26 **27** **0.**

28 Reduction of credit for international boycott operations **28**

29 Subtract line 28 from line 27. This is your **foreign tax credit**. Enter here and on Form 1040, line 47; Form 1040NR, line 44; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a **29** **0.**

Form 1116 (2009)

Form 8889

Health Savings Accounts (HSAs)

OMB No. 1545-0074

2009

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

► Attach to Form 1040 or Form 1040NR.

► See separate instructions.

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

Social security number of HSA
beneficiary. If both spouses have
HSAs, see page 3 of the instructions ► [REDACTED]

JAY R INSLEE

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See page 3 of the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

- 1 Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2009 (see page 4 of the instructions) ► Self-only Family
- 2 HSA contributions you made for 2009 (or those made on your behalf), including those made from January 1, 2010, through April 15, 2010, that were for 2009. **Do not** include employer contributions, contributions through a cafeteria plan, or rollovers (see page 4 of the instructions)
- 3 If you were under age 55 at the end of 2009, and on the first day of **every** month during 2009, you were, or were considered, an eligible individual with the **same** coverage, enter \$3,000 (\$5,950 for family coverage). All others, see page 4 of the instructions for the amount to enter
- 4 Enter the amount you and your employer contributed to your Archer MSAs for 2009 from Form 8853, lines 3 and 4. If you or your spouse had family coverage under an HDHP at any time during 2009, also include any amount contributed to your spouse's Archer MSAs
- 5 Subtract line 4 from line 3. If zero or less, enter -0-
- 6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2009, see the instructions on page 4 for the amount to enter
- 7 If you were age 55 or older at the end of 2009, married, and you or your spouse had family coverage under an HDHP at any time during 2009, enter your additional contribution amount (see page 5 of the instructions)
- 8 Add lines 6 and 7
- 9 Employer contributions made to your HSAs for 2009
- 10 Qualified HSA funding distributions
- 11 Add lines 9 and 10
- 12 Subtract line 11 from line 8. If zero or less, enter -0-
- 13 **HSA deduction.** Enter the **smaller** of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25
Caution: If line 2 is more than line 13, you may have to pay an additional tax (see page 5 of the instructions).

2	
3	
4	
5	
6	
7	
8	
9	3,500.
10	
11	3,500.
12	0.
13	

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

- 14a Total distributions you received in 2009 from all HSAs (see page 6 of the instructions) 14a 3,500.
- b Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see page 6 of the instructions) 14b
- c Subtract line 14b from line 14a 14c 3,500.
- 15 Unreimbursed qualified medical expenses (see page 6 of the instructions) 15 3,500.
- 16 **Taxable HSA distributions.** Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount 16 0.
- 17a If any of the distributions included on line 16 meet any of the **Exceptions to the Additional 10% Tax**(see page 6 of the instructions), check here ►
- b Additional 10% tax(see page 6 of the instructions). Enter 10% (.10) of the distributions included on line 16 that are subject to the additional 10% tax. Also include this amount in the total on Form 1040, line 60, or Form 1040NR, line 57. On the dotted line next to Form 1040, line 60, or Form 1040NR, line 57, enter "HSA" and the amount 17b

LHA For Paperwork Reduction Act Notice, see page 5 of the instructions.

Form 8889 (2009)

920381 12-10-09

Part III

Income and Additional Tax for Failure To Maintain HDHP Coverage. See page 6 of the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18 Qualified HSA distribution	18	
19 Last-month rule	19	
20 Qualified HSA funding distribution	20	
21 Total income. Add lines 18, 19, and 20. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount	21	
22 Additional tax. Multiply line 21 by 10% (.10). Include this amount in the total on Form 1040, line 60, or Form 1040NR, line 57. On the dotted line next to Form 1040, line 60, or Form 1040NR, line 57, enter "HDHP" and the amount	22	

Form 8889 (2009)

Unreimbursed Employee Business Expenses

OMB No. 1545-0074

2009Attachment
Sequence No. 129ADepartment of the Treasury
Internal Revenue Service (99)

► Attach to Form 1040 or Form 1040NR.

Your name

JAY R INSLEE

Occupation in which you incurred expenses

U.S. CONGRESSMAN

Social security number

- You Can Use This Form Only if All of the Following Apply.
- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
 - You do not get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
 - If you are claiming vehicle expense, you are using the standard mileage rate for 2009.

Caution: You can use the standard mileage rate for 2009 only if: (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

1	Vehicle expense using the standard mileage rate. Complete Part II and multiply line 8a by 55¢ (.55)	1	
2	Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2	
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4	Business expenses not included on lines 1 through 3. Do not include meals and entertainment STATEMENT 12	4	3,415
5	Meals and entertainment expenses: \$ _____ x 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	5	
6	Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 9). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	3,415

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

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

8 Of the total number of miles you drove your vehicle during 2009, enter the number of miles you used your vehicle for:

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

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form 2106-EZ (2009)

Form 5695

Department of the Treasury
Internal Revenue Service

Residential Energy Credits

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

OMB No. 1545-0074

2009

Attachment
Sequence No. 158

Name(s) shown on return

JAY R & TRUDI A INSLEE

Your social security number
[REDACTED]**Before You Begin Part I:** Figure the amount of any credit for the elderly or the disabled you are claiming.**Part I Nonbusiness Energy Property Credit** (See instructions before completing this part.)

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

► 1 Yes No

Caution: If you check the "No" box, you cannot claim the nonbusiness energy property credit.

Do not complete Part I.

- 2** Qualified energy efficiency improvements (see instructions).

- a Insulation material or systems specifically and primarily designed to reduce heat loss or gain of your home
- b Exterior windows (including certain storm windows) and skylights
- c Exterior doors (including certain storm doors)
- d Metal roof with appropriate pigmented coatings, or asphalt roof with appropriate cooling granules, that are specifically and primarily designed to reduce the heat gain of your home, and the roof meets or exceeds the Energy Star program requirements in effect at the time of purchase or installation

2a

2b

2c

2d

- 3** Residential energy property costs (see instructions).

- a Energy-efficient building property
- b Qualified natural gas, propane, or oil furnace or hot water boiler
- c Advanced main air circulating fan used in a natural gas, propane, or oil furnace

3a

3b 13,456.

3c

4 13,456.

- 4** Add lines 2a through 3c

5 4,037.

- 5** Multiply line 4 by 30% (30)

6 \$1,500

- 6** Maximum credit amount. (If you jointly occupied the home, see instructions)

7 1,500.

- 7** Enter the smaller amount of line 5 or line 6

- 8** Enter the amount from Form 1040, line 46, or Form 1040NR, line 43

8 29,121.

8	29,121.
9	

- 9** Enter the total, if any, of your credits from Form 1040, lines 47 through 50, and Schedule R, line 24; or Form 1040NR, lines 44 through 46

10 29,121.

- 10** Subtract line 9 from line 8. If zero or less, stop. You cannot take the nonbusiness energy property credit

11 1,500.

- 11** Nonbusiness energy property credit. Enter the smaller of line 7 or line 10

LHA For Paperwork Reduction Act Notice, see instructions.

Form 5695 (2009)

Form 5695 (2009)

Before You Begin Part II:

Figure the amount of any of the following credits you are claiming.

- Credit for elderly or the disabled.
- District of Columbia first-time homebuyer credit.
- Alternative motor vehicle credit.
- Qualified plug-in electric vehicle credit.
- Qualified plug-in electric drive motor vehicle credit.

Part II Residential Energy Efficient Property Credit (See instructions before completing this part.)**Note.** Skip lines 12 through 21 if you only have a credit carryforward from 2008.

12 Qualified solar electric property costs	12
13 Qualified solar water heating property costs	13
14 Qualified small wind energy property costs	14
15 Qualified geothermal heat pump property costs	15
16 Add lines 12 through 15	16
17 Multiply line 16 by 30% (.30)	17
18 Qualified fuel cell property costs	18
19 Multiply line 18 by 30% (.30)	19
20 Kilowatt capacity of property on line 18 above ► _____ X \$1,000	20
21 Enter the smaller of line 19 or line 20	21
22 Credit carryforward from 2008. Enter the amount, if any, from your 2008 Form 5695, line 28	22
23 Add lines 17, 21, and 22	23
24 Enter the amount from Form 1040, line 46, or Form 1040NR, line 43	24
25 1040 filers: Enter the total, if any, of your credits from Form 1040, lines 47 through 50; line 11 of this form; line 12 of the Line 11 worksheet in Pub. 972 (see instructions); Form 8396, line 11; Form 8839, line 18; Form 8859, line 11; Form 8834, line 22; Form 8910, line 21; Form 8936, line 14; and Schedule R, line 24. 1040NR filers: Enter the amount, if any, from Form 1040NR, lines 44 through 46; line 11 of this form; line 12 of the Line 11 worksheet in Pub. 972 (see instructions); Form 8396, line 11; Form 8839, line 18; Form 8859, line 11; Form 8834, line 22; Form 8910, line 21; and Form 8936, line 14.	25
26 Subtract line 25 from line 24. If zero or less, enter -0- here and on line 27	26
27 Residential energy efficient property credit. Enter the smaller of line 23 or line 26	27
28 Credit carryforward to 2010. If line 27 is less than line 23, subtract line 27 from line 23	28

Part III Current Year Residential Energy Credits

29 Add lines 11 and 27. Enter the result here and on Form 1040, line 52, or Form 1040NR, line 48, and check box c on that line	29	1,500.
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Form 5695 (2009)

SCHEDULE M
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

**Making Work Pay and Government
Retiree Credits**

OMB No. 1545-0074

2009

Attachment
Sequence No. **166**

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

Name(s) shown on return

JAY R & TRUDI A INSLEE

Your social security number
[REDACTED]

1a	Important: See the instructions if you can be claimed as someone else's dependent or are filing Form 1040NR. Check the "No" box below and see instructions if (a) you have a net loss from a business, (b) you received a taxable scholarship or fellowship grant not reported on a Form W-2, (c) your wages include pay for work performed while an inmate in a penal institution, (d) you received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or (e) you are filing Form 2555 or 2555-EZ.	
Do you (and your spouse if filing jointly) have 2009 wages of more than \$6,451 (\$12,903 if married filing jointly)?		
<input checked="" type="checkbox"/> Yes. Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.		
<input type="checkbox"/> No. Enter your earned income (see instructions)		1a
b	Nontaxable combat pay included on line 1a (see instructions)	1b
2	Multiply line 1a by 6.2% (.062)	2
3	Enter \$400 (\$800 if married filing jointly)	3
4	Enter the smaller of line 2 or line 3 (unless you checked "Yes" on line 1a)	4 800.
5	Enter the amount from Form 1040, line 38*, or Form 1040A, line 22	5 189,207.
6	Enter \$75,000 (\$150,000 if married filing jointly)	6 150,000.
7	Is the amount on line 5 more than the amount on line 6? <input type="checkbox"/> No. Skip line 8. Enter the amount from line 4 on line 9 below. <input checked="" type="checkbox"/> Yes. Subtract line 6 from line 5	7 39,207.
8	Multiply line 7 by 2% (.02)	8 784.
9	Subtract line 8 from line 4. If zero or less, enter -0-	9 16.
10	Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2009? You may have received this payment if you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits (see instructions). <input checked="" type="checkbox"/> No. Enter -0- on line 10 and go to line 11. <input type="checkbox"/> Yes. Enter the total of the payments received by you (and your spouse, if filing jointly). Do not enter more than \$250 (\$500 if married filing jointly)	10 0.
11	Did you (or your spouse, if filing jointly) receive a pension or annuity in 2009 for services performed as an employee of the U.S. Government or any U.S. state or local government from work not covered by social security? Do not include any pension or annuity reported on Form W-2. <input checked="" type="checkbox"/> No. Enter -0- on line 11 and go to line 12. <input type="checkbox"/> Yes. • If you checked "No" on line 10, enter \$250 (\$500 if married filing jointly and the answer on line 11 is "Yes" for both spouses) • If you checked "Yes" on line 10, enter -0- (exception: enter \$250 if filing jointly and the spouse who received the pension or annuity did not receive an economic recovery payment described on line 10)	11 0.
12	Add lines 10 and 11	12 0.
13	Subtract line 12 from line 9. If zero or less, enter -0-	13 16.
14	Making work pay and government retiree credits. Add lines 11 and 13. Enter the result here and on Form 1040, line 63; Form 1040A, line 40; or Form 1040NR, line 60	14 16.

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

Form 1116

U.S. and Foreign Source Income Summary

NAME

JAY R & TRUDI A INSLEE

[REDACTED]
FOREIGN
GENERAL

INCOME TYPE	TOTAL	U.S.	FOREIGN GENERAL
Compensation	156,911.	156,911.	
Dividends/Distributions			
Interest	2.	2.	
Capital Gains			
Business/Profession	38,000.	38,000.	
Rent/Royalty	1,017.	1,017.	
State/Local Refunds			
Partnership/S Corporation			
Trust/Estate			
Other Income			
Gross Income	<u>195,930.</u>	<u>195,930.</u>	

Less:

Section 911 Exclusion		
Capital Losses		
Capital Gains Tax Adjustment		
Total Income - Form 1116	<u>195,930.</u>	<u>195,930.</u>

Deductions:

Business/Profession Expenses	1,117.	1,117.
Rent/Royalty Expenses		
Partnership/S Corporation Losses		
Trust/Estate Losses		
Capital Losses	3,000.	3,000.
Non-capital Losses		
Individual Retirement Account		
Moving Expenses		
Self-employment Tax Deduction	2,606.	2,606.
Self-employment Health Insurance		
Keogh Contributions		
Alimony		
Forfeited Interest		
Foreign Housing Deduction		
Other Adjustments		
Capital Gains Tax Adjustment		
Total Deductions	<u>6,723.</u>	<u>6,723.</u>
Adjusted Gross Income	<u>189,207.</u>	<u>189,207.</u>

Less Itemized Deductions:

Specifically Allocated	3,682.	3,682.
Home Mortgage Interest	23,024.	23,024.
Other Interest		
Ratably Allocated	9,280.	9,280.
Total Adjustments to Adjusted Gross Income	<u>35,986.</u>	<u>35,986.</u>
Taxable Income Before Exemptions	<u>153,221.</u>	<u>153,221.</u>

Form 1116

Allocation of Itemized Deductions

NAME

JAY R & TRUDI A INSLEE

	Total Itemized Deductions	Itemized Deductions After Sec. 68 Reduction	Form 1116		
			Specifically U.S.	Specifically Foreign	Ratable
Taxes	8,989.	8,933.			8,933.
Interest - Not Including Investment Interest	23,167.	23,024.	23,024.		
Contributions	3,705.	3,682.	3,682.		
Miscellaneous Deductions Subject to 2%	349.	347.			347.
Other Miscellaneous Deductions - Not Including Gambling Losses					
Foreign Adjustment					
Total Itemized Deductions Subject to Sec. 68	36,210.	35,986.			
Add Itemized Deductions Not Subject to Sec. 68:					
Medical/Dental					
Investment Interest					
Post Aug. 27 Contributions					
Casualty Losses					
Gambling Losses					
Foreign Adjustment					
Total Itemized Deductions	36,210.				
Total Allowed on Schedule A		35,986.	26,706.		9,280.

NAME

JAY R & TRUDI A INSLEE

Foreign Income Category	GENERAL LIMITATION INCOME					
Regular	2004	2005	2006	2007	2008	2009
1. Foreign tax paid/accrued						
2. FTC carryback to 2009 for amended returns						
3. Reduction allocated to excluded income						
4. Foreign tax available						
5. Maximum credit allowable						
6. Unused foreign tax (+) or excess of limit (-)	54.					
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Less treaty adjustment						
10. Foreign tax or excess limit remaining	54.					
Total foreign taxes from all available years to be carried to next year						54.

	1999	2000	2001	2002	2003
1. Foreign tax paid/accrued					
2. FTC carryback to 2009 for amended returns					
3. Reduction allocated to excluded income					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax (+) or excess of limit (-)					
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Less treaty adjustment					
10. Foreign tax or excess limit remaining					

NAME

JAY R & TRUDI A INSLEE

Foreign Income Category

GENERAL LIMITATION INCOME

AMT

1. Foreign tax paid/accrued
2. FTC carryback to 2009
for amended returns
3. Reduction allocated to
excluded income
4. Foreign tax available
5. Maximum credit allowable
6. Unused foreign tax (+)
or excess of limit (-)
7. Foreign tax carryback
8. Foreign tax carryforward
9. Less treaty adjustment
10. Foreign tax or excess
limit remaining

2004

2005

2006

2007

2008

2009

63 .

63 .

Total foreign taxes from all available years to be carried to next year

1. Foreign tax paid/accrued
2. FTC carryback to 2009
for amended returns
3. Reduction allocated to
excluded income
4. Foreign tax available
5. Maximum credit allowable
6. Unused foreign tax (+)
or excess of limit (-)
7. Foreign tax carryback
8. Foreign tax carryforward
9. Less treaty adjustment
10. Foreign tax or excess
limit remaining

1999

2000

2001

2002

2003

JAY R & TRUDI A INSLEE

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 1

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T HOUSE OF REP., MEMBER SERVICES 139-A	156,911.	27,820.			6,622.	2,401.
TOTALS	156,911.	27,820.			6,622.	2,401.

SCHEDULE A POINTS NOT REPORTED ON FORM 1098 STATEMENT 2

DESCRIPTION	DATE RE- FINANCED	TOTAL POINTS	AMORT. PERIOD /MOS.	AMORTIZATION THIS YEAR
	04/17/09	4,170.	360	93.
TOTAL TO SCHEDULE A, LINE 12				93.

SCHEDULE A CASH CONTRIBUTIONS STATEMENT 3

DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
MISCELLANEOUS ORGANIZED CHARITIES	3,705.	
SUBTOTALS	3,705.	
TOTAL TO SCHEDULE A, LINE 16		3,705.

SCHEDULE A MEDICAL AND DENTAL EXPENSES STATEMENT 4

DESCRIPTION	AMOUNT
MEDICAL INSURANCE PREMIUMS PAID	4,237.
DOCTORS, DENTISTS, ETC.	4,200.
EYEGLASSES AND CONTACTS	350.
VISION PLAN INSURANCE	280.
TOTAL TO SCHEDULE A, LINE 1	9,067.

SCHEDULE A

ITEMIZED DEDUCTIONS WORKSHEET

STATEMENT 5

1. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28	36,210.
2. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28.	0.
3. IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 2 FROM LINE 1	36,210.
4. MULTIPLY LINE 3 BY 80% (.80).	28,968.
5. ENTER THE AMOUNT FROM FORM 1040, LINE 38.	189,207.
6. ENTER: \$166,800 (\$83,400 IF MARRIED FILING SEPARATELY)	166,800.
7. IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 6 FROM LINE 5	22,407.
8. MULTIPLY LINE 7 BY 3% (.03)	672.
9. ENTER THE SMALLER OF LINE 4 OR LINE 8	672.
10. DIVIDE LINE 9 BY 1.5	448.
11. SUBTRACT LINE 10 FROM LINE 9	224.
12. TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 11 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29	35,986.

SCHEDULE A

STATE AND LOCAL GENERAL SALES TAXES

STATEMENT 6

DESCRIPTION	AMOUNT
STATE SALES TAX	1,685.
LOCAL SALES TAX	544.
SALES TAX PAID ON SPECIFIED ITEMS	1,097.
TOTAL TO SCHEDULE A, LINE 5	3,326.

SCHEDULE A	GENERAL SALES TAX DEDUCTION WORKSHEET	
1	ENTER YOUR STATE GENERAL SALES TAXES FROM THE APPLICABLE TABLE. WASHINGTON IF, FOR ALL OF 2009, YOU LIVED ONLY IN CONNECTICUT, THE DISTRICT OF COLUMBIA, INDIANA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MICHIGAN, NEW JERSEY, RHODE ISLAND, OR WEST VIRGINIA, SKIP LINES 2 THROUGH 5, ENTER -0- ON LINE 6, AND GO TO LINE 7. OTHERWISE, GO TO LINE 2.	1,685.
2	DID YOU LIVE IN ALASKA, ARIZONA, ARKANSAS, CALIFORNIA (LOS ANGELES COUNTY ONLY), COLORADO, GEORGIA, ILLINOIS, LOUISIANA, MISSOURI, NEW YORK STATE, NORTH CAROLINA, SOUTH CAROLINA, TENNESSEE, UTAH, OR VIRGINIA IN 2009? IF NO, ENTER -0-. IF YES, ENTER YOUR LOCAL GENERAL SALES TAXES FROM THE APPLICABLE TABLE.	0.
3	DID YOUR LOCALITY IMPOSE A LOCAL GENERAL SALES TAX IN 2009? RESIDENTS OF CALIFORNIA AND NEVADA SEE INSTRUCTIONS. IF NO, SKIP LINES 3 THROUGH 5, ENTER -0- ON LINE 6 AND GO TO LINE 7. IF YES, ENTER YOUR LOCAL GENERAL SALES TAX RATE, BUT OMIT PERCENTAGES. BAINBRIDGE ISLAND	2.1000
4	DID YOU ENTER -0- ON LINE 2 ABOVE? IF NO, SKIP LINES 4 AND 5 AND GO TO LINE 6. IF YES, ENTER YOUR STATE GENERAL SALES TAX RATE, BUT OMIT PERCENTAGES.	6.5000
5	DIVIDE LINE 3 BY LINE 4. ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES).	.3230
6	DID YOU ENTER -0- ON LINE 2 ABOVE? IF NO, MULTIPLY LINE 2 BY LINE 3. IF YES, MULTIPLY LINE 1 BY LINE 5.	544.
6A	ADD LINE 1 AND LINE 6.	2,229.
6B	PART-YEAR DAYS RATE.	1.000000
6C	MULTIPLY LINE 6A BY LINE 6B.	2,229.
7	ENTER YOUR GENERAL SALES TAXES PAID ON SPECIFIED ITEMS, IF ANY.	1,097.
8	DEDUCTION FOR GENERAL SALES TAXES. ADD LINES 6C AND 7. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 5 AND CHECK BOX "B" ON THAT LINE.	3,326.

JAY R & TRUDI A INSLEE

SCHEDULE D	CAPITAL LOSS CARRYOVER	STATEMENT 8
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1. ENTER THE AMOUNT FROM FORM 1040, LINE 41	153,221.
2. DID YOU FILE FORM 8914?	
X NO. ENTER -0-	
YES. ENTER THE AMOUNT FROM YOUR FORM 8914, LINE 6	153,221.
3. SUBTRACT LINE 2 FROM LINE 1	3,000.
4. ENTER THE LOSS FROM SCHEDULE D, LINE 21, AS A POSITIVE AMOUNT.	156,221.
5. COMBINE LINES 3 AND 4. IF ZERO OR LESS, ENTER -0-	3,000.
6. ENTER THE SMALLER OF LINE 4 OR LINE 5	
7. ENTER THE LOSS FROM SCHEDULE D, LINE 7, AS A POSITIVE AMOUNT .	
8. ENTER THE GAIN, IF ANY, FROM SCHEDULE D,	
LINE 15	
9. ADD LINES 6 AND 8	
10. SHORT-TERM CAPITAL LOSS CARRYOVER TO 2010.	
SUBTRACT LINE 9 FROM LINE 7. IF ZERO OR LESS, ENTER -0-	
11. ENTER THE LOSS FROM SCHEDULE D, LINE 15, AS A POSITIVE AMOUNT.	5,500.
12. ENTER THE GAIN, IF ANY, FROM SCHEDULE D,	
LINE 7	
13. SUBTRACT LINE 7 FROM LINE 6. IF ZERO OR LESS,	
ENTER -0-	3,000.
14. ADD LINES 12 AND 13	3,000.
15. LONG-TERM CAPITAL LOSS CARRYOVER TO 2010.	
SUBTRACT LINE 14 FROM LINE 11. IF ZERO OR LESS, ENTER -0-	2,500.

SCHEDULE SE	NON-FARM INCOME	STATEMENT 9
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DESCRIPTION	AMOUNT
CONSULTING	36,883.
TOTAL TO SCHEDULE SE, LINE 2	36,883.

JAY R & TRUDI A INSLEE

FORM 1116

FOREIGN TAX CREDIT CARRYOVER / CARRYBACK

STATEMENT 10

GENERAL LIMITATION INCOME

YEAR OF CREDIT	TOTAL FOREIGN TAXES PAID	FOREIGN TAX CR CLAIMED	BALANCE AVAILABLE
2008 FOREIGN TAX CREDIT	0.	0.	0.
2007 FOREIGN TAX CREDIT	0.	0.	0.
2006 FOREIGN TAX CREDIT	0.	0.	0.
2005 FOREIGN TAX CREDIT	0.	0.	0.
2004 FOREIGN TAX CREDIT	123.	69.	54.
2003 FOREIGN TAX CREDIT	0.	0.	0.
2002 FOREIGN TAX CREDIT	0.	0.	0.
2001 FOREIGN TAX CREDIT	0.	0.	0.
2000 FOREIGN TAX CREDIT	0.	0.	0.
1999 FOREIGN TAX CREDIT	0.	0.	0.
FOREIGN TAX CR CARRYBACK TO 2009			0.
TOTAL TO FORM 1116, PART III, LINE 10			54.

JAY R & TRUDI A INSLEE

FORM 1116

ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT
CARRYOVER/CARRYBACK

STATEMENT 11

GENERAL LIMITATION INCOME

YEAR OF CREDIT	TOTAL FOREIGN TAXES PAID	FOREIGN TAX CR CLAIMED	BALANCE AVAILABLE
2008 ALT. MIN. TAX CREDIT	0.	0.	0.
2007 ALT. MIN. TAX CREDIT	0.	0.	0.
2006 ALT. MIN. TAX CREDIT	0.	0.	0.
2005 ALT. MIN. TAX CREDIT	0.	0.	0.
2004 ALT. MIN. TAX CREDIT	123.	60.	63.
2003 ALT. MIN. TAX CREDIT	0.	0.	0.
2002 ALT. MIN. TAX CREDIT	0.	0.	0.
2001 ALT. MIN. TAX CREDIT	0.	0.	0.
2000 ALT. MIN. TAX CREDIT	0.	0.	0.
1999 ALT. MIN. TAX CREDIT	0.	0.	0.
FOREIGN TAX CR CARRYBACK TO 2009			0.
TOTAL TO FORM 1116 (AMT), PART III, LINE 10			63.

FORM 2106-EZ

OTHER BUSINESS EXPENSES

STATEMENT 12

U.S. CONGRESSMAN

DESCRIPTION	AMOUNT
LICENSE	415.
AWAY FROM HOME LIVING EXPENSES AS A U.S. CONGRESSMAN	3,000.
TOTAL TO FORM 2106-EZ, PART I, LINE 4	3,415.

Amended U.S. Individual Income Tax Return

This return is for calendar year 2011 2010 2009 2008

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

Your first name and initial JAY R	Last name INSLEE	Your social security number [REDACTED]
If a joint return, spouse's first name and initial TRUDI A	Last name INSLEE	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]		Apt. no. [REDACTED]
Your phone number [REDACTED]		

COPY

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

Foreign country name [REDACTED]	Foreign province/county [REDACTED]	Foreign postal code [REDACTED]
------------------------------------	---------------------------------------	-----------------------------------

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

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

Use Part III on the back to explain any changes

Income and Deductions

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

	A. Original amount or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount
1	189,207	3,000	192,207
2	35,986	(90)	35,896
3	153,221	3,090	156,311
4	7,300		7,300
5	145,921	3,090	149,011
6	29,121	866	29,987
7	1,500		1,500
8	27,621	866	28,497
9	5,211		5,211
10	32,832	866	33,698
11	27,820		27,820
12			
13			
14	16	(16)	0

Payments

- 11 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (if changing, see instructions)
 12 Estimated tax payments, including amount applied from prior year's return
 13 Earned income credit (EIC)
 14 Refundable credits from Schedule M or Form(s) 2439 4136
 5405 8801 8812 8839 8863 8885 or
 other (specify):
 15 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed
 16 Total payments. Add lines 11 through 15

15	4,996
16	32,816
17	
18	32,816
19	882
20	
21	

Refund or Amount You Owe (Note. Allow 8–12 weeks to process Form 1040X.)

- 17 Overpayment, if any, as shown on original return or as previously adjusted by the IRS
 18 Subtract line 17 from line 16 (if less than zero, see instructions)
19 Amount you owe. If line 10, column C, is more than line 18, enter the difference
 20 If line 10, column C, is less than line 18, enter the difference. This is the amount overpaid on this return
 21 Amount of line 20 you want refunded to you
 22 Amount of line 20 you want applied to your (enter year): estimated tax [REDACTED] 22

Complete and sign this form on Page 2.

Part I ExemptionsComplete this part **only** if you are:

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

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

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

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

Part II Presidential Election Campaign Fund

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

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

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

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

THE BASIS LISTED ON SCHEDULE D WAS INADVERTENTLY REPORTED AT THE ACTUAL COST BASIS, RATHER THAN THE ALLOWABLE BASIS.

Sign Here

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

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

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

Form 1040		U.S. Individual Income Tax Return		2009	(99)	IRS Use Only - Do not write or staple in this space.	
Label (See instructions on page 14.)		For the year Jan. 1-Dec. 31, 2009, or other tax year beginning Your first name and initial JAY R Last name INSLEE				, 2009, ending 20 OMB No. 1545-0074	
Use the IRS label. Otherwise, please print or type.		If a joint return, spouse's first name and initial TRUDI A Last name INSLEE				Your social security number [REDACTED] Spouse's social security number [REDACTED]	
Presidential Election Campaign ►		Home address (number and street). If you have a P.O. box, see page 14. [REDACTED] Apt. no. [REDACTED]				You must enter ▲ your SSN(s) above. ▲	
		City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. [REDACTED]				Checking a box below will not change your tax or refund.	
Filing Status		Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) ► <input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse					
Check only one box.		1 <input type="checkbox"/> Single 4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ►					
		2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 16)					
		3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►					
Exemptions		6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input checked="" type="checkbox"/> Spouse c Dependents: (1) First name _____ Last name _____ _____ _____ _____ d Total number of exemptions claimed _____				Boxes checked on 6a and 6b 2 No. of children on 6c who: ● lived with you _____ ● did not live with you due to divorce or separation (see page 18) _____ Dependents on 6c not entered above _____ Add numbers on lines above ► 2	
Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If more than four dependents, see page 17 and check here ► <input type="checkbox"/>		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 8b _____ 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends (see page 22) 9b _____ 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15a _____ b Taxable amount 16a Pensions and annuities 16a _____ b Taxable amount 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F Unemployment compensation in excess of \$2,400 per recipient (see page 27) 19 _____ 20a Social security benefits 20a _____ b Taxable amount (see page 27) 21 Other income. List type and amount (see page 29) 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ► 22 194,813.				7 156,911. 8a 2. 9a _____ 10 _____ 11 _____ 12 36,883. 13 _____ 14 _____ 15b _____ 16b _____ 17 1,017. 18 _____ 19 _____ 20b _____ 21 _____ 22 194,813.	
Adjusted Gross Income		23 Educator expenses (see page 29) Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 Health savings account deduction. Attach Form 8889 25 Moving expenses. Attach Form 3903 26 One-half of self-employment tax. Attach Schedule SE 27 Self-employed SEP, SIMPLE, and qualified plans 28 Self-employed health insurance deduction (see page 30) 29 Penalty on early withdrawal of savings 30 Alimony paid b Recipient's SSN ► 27 2,606. 31a IRA deduction (see page 31) 32 Student loan interest deduction (see page 34) 33 Tuition and fees deduction. Attach Form 8917 34 Domestic production activities deduction. Attach Form 8903 35 Add lines 23 through 31a and 32 through 35 36 Subtract line 36 from line 22. This is your adjusted gross income ► 36 2,606. 37 37 192,207.				23 _____ 24 _____ 25 _____ 26 _____ 27 2,606. 28 _____ 29 _____ 30 _____ 31a _____ 32 _____ 33 _____ 34 _____ 35 _____ 36 2,606. 37 192,207.	

910001
10-20-09

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 97.

Form 1040 (2009)

Form 1040 (2009) JAY R & TRUDI A INSLEE

Tax and Credits

Standard Deduction for

- People who check any box on line 39a, 39b, or 40b OR who can be claimed as a dependent.

• All others:

Single or Married filing separately, \$5,700

Married filing jointly or Qualifying widow(er), \$11,400

Head of household, \$8,350

38	Amount from line 37 (adjusted gross income)	38	192,207.
39a	Check { <input type="checkbox"/> You were born before January 2, 1945, <input type="checkbox"/> Blind. } Total boxes checked ► 39a <input type="checkbox"/>	38	192,207.
	if: <input type="checkbox"/> Spouse was born before January 2, 1945, <input type="checkbox"/> Blind. ► 39b <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here ► 39b <input type="checkbox"/>		
40a	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40a	35,896.
b	If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see page 35) ► 40b <input type="checkbox"/>		
41	Subtract line 40a from line 38	41	156,311.
42	Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see page 37	42	7,300.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	149,011.
44	Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	29,987.
45	Alternative minimum tax. Attach Form 6251	45	
46	Add lines 44 and 45 ► 46	46	29,987.
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 29	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see page 42)	51	
52	Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input checked="" type="checkbox"/> X 5695	52	1,500.
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	1,500.
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	28,487.

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	5,211.
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59	Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Schedule H	59	
60	Add lines 55 through 59. This is your total tax	60	33,698.

Payments

61	Federal income tax withheld from Forms W-2 and 1099	61	27,820.
62	2009 estimated tax payments and amount applied from 2008 return	62	
63	Making work pay and government retiree credits. Attach Schedule M	63	
64a	Earned income credit (EIC)	64a	
b	Nontaxable combat pay election	64b	
65	Additional child tax credit. Attach Form 8812	65	
66	Refundable education credit from Form 8863, line 16	66	
67	First-time homebuyer credit. Attach Form 5405	67	
68	Amount paid with request for extension to file (see page 72)	68	
69	Excess social security and tier 1 RRTA tax withheld (see page 72)	69	
70	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	70	
71	Add lines 61, 62, 63, 64a, and 65 through 70. These are your total payments	71	27,820.

Refund

Direct deposit?

See page 73

and fill in 73b, 73c, and 73d, or Form 8888.

72	If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid	72	
73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/>	73a	

b	Routing <input type="text"/> ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings ► d Account number <input type="text"/>
---	---

74	Amount of line 72 you want applied to your 2010 estimated tax	74	
----	---	----	--

Amount You Owe

75	Amount you owe. Subtract line 71 from line 60. For details on how to pay, see page 74	75	5,878.
----	---	----	--------

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 75)?	<input checked="" type="checkbox"/> Yes	Complete the following.
Designee's name <input type="text"/>	<input type="checkbox"/>	Personal identification number (PIN) <input type="text"/>

Sign Here

Joint return?

See page 15.

Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

US HOUSE OF REPRESENT.

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <input type="text"/>
Firm's name (or yours if self-employed), address, and ZIP code <input type="text"/>	Date	EIN <input type="text"/>	Phone no. <input type="text"/>

910002

10-20-09

**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

2009Attachment
Sequence No. 07Your social security number
[REDACTED]**JAY R & TRUDI A INSLEE****Medical
and
Dental
Expenses****Caution.** Do not include expenses reimbursed or paid by others.

1	Medical and dental expenses (See page A-1.)	SEE STATEMENT 4	1	9,067.
2	Enter amount from Form 1040, line 38	2 192,207.		
3	Multiply line 2 by 7.5% (.075)	3	14,416.	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0.	4		0.

**Taxes You
Paid**(See
page A-2.)

5	State and local (check only one box): a <input type="checkbox"/> Income taxes, or b <input checked="" type="checkbox"/> General sales taxes	SEE STATEMENT 6	5	3,326.
6	Real estate taxes (See page A-5.)	6	5,663.	
7	New motor vehicle taxes from line 11 of the worksheet on page 2. Skip this line if you checked box 5b	7		
8	Other taxes. List type and amount ►	8		
9	Add lines 5 through 8	9		8,989.

**Interest
You Paid**(See
page A-6.)

10	Home mortgage interest and points reported to you on Form 1098	10	23,074.	
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-7 and show that person's name, identifying no., and address	11		
12	Points not reported to you on Form 1098	12	93.	
13	Qualified mortgage insurance premiums (See page A-7.)	13		
14	Investment interest. Attach Form 4952 if required. (See page A-8.)	14		
15	Add lines 10 through 14	15		23,167.

**Gifts to
Charity**

If you made a gift and got a benefit for it, see page A-8.

16	Gifts by cash or check	SEE STATEMENT 3	16	3,705.
17	Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500	17		
18	Carryover from prior year	18		
19	Add lines 16 through 18	19		3,705.

**Casualty and
Theft Losses**(See
page A-10.)

20	Casualty or theft loss(es). Attach Form 4684. (See page A-10.)	20		
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**Job Expenses
and Certain
Miscellaneous
Deductions**(See
page A-10.)

21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-10.)	21		
	► FROM FORM 2106-EZ		3,415.	
22	Tax preparation fees	22	718.	
23	Other expenses - investment, safe deposit box, etc. List type and amount	23		
24	Add lines 21 through 23	24	4,133.	
25	Enter amount from Form 1040, line 38	25 192,207.		
26	Multiply line 25 by 2% (.02)	26	3,844.	
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0.	27		289.

**Other
Miscellaneous
Deductions**

28	Other - from list on page A-11. List type and amount	28		
----	--	----	--	--

**Total
Itemized
Deductions**

29	Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filing separately)?	29		
	<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40a.			
	<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-11 for the amount to enter.			
30	If you elect to itemize deductions even though they are less than your standard deduction, check here ►			

Worksheet Before you begin: ✓ You cannot take this deduction if the amount on Form 1040, line 38, is equal to or greater than \$135,000 for Line 7 - (\$260,000 if married filing jointly).
New motor vehicle taxes ✓ See the instructions for line 7 on page A-6.

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

(Keep a copy for your records.)

<p>1 Enter the state or local sales or excise taxes you paid in 2009 for the purchase of any new motor vehicle(s) after February 16, 2009 (see page A-6)</p> <p>2 Enter the purchase price (before taxes) of the new motor vehicle(s)</p> <p>3 Is the amount on line 2 more than \$49,500? <input type="checkbox"/> No. Enter the amount from line 1. <input checked="" type="checkbox"/> Yes. Figure the portion of the tax from line 1 that is attributable to the first \$49,500 of the purchase price of each new motor vehicle and enter it here (see page A-6). }</p> <p>4 Enter the amount from Form 1040, line 38</p> <p>5 Enter the total of any - • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15, and • Exclusion of income from Puerto Rico }</p> <p>6 Add lines 4 and 5</p> <p>7 Enter \$125,000 (\$250,000 if married filing jointly)</p> <p>8 Is the amount on line 6 more than the amount on line 7? <input type="checkbox"/> No. Enter the amount from line 3 above on Schedule A, line 7. Do not complete the rest of this worksheet. <input checked="" type="checkbox"/> Yes. Subtract line 7 from line 6</p> <p>9 Divide the amount on line 8 by \$10,000. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000</p> <p>10 Multiply line 3 by line 9</p> <p>11 Deduction for new motor vehicle taxes. Subtract line 10 from line 3. Enter the result here and on Schedule A, line 7</p>	1 2 3 4 5 6 7 8 9 10 11		
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Schedule A (Form 1040) 2009

**SCHEDULE D
(Form 1040)**

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

Capital Gains and Losses

OMB No. 1545-0074

2009
Attachment
Sequence No. 12

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

Your social security number [REDACTED]

JAY R & TRUDI A INSLEE

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

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

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

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
8	WING POINT GOLF & COUNTRY CLUB	07/01/88	07/01/09	6,000.	6,000.	0.
9	Enter your long-term totals, if any, from Schedule D-1, line 9		9			
10	Total long-term sales price amounts. Add lines 8 and 9 in column (d)		10	6,000.		
11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12	
13	Capital gain distributions				13	
14	Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet in the instructions				14 ()	
15	Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2				15	

LHA For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.

Schedule D (Form 1040) 2009

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result 16</p> <p>If line 16 is:</p> <ul style="list-style-type: none"> • A gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • A loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • Zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 	
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>	▶ 18
<p>18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-8 of the instructions ▶</p>	▶ 19
<p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-9 of the instructions ▶</p>	
<p>20 Are lines 18 and 19 both zero or blank?</p> <p><input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Schedule D Tax Worksheet on page D-10 of the instructions. Do not complete lines 21 and 22 below.</p>	
<p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note. When figuring which amount is smaller, treat both amounts as positive numbers.</p>	▶ 21 ()
<p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR).</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p>	

JAY R & TRUDI A INSLEE

ATTACHMENT TO 1040X

FORM 1040	WAGES RECEIVED AND TAXES WITHHELD	STATEMENT	1
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T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T HOUSE OF REP., MEMBER SERVICES 139-A	156,911.	27,820.			6,622.	2,401.
TOTALS	156,911.	27,820.			6,622.	2,401.

SCHEDULE A	POINTS NOT REPORTED ON FORM 1098	STATEMENT	2
------------	----------------------------------	-----------	---

DESCRIPTION	DATE RE- FINANCED	TOTAL POINTS	AMORT. PERIOD /MOS.	AMORTIZATION THIS YEAR
	04/17/09	4,170.	360	93.
TOTAL TO SCHEDULE A, LINE 12				93.

SCHEDULE A	CASH CONTRIBUTIONS	STATEMENT	3
------------	--------------------	-----------	---

DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
MISCELLANEOUS ORGANIZED CHARITIES	3,705.	
SUBTOTALS	3,705.	
TOTAL TO SCHEDULE A, LINE 16		3,705.

SCHEDULE A	MEDICAL AND DENTAL EXPENSES	STATEMENT	4
------------	-----------------------------	-----------	---

DESCRIPTION	AMOUNT
MEDICAL INSURANCE PREMIUMS PAID	4,237.
DOCTORS, DENTISTS, ETC.	4,200.
EYEGLASSES AND CONTACTS	350.
VISION PLAN INSURANCE	280.
TOTAL TO SCHEDULE A, LINE 1	9,067.

SCHEDULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT	5
1. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28		36,150.	
2. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28.		0.	
3. IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 2 FROM LINE 1		36,150.	
4. MULTIPLY LINE 3 BY 80% (.80).	28,920.		
5. ENTER THE AMOUNT FROM FORM 1040, LINE 38.	192,207.		
6. ENTER: \$166,800 (\$83,400 IF MARRIED FILING SEPARATELY)	166,800.		
7. IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 6 FROM LINE 5	25,407.		
8. MULTIPLY LINE 7 BY 3% (.03)	762.		
9. ENTER THE SMALLER OF LINE 4 OR LINE 8	762.		
10. DIVIDE LINE 9 BY 1.5	508.		
11. SUBTRACT LINE 10 FROM LINE 9	254.		
12. TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 11 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29	35,896.		

SCHEDULE A	STATE AND LOCAL GENERAL SALES TAXES	STATEMENT	6
DESCRIPTION		AMOUNT	
STATE SALES TAX		1,685.	
LOCAL SALES TAX		544.	
SALES TAX PAID ON SPECIFIED ITEMS		1,097.	
TOTAL TO SCHEDULE A, LINE 5		3,326.	

SCHEDULE A

GENERAL SALES TAX DEDUCTION WORKSHEET

STATEMENT

7

1	ENTER YOUR STATE GENERAL SALES TAXES FROM THE APPLICABLE TABLE.	1,685.
	WASHINGTON IF, FOR ALL OF 2009, YOU LIVED ONLY IN CONNECTICUT, THE DISTRICT OF COLUMBIA, INDIANA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MICHIGAN, NEW JERSEY, RHODE ISLAND, OR WEST VIRGINIA, SKIP LINES 2 THROUGH 5, ENTER -0- ON LINE 6, AND GO TO LINE 7. OTHERWISE, GO TO LINE 2.	
2	DID YOU LIVE IN ALASKA, ARIZONA, ARKANSAS, CALIFORNIA (LOS ANGELES COUNTY ONLY), COLORADO, GEORGIA, ILLINOIS, LOUISIANA, MISSOURI, NEW YORK STATE, NORTH CAROLINA, SOUTH CAROLINA, TENNESSEE, UTAH, OR VIRGINIA IN 2009? IF NO, ENTER -0-. IF YES, ENTER YOUR LOCAL GENERAL SALES TAXES FROM THE APPLICABLE TABLE.	0.
3	DID YOUR LOCALITY IMPOSE A LOCAL GENERAL SALES TAX IN 2009? RESIDENTS OF CALIFORNIA AND NEVADA SEE INSTRUCTIONS. IF NO, SKIP LINES 3 THROUGH 5, ENTER -0- ON LINE 6 AND GO TO LINE 7. IF YES, ENTER YOUR LOCAL GENERAL SALES TAX RATE, BUT OMIT PERCENTAGES.	2.1000
4	BAINBRIDGE ISLAND DID YOU ENTER -0- ON LINE 2 ABOVE? IF NO, SKIP LINES 4 AND 5 AND GO TO LINE 6. IF YES, ENTER YOUR STATE GENERAL SALES TAX RATE, BUT OMIT PERCENTAGES.	6.5000
5	DIVIDE LINE 3 BY LINE 4. ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES).	.3230
6	DID YOU ENTER -0- ON LINE 2 ABOVE? IF NO, MULTIPLY LINE 2 BY LINE 3. IF YES, MULTIPLY LINE 1 BY LINE 5.	544.
6A	ADD LINE 1 AND LINE 6.	2,229.
6B	PART-YEAR DAYS RATE.	1.000000
6C	MULTIPLY LINE 6A BY LINE 6B.	2,229.
7	ENTER YOUR GENERAL SALES TAXES PAID ON SPECIFIED ITEMS, IF ANY.	1,097.
8	DEDUCTION FOR GENERAL SALES TAXES. ADD LINES 6C AND 7. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 5 AND CHECK BOX "B" ON THAT LINE.	3,326.