

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. This is not a tax return.**
▶ **Keep this form for your records.**

2012

Declaration Control Number (DCN) ▶ 00200752001392

Taxpayer's name KARL R KENT	Social security number 211-02-0752
Spouse's name KARA B BRYANT	Spouse's social security number 212-02-0752

Part I Tax Return Information-Tax Year Ending December 31, 2012 (Whole Dollars Only)

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	74,092.
2 Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	2,426.
3 Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	5,603.
4 Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 12a) ..	4	4,502.
5 Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2012, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize KINNELON LIBRARY TCE to enter or generate my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros
 as my signature on my tax year 2012 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2012 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 10/30/2013

Spouse's PIN: check one box only

I authorize KINNELON LIBRARY TCE to enter or generate my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros
 as my signature on my tax year 2012 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2012 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ 10/30/2013

Practitioner PIN Method Returns Only-continue below

Part III Certification and Authentication-Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 20075298765
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2012 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.
ERO's signature ▶ S12345678 KINNELON LIBRARY TCE Date ▶ 10/30/2013

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see your tax return instructions. Form **8879** (2012)

For the year Jan. 1-Dec. 31, 2012, or other tax year beginning _____, 2012, ending _____, 20. See separate instructions.

Your first name and initial **KARL R KENT** Last name _____ **Your social security number** 211-02-0752

If a joint return, spouse's first name and initial **KARA B BRYANT** Last name _____ **Spouse's social security no.** 212-02-0752

Home address (number and street). If you have a P.O. box, see instructions. **1068 RIVERMEADE DR** Apt. no. _____ **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **DENVILLE NJ 07834-** **Presidential Election Campaign**
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. **You** **Spouse**

Foreign country name _____ Foreign province/county _____ Foreign postal code _____

Filing Status
 1 Single **4** Head of household (with qualifying person). (See instructions.)
 2 Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
 3 Married filing separately. Enter spouse's SSN above and full name here. ▶ **5** Qualifying widow(er) with dependent child

Exemptions
 6a **Yourself.** If someone can claim you as a dependent, do not check box 6a
 b **Spouse**
 c **Dependents:**
 (1) First name Last name (2) Dependent's social security no. (3) Dependent's relationship to you (4) If child under age 17 qualifying for child tax credit (see instr.)
 TAMARA THOMAS 214-02-0752 GRANDCHILD
 KENDRA KENT 213-02-0752 DAUGHTER
 KERRI BRYANT 210-02-0752 SISTER
 d Total number of exemptions claimed **5**

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** 41,951.
 8a Taxable interest. Attach Schedule B if required **8a** 5,816.
 b Tax-exempt interest. Do not include on line 8a **8b** 338.
 9a Ordinary dividends. Attach Schedule B if required **9a** 232.
 b Qualified dividends **9b** 232.
 10 Taxable refunds, credits, or offsets of state and local income taxes **10** 287.
 11 Alimony received **11**
 12 Business income or (loss). Attach Schedule C or C-EZ **12** 2,369.
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here **13** (3,000.)
 14 Other gains or (losses). Attach Form 4797 **14**
 15a IRA distributions **15a** 12,593. **b Taxable amount** **15b** 838.
 16a Pensions and annuities **16a** 19,825. **b Taxable amount** **16b** 19,490.
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17** 1,050.
 18 Farm income or (loss). Attach Schedule F **18**
 19 Unemployment compensation **19** 2,550.
 20a Social security benefits **20a** 13,682. **b Taxable amount** **20b** 11,630.
 21 Other income. List type and amount (see instr.) **GAMBLING WINNINGS** **21** 1,200.
 22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** **22** 84,413.

Adjusted Gross Income
 23 Educator expenses **23** 240.
 24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ **24**
 25 Health savings account deduction. Attach Form 8889 **25**
 26 Moving expenses. Attach Form 3903 **26**
 27 Deductible part of self-employment tax. Attach Schedule SE **27** 167.
 28 Self-employed SEP, SIMPLE, and qualified plans **28**
 29 Self-employed health insurance deduction **29**
 30 Penalty on early withdrawal of savings **30** 46.
 31a Alimony paid **b Recipient's SSN** ▶ 215-02-0752 **31a** 3,600.
 32 IRA deduction **32** 6,000.
 33 Student loan interest deduction **33** 268.
 34 Tuition and fees. Attach Form 8917 **34**
 35 Domestic production activities deduction. Attach Form 8903 **35**
 36 Add lines 23 through 35 **36** 10,321.
 37 Subtract line 36 from line 22. This is your **adjusted gross income** **37** 74,092.

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for tax and credits.

Standard Deduction for-
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others:
Single or Married filing separately, \$5,950
Married filing jointly or Qualifying widow(er), \$11,900
Head of household, \$8,700

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for other taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for payments.

Refund

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for amount you owe.

Third Party Designee

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

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.

Paid Preparer's Use Only

Table for paid preparer information including name, signature, date, and PTIN.

Name: KARL R KENT & KARA B BRYANT

SSN: 211-02-0752

Interest. List all interest on Schedule B, regardless of the amount.

Unemployment and/or state tax refund. Fill out 1099G worksheet

Additional Earned Income	Taxpayer	Spouse	Total
Scholarship income - no W2			
Household employee income - no W2			
Social Security/Railroad Tier 1 Benefits	Taxpayer	Spouse	Total
Social Security received this year	13,682.		
Railroad tier 1 received this year			
Total	13,682.		13,682.
Medicare to Schedule A	1,985.		
Federal tax withheld	360.		

Married Filing Separately

If the filing status is married filing separately and the taxpayer and spouse lived together at any time during the year, up to 85% of social security and railroad benefits received are taxable. See Main Information Sheet, filing status 3

All others

Modified adjusted gross income for this computation consists of AGI (without social security or railroad benefits) + Form 8815, line 14, + Form 8839, line 30 + Form 2555 (EZ) exclusions + student loan interest adjustment 62,730.

+ tax-exempt interest: 338. and excluded income from American Samoa (Form 4563) or

Puerto Rico: _____ + 50% of the benefits received: 6,841.

If the modified AGI is less than \$25,001 (\$32,001 married filing jointly), none of the Social Security and RR Benefits are taxable.

If the modified AGI is between \$25,000 and \$34,000 (\$32,000 and \$44,000 married filing jointly), 50% of the benefits received is taxable.

If the modified AGI is greater than \$34,000 (\$44,000 married filing jointly):

85% of the social security and railroad benefits received is taxable **A** 11,630.

Modified AGI 69,909.

\$34,000 (\$44,000) 44,000.

Subtract 25,909. X 85% = 22,023.

Minimum 50% of the benefits received or \$4,500 (\$6,000 married filing jointly) 6,000.

Add **B** 28,023.

Taxable social security and railroad retirement tier 1. Minimum of A or B 11,630.

Lump Sum Payment of Social Security and Railroad Tier 1 Benefits

	Taxpayer	Spouse	Total
Gross amount received attributable to 2012			
Using the above modified AGI, this is the taxable amount of the 2011 benefit			
Amounts taxable from previous years			
Taxable benefits using the lump-sum election method			

US Student Loan Interest, Coverdell ESA and QTP, Tuition and Fees 2012

Name: KARL R KENT & KARA B BRYANT SSN: 211-02-0752

Student Loan Interest (Postsecondary Education)	Taxpayer	Spouse	Total
1 Amount paid in 2012. See instructions for limitations and definition of qualified student loan interest. Total column is limited to \$2,500.....		268.	268.
Modified AGI for this computation including excluded income from Forms 2555 (EZ) and 4563, excluded income from Puerto Rico, and excluded adoption benefits from Form 8839, line 30 <u>74,360.</u>			
Married filing separately and a dependent of another cannot take this deduction. The interest deduction phases out when modified AGI exceeds \$60,000 (\$125,000 married filing jointly) and is -0- when AGI exceeds \$75,000 (\$155,000 married filing jointly).			
2 Student loan interest deduction		268.	268.
Educator Expenses - Elementary and Secondary	Taxpayer	Spouse	Total
Amount of unreimbursed classroom expenses, such as books, supplies, computer equipment and related software, other equipment, and supplementary materials used by the eligible educator in the classroom, up to \$250. Amounts over \$250 should be listed on Schedule A, Job Expenses, subject to 2% of AGI		240.	240.
Education Savings Accounts (ESAs) and QTPs		Taxpayer	Spouse
1 Excess contributions			
2 Taxable distributions			

Tuition and Fees as an AGI Deduction

In most cases, tuition and fees will create a better income tax result by using Form 8863, Education Credits. The same rules for qualified tuition and fees apply to the credit and the deduction.

No deduction is allowed if filing Form 1040NR or married filing separately.

Some things to consider

Form 8863, Education Credits

- 40% of the American Opportunity Credit is refundable and is reduced once the AGI reaches \$80,000 single (\$160,000, married filing jointly), and is -0- when the AGI reaches \$90,000 single (\$180,000, married filing jointly).
- The nonrefundable education credits are reduced once the AGI reaches \$50,000, single (\$100,000, married filing jointly), and is -0- when the AGI reaches \$62,000, single (\$124,000, married filing jointly).
- The American Opportunity Credit, if not reduced, can be as much as \$2,500 credit per student.
- The Lifetime Learning Credit, if not reduced, is limited to \$2,000.

Tuition and Fees as an AGI Deduction

- The deduction is limited to \$4,000, if AGI does not exceed \$65,000, single (\$130,000 married filing jointly).
- The deduction is limited to \$2,000, if AGI exceeds \$65,000, single (\$130,000 married filing jointly).
- The deduction is -0- when AGI exceeds \$80,000, single (\$160,000 married filing jointly).

Student's name	Social security number	Qualified expenses
KARL KENT	211-02-0752	
KARA BRYANT	212-02-0752	
TAMARA THOMAS	214-02-0752	
KENDRA KENT	213-02-0752	
KERRI BRYANT	210-02-0752	
1 Total qualified expense		
2 Modified AGI		74,092.
3 Tuition and fees deduction..... (Spouse amount:)		

US Child Tax Credit, Federal Extension Payment, and Carryovers Worksheet 2012

Name: **KARL R KENT & KARA B BRYANT**

SSN: **211-02-0752**

Child Tax Credit (CTC)

1	\$1,000 X <input type="text" value="1"/> qualifying children		1,000.
2	Modified AGI is AGI plus excluded income from Forms 2555 (EZ) and 4563, and excluded income from Puerto Rico	74,092.	
3	Modified AGI limitation \$110,000 married filing jointly; \$55,000 married filing separately; all others \$75,000	110,000.	
4	Subtract line 3 from line 2. If -0-, go to line 7		
5	Round up to next \$1,000		
6	Multiply line 5 by 5%		
7	Maximum child tax credit. Subtract line 6 from line 1. You cannot take the credit if this amount is -0-		1,000.
8	Amount from Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 43	5,029.	
9	Credits for foreign tax, dependent care, elderly, education, retirement savings, adoption, mortgage interest, DC first-time homebuyers and residential energy	1,894.	

CTC Worksheet for Forms 8396, Mortgage Interest Credit, Form 8839, Adoption Credit, Form 8859, DC First-time Homebuyers Credit, and Form 5695, Residential Energy Credits

1	Foreign tax credit + dependent care credit + elderly credit + education credit + retirement savings credit		
2	Amount from line 7 above		
3	Social security or RR tier 1 + Medicare		
4	Form 1040, line 27 + line 59; or Form 1040NR, line 54 + uncollected social security and Medicare taxes listed on W2		
5	Add lines 3 and 4		
6	Earned income credit and excess FICA/RRTA		
7	Subtract line 6 from line 5		
8	Maximum child tax credit, line 7 above, minus the larger of line 7 of this worksheet or Form 8812, line 6. This is the child tax credit for the purpose of figuring Forms 5695, 8396, 8839 and 8859. Use this amount in place of the child tax credit amount asked for on these forms		
9	Total of adoption credit, mortgage interest credit, DC first-time homebuyer credit, and residential energy credits as refigured.....		
10	Add lines 1 and 9		
10	Subtract line 9 from line 8		3,135.
11	Child tax credit		1,000.

Amount paid with Federal extension (Form 4868 or 2350)

Carryovers from 2012 to 2013

1	Section 179 expense disallowed, Form 4562, accumulative total													
2	Net operating loss from 2012 only, Form 1045													
	Amt. carried forward from 2011. Listed on Form 1040, line 21, or Form 1040NR, line 21													
3	2012 charitable contributions. Organization limit:													
	<table border="1"> <tr> <th colspan="2">Cash or other property</th> <th colspan="2">Capital Gain</th> </tr> <tr> <td>50%</td> <td>30%</td> <td>30%</td> <td>20%</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Cash or other property		Capital Gain		50%	30%	30%	20%					
Cash or other property		Capital Gain												
50%	30%	30%	20%											
4	Investment interest expense, Form 4952, accumulative total													
5	Foreign tax credit from 2012 only, Form 1116. Enter amount carried back, if any													
6	Mortgage interest credit, Form 8396													
	<table border="1"> <tr> <td></td> <td>2010</td> <td>2011</td> <td>2012</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		2010	2011	2012									
	2010	2011	2012											
7	DC first-time homebuyer credit, Form 8859													
8	Prior year minimum tax credit, Form 8801, cumulative total													
9	AMT limited qualified electric vehicle credit from 2012 only													
10	Nonrecaptured net section 1231 losses													
	<table border="1"> <tr> <td></td> <td>2008</td> <td>2009</td> <td>2010</td> <td>2011</td> <td>2012</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		2008	2009	2010	2011	2012							
	2008	2009	2010	2011	2012									

Name: KARL R KENT & KARA B BRYANT

SSN: 211-02-0752

	TSJ	Amount
1 Gambling winnings from Form W-2G		1,200.
2 Form 1099-MISC, lines 3, 7, and 8		
3 Taxable distributions from education savings accounts (ESAs) and QTPs		
4 Recovery of itemized deductions		
5 Foreign income exclusion from Form 2555, line 45		
6 Foreign income exclusion from Form 2555-EZ, line 18		
7 Income addition from Form 6478, line 7		
8 Income addition from Form 8814, line 12		
9 Taxable Archer MSA distributions from Form 8853, line 8		
10 Taxable Medicare Advantage MSA distributions from Form 8853, line 12		
11 Taxable long-term care insurance contract payments from Form 8853, line 26		
12 Taxable HSA distributions from Form 8889, line 16		
13 Income for failure to maintain HDHP coverage from Form 8889, line 20		
14 Jury duty pay		
15 NOL carried forward - enter as a negative amount		
16 Describe - _____		
17 Describe - _____		
18 Describe - _____		
19 Describe - _____		
20 Describe - _____		
21 Describe - _____		
22 Describe - _____		
23 Describe - _____		
24 Describe - _____		
25 Describe - _____		
26 Describe - _____		
27 Describe - _____		
28 Describe - _____		
29 Describe - _____		
30 Describe - _____		
31 Total other income		1,200.

1099 MISCELLANEOUS REPORT - 2012

Payer	ID number	Rent	Roy	Prizes	Fed With	Fish Boat	Med	Nonemp Comp	Sub Paymts	Crop Ins	EPP	Sect 409A	St	St With	St	St With
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TRANSCRIPTION:

PRATT MEDICAL C 26-0990752

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1099G DETAIL REPORT - 2012

Payer	T S	Unemployment Received	Repaid	Withholding Federal	State
NEW JERSEY DEPARTMENT OF LABOR	X	2550		120	
		----		---	
		2550		120	

1099-R DETAIL REPORT - 2012

Payer	EIN	T S	Box 7	IRA/SEP Simple	Fed. With.	State With.	Gross	1099R Taxable	Roll/ Exclude	Net	Cost	Cost Bal.
SAULK TRUST COMPANY	26-2990752	T	7	X		NJ	838	838		838		
YALE SECURITIES IRA	26-3990752	T	G	X		NJ	11755		R 11755			
DEFENSE FINANCE & AC	11-2990752	T	7			NJ	1200	1200		1200		
STILLMAN PENSION FUN	26-4990752	T	7		1715	NJ	18625		E 335	18290	5864	5194
					-----		-----	-----	-----	-----	-----	-----
					1715		32418	2038	12090	20328	5864	5194

Child and Dependent Care Expenses

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.
▶ Information about Form 2441 and its separate instructions is at www.irs.gov/form2441.

1040
1040A
1040NR

2441

Name(s) shown on return
KARL R KENT & KARA B BRYANT

Your social security number
211-02-0752

Part I Persons or Organizations Who Provided the Care - You must complete this part.
(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
MARYVILLE DAY CARE	128 MENIO ST DENVERVILLE NJ 07834-	26-8990752	1,100.

Did you receive dependent care benefits?	No	Complete only Part II below.
	Yes	Complete Part III on page 2.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59a, or Form 1040NR, line 58a.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2012 for the person listed in column (a)
First	Last		
TAMARA	THOMAS	214-02-0752	1,100.

3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	1,100.																																																										
4 Enter your earned income . See instructions	4	28,134.																																																										
5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	16,019.																																																										
6 Enter the smallest of line 3, 4, or 5	6	1,100.																																																										
7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	7	74,092.																																																										
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7																																																												
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9 Multiply line 6 by the decimal amount on line 8. If you paid 2011 expenses in 2012, see the instructions	9	220.																																																										
10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	5,025.																																																										
11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46	11	220.																																																										

For Paperwork Reduction Act Notice, see the instructions.

Name(s) shown on return
KARL R KENT & KARA B BRYANT

Your social security number
211-02-0752

Part I Residential Energy Efficient Property Credit (See instructions before completing this part.)

Note. Skip lines 1 through 11 if you only have a **credit carryforward from 2011.**

1	Qualified solar electric property costs	1	
2	Qualified solar water heating property costs	2	
3	Qualified small wind energy property costs	3	
4	Qualified geothermal heat pump property costs	4	
5	Add lines 1 through 4	5	
6	Multiply line 5 by 30% (.30)	6	
7 a	Qualified fuel cell property. Was qualified fuel cell property installed on or in connection with your main home located in the United States? (See instructions)	7a	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Caution: If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Skip lines 7b through 11.		
b	Print the complete address of the main home where you installed the fuel cell property.		
	Number and street		Unit No.
	City, State, and ZIP code		
8	Qualified fuel cell property costs	8	
9	Multiply line 8 by 30% (.30)	9	
10	Kilowatt capacity of property on line 8 above ► <u>0.0</u> X \$1,000	10	
11	Enter the smaller of line 9 or line 10	11	
12	Credit carryforward from 2011. Enter the amount, if any, from your 2011 Form 5695, line 32	12	
13	Add lines 6, 11, and 12	13	
14	Enter the amount from Form 1040, line 46, or Form 1040NR, line 44	14	
15	1040 filers: Enter the total, if any, of your credits from Form 1040, lines 47 through 50; line 32 of this form; line 12 of the Line 11 worksheet in Pub. 972 (see instructions); Form 8396, line 9; Form 8839, line 12; Form 8859, line 9; Form 8834, line 23; Form 8910, line 22; Form 8936, line 23; and Schedule R, line 22. 1040NR filers: Enter the amount, if any, from Form 1040NR, lines 45 through 47; line 32 of this form; line 12 of the Line 11 Worksheet in Pub. 972 (see instructions); Form 8396, line 9; Form 8839, line 12; Form 8859, line 9; Form 8834, line 23; Form 8910, line 22; and Form 8936, line 23.	15	
16	Subtract line 15 from line 14. If zero or less, enter -0- here and on line 17	16	
17	Residential energy efficient property credit. Enter the smaller of line 13 or line 16. Also include this amount on Form 1040, line 52, or Form 1040NR, line 49	17	0
18	Credit carryforward to 2013. If line 17 is less than line 13, subtract line 17 from line 13	18	

Part II Nonbusiness Energy Property Credit

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

19a Yes No

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

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

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

1068 RIVERMEADE DR
Number and street Unit No.
DENVILLE NJ 07834-
City, State, and ZIP code

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

19c Yes No

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

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

a Amount, if any, from line 12 of your 2006 Form 5695	20a	
b Amount, if any, from line 15 of your 2007 Form 5695	20b	
c Amount, if any, from line 11 of your 2009 Form 5695	20c	
d Amount, if any, from line 11 of your 2010 Form 5695	20d	
e Amount, if any, from line 14 of your 2011 Form 5695	20e	

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

20f

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

a Insulation material or system specifically and primarily designed to reduce the heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC **21a** 175.

b Exterior doors that meet or exceed the Energy Star program requirements **21b**

c Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home **21c**

d Exterior windows and skylights that meet or exceed the Energy Star program requirements **21d** 7,450.

e Maximum amount of cost on which the credit can be figured **21e** \$2,000

f If you claimed window expenses on your Form 5695 for 2006, 2007, 2009, 2010, or 2011, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0- **21f**

g Subtract line 21f from line 21e. If zero or less, enter -0- **21g** 2,000.

h Enter the smaller of line 21d or line 21g **21h** 2,000.

22 Add lines 21a, 21b, 21c, and 21h **22** 2,175.

23 Multiply line 22 by 10% (.10) **23** 218.

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

a Energy-efficient building property. Do not enter more than \$300 **24a**

b Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150 **24b**

c Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50 **24c**

25 Add lines 24a through 24c **25**

26 Add lines 23 and 25 **26** 218.

27 Maximum credit amount. (If you jointly occupied the home, see instructions) **27** 500.

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

29 Subtract line 28 from line 27. If zero or less, **stop**; you cannot take the nonbusiness energy property credit **29** 500.

30 Enter the smaller of line 26 or line 29 **30** 218.

31 Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet (see instructions) **31** 3,353.

32 Nonbusiness energy property credit. Enter the smaller of line 30 or line 31. Also include this amount on Form 1040, line 52, or Form 1040NR, line 49 **32** 218.

Alternative Minimum Tax - Individuals

Department of the Treasury
Internal Revenue Service (99)

▶ Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

2012
Attachment
Sequence No. **32**

▶ **Attach to Form 1040 or Form 1040NR.**

Name(s) shown on Form 1040 or Form 1040NR
KARL R KENT & KARA B BRYANT

Your social security no.
211-02-0752

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1 If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 and go to line 2. Otherwise, enter the amount from Form 1040, line 38 and go to line 6. (If less than zero, enter as a negative amount.)	1	58,544.
2 Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	1,852.
3 Taxes from Schedule A (Form 1040), line 9	3	4,969.
4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5 Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6 Skip this line. It is reserved for future use	6	
7 Tax refund from Form 1040, line 10 or line 21	7	(287.)
8 Investment interest expense (difference between regular tax and AMT)	8	
9 Depletion (difference between regular tax and AMT)	9	
10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount.	10	
11 Alternative tax net operating loss deduction	11	()
12 Interest from specified private activity bonds exempt from the regular tax	12	
13 Qualified small business stock (7% of gain excluded under section 1202)	13	
14 Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17 Disposition of property (difference between AMT and regular tax gain or loss)	17	
18 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19 Passive activities (difference between AMT and regular tax income or loss)	19	
20 Loss limitations (difference between AMT and regular tax income or loss)	20	
21 Circulation costs (difference between regular tax and AMT)	21	
22 Long-term contracts (difference between AMT and regular tax income)	22	
23 Mining costs (difference between regular tax and AMT)	23	
24 Research and experimental costs (difference between regular tax and AMT)	24	
25 Income from certain installment sales before January 1, 1987	25	()
26 Intangible drilling costs preference	26	
27 Other adjustments, including income-based related adjustments	27	
28 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately, see instructions.)	28	65,078.

Part II Alternative Minimum Tax (AMT)

29 Exemption. See instructions	29	78,750.
30 Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 33 and 35 and skip the rest of Part II	30	
31 <ul style="list-style-type: none"> • If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 54 here. • All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. 	31	
32 Alternative minimum tax foreign tax credit (see instructions)	32	4.
33 Tentative minimum tax. Subtract line 32 from line 31	33	
34 Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see instructions)	34	5,025.
35 AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45.	35	

Education Credits (American Opportunity and Lifetime Learning Credits)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions to find out if you are eligible to take the credits.

Attachment
Sequence No. **50**

▶ Instr. and more are at www.irs.gov/form8863. Attach to Form 1040 or Form 1040A.

Name(s) shown on return
KARL R KENT & KARA B BRYANT

Your social security number
211-02-0752



Complete a separate Part III on page 2 for each student for whom you are claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

1 After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1		2,313.
2 Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	180,000.	
3 Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	74,092.	
4 Subtract line 3 from line 2. If zero or less, stop ; you cannot take any education credit	4	105,908.	
5 Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	20,000.	
6 If line 4 is: <ul style="list-style-type: none"> • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) 	6		1.000
7 Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you cannot take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7		2,313.
8 Refundable American opportunity credit. Multiply line 7 by 40% (.40). Enter the amount here and on Form 1040, line 66, or Form 1040A, line 40. Then go to line 9 below	8		925.

Part II Nonrefundable Education Credits

9 Subtract line 8 from line 7. Enter here and on line 8 of the Credit Limit Worksheet (see instructions)	9		1,388.
10 After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero skip lines 11 through 17, enter -0- on line 18, and go to line 19	10		318.
11 Enter the smaller of line 10 or \$10,000	11		318.
12 Multiply line 11 by 20% (.20)	12		64.
13 Enter: \$124,000 if married filing jointly; \$62,000 if single, head of household, or qualifying widow(er)	13	124,000.	
14 Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	74,092.	
15 Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	49,908.	
16 Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	20,000.	
17 If line 15 is: <ul style="list-style-type: none"> • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) 	17		1.000
18 Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)	18		64.
19 Nonrefundable education credits. Enter the amount from line 13 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 49, or Form 1040A, line 31	19		1,452.

For Paperwork Reduction Act Notice, see your tax return instructions. IRS.gov/form8863

Form **8863** (2012)

Name(s) shown on return
KARL R KENT & KARA B BRYANT

Your social security number
211-02-0752



Complete Part III for each student for whom you are claiming either the American opportunity credit or lifetime learning credit. Use additional copies of Page 2 as needed for each student.

Part III Student and Educational Institution Information

See instructions.

20 Student name (as shown on page 1 of your tax return) KENDRA KENT	21 Student social security no. (as shown on page 1 of your tax return) 213-02-0752
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22 Educational institution information (see instructions)	
a. Name of first educational institution NORTHERN KENTUCKY UNIVERSITY (1) Address, Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. NUNN DRIVE FOUNDERS HALL 500 HIGHLAND HEIGHTS KY 41076-	b. Name of second educational institution (if any) (1) Address, Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
(2) Did the student receive Form 1098-T from this institution for 2012? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(2) Did the student receive Form 1098-T from this institution for 2012? <input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Did the student receive Form 1098-T from this institution for 2011 with Box 2 filed in and Box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(3) Did the student receive Form 1098-T from this institution for 2011 with Box 2 filed in and Box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you checked "No" in both (2) and (3) , skip (4) . (4) If you checked "Yes" in (2) or (3) , enter the institution's federal identification number (from Form 1098-T). 26-7990752	If you checked "No" in both (2) and (3) , skip (4) . (4) If you checked "Yes" in (2) or (3) , enter the institution's federal identification number (from Form 1098-T).

23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 prior tax years?	<input type="checkbox"/> Yes - Stop! Go to line 31 for this student.	<input checked="" type="checkbox"/> No - Go to line 24.
24 Was the student enrolled at least half-time for at least one academic period that began in 2012 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? (see instructions)	<input checked="" type="checkbox"/> Yes - Go to line 25.	<input type="checkbox"/> No - Stop! Go to line 31 for this student.
25 Did the student complete the first 4 years of post-secondary education before 2012?	<input type="checkbox"/> Yes - Stop! Go to line 31 for this student.	<input checked="" type="checkbox"/> No - Go to line 26.
26 Was the student convicted, before the end of 2012, of a felony for possession or distribution of a controlled substance?	<input type="checkbox"/> Yes - Stop! Go to line 31 for this student.	<input checked="" type="checkbox"/> No - See Tip below and complete either lines 27-30 or line 31 for this student.



When you figure your taxes, you may want to compare the American opportunity credit and lifetime learning credits, and choose the credit for each student that gives you the lower tax liability. You **cannot** take the American opportunity credit and the lifetime learning credit for the **same student** in the same year. If you complete lines 27 through 30 for this student do not complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Do not enter more than \$4,000	27	3,250.
28 Subtract \$2,000 from line 27. If zero or less enter -0-	28	1,250.
29 Multiply line 28 by 25% (.25)	29	313.
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30 on Part I, line 1	30	2,313.

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	
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For Paperwork Reduction Act Notice, see your tax return instructions.

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KARL R KENT & KARA B BRYANT

Your social security number
211-02-0752



Complete Part III for each student for whom you are claiming either the American opportunity credit or lifetime learning credit. Use additional copies of Page 2 as needed for each student.

Part III Student and Educational Institution Information

See instructions.

20 Student name (as shown on page 1 of your tax return) KARA BRYANT	21 Student social security no. (as shown on page 1 of your tax return) 212-02-0752
---	--

22 Educational institution information (see instructions)	
a. Name of first educational institution BOONTON COLLEGE (1) Address, Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 123 MAIN BOONTON NJ 07005- (2) Did the student receive Form 1098-T from this institution for 2012? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Did the student receive Form 1098-T from this institution for 2011 with Box 2 filed in and Box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	b. Name of second educational institution (if any) (1) Address, Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. (2) Did the student receive Form 1098-T from this institution for 2012? <input type="checkbox"/> Yes <input type="checkbox"/> No (3) Did the student receive Form 1098-T from this institution for 2011 with Box 2 filed in and Box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you checked "No" in both (2) and (3) , skip (4) .	
(4) If you checked "Yes" in (2) or (3) , enter the institution's federal identification number (from Form 1098-T).	(4) If you checked "Yes" in (2) or (3) , enter the institution's federal identification number (from Form 1098-T).

23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 prior tax years?	<input type="checkbox"/> Yes - Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No - Go to line 24.
24 Was the student enrolled at least half-time for at least one academic period that began in 2012 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? (see instructions)	<input type="checkbox"/> Yes - Go to line 25. <input checked="" type="checkbox"/> No - Stop! Go to line 31 for this student.
25 Did the student complete the first 4 years of post-secondary education before 2012?	<input type="checkbox"/> Yes - Stop! Go to line 31 for this student. <input type="checkbox"/> No - Go to line 26.
26 Was the student convicted, before the end of 2012, of a felony for possession or distribution of a controlled substance?	<input type="checkbox"/> Yes - Stop! Go to line 31 for this student. <input type="checkbox"/> No - See Tip below and complete either lines 27-30 or line 31 for this student.



When you figure your taxes, you may want to compare the American opportunity credit and lifetime learning credits, and choose the credit for each student that gives you the lower tax liability. You **cannot** take the American opportunity credit and the lifetime learning credit for the **same student** in the same year. If you complete lines 27 through 30 for this student do not complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Do not enter more than \$4,000	27	
28 Subtract \$2,000 from line 27. If zero or less enter -0-	28	
29 Multiply line 28 by 25% (.25)	29	
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30 on Part I, line 1	30	

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	318.
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For Paperwork Reduction Act Notice, see your tax return instructions.

Name(s) shown on return. (Name and SSN or taxpayer identification no. not required if shown on other side.)

Social security number or taxpayer identification number

KARL R KENT & KARA B BRYANT

211-02-0752

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box A, B, or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Part II Long-Term. Transactions involving capital assets you held one year or less are long term. For short-term transactions, see page 2.

You must check Box A, B, or C below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Long-term transactions reported on Form 1099-B showing basis **was** reported to the IRS
- (B)** Long-term transactions reported on Form 1099-B showing basis was **not** reported to the IRS
- (C)** Long-term transactions not reported to you on Form 1099-B

3	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustments if any to gain or loss If you enter an amount in col (g), enter a code in col (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instr.	(g) Amount of adjustment	
	100 PURDUE	07/01/2001	03/10/2012	8859.	10123.	O	-35.	-1299.
	100 RUST	11/01/1998	09/23/2012	1700.	3200.			-1500.
	150 RIO	07/15/2008	06/01/2012	10675.	9543.			1132.
4 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8 (if Box A above is checked), line 9 (if Box B above is checked), or line 10 (if Box C above is checked) ▶			21234.	22866.		-35.	-1667.

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. (Name and SSN or taxpayer identification no. not required if shown on other side.)

Social security number or taxpayer identification number

KARL R KENT & KARA B BRYANT

211-02-0752

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box A, B, or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Part II Long-Term. Transactions involving capital assets you held one year or less are long term. For short-term transactions, see page 2.

You must check Box A, B, or C below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Long-term transactions reported on Form 1099-B showing basis **was** reported to the IRS
- (B) Long-term transactions reported on Form 1099-B showing basis **was not** reported to the IRS
- (C) Long-term transactions not reported to you on Form 1099-B

3	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustments if any to gain or loss If you enter an amount in col (g), enter a code in col (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instr.	(g) Amount of adjustment	
	65 RIDER	IN/HE/RIT	12/30/2012	5663.	7222.			-1559.
4 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8 (if Box A above is checked), line 9 (if Box B above is checked), or line 10 (if Box C above is checked) ▶				5663.	7222.			-1559.

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

US Schedule A

Itemized Deduction Detail Worksheet

2012

Name: **KARL R KENT & KARA B BRYANT**

SSN: **211-02-0752**

Medical Expenses		Medical miles: 1236	Deduction: 284.
Insurance premiums paid (not pre-tax)		Medicare from 1040 worksheet	1,985.
Taxpayer	600.	Remainder from worksheets	
Spouse	600.	Taxpayer	
Qualified long term care contracts		Spouse	
Taxpayer		Self-employed health insurance	
Spouse		Taxpayer	
Other medical expenses		Spouse	
DOCTOR BILLS	1,653.		
HOSPITAL BILLS	3,200.		
PRESCRIPTION DRUGS	965.		
PRESCRIPTION EYEGLASSES	210.	Amount from additional worksheets	
		Total	9,497.

Cash Contributions		Other Charitable miles:	X .14 =
50% Limit Organizations			
CHURCH	1,650.		
VARIOUS	225.		
MILLSAP ELEMENTARY	250.		
		From Schedules K-1	
		Amount from additional worksheets	
		Total	2,125.

30% Limit Organizations		Charitable miles:	X .14 =
SALVATION ARMY	350.	Schedules K-1	
		Amount from additional worksheets	
		Total	350.

Other Than Cash Contributions		50% Limit Organizations	
		From Forms 8283	
		Amount from additional worksheets	
From Schedules K-1		Total	

30% Limit Capital gain property donated to 50% limit organizations.			
		From Forms 8283	
From Schedules K-1		Total	

30% Limit Not capital gain property donated to 30% limit organizations.			
		From Forms 8283	
From Schedules K-1		Total	

20% Limit Organization Capital gain property donated to 30% limit organizations.			
		From Forms 8283	
From Schedules K-1		Total	

	From years 2006 through 2010				To 2012 tax year			
	Cash and other property		Capital gain property		Cash and other property		Capital gain property	
	50%	30%	30%	20%	50%	30%	30%	20%
2007								
2008								
2009								
2010								
2011								
2012								

Contributions allowed this year			
50% of adjusted gross income		37,046.	
This year's 50% organization cash contributions allowed			2,125.
30% of adjusted gross income		22,228.	
This year's capital gain contributions to 50% organizations limited to 30%			
50% cash carryover allowed			
50% capital gain carryover limited to 30%			
This year's 30% organization cash and other property contributions allowed			350.
30% organizations cash and other property carryover			
20% of adjusted gross income		14,818.	
This year's capital gain contributions to 30% organizations limited to 20%			
30% capital gain carryover limited to 20% AGI			
Total contributions allowed this year			2,475.

US Schedule D

Capital Gain or Loss Transactions Worksheet

2012

* Check if 28% rate gain or (loss)

(a) Description of property	1 0 9 9	T S J	*	(b) Date acquired	(c) Date sold	(d) Sales price	(e) Cost or other basis	(f) Code	(g) Adjustments to Gain or Loss	(h) Gain or loss	S / L
100 PURDUE	A	T		07/01/2001	03/10/2012	8,859.	10,123.	0	(35.)	(1,299.)	L
100 RUST	A	T		11/01/1998	09/23/2012	1,700.	3,200.			(1,500.)	L
150 RIO	A	T		07/15/2008	06/01/2012	10,675.	9,543.			1,132.	L
65 RIDER	B	T		IN/HE/RIT	12/30/2012	5,663.	7,222.			(1,559.)	L
						26,897.	30,088.		(35.)	(3,226.)	

US Estimated Tax Payments Made for the Current Tax Year 2012

Name: KARL R KENT & KARA B BRYANT

SSN: 211-02-0752

Federal Estimated Tax Payments

See note below	Date of payment	Amount of payment	Towards 04/15/2012 payment	Towards 06/15/2012 payment	Towards 09/15/2012 payment	Towards 01/15/2013 payment
From last year	04/15/2012	200.				
D 04/15 1	04/14/2012	100.				
U 06/15 2	06/15/2012					
E 09/15 3	09/15/2012	100.				
01/15 4	01/15/2013					
* Pay date						
Totals		400.				

* Fill in the pay date on Form 2210, page 1.

State Estimated Tax Payments

**The day listed in the date of payment section is the due date for most state estimated tax payments. If your state has different due dates, disregard the date suggested. If payment 1 was paid on or before the date due for payment 1, enter it in payment 1, etc.

* Check the * column if payment 4 was paid before 01/01/2013.

Taxpayer, Joint, or Combined State Return

** Date of Payment

State	Credit from last year	04/15/2012 Amount 1	06/15/2012 Amount 2	09/15/2012 Amount 3	01/15/2013 Amount 4	*	Total
NJ	100.	50.		40.			190.

NJ	State and/or local balance due from previous years' returns paid in 2012. Include amounts paid with a 2011 extension paid in 2012						
	State and/or local balance due from previous years' returns paid in 2012. Include amounts paid with a 2011 extension paid in 2012						
NJ	Last state estimate payment for 2011 paid in 2012 (due January 15, 2012)						
	Last state estimate payment for 2011 paid in 2012 (due January 15, 2012)						

Spouse Filing Married Separate State Tax Return or Second Full Year Resident State

** Date of Payment

State	Credit from last year	04/15/2012 Amount 1	06/15/2012 Amount 2	09/15/2012 Amount 3	01/15/2013 Amount 4	*	Total

US 1040

IRA Rollover Explanation

2012

DIRECT ROLLOVER OF 11,755 FROM YALE SECURITY IRA TO MERRILL LYNCH

Name: KARL R KENT & KARA B BRYANT

SSN: 211-02-0752

Traditional IRA

Were you covered by a retirement plan? Yes No
 If married filing jointly, was your spouse covered by a retirement plan? Yes No

				Taxpayer	Spouse
1	Maximum modified AGI for deductible contributions				
	Filing status	Covered by a retirement plan?	Yes	No	
	1 or 4		\$68,000	No limit	
	2	Spouse covered by a plan	\$112,000		
	2	Spouse not covered by a plan		\$183,000	
	2	Neither spouse covered by a plan		No limit	
	3	Lived with spouse at anytime in 2012	\$10,000	No limit	
	3	Did not live with spouse in 2012	\$68,000	No limit	
	5		\$112,000	No limit	
				112,000.	112,000.
2	Modified AGI computation				
	Social security computation without IRA		69,068.		
	Taxable social security for this computation		11,630.		
	Modified income including taxable social security		84,413.		
3	Adjustments to income without IRA contribution		4,053.		
4	Modified AGI. Subtract line 3 from line 2			80,360.	80,360.
5	Line 1 minus line 4. If -0- or less, enter -0- on line 6			31,640.	31,640.
6	Line 5 times the applicable percentage from the instructions, rounded up to nearest \$10. Do not enter less than \$200, or more than \$5,000 (\$6,000 if age 50 or older)			6,000.	6,000.
7	Total wages and other earned income, minus any deductions on Form 1040, lines 27 and 28, or Form 1040NR, line 27. Do not reduce wages by any losses from self-employment		44,153.		
8	Maximum contribution based on earnings		12,000.		
9	Maximum allowable IRA contribution				6,000.
10	Enter IRA contributions for 2012 Do NOT enter more than \$5,000 (\$6,000 if age 50 or older) in either column				6,000.
11	Deductible IRA contributions. Smaller of lines 6, 7, 9, or 10				6,000.
12	Nondeductible IRA contributions				
13	Excess traditional IRA contributions				

Roth IRA

				Taxpayer	Spouse
14	Maximum modified AGI for allowable contributions				
	Filing status	Modified AGI			
	1 or 4	\$125,000			
	2 or 5	\$183,000			
	3	Lived with spouse at anytime in 2012	\$10,000		
	3	Did not live with spouse in 2012	\$125,000	183,000.	183,000.
15	Modified AGI. AGI + Forms 2555, 8815, and 4563 + Puerto Rico income + adoption expense exclusion minus IRA to Roth IRA rollovers			80,360.	80,360.
16	Line 14 minus line 15. If -0-, enter -0- on line 17			102,640.	102,640.
17	Maximum contribution allowed based on AGI			6,000.	
18	Maximum contribution based on earnings		6,000.		
19	Maximum allowable Roth IRA contribution			6,000.	
20	Enter Roth IRA contributions for 2012 Do NOT enter more than \$5,000 (\$6,000 if age 50 or older) in either column				
21	Excess Roth contributions				

US Schedule A

Sales Tax Worksheet

2012

Name: **KARL R KENT & KARA B BRYANT**

SSN: **211-02-0752**

1	Federal AGI.....		74,092.	
2	Nontaxable income listed on tax return			
a	Nontaxable interest	338.		
b	Social security	2,052.		
c	Combat pay			
d	Income on Forms 4970 and 4972			
e	Nontaxable part of IRA, pension, or annuity distributions, not including rollovers.....	335.	2,725.	
3	Other nontaxable income			
a			
b			
c			
d			
e			
4	Income for sales tax chart		76,817.	
1	Enter the taxpayer's state of residency for 2012			NJ
	If the taxpayer was a part-year resident, enter the dates resided in this state _____ to _____			
	State sales tax from the applicable table			955.
2	Did you live 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 2012? <input checked="" type="checkbox"/> No. Line 2 should be -0-. <input type="checkbox"/> Yes. Enter the letter (A - D) for the optional local sales tax table you want to use			
	Local sales tax from the applicable table			
3	Did your locality impose a local general sales tax in 2012? Residents of California and Nevada, see the Schedule A instructions. <input checked="" type="checkbox"/> No. Go to line 7. <input type="checkbox"/> Yes. Enter the local general sales tax rate. If the rate is 2.5%, enter 2.5			
4	Did you enter -0- on line 2 above? <input type="checkbox"/> No. Skip to line 6. <input type="checkbox"/> Yes. Enter the state general sales tax rate from the table headed by the state in the Schedule A instructions. Enter 6.5% as 6.5			
5	Divide line 3 by line 4			
6	Did you enter -0- on line 2 above? <input type="checkbox"/> No. Multiply line 2 by line 3. <input type="checkbox"/> Yes. Multiply line 1 by line 5			
7	Total of lines 1 and 6 - prorated for part-year residents			955.
8	General sales tax paid on specified items. Motor vehicles - If the tax rate is higher than the general sales tax rate, only include the amount of tax at the general sales tax rate. Aircraft, boats, homes, including mobile and prefabricated, or home building materials - Only deductible if the sales tax charged is at the federal sales tax rate			
9	Total sales tax using the sales tax chart			955.
10	Sales tax using actual receipts			
11	Sales tax deduction for Schedule A, line 5			955.

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

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

OMB No. 1545-0074

2012

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

KARL R KENT & KARA B BRYANT

Your social security no.
211-02-0752

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.					
	1 Medical and dental expenses (see instructions).....	1	9,497.			
	2 Enter amount from Form 1040, line 38 2 74,092.					
	3 Multiply line 2 by 7.5% (.075)	3	5,557.			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-.....				4	3,940.	
Taxes You Paid	5 State and local					
	a <input checked="" type="checkbox"/> Income taxes	5	2,834.			
	b <input type="checkbox"/> General sales taxes					
	6 Real estate taxes (see instructions).....	6	2,135.			
	7 Personal property taxes	7				
	8 Other taxes. List type and amount ► _____	8				
	9 Add lines 5 through 8				9	4,969.
	Interest You Paid	10 Home mortgage interest & points reported to you on Form 1098	10	3,164.		
		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see inst. and show that person's name, identifying no., and address ► _____	11			
Note. Your mortgage interest deduction may be limited (see instructions).						
12 Points not reported to you on Form 1098. See instructions for special rules		12				
13 Mortgage insurance premiums (see instructions)		13				
14 Investment interest. Attach Form 4952 if required. (See inst.)		14				
15 Add lines 10 through 14				15	3,164.	
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	2,475.			
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.....	17				
	18 Carryover from prior year	18				
	19 Add lines 16 through 18				19	2,475.
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.).....				20	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► _____	21				
	22 Tax preparation fees	22				
	23 Other expenses - investment, safe deposit box, etc. List type and amount ► _____	23				
	24 Add lines 21 through 23	24				
	25 Enter amount from Form 1040, line 38 25					
	26 Multiply line 25 by 2% (.02)	26				
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-				27	
Other Miscellaneous Deductions	28 Other - from list in the inst. List type and amount ► GAMBLING LOSSES 1,000.				28	1,000.
Total Itemized Deductions	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40				29	15,548.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here ► <input type="checkbox"/>					

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2012

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

OMB No. 1545-0074

2012

Attachment
Sequence No. **08**

▶ Information about Sch. B (Form 1040A or 1040) & its instr. is at www.irs.gov/form1040.

Name(s) shown on return **KARL R KENT & KARA B BRYANT** Your social security number **211-02-0752**

Part I		Amount
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 instructions and list this interest first. Also, show that buyer's social security number and address▶ CHARLES CAMPBELL 219020752 1523 NORTH CURRY RD DENVERVILLE NJ 07834- KENDALL FEDERAL CRED ZYX INVESTMENTS ZYX INVESTMENTS	2,782. 456. 123. 2,455.
2	Add the amounts on line 1	5,816.
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▶	5,816.
Note. If line 4 is over \$1,500, you must complete Part III.		Amount

Part II		Amount
5	List name of payer▶ ZYX INVESTMENTS	232.
6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a▶	232.
Note. If line 6 is over \$1,500, you must complete Part III.		

Part III		Yes	No
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.			
7a	At any time during 2012, did you have a financial interest in or signature authority over a financial account, such as a bank account, securities account, or brokerage account located in a foreign country? See instrs.....		X
	If "Yes," are you required to file Form TD F 90-22.1 to report that financial interest or signature authority? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements.....		
b	If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the financial account is located..... ▶		
8	During 2012, 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 instructions on back.....		X

**Schedule C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

**Profit or Loss From Business
(Sole Proprietorship)**

▶ For information on Schedule C and its instructions, go to www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2012

Attachment
Sequence No. **09**

Name of proprietor KARA B BRYANT		Social security number (SSN) 212-02-0752
A Principal business or profession, including product or service (see instructions) TRANSCRIPTION		B Enter code from instructions ▶ 561410
C Business name. If no separate business name, leave blank.		D Employer ID no. (EIN), (see instr.)
E Business address (including suite or room no.) ▶ _____ City, town or post office, state, and ZIP code		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ _____		
G Did you "materially participate" in the operation of this business during 2012? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2012, check here		
I Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
J If "Yes," did you or will you file required Forms 1099?		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Income

1a Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	▶ <input type="checkbox"/>	1	2,719.
2 Returns and allowances (see instructions)		2	
3 Subtract line 2 from line 1		3	2,719.
4 Cost of goods sold (from line 42)		4	
5 Gross profit. Subtract line 4 from line 3		5	2,719.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6		7	2,719.

Part II Expenses

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

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	233.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and sect. 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	117.
30 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere.	30		b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29.	31		28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	350.
• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.			29 Tentative profit or (loss). Subtract line 28 from line 7	29	2,369.
• If a loss, you must go to line 32.			30 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere.	30	
32 If you have a loss, check the box that describes your investment in this activity (see instructions).			31 Net profit or (loss). Subtract line 30 from line 29.	31	2,369.
• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the instructions). 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.

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

Schedule C (Form 1040) 2012

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a 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? Yes No
 If "Yes," attach explanation

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

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

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 01/02/2006

44 Of the total number of miles you drove your vehicle during 2012, enter the number of miles you used your vehicle for:
 a Business 420 b ^{Commuting} (see instr.) _____ c Other 10000

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

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

47a Do you have evidence to support your deduction? Yes No
 b If "Yes," is the evidence written? Yes No

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

PAPER	49.
PRINTER CARTRIDGE	68.
48 Total other expenses. Enter here and on line 27a	48 117.

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.

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

▶ Use Form 8949 to list your transactions for lines 1, 2, 3, 8, 9, and 10.

OMB No. 1545-0074

2012

Attachment
Sequence No. **12**

Name(s) shown on return
KARL R KENT & KARA B BRYANT

Your social security number
211-02-0752

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

Complete Form 8949 before completing line 1, 2, or 3. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price) from Form(s) 8949, Part I, line 2, column (d)	(f) Cost or other basis from Form(s) 8949, Part I, line 2, column (e)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 Short-term totals from all Forms 8949 with box A checked on Part I		()		
2 Short-term totals from all Forms 8949 with box B checked on Part I		()		
3 Short-term totals from all Forms 8949 with box C checked on Part I		()		
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 8 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 (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7

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

Complete Form 8949 before completing line 8, 9, or 10. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price) from Form(s) 8949, Part II, line 4, column (d)	(f) Cost or other basis from Form(s) 8949, Part II, line 4, column (e)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 4, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8 Long-term totals from all Forms 8949 with box A checked on Part II	21234 .	(22866)	-35 .	-1667 .
9 Long-term totals from all Forms 8949 with box B checked on Part II	5663 .	(7222)		-1559 .
10 Long-term totals from all Forms 8949 with box C checked on Part II		()		
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. See the instructions				13 69 .
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 (253)
15 Net long-term capital gain or (loss) . Combine lines 8 through 14 in column (h). Then go to Part III on the back				15 -3410 .

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

Schedule D (Form 1040) 2012

BCA

Part III Summary

16 Combine lines 7 and 15 and enter the result 16 (3,410.)

- 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.
- If line 16 is a **loss**, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
- If line 16 is **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** in the instructions 18

19 Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** in the instructions 19

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

- Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). **Do not** complete lines 21 and 22 below.
- No.** Complete the **Schedule D Tax Worksheet** in 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) 21 (3,000.)

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 the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).
- No.** Complete the rest of Form 1040 or Form 1040NR.

US Schedule D

Schedule D Tax Worksheet

2012

Name: **KARL R KENT & KARA B BRYANT**

SSN: **211-02-0752**

1	Taxable income from Form 1040, line 43, Form 1040NR, line 40, Form 1040A, line 27, or from the Foreign Earned Income Tax Worksheet			39,544.
2	Qualified dividends from Form 1040, line 9b, Form 1040A, line 9b, or Form 1040NR, line 10b	232.		
3	Line 4g of Form 4952			
4	Line 4e of Form 4952			
5	Subtract line 4 from line 3			
6	Subtract line 5 from line 2. If -0- or less, enter -0-		232.	
7	Smaller of line 15 or line 16 of Schedule D			
8	Smaller of line 3 or line 4			
9	Subtract line 8 from line 7. If -0- or less, enter -0-			
10	Add lines 6 and 9		232.	
11	Add lines 18 and 19 of Schedule D			
12	Smaller of line 9 or line 11			
13	Subtract line 12 from line 10. If -0- or less, enter -0-			232.
14	Subtract line 13 from line 1. If -0- or less, enter -0-			39,312.
15	Smaller of line 1 or \$70,700 if married filing jointly or qualifying widow(er); \$35,350, if single or married filing separately; \$47,350 if head of household	39,544.		
16	Smaller of line 14 or line 15	39,312.		
17	Subtract line 10 from line 1. If -0- or less, enter -0-	39,312.		
18	Larger of line 16 or line 17		39,312.	
19	Subtract line 16 from line 15		232.	
20	Smaller of line 1 or line 13			
21	Amount from line 19			
22	Subtract line 21 from line 20			
23	Multiply line 22 by 15%			
24	Smaller of line 9 above or Schedule D, line 19			
25	Add lines 10 and 18			
26	Amount from line 1			
27	Subtract line 26 from line 25. If -0- or less, enter -0-			
28	Subtract line 27 from line 24. If -0- or less, enter -0-			
29	Multiply line 28 by 25%			
30	Add lines 18, 19, 22, and 28			
31	Subtract line 30 from line 1			
32	Multiply line 31 by 28%			
33	Tax on line 18 amount			5,029.
34	Add lines 23, 29, 32, and 33			5,029.
35	Tax on line 1 amount			5,059.
36	Tax on all taxable income. Smaller of lines 34 or 35			5,029.

Name: KARL R KENT & KARA B BRYANT

SSN: 211-02-0752

Capital Loss Carryovers from This Year to Next Year

1	Amount from Form 1040, line 41, or Form 1040NR, line 38		58,544.
2	Loss shown on Schedule D, line 21 as a positive amount		3,000.
3	Combine lines 1 and 2. If -0- or less, enter -0-		61,544.
4	Smaller line 2 or line 3		3,000.
5	Loss shown on Schedule D, line 7 as a positive amount		
6	Gain, if any, shown on Schedule D, line 15		
7	Add lines 4 and 6		3,000.
8	Short-term capital loss carryover. Subtract line 7 from line 5. If -0- or less, enter -0-		
9	Loss shown on Schedule D, line 15 as a positive amount		3,410.
10	Gain, if any, shown on Schedule D, line 7		
11	Subtract line 5 from line 4. If -0- or less, enter -0-	3,000.	
12	Add lines 10 and 11		3,000.
13	Long-term capital loss carryover. Subtract line 12 from line 9. If -0- or less, enter -0-		410.

Sale of Your Home

1 Date main home was sold: _____ Acquisition date: _____

2 If Form 8828 is also needed for this sale, check here

3 If any part of the main home was ever rented out or used for business, see instructions.

If part of the sale is a sale of business property, report the business portion using a depreciation wkst, and report personal portion below and skip line 9.

4 Selling price of home _____

5 Selling expenses _____

6 Amount realized _____

7 Adjusted basis of home sold _____

8 **Gain on the sale.** If -0- or less, enter -0- _____

9 Depreciation claimed on property after 05/06/1997 _____

10 Subtract line 9 from line 8. If -0- or less, enter -0- _____

11 Aggregate number of days of nonqualified use after 12/31/2008. _____

12 Number of days the taxpayer owned the property _____

13 Divide the amount on line 11 by the amount on line 12 _____

14 Gain allocated to nonqualified use _____

15 **Gain eligible for exclusion** _____

16a Did you (and your spouse if filing a joint return) own and occupy the property as your main home for a total of a least 2 years of the 5 year period before the sale? Yes No

b If "No", did you sell the home due to a change in place of employment, health or other unforeseen circumstances? Yes No

c If you are an unmarried surviving spouse, the sale occurred no later than 2 years after the date of the other spouse's death, the ownership and use requirements for joint filers were met immediately before the date of such death, and there was no sale or exchange of a main home by either spouse which qualified for the exclusion during the 2-year period ending on the date of the other spouse's death, check here Yes

17 Maximum exclusion _____

18 Smaller of line 15 or line 17. If you are reporting the sale on the installment method, enter this amount on Form 6252, line 15 _____

19 **Taxable gain.**

a You must enter this amount on Schedule D or Form 6252. _____
This gain is to be considered: short-term long-term.

b Transferred to Form 4797, Part III _____

Information for Separate State Returns - Default is to the Taxpayer.

	Federal	Taxpayer	Spouse
1 Short term			
2 Short term loss based on joint return			
3 Long term	(3,410.)	(3,410.)	
4 Long term loss based on joint return	3,000.	3,000.	
5 Schedule D result (line 16 or line 21)	(3,000.)	(3,000.)	
6 Short term loss carryover			
7 Long term loss carryover	410.	410.	

**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.**

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

OMB No. 1545-0074

2012

Attachment
Sequence No. **13**

Name(s) shown on return

KARL R KENT & KARA B BRYANT

Your social security no.

211-02-0752

Part I Income or Loss From Rental Real Estate and Royalties Note. If you are in the business of renting personal property, use **Schedule C** or **C-EZ** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

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

1a Physical address of each property (street, city, state, Zip code)
A BLACK JACK PRODUCTION 1001 YUKON DR FAIRBANKS AK 99701-
B
C

1b	Type of Property (from list below)	2	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	
			Fair Rental Days	Personal Use Days
A	6		A	
B			B	
C			C	

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3			
4 Royalties received	4	1,050.		
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20			
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	1,050.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a			
b Total of all amounts reported on line 4 for all royalty properties	23b	1,050.		
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e			
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			1,050.
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	()		()
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			1,050.

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

Schedule E (Form 1040) 2012

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

Social security number of person

KARA B BRYANT

with **self-employment** income ▶

212-02-0752

Section B - Long Schedule SE

Part I Self-Employment Tax

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

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I.

1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b ()
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers & members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note. Skip this line if you use the nonfarm optional method (see instructions)	2	2,369.
3 Combine lines 1a, 1b, and 2	3	2,369.
4 a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a	2,188.
Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop ; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income , enter -0- and continue ▶	4c	2,188.
5 a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b	
6 Add lines 4c and 5b	6	2,188.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 4.2% portion of the 5.65% railroad retirement (tier 1) tax for 2012	7	110,100 00
8 a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$110,100 or more, skip lines 8b through 10, and go to line 11	8a	13,817.
b Unreported tips subject to social security tax (from Form 4137, line 10)	8b	
c Wages subject to social security tax (from Form 8919, line 10)	8c	
d Add lines 8a, 8b, and 8c	8d	13,817.
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶	9	96,283.
10 Multiply the smaller of line 6 or line 9 by 10.4% (.104)	10	228.
11 Multiply line 6 by 2.9% (.029)	11	63.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56 , or Form 1040NR, line 54	12	291.
13 Deduction for employer-equivalent portion of self-employment tax. Add the two following amounts. <ul style="list-style-type: none"> • 59.6% (.596) of line 10. • One-half of line 11. Enter the result here and on Form 1040, line 27 , or Form 1040NR, line 27	13	167.

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

Farm Optional Method. You may use this method only if (a) your gross farm income ¹ was not more than \$6,780 or (b) your net farm profits ² were less than \$4,894.		
14 Maximum income for optional methods	14	4,520 00
15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$4,520. Also include this amount on line 4b above	15	
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$4,894 and also less than 72.189% of your gross nonfarm income ⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five times.		
16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Name: KARL R KENT & KARA B BRYANT

SSN: 211-02-0752

Use the spouse column if this is a married joint return for this year and the spouse filed separately last year.	Joint or Taxpayer	Spouse	Taxable
1 <u>NJ</u> 2011 state/local income tax refund	437.		
_____ 2011 state/local income tax refund			
Total state/local income tax refund for 2011	437.		
2 Enter the amounts from the 2011 tax return If the itemized deductions were reduced due to the AGI limitation, be sure to enter the reduced amounts			
Schedule A, line 5a, income taxes	1,320.		
Schedule A, line 5b, general sales tax	930.		
Difference - the state tax refund is only taxable to the extent the state tax deduction exceeds the sales tax deduction	390.		
3 Net state/local income tax refund	390.		
4 Enter the total of all other Schedule A refunds or reimbursements			
5 Add lines 3 and 4	390.		
On the 2011 tax return, If itemized deductions are reduced due to income limitations, AMT is included, or there are unused credits, see Publication 525. Some or all of the state tax refund may be tax-free. Check here if the ENTIRE state tax refund is nontaxable. Stop here	<input type="checkbox"/>	<input type="checkbox"/>	
6 2011 itemized deductions	13,037.		
7 Filing status for 2011. Enter 1, 2, 3, 4, or 5. 1 = Single 4 = Head of household 2 = Married filing jointly 5 = Qualifying widow(er) 3 = Married filing separately If the 2011 filing status was married filing separately, and itemized deductions were required to be used because the spouse itemized, check here	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8 Age 65 or blind, enter amount from the 2011 Form 1040, page 2, line 39a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9 Standard deduction	12,750.		
10 Subtract line 9 from line 6	287.		
11 Smaller of line 5 or line 10	287.		
12 Enter the taxable income for 2011, adjusted for any NOL carryover. If less than -0-, show the amount as a negative number	49,859.		
13 Amount to include in income for 2012	287.		
14 Taxable state/local income tax refund	287.		287.
15 Taxable amount of other income			

Name: KARL R KENT & KARA B BRYANT

SSN: 211-02-0752

Gross Income	2010	2011	2012
Wages and salaries			41,951.
Interest and dividends			6,048.
Business income			2,369.
Sale of assets - gain or loss			(3,000.)
Pension and IRA distributions			20,328.
Rents, royalties, etc			1,050.
Unemployment and social security			14,180.
Other income			1,487.
Total gross income			84,413.
Adjustments to Income			10,321.
Adjusted gross income			74,092.
Itemized or Standard Deductions			
Medical expense deduction			3,940.
Taxes			4,969.
Interest			3,164.
Contributions			2,475.
Miscellaneous deductions			
Other itemized deductions			1,000.
Total deductions			15,548.
Exemptions			19,000.
Taxable Income	0	0	39,544.
Tax (2012 - 1040, line 44)	0	0	5,029.
Alternative minimum tax			
Other taxes			291.
Credits and Payments			
Credits			2,894.
Withholding			5,603.
EIC and Additional Child Tax Credit			
Estimated tax payments			400.
Other payments			925.
Total credits and payments			9,822.
Tax liability after credits			2,426.
Estimated tax penalty			
Refund or (Balance Due)			4,502.
Federal marginal tax bracket	0.0 %	0.0 %	15.0 %
Tax preparation fee			
State refund or (balance due)			
1st resident state refund (balance due)			NJ 2,151.
2nd resident state refund (balance due)			
1st part-year state refund (balance due)			
2nd part-year state refund (balance due)			
1st nonresident state refund (balance due)			
2nd nonresident state refund (balance due)			
3rd nonresident state refund (balance due)			
4th nonresident state refund (balance due)			
5th nonresident state refund (balance due)			

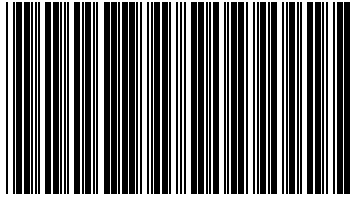
NOTES FOR 2012:

W-2 DETAIL REPORT - 2012

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
JEFFERSON INDEPENDENT SC	25-5990752	X	13817	987	580	200	NJ	13817	693		
AMERICUS PETROLEUM	25-6990752	X	28134	2176	1306	451	NJ	28134	1674		
			-----	-----	-----	---		-----	-----		
			41951	3163	1886	651		41951	2367		

W-2G DETAIL REPORT - 2012

Payer	EIN	TP SP	Federal Withheld	Gross Winnings	State Withheld	Losses
NEW JERSEY LOTTERY	26-7990752	X		1200	36	1000
				----	--	----
				1200	36	1000



KENT KARL R & BRYANT KARA B

211020752

1045

RESIDENCY STATUS IF YOU WERE A NJ RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NJ RESIDENCY FROM TO

FILING STATUS

- 1. SINGLE
2. MARRIED/CU COUPLE FILING JOINT RETURN
3. MARRIED/CU COUPLE FILING SEPARATE RETURN
4. HEAD OF HOUSE HOLD
5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER

X

EXEMPTIONS

- 6. REGULAR 2
7. AGE 65 OR OVER 1
8. BLIND OR DISABLED 0
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN 3
10. NUMBER OF OTHER DEPENDENTS 0
11. DEPENDENTS ATTENDING COLLEGE 1
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11) 4
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10) 3

CHECK BOXES FOR EXEMPTIONS

REGULAR SPOUSE/CU PARTNER X DOMESTIC PARTNER
AGE 65 YOURSELF X SPOUSE/CU PARTNER
OR OLDER YOURSELF X SPOUSE/CU PARTNER
BLIND OR YOURSELF SPOUSE/CU PARTNER
DISABLED YOURSELF SPOUSE/CU PARTNER

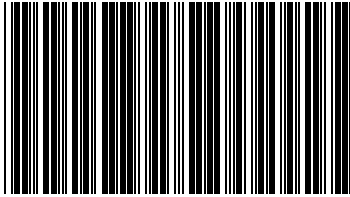
DEPENDENTS INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

Table with 4 columns: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER, BIRTH YEAR, HEALTH INS IND. Rows include THOMAS TAMARA, KENT KENDRA, BRYANT KERRI.

GUBERNATORIAL ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND? YES NO X
IF JOINT RETURN, DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1? YES X NO

Table with 2 columns: Description of income/expense and Amount. Rows include WAGES, TAXABLE INTEREST INCOME, DIVIDENDS, NET PROFITS FROM BUSINESS, etc.



KENT KARL R & BRYANT KARA B

211020752

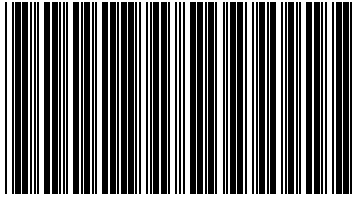
1045

37B.	FILL IN THE OVAL IF YOU WERE A NEW JERSEY HOMEOWNER ON OCTOBER 1, 2012	X	
37C.	PROPERTY TAX DEDUCTION (SEE INSTRUCTIONS)		0 .
38.	NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 37C FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY		28,491 .
39.	TAX (FROM TAX TABLES.)		428 .
40.	THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS		
41.	CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS		0 .
41A.	JURISDICTION CODE (SEE INSTRUCTIONS)		
42.	BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 39)		428 .
43.	SHELTERED WORKSHOP TAX CREDIT		0 .
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)		428 .
45.	USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WORKSHEET AND INSTRUCTION) IF NO USE TAX, ENTER ZERO		64 .
46.	PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX		0 .
46A.	FILL IN IF FORM 2210 IS ENCLOSED		
47.	TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)		492 .
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)		2,403 .
49.	PROPERTY TAX CREDIT (SEE INSTRUCTIONS)		50 .
50.	NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2011 TAX RETURN		190 .
51.	NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTIONS)		0 .
51B.	FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT		
51C.	FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT		
52.	EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTIONS)(ENCLOSE FORM NJ-2450)		0 .
53.	EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTIONS) (ENCLOSE FORM NJ-2450)		0 .
54.	EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTIONS)(ENCLOSE FORM NJ-2450)		0 .
55.	TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)		2,643 .
56.	IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 58, 59, 60, 61, 62 AND OR 64 AND ADDING THIS TO YOUR PAYMENT		0 .
57.	IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT		2,151 .
	DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:		
58.	YOUR 2013 TAX		0 .
59.	NEW JERSEY ENDANGERED WILDLIFE FUND		0 .
60.	NEW JERSEY CHILDRENS TRUST FUND		0 .
61.	NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND		0 .
62.	NEW JERSEY BREAST CANCER REASEACH FUND		0 .
63.	U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND		0 .
64.	OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION)		0 .
64C.	DESIGNATION CODE		
65.	TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)		0 .
66.	REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)		2,151 .

DIRECT DEPOSIT INFORMATION

REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND) 1
ACCOUNT TYPE ('C' for CHECKING, 'S' FOR SAVINGS) C
FILL IN THE CHECK BOX IF REFUND IS GOING OUTSIDE THE UNITED STATES
ROUTING NUMBER 065502789
ACCOUNT NUMBER 12345678

DO NOT MAIL INDICATOR
POWER OF ATTORNEY INDICATOR
PRESIDENTIAL DISASTER RELIEF INDICATOR



STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

For Privacy Act Notification, See Instructions
For Tax Year Jan. - Dec. 2012 or Other Tax Year

Beginning _____, 20____ Month Ending _____ 20____
On-line Federal Extension Confirmation # _____



KENT KARL R & BRYANT KARA B

1068 RIVERMEADE DR

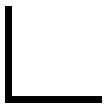
DENVILLE NJ 07834-0000 1408

1045 12 0

211020752

212020752

S24051405



Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

▶ _____
Your Signature Date

▶ _____
Spouse/CU Partner's Signature (If filing jointly, both must sign)

If enclosing copy of death certificate for deceased taxpayer, check box (See instructions)

Paid Preparer's Signature

Federal Identification Number
S24051405

Firm's Name

Federal Employer Identification Number

Pay amount on Line 56 in full.
Write Social Security number(s)
on check or money order and make
payable to: STATE OF NEW JERSEY - TGI
Mail your return in the envelope provided and
affix the appropriate mailing label. If you have
an amount due on Line 56, enclose your
check and NJ-1040-V payment voucher with
your return and use the label for
PO Box 111.
If not, use the label for **PO Box 555.**
You may also pay by e-check or credit card.
See instructions.

SCHEDULE
NJ-BUS-1

NEW JERSEY GROSS INCOME TAX
BUSINESS INCOME SUMMARY SCHEDULE

2012

(Form NJ-1040)

Name(s) as shown on Form NJ-1040 KENT KARL R & BRYANT KARA B	Your Social Security Number 211-02-0752
---	--

PART I NET PROFITS FROM BUSINESS List the net profit (loss) from business(es). See instructions.

	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.	KARA B BRYANT	212-02-0752	2,369.
2.			
3.			
4.	Net Profit or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 17. If loss, make no entry on Line 17.)		4. 2,369.

PART II DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME List the distributive share of income (loss) from partnership(s). See instructions.

	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)
1.			
2.			
3.			
4.	Distributive Share of Partnership Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 20. If loss, make no entry on Line 20.)		4.

PART III NET PRO RATA SHARE OF S CORPORATION INCOME List the pro rata share of income (loss) from S Corporation(s). See instructions.

	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Loss)
1.			
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 21. If loss, make no entry on Line 21.)		4.

PART IV NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS, AND COPYRIGHTS List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions.
 Type of Property: 1-Rental real estate 2-Royalties 3-Patents 4-Copyrights

	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type - Enter number from list above	Income or (Loss)
1.	BLACK JACK PRODUCTION 1001	211-02-0752	2	1,050.
2.				
3.				
4.	Net Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 22. If loss, make no entry on Line 22.)			4. 1,050.

**SCHEDULE
NJ-BUS-2**
(Form NJ-1040)

**NEW JERSEY GROSS INCOME TAX
ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT**

2012

Name(s) as shown on Form NJ-1040 KENT KARL R & BRYANT KARA B				Your Social Security Number 211-02-0752			
PART I INCOME (LOSS)				Column A		Column B	
				Reportable Regular Business Income		Alternative Business Income/(Loss)	
1.	Net Profits From Business	1a.	2,369.	1b.	2,369.		
2.	Distributive Share of Partnership Income	2a.		2b.			
3.	Net Pro Rata Share of S Corporation Income	3a.		3b.			
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	1,050.	4b.	1,050.		
5.	Totals	5a.	3,419.	5b.	3,419.		
PART II ADJUSTMENT CALCULATION							
6.	Total Regular Business Income	6.	3,419.				
7.	Total Alternative Business Income/(Loss). (If loss, enter zero)	7.	3,419.				
8.	Business Increment (Line 6 minus Line 7)	8.					
9.	Adjustment Percentage	9.		0.10			
10.	Alternative Business Calculation Adjustment (Line 8 x 0.10)	10.					
PART III LOSS CARRYFORWARD TO TAX YEAR 2013							
11.	Loss Carryforward to Tax Year 2013	11.	()

Instructions

- Line 1a. Enter the amount from Line 17 of Form NJ-1040.
- Line 1b. Enter the amount from Part I, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from Line 20 of Form NJ-1040.
- Line 2b. Enter the amount from Part II, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from Line 21 of Form NJ-1040.
- Line 3b. Enter the amount from Part III, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from Line 22 of Form NJ-1040.
- Line 4b. Enter the amount from Part IV, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5a. Enter the total of Lines 1a through 4a.
- Line 5b. Enter the total of Lines 1b through 4b, netting gains with losses.
- Line 6. Enter the amount from Line 5a of this schedule.
- Line 7. Enter the amount from Line 5b of this schedule. If loss, enter zero here.
- Line 8. Subtract Line 7 from Line 6. If the result is zero, enter zero on Line 10 and continue with Line 11.
- Line 9. The adjustment percentage for tax year 2012 is 10% (0.10).
- Line 10. Multiply the amount on Line 8 by 10% (0.10). Enter here and Line 34 of Form NJ-1040.
- Line 11. If the amount on 5b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

NJ Direct Deposit or Direct Debit Worksheet for Electronic Filing 2012

Name: KARL R KENT & KARA B BRYANT

SSN: 211-02-0752

Tax Return Information

1 Refund	2151.
2 Balance Due	

Direct Deposit and Direct Debit Information

- Check here if you had a Federal refund and want the state refund deposited to the same bank account as listed on the Federal return. This information will not appear below, but will be transmitted to New Jersey with the electronic return.
- Check here if you want the state refund deposited into a different account.
- Check here to have a refund check mailed to you.

Direct Debit of Balance Due

Check here if you want your balance due withdrawn from your bank account and enter your account information below. Please note that the account will be debited when the tax return is processed.
Enter the date you want the balance due to be withdrawn from your account
If the return is transmitted on or before April 18, the requested payment date cannot be later than April 18. If the return is efiled after April 18, the requested payment date should be today. This is today's date **11/08/2013**
Check here if you will mail your balance due to New Jersey.

Bank Account Information

Routing number 065502789
Account number 12345678
Account type Checking Savings

Will the refund or debit you are requesting involve a foreign bank account? Yes No

Electronic Filing Only

If you used a different account for direct deposit of your state tax refund or requested electronic funds withdrawal for your state tax balance due, rekey the account information below from the check or other document for verification.

RTN:

Account:

NJ

Dependents Information

2012

Name: KARL R KENT & KARA B BRYANT

SSN: 211-02-0752

First name	MI	Last name	SSN	Birth year
TAMARA		THOMAS	214-02-0752	2007
KENDRA		KENT	213-02-0752	1991
KERRI		BRYANT	210-02-0752	1949

Name: KENT KARL R & BRYANT KARA B

SSN: 211-02-0752

Part I

1	Value of IRA on December 31, 2012	
2	Total distributions from IRA during the tax year	838.
3	Total value of IRA	838.
*Unrecovered contributions: Complete either line 4a or 4b		
4 a	First year of withdrawal from IRA: Enter the total of IRA contributions that were previously taxed	
4 b	After first year of withdrawal from IRA: Enter amount of unrecovered contributions from Part II, line 7	
5	Accumulated earnings in IRA on December 31, 2012	838.
6	Divide line 5 by line 3	1.00
7	Taxable portion of this year's withdrawal	838.

Part II: Unrecovered contributions (For Second and Later Years)

1	Last year's unrecovered contributions	
2	Amount withdrawn last year	
3	Taxable portion of last year's withdrawal	
4	Contributions recovered last year	
5	This year's unrecovered contributions	
6	Contributions to IRA during current tax year	
7	Total unrecovered contributions	

SCHEDULES
A & B
(Form NJ-1040)

NEW JERSEY GROSS INCOME TAX

2012

Name(s) as shown on Form NJ-1040 KENT KARL R & BRYANT KARA B	Your Social Security Number 211-02-0752
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Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION	If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions.
--	--

A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS

1. Income actually taxed by other jurisdiction during tax year (indicate name _____) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2)		1.		
2. Income subject to tax by New Jersey (From Line 28, Form NJ-1040)		2.		
3. Maximum Allowable Credit Percentage 1 _____ (Divide Line 2 into Line 1) 2 _____		3.		%
IF YOU ARE NOT ELIGIBLE FOR A PROP. TAX BENEFIT ONLY COMPLETE COL. B.		COLUMN A		COLUMN B
4. Taxable Income (after Exemptions and Deductions) from Line 36, Form NJ-1040	4.		4.	
5. Property Tax Enter in Box 5a the amount from Worksheet and Deduction F line 1. See instructions. 5a. _____ Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions.	5.		5.	- 0 -
6. New Jersey Taxable Income (Line 4 minus Line 5)	6.		6.	
7. Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7.		7.	
8. Allowable Credit (Line 3 times Line 7)	8.		8.	
9. Credit for Taxes Paid to Other Jurisdiction Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions. 9a. _____ Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 39).	9.		9.	

- If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 41, Form NJ-1040. Make no entry on Lines 37c or 49, Form NJ-1040.
- If you are eligible for a property tax benefit, you must complete Worksheet I to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

Schedule B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY	List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.
--	---

1. a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adj. (see inst.) and expense of sale	f. Gain or (loss) (d less e)
FED SCH D					(3,226.)
2. Capital Gains Distributions					69.
3. Other Net Gains					
4. Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here & make no entry on Line 18) ..					

NOTE: For tax year 2012 and after, Schedule C, Net Gains or Income From Rents, Royalties, Patents, and Copyrights, has been eliminated from this page. Use Part IV of Schedule NJ-BUS-1 (Form NJ-1040) to report that income.