

File by Mail Instructions for your 2011 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

DIANE W BLUITT
14120 ALMEDA SCHOOL ROAD
HOUSTON, TX 77047

Balance Due/Refund	Your federal tax return (Form 1040) shows you are due a refund of \$2,155.00.																		
What You Need to Mail	<p>Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return.</p> <p>Attach the first copy or Copy B of Form(s) W-2 to the front of your Form 1040.</p> <p>Mail your return and attachments to: Department of the Treasury Internal Revenue Service Center Austin, TX 73301-0002</p> <p>Deadline: Postmarked by Tuesday, April 17, 2012</p> <p>Note: Your state return may be due on a different date. Please review your state filing instructions.</p> <p>Don't forget correct postage on the envelope.</p>																		
What You Need to Keep	Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select Print & File tab, then select the Print for Your Records category.																		
2011 Federal Tax Return Summary	<table><tr><td>Adjusted Gross Income</td><td>\$</td><td>17,653.00</td></tr><tr><td>Taxable Income</td><td>\$</td><td>8,153.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>818.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>2,973.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>2,155.00</td></tr><tr><td>Effective Tax Rate</td><td></td><td>4.63%</td></tr></table>	Adjusted Gross Income	\$	17,653.00	Taxable Income	\$	8,153.00	Total Tax	\$	818.00	Total Payments/Credits	\$	2,973.00	Amount to be Refunded	\$	2,155.00	Effective Tax Rate		4.63%
Adjusted Gross Income	\$	17,653.00																	
Taxable Income	\$	8,153.00																	
Total Tax	\$	818.00																	
Total Payments/Credits	\$	2,973.00																	
Amount to be Refunded	\$	2,155.00																	
Effective Tax Rate		4.63%																	
Changed Your Mind About e-filing?	You can still file electronically. Just go back to TurboTax, select the Print & File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the Internal Revenue Service.																		



Hi DIANE,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Deluxe:

Your Head Start On Next Year:

When you come back next year, taxes will be so easy! We'll have all your information saved and ready to transfer in to your new return. We'll ask you questions about what changed since we last talked, and we'll be ready to get you the credits and deductions you deserve, no matter what life throws at you.

Here's the final wrap up for your 2011 taxes:

Your federal refund is: \$ 2,155.00

Your Guarantee of Accuracy:

Breathe easy. The calculations on your return are backed with our 100% Accuracy Guarantee.

- We double checked your return for errors along the way.
- We helped with step-by-step guidance to get your answers on the right IRS forms.
- We made sure you didn't miss a deduction even if something in your life changed, like a new job, new house - or more kids!

Also included:

- We provide the Audit Support Center free of charge, in the unlikely event you get audited.

Many happy returns from TurboTax.

For the year Jan. 1–Dec. 31, 2011, or other tax year beginning _____, 2011, ending _____, 20

Your first name and initial: **DIANE W** Last name: **BLUITT** Your social security number: **436-84-7564**

If a joint return, spouse's first name and initial: _____ Last name: _____ Spouse's social security number: _____

Home address (number and street). If you have a P.O. box, see instructions. **14120 ALMEDA SCHOOL ROAD** Apt. no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **HOUSTON TX 77047**

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

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

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. ▶

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

Boxes checked on 6a and 6b 1

No. of children on 6c who:

- lived with you _____
- did not live with you due to divorce or separation (see instructions) _____

Dependents on 6c not entered above _____

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed **1**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	28,778.
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	-11,125.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount _____	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	17,653.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶ _____	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	17,653.

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 17,653.
39a Check [] You were born before January 2, 1947, [] Blind. Total boxes checked 39a []
if: [] Spouse was born before January 2, 1947, [] Blind.
b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b []
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 5,800.
41 Subtract line 40 from line 38 41 11,853.
42 Exemptions. Multiply \$3,700 by the number on line 6d. 42 3,700.
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 8,153.
44 Tax (see instructions). Check if any from: a [] Form(s) 8814 b [] Form 4972 c [] 962 election 44 818.
45 Alternative minimum tax (see instructions). Attach Form 6251 45
46 Add lines 44 and 45 46 818.
47 Foreign tax credit. Attach Form 1116 if required 47
48 Credit for child and dependent care expenses. Attach Form 2441 48
49 Education credits from Form 8863, line 23 49
50 Retirement savings contributions credit. Attach Form 8880 50
51 Child tax credit (see instructions) 51
52 Residential energy credits. Attach Form 5695 52
53 Other credits from Form: a [] 3800 b [] 8801 c [] 53
54 Add lines 47 through 53. These are your total credits 54
55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 818.

Other Taxes

56 Self-employment tax. Attach Schedule SE 56
57 Unreported social security and Medicare tax from Form: a [] 4137 b [] 8919 57
58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58
59a Household employment taxes from Schedule H 59a
b First-time homebuyer credit repayment. Attach Form 5405 if required 59b
60 Other taxes. Enter code(s) from instructions 60
61 Add lines 55 through 60. This is your total tax 61 818.

Payments

62 Federal income tax withheld from Forms W-2 and 1099 62 2,973.
63 2011 estimated tax payments and amount applied from 2010 return 63
64a Earned income credit (EIC) 64a
b Nontaxable combat pay election 64b
65 Additional child tax credit. Attach Form 8812 65
66 American opportunity credit from Form 8863, line 14 66
67 First-time homebuyer credit from Form 5405, line 10 67
68 Amount paid with request for extension to file 68
69 Excess social security and tier 1 RRTA tax withheld 69
70 Credit for federal tax on fuels. Attach Form 4136 70
71 Credits from Form: a [] 2439 b [] 8839 c [] 8801 d [] 8885 71
72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments 72 2,973.

Refund

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 73 2,155.
74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here 74a 2,155.
b Routing number [X][X][X][X][X][X][X][X][X][X] c Type: [] Checking [] Savings
d Account number [X][X][X][X][X][X][X][X][X][X][X][X][X][X][X][X]
75 Amount of line 73 you want applied to your 2012 estimated tax 75

Amount You Owe

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions 76
77 Estimated tax penalty (see instructions) 77

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [] Yes. Complete below. [X] No
Designee's name Phone no. Personal identification number (PIN)

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.

Joint return? See instructions. Keep a copy for your records.

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

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check [] if self-employed PTIN
Firm's name SELF PREPARED Firm's EIN
Firm's address Phone no.

**SCHEDULE C
(Form 1040)**

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

OMB No. 1545-0074

2011
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

► 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.

Name of proprietor DIANE W BLUITT		Social security number (SSN) 436-84-7564
A Principal business or profession, including product or service (see instructions) ENTERTAINMENT	B Enter code from instructions ► 9 9 9 9 9 9	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN), (see instr.) 	
E Business address (including suite or room no.) ► 14120 ALMEDA SCHOOL ROAD City, town or post office, state, and ZIP code HOUSTON, TX 77047		
F Accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2011? 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 2011, check here		<input type="checkbox"/>
I Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file all required Forms 1099?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part I Income

1a Merchant card and third party payments. For 2011, enter -0-	1a	0.	
b Gross receipts or sales not entered on line 1a (see instructions)	1b	6,224.	
c Income reported to you on Form W-2 if the "Statutory Employee" box on that form was checked. Caution. See instr. before completing this line	1c		
d Total gross receipts. Add lines 1a through 1c	1d	6,224.	
2 Returns and allowances plus any other adjustments (see instructions)	2		
3 Subtract line 2 from line 1d	3	6,224.	
4 Cost of goods sold (from line 42)	4		
5 Gross profit. Subtract line 4 from line 3	5	6,224.	
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	6,224.	

Part II Expenses

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

8 Advertising	8	238.	18 Office expense (see instructions)	18	1,997.
9 Car and truck expenses (see instructions)	9	10,095.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	500.	a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	319.
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	820.
15 Insurance (other than health)	15	1,127.	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	137.
17 Legal and professional services	17	100.	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	17,349.	26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	-11,125.	27a Other expenses (from line 48)	27a	2,016.
30 Expenses for business use of your home. Attach Form 8829 . Do not report such expenses elsewhere	30		27b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29.	31	-11,125.			
• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . If you entered an amount on line 1c, see instr. Estates and trusts, enter on Form 1041, line 3 .					
• If a loss, you must go to line 32.					
32 If you have a loss, check the box that describes your investment in this activity (see instructions).					
• If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . If you entered an amount on line 1c, see the instructions for line 31. Estates and trusts, enter on Form 1041, line 3 .			32a <input type="checkbox"/> All investment is at risk.		
• If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32b <input type="checkbox"/> Some investment is not at risk.		

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?
If "Yes," attach explanation **Yes** **No**

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . .	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on 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) ▶ 02/21/2005

44 Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:

a Business 19,000 **b** Commuting (see instructions) 2,000 **c** Other 207

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.

ACCOUNTING		435.
TOLLS/PARKING		128.
AUTO INSURANCE		1,453.
48 Total other expenses. Enter here and on line 27a	48	2,016.

Federal Information Worksheet

2011

► Keep for your records

Part I – Personal Information

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

Taxpayer:

First name DIANE
 Middle initial W Suffix
 Last name BLUITT
 Social security no. 436-84-7564
 Occupation POLICE CLERK
 Date of birth 01/15/1952 (mm/dd/yyyy)
 or age as of 1-1-2012 59
 Daytime phone (713) 527-9452 Ext _____
 Legally blind
 Date of death _____

Spouse:

First name _____
 Middle initial _____ Suffix _____
 Last name _____
 Social security no. _____
 Occupation _____
 Date of birth _____ (mm/dd/yyyy)
 or age as of 1-1-2012 _____
 Daytime phone _____ Ext _____
 Legally blind
 Date of death _____

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . Yes No
 If yes, **was** taxpayer claimed as dependent on that person's return? Yes No

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . Yes No
 If yes, **was** spouse claimed as dependent on that person's return? Yes No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . Yes No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . Yes No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . Yes No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . Yes No

Part II – Address and Federal Filing Status (enter information in this section)

Address 14120 ALMEDA SCHOOL ROAD Apt no.
 City HOUSTON State TX ZIP code 77047
 Foreign province/county Foreign postal code
 Foreign code Foreign country

APO/FPO/DPO address, check if appropriate APO FPO DPO

Home phone
 Check to print phone number on Form 1040 Home Taxpayer daytime Spouse daytime
 Check if you were affected by a natural disaster in 2011

Federal filing status:

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
 Check this box if you **did not** live with your spouse at any time during the year ►
 Check this box if you are eligible to claim your spouse's exemption (see Help) ►
- 4 Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's name _____ Child's social security number _____
- 5 Qualifying widow(er)
 Check the appropriate box for the year your spouse died 2009 ►
 2010 ►

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Qualified child/dep care exps incurred and paid 2011	E I C	Lived with taxpyr in U.S.	Educ Tuitn and Fees	* D e p
			Age	C o l d	N o t q u a l f o r c h i l d t a x c r					
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ... Yes No
Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2011? ... Yes No
If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend Not Valid for Employment, check this box (see Help) ...
Check if you are filing head of household and your spouse is a nonresident alien and you lived with your spouse during the last six months of 2011 ...
Was EIC disallowed or reduced in a previous year and are you required to file Form 8862 this year? ... Yes No
Check if you were notified by the IRS that EIC cannot be claimed in 2011 ...

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect direct deposit of any federal tax refund? ... Yes No
Do you want to elect direct debit of federal balance due (Electronic filing only)? ... Yes No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) ... houston police department credit un
Check the appropriate box ... Checking [X] Savings
Routing number ... 313083659 Account number ... 93096000171

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ...
Balance-due amount from this return ...

Part VI – Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ...
Check this box if you are married filing separately and your spouse itemized deductions ...
Check this box to take the standard deduction even if less than itemized deductions ...

Main Form Selection:

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ. ...

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ... Yes No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ... Yes No
Is the spouse a full-time student? ... Yes No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ...
Resident country ... USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands ...
Excludable income from Puerto Rico ...

Dual Status Alien Return:

Check this box if you are a dual-status alien ...

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ... Yes No

If Yes, complete the following:

Third party designee name ...
Third party designee phone number ...

Personal Identification number (enter any 5 numbers) ...

If you are entitled to a filing extension or other disaster relief provision as declared by the IRS, enter the appropriate information (see Help) ...

Part VII – State Filing Information

Taxpayer:

Enter the taxpayer’s state of residence as of December 31, 2011 ▶ TX

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶

Taxpayer is a resident of the state above for only part of year ▶

 Date the taxpayer established residence in state above ▶ _____

 In which state (or foreign country) did the taxpayer reside before this change? ▶ _____

Spouse:

Enter the spouse’s state of residence as of December 31, 2011 ▶ _____

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶

Spouse is a resident of the state above for only part of year ▶

 Date the spouse established residence in state above ▶ _____

 In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint

Check this box if you are in a Registered Domestic Partnership, a civil union, or same-sex marriage . . . ▶

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶

Check if this is the joint return created to file joint state tax return (see Help) ▶

Personal Information Worksheet
For the Taxpayer

2011

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Taxpayer's Personal Information

First name . . . DIANE Middle initial . W Last name . . . BLUITT

Suffix

Social security no. . . 436-84-7564 Member of U.S. Armed Forces in 2011? . . Yes No

Date of birth 01/15/1952 (mm/dd/yyyy) age as of 1-1-2012 59

Occupation . . . POLICE CLERK Daytime phone . . . (713) 527-9452 Ext

Marital status . . . Single

If widowed, check the appropriate box for the year your spouse died:

After 2011 ► 2011 ► 2010 ► 2009 ► Before 2009 ►

Are you retired on total and permanent disability? (for Schedule R, see Help) ► Yes No

Check if this person is legally blind ►

If deceased, enter the date of death ► (mm/dd/yyyy)

Were you under the age of 16 as of 1-1-2012 and this is the first year you
are filing a tax return? ► Yes No

Do you want \$3 to go to Presidential Election Campaign Fund? ► Yes No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can someone (such as your parent) claim you as a dependent? ► Yes No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ► Yes No

Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.

3 Were you a full-time student during any part of five months during 2011? ► Yes No

4 Did your earned income exceed one-half of your support? ► Yes No

5 Was at least one of your parents alive on December 31, 2011? ► Yes No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2011 TX

Check the appropriate box:

This person is a resident of the state above for the entire year

This person is a resident of the state above for only part of year

Date this person established residence in state above ►

In which state (or foreign country) did this person reside before this change? ►

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2011

► Keep for your records

Name(s) Shown on Return
DIANE W BLUITT

Social Security Number
436-84-7564

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	28,778.		28,778.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.			
2	Total federal tax withheld	2,973.		2,973.
3 & 7	Total social security wages/tips	28,778.		28,778.
4	Total social security tax withheld	1,209.		1,209.
5	Total Medicare wages and tips	28,778.		28,778.
6	Total Medicare tax withheld	417.		417.
8	Total allocated tips			
9	Not used			
10	Total dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
c	Roth contributions to 401(k) & 403(b) plans . . .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan . .			
g	Income 409A nonqual deferred comp plan . . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	Total other items from box 12			
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Tier 1 wages			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RRTA tips			
h	Total other items from box 14			
16	Total state wages and tips			
17	Total state tax withheld			
19	Total local tax withheld			

► Keep for your records

Name DIANE W BLUITT	Social Security Number 436-84-7564
-------------------------------	--

Spouse's W-2
 Do not transfer this W-2 to next year

Military: Complete Part VI on Page 2 below

<p>a Employee's social security No . <u>436-84-7564</u></p> <p>b Employer's ID number <u>74-6001164</u></p> <p>c Employer's name, address, and ZIP code <u>CITY OF HOUSTON</u></p> <hr/> <p>Street <u>901 BAGBY</u></p> <p>City <u>HOUSTON</u></p> <p>State <u>TX</u> ZIP Code <u>77002</u></p> <p>Foreign Country _____</p> <hr/> <p>d Control number . _____</p> <hr/> <p><input checked="" type="checkbox"/> Transfer employee information from the Federal Information Worksheet</p> <p>e Employee's name First <u>DIANE</u> M.I. <u>W</u> Last <u>BLUITT</u> Suff. _____</p> <p>f Employee's address and ZIP code Street <u>14120 ALMEDA SCHOOL ROAD</u> City <u>HOUSTON</u> State <u>TX</u> ZIP Code <u>77047</u> Foreign Country _____</p>	<p>1 Wages, tips, other compensation <u>28,431.80</u></p> <p>3 Social security wages <u>28,431.80</u></p> <p>5 Medicare wages and tips <u>28,431.80</u></p> <p>7 Social security tips _____</p> <p>9 _____</p> <p>11 Nonqualified plans _____</p> <p>12 Enter box 12 below _____</p> <p>13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p>	<p>2 Federal income tax withheld <u>2,969.79</u></p> <p>4 Social security tax withheld <u>1,194.14</u></p> <p>6 Medicare tax withheld <u>412.26</u></p> <p>8 Allocated tips _____</p> <p>10 Dependent care benefits _____ Distributions from sect. 457 and nonqualified plans <i>(Important, see Help)</i> _____</p>
---	---	---

Box 12 Code	Box 12 Amount	If Box 12 code is:
		A: Enter amount attributable to RRTA Tier 2 tax _____
		M: Enter amount attributable to RRTA Tier 2 tax _____
		P: Double click to link to Form 3903, line 4. . . . _____
		R: Enter MSA contribution for Taxpayer _____
		Spouse _____
		W: Enter HSA contribution for Taxpayer _____
		Spouse _____
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Name DIANE W BLUITT	Social Security Number 436-84-7564
-------------------------------	--

Spouse's W-2
 Do not transfer this W-2 to next year

Military: Complete Part VI on Page 2 below

<p>a Employee's social security No . <u>436-84-7564</u></p> <p>b Employer's ID number <u>74-2421937</u></p> <p>c Employer's name, address, and ZIP code <u>EDUCARE COMMUNITY LIVING</u></p> <hr/> <p>Street <u>9901 LINN STATION ROAD</u></p> <p>City <u>LOUISIVILLE</u></p> <p>State <u>KY</u> ZIP Code <u>40223</u></p> <p>Foreign Country _____</p> <hr/> <p>d Control number . _____</p> <hr/> <p><input checked="" type="checkbox"/> Transfer employee information from the Federal Information Worksheet</p> <p>e Employee's name First <u>DIANE</u> M.I. <u>W</u> Last <u>BLUITT</u> Suff. _____</p> <p>f Employee's address and ZIP code Street <u>14120 ALMEDA SCHOOL ROAD</u> City <u>HOUSTON</u> State <u>TX</u> ZIP Code <u>77047</u> Foreign Country _____</p>	<p>1 Wages, tips, other compensation <u>346.19</u></p> <p>3 Social security wages <u>346.19</u></p> <p>5 Medicare wages and tips <u>346.19</u></p> <p>7 Social security tips _____</p> <p>9 _____</p> <p>11 Nonqualified plans _____</p> <p>12 Enter box 12 below _____</p> <p>13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p>	<p>2 Federal income tax withheld <u>3.20</u></p> <p>4 Social security tax withheld <u>14.54</u></p> <p>6 Medicare tax withheld <u>5.02</u></p> <p>8 Allocated tips _____</p> <p>10 Dependent care benefits _____</p> <p>Distributions from sect. 457 and nonqualified plans <i>(Important, see Help)</i> _____</p>
--	---	---

Box 12 Code	Box 12 Amount	If Box 12 code is:
		A: Enter amount attributable to RRTA Tier 2 tax _____
		M: Enter amount attributable to RRTA Tier 2 tax _____
		P: Double click to link to Form 3903, line 4. . . . _____
		R: Enter MSA contribution for Taxpayer _____
		Spouse _____
		W: Enter HSA contribution for Taxpayer _____
		Spouse _____
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Form 1099-MISC Summary

2011

▶ Keep for your records

Name(s) Shown on Return
DIANE W BLUITT

Social Security Number
436-84-7564

Form 1099-MISC Summary

Box	Description	Taxpayer	Spouse	Total
1	Total Rents			
	▶ Schedule C			
	▶ Schedule E			
	▶ Form 4835			
2	Total Royalties			
	▶ Schedule C			
	▶ Schedule E			
3	Total Other income			
	▶ Schedule C			
	▶ Schedule F			
	▶ Form 4835			
	For Form 1040:			
	▶ Winnings (Prizes, etc.)			
	▶ Tribal Gaming			
	▶ Alaska Permanent Fund			
	▶ Other Income			
4	Federal tax withheld			
5	Fishing boat proceeds			
6	Medical and health care payments			
7	Total Nonemployee compensation	6,224.		6,224.
	▶ Schedule C	6,224.		6,224.
	▶ Schedule F			
	▶ Wages			
	▶ Other Income			
8	Substitute payments			
10	Total Crop insurance proceeds			
	▶ Schedule F			
	▶ Form 4835			
13	Excess golden parachute payments			
14	Gross proceeds paid to an attorney			
	▶ Taxable amount			
15a	Section 409A deferrals			
15b	Section 409A income			
16	State tax withheld - total			

Keep for your records

Name DIANE W BLUITT Social Security Number 436-84-7564

Payer's Name SUBSEA/SHOW BUS.ENT/EXTRAORDINARY ENT ADAMS GREENCRINER INTERESTS
Payer's Identification No. EIN 76-0243194 or SSN
Account number (for your records only)

Spouse's 1099-MISC Do not transfer this 1099-MISC to next year

For each type of 1099-MISC income, select the appropriate form or schedule in your return on which to report this income. Double-click in the field next to the form's name and when the window appears, either "select or create" the copy on which you want to report the 1099-MISC income. See Help.

Box 1 Rents. Required: double-click to select the form on which to report this income: Schedule C Form 4835, Schedule E
Box 2 Royalties. Required: double-click to select the form on which to report this income: Schedule C, Schedule E
Box 3 Other income. Required: double-click to select the form on which to report this income: Schedule C Form 4835, Schedule F, Winnings (Prizes, etc.), Tribal Member Gaming Payments, From Alaska Permanent Fund, Other Income
Box 4 Federal income tax withheld
Box 5 Fishing boat proceeds. Required: double-click to select the Schedule C on which to report this income: Schedule C
Box 6 Medical and health care payments. Required: double-click to select the Schedule C on which to report this income: Schedule C
Box 7 Nonemployee compensation. 6,223.80. Required: double-click to select the form on which to report this income: ENTERTAINMENT Schedule C, Schedule F, Wages subject to Social Security & Medicare tax, If checked, enter Reason Code for Form 8919 (see Help), If Reason Code A, B, or C, enter determination date, If Reason Code D, E, or F, Form SS-8 will be filed by the due date, Other Income
Box 8 Substitute payments in lieu of dividends or interest
Box 10 Crop insurance proceeds. Required: double-click to select the form on which to report this income: Schedule F, Form 4835
Box 13 Excess golden parachute payments. Report 20% excise tax on Form 1040
Box 14 Gross proceeds paid to an attorney. Taxable amount from box 14 to Schedule C. Required: double-click to select the Schedule C on which to report this income: Schedule C
Boxes 15a & b Section 409A deferrals, Section 409A income
Boxes 16-18 State tax withheld - 1st state, State name (two letters) - 1st state, State ID number - 1st state, State income - 1st state, State tax withheld - 2nd state, State name (two letters) - 2nd state, State ID number - 2nd state, State income - 2nd state

Earned Income Worksheet

2011

▶ Keep for your records

Name(s) Shown on Return DIANE W BLUITT	Social Security Number 436-84-7564
---	---------------------------------------

Part I – Earned Income Credit Wks Computation	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)	-11,125.		-11,125.
c Add lines 2a and 2b	-11,125.		-11,125.
3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5	-11,125.		-11,125.

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)	-11,125.		-11,125.
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	28,778.		28,778.
7 Taxable employer-provided adoption benefits			
8 Add lines 5 through 7. To Form 2441, lines 19 and 20	17,653.		17,653.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a and 9b . To Form 2441, lines 4 and 5	17,653.		17,653.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 8, 9a and 11 through 13. To Standard Deduction Worksheet	17,653.		17,653.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	-11,125.		-11,125.
16 Wages, salaries, tips, etc	28,778.		28,778.
17 Net self-employment loss	11,125.		11,125.
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2.	28,778.		28,778.

Part IV – Form 8812 and Child Tax Credit Line 11 Worksheet Computations

23 Self-employed, church and statutory employees	-11,125.		-11,125.
24 Wages, salaries, tips, etc	28,778.		28,778.
25 Nontaxable combat pay			
26 Foreign earned income exclusion			
27 Combine lines 23 through 26. To Form 8812, line 4a & Line 11 Wks, line 2.	17,653.		17,653.

Schedule SE Adjustments Worksheet

2011

▶ Keep for your records

Name(s) Shown on Return DIANE W BLUITT	Social Security Number 436-84-7564
---	---------------------------------------

	(a) Taxpayer	(b) Spouse
QuickZoom to the Short Schedule SE (Schedule SE, page 1) ▶	<input checked="" type="checkbox"/>	<input type="checkbox"/>
QuickZoom to the Long Schedule SE (Schedule SE, page 2) ▶	<input type="checkbox"/>	<input type="checkbox"/>
A Use Long Schedule SE, even if qualified to use Short Schedule SE	<input type="checkbox"/>	<input type="checkbox"/>
B Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>
C Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3	<input type="checkbox"/>	<input type="checkbox"/>
D QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).	<input type="checkbox"/>	<input type="checkbox"/>
Part I Farm Profit or (Loss) Schedule SE, line 1		
1 Total Schedules F	<input type="checkbox"/>	<input type="checkbox"/>
2 Farm partnerships, Schedules K-1	<input type="checkbox"/>	<input type="checkbox"/>
3 Other SE farm profit or (loss) (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
4 Less SE exempt farm profit or (loss) (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
5 Total for Schedule SE, line 1	<input type="checkbox"/>	<input type="checkbox"/>
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
a Schedule F, line 4b	<input type="checkbox"/>	<input type="checkbox"/>
b Schedule K-1 (Form 1065), box 20, code Y	<input type="checkbox"/>	<input type="checkbox"/>
c Total CRP payments not subject to SE tax	<input type="checkbox"/>	<input type="checkbox"/>
Part II Nonfarm Profit or (Loss) Schedule SE, line 2		
1 a Total Schedules C	-11,125.	<input type="checkbox"/>
b Less SE exempt Schedules C (approved Form 4361)	<input type="checkbox"/>	<input type="checkbox"/>
2 Nonfarm partnerships, Schedules K-1	<input type="checkbox"/>	<input type="checkbox"/>
3 Forms 6781	<input type="checkbox"/>	<input type="checkbox"/>
4 Other SE income reported as income on Form 1040, line 7	<input type="checkbox"/>	<input type="checkbox"/>
5 a Clergy Form W-2 wages	<input type="checkbox"/>	<input type="checkbox"/>
b Clergy housing allowance	<input type="checkbox"/>	<input type="checkbox"/>
c Less clergy business deductions	<input type="checkbox"/>	<input type="checkbox"/>
d QuickZoom to the Explanation statement for entry on line 5c	<input type="checkbox"/>	<input type="checkbox"/>
6 Other SE nonfarm profit or (loss) (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
7 Less other SE exempt nonfarm profit or (loss) (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
8 Total for Schedule SE, line 2	-11,125.	<input type="checkbox"/>
9 Exempt Notary Public income for Schedule SE, line 3 (See Help).	<input type="checkbox"/>	<input type="checkbox"/>
Part III Farm Optional Method Schedule SE, page 2, Part II		
1 Use Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F	<input type="checkbox"/>	<input type="checkbox"/>
3 Gross farming or fishing income from partnership Schedules K-1	<input type="checkbox"/>	<input type="checkbox"/>
4 Other gross farming or fishing self-employment income	<input type="checkbox"/>	<input type="checkbox"/>
5 Total gross income for Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
Part IV Nonfarm Optional Method Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C	<input type="checkbox"/>	<input type="checkbox"/>
3 Gross nonfarm income from partnership Schedules K-1	<input type="checkbox"/>	<input type="checkbox"/>
4 Other gross nonfarm self-employment income	<input type="checkbox"/>	<input type="checkbox"/>
5 Total gross income for Nonfarm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>

Federal Carryover Worksheet

2011

▶ Keep for your records

Name(s) Shown on Return DIANE W BLUITT	Social Security Number 436-84-7564
---	---------------------------------------

2010 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

Other Tax and Income Information

		2010	2011
1 Filing status	1	<u>1</u> Single	<u>1</u> Single
2 Number of exemptions for blind or over 65 (0 - 4)	2		
3 Itemized deductions	3	7,837.	0.
4 Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5 Adjusted gross income	5	17,974.	17,653.
6 Tax liability for Form 2210 or Form 2210-F	6	248.	818.
7 Alternative minimum tax	7		
8 Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ▶

Excess Contributions

		2010	2011
9 a Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b Spouse's excess Archer MSA contributions as of 12/31	b		
10 a Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a Taxpayer's excess HSA contributions as of 12/31	11 a		
b Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers

Note: Enter all entries as a positive amount

		2010	2011
12 a Short-term capital loss	12 a		
b AMT Short-term capital loss	b		
13 a Long-term capital loss	13 a		
b AMT Long-term capital loss	b		
14 a Net operating loss available to carry forward	14 a		
b AMT Net operating loss available to carry forward	b		
15 a Investment interest expense disallowed	15 a		
b AMT Investment interest expense disallowed	b		
16 Nonrecaptured net Section 1231 losses from:			
a 2011	16 a		
b 2010	b		
c 2009	c		
d 2008	d		
e 2007	e		
f 2006	f		

DIANE W BLUITT

436-84-7564

Loss and Expense Carryovers (cont'd)				2010	2011
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2011 . . .	17 a	
		b	2010 . . .	b	
		c	2009 . . .	c	
		d	2008 . . .	d	
		e	2007 . . .	e	
		f	2006 . . .	f	

Credit Carryovers				2010	2011
18	General business credit			18	
19	Mortgage interest credit from:	a	2011	19 a	
		b	2010	b	
		c	2009	c	
		d	2008	d	
20	Credit for prior year minimum tax			20	
21	District of Columbia first-time homebuyer credit			21	
22	Residential energy efficient property credit			22	

Other Carryovers				2010	2011
23	Section 179 expense deduction disallowed			23	
24	Excess foreign housing deduction:	a	Taxpayer (Form 2555, line 46)	24 a	
		b	Taxpayer (Form 2555, line 48)	b	
		c	Spouse (Form 2555, line 46)	c	
		d	Spouse (Form 2555, line 48)	d	

Charitable Contribution Carryovers

25	2010 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2010				
b	2009				
c	2008				
d	2007				
e	2006				

26	2011 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2011				
b	2010				
c	2009				
d	2008				
e	2007				

27 Amount overpaid less earned income credit 2,700.

2010 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

Car and Truck Expenses Worksheet

2011

▶ Keep for your records

Name(s) Shown on Return <u>DIANE W BLUITT</u>	Social Security Number <u>436-84-7564</u>
--	--

Activity: Sch C ENTERTAINMENT

Part I – Vehicle Information

1	Make and model of vehicle	<u>2004SUV</u>	Example: Ford Taurus
2	Date placed in service	<u>02/21/2005</u>	Example: 06/15/2011
3	Type of vehicle	<u>A2 - Lt truck/van/SUV</u>	
4 a	Ending mileage reading	<u>141,408</u>	Enter mileage readings, or enter total miles on line 4c
b	Beginning mileage reading	<u>120,201</u>	
c	Total miles vehicle was driven during 2011	<u>21,207</u>	Line 4a less line 4b
5 a	Number of business miles from 01/01/11 thru 06/30/11	<u>10,000</u>	
b	Number of business miles from 07/01/11 thru 12/31/11	<u>9,000</u>	
6	Number of miles driven for commuting	<u>2,000</u>	Travel between home and work
7	Number of miles driven for personal purposes	<u>207</u>	Line 4c less line 5 and 6
8	Percent of business use	<u>89.59 %</u>	Line 5, divided by 4c
9	Months for special allocation		See Tax Help
10	Do you have another vehicle available for personal use?	<input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No
11	Was the vehicle available for personal use during off duty hours?	<input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No
12	Was the vehicle used primarily by a more than 5% owner of the business or related person?	<input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No
13 a	Do you have evidence to support the business use claimed?	<input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No
b	If Yes , is the evidence written?	<input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No

Part II – Standard Mileage Rate

14	Did you own this vehicle, lease this vehicle, or was it not your vehicle?	<input checked="" type="checkbox"/>	Own	<input type="checkbox"/>	Lease	
		<input type="checkbox"/>	Not my vehicle			
15	Did you use this vehicle for hire?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Example: taxicab
16	Did you use less than 5 vehicles for business at a time?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
17	If you owned this vehicle, did you use the standard mileage rate for this vehicle's first year, OR if you leased this vehicle, did you use the standard mileage rate for the portion of the lease period after 1997?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Only applies to vehicles placed in service in prior years
If you answered Own or Lease to line 14, and Yes to lines 16 and 17 you can take standard mileage for this vehicle (note: Line 15, vehicle for hire, is now allowed):						
18 a	Std mileage deduction for 1/1 thru 6/30	<u>5,100</u>	line 5a times .51			
b	Std mileage deduction for 7/1 thru 12/31	<u>4,995</u>	line 5b times .555			
c	Standard mileage deduction	<u>10,095</u>	line 18a plus line 18b			

Part III – Actual Expenses

19 a	Gasoline		f	Vehicle registration, license (excluding property tax)	
b	Oil		g	Garage rent	
c	Tires		h	Vehicle lease or rental fees	
d	Repairs		i	Less: inclusion amount	(<u> </u>)
e	Vehicle insurance		j	Other	<u> </u>
20	Expenses subtotal			Sum of lines 19a thru 19j	
21	Expenses applicable to business			Line 20 times line 8	
22	Vehicle depreciation and Section 179			From Part VI	
23	Total actual expenses			Line 21 plus line 22	

Vehicle: 2004SUV
Activity: Sch C ENTERTAINMENT

Part IV - Standard Mileage versus Actual Expenses

- 24 Standard mileage 10,095.
25 Actual expenses
The program automatically chooses the method that gives you the largest deduction. Check the other method if you want to use it instead.

Part V - Total Car and Truck Expenses

- 26 Line 24 or line 25 10,095.
27 Additional expenses:
a Parking fees
b Tolls
c Local transportation
d Property taxes (include property tax portion of registration)
e Less: personal portion of property taxes ()
f Interest on vehicle
g Less: personal portion of vehicle interest ()
28 Total expenses 10,095. Sum of lines 26 & 27a thru 27g.
29 Less: business portion of lease or rental fees Line 19h - 19i times line 8.
less inclusion amount (if using actual expenses) () Reported separately.
30 Less: depreciation and Section 179 (if using From line 22.
actual expenses) () Reported separately.
31 Total car and truck expenses 10,095.

Part VI - Vehicle Depreciation Information

- 32 Enter the total cost when vehicle was acquired Include sales tax. For trade-in or vehicle converted from personal use, see Tax Help.
33 Enter the amount of Section 179 expense elected Cannot be greater than limit shown below.
34 Depreciation and Section 179 limit for luxury cars See Tax Help for computation.
35 a Economic Stimulus - Qualified Property Yes No
b Qualified Disaster Area - Qualified Property Yes No
c Kansas Disaster Zone - Qualified Property Yes No
d Gulf Opportunity Zone - Qualified Property Reg Ext No
e Percentage for Special Depreciation Allowance 100% & 50% 30% N/A
f Elect OUT of Special Depreciation Allowance Yes No
g Elect 30% in place of 50% Special Depreciation Allowance Yes No
h QuickZoom to view the Election statements
i Special Depreciation Allowance
j AMT Special Depr Allowance

If blank, prior depreciation from Asset Life History is used. Required if sold, or if standard mileage rate used in a prior year.

- 36 Prior depreciation
37 Depreciation deduction Limited to luxury car maximum.
If blank, prior depreciation from Asset Life History is used. Required if sold, or if standard mileage rate used in a prior year.
38 AMT prior depreciation
39 AMT depreciation deduction Limited to luxury car maximum.
40 AMT adjustment/preference See Tax Help for computation.
41 QuickZoom to Asset Life History

Vehicle: 2004SUV
Activity: Sch C ENTERTAINMENT

Part VII - Disposition of Vehicle - Complete this part only if you sold, abandoned, or otherwise disposed of this vehicle, or removed it from business use in 2011.

- 42 Date vehicle sold, given away or abandoned
43 Date vehicle acquired, if different from line 2
44 Sales price
45 Expense of sale
46 Sec 179 deduction allowed
47 Double click to link sale to Form 6252
48 a Double click to link sale to Form 8824
b Form 8824: Depreciation at 100% business use
c Form 8824: AMT depr at 100% business use
49 Gain/loss basis, if different from line 32
50 AMT gain/loss basis, if different from line 72
51 Depreciation allowed or allowable
52 AMT depreciation allowed or allowable
53 Gain or loss
54 AMT gain or loss
55 Part of Form 4797 to which gain/loss carries

Part VIII - Detail Vehicle Depreciation Information - This section is calculated for most vehicles from the data entered above. Use Find Next Error feature to check for any required entries.

- 56 Subject to automobile limitations?
57 Truck or van?
58 Electric passenger vehicle?
59 Heavy SUV?
60 Listed property?
61 Eligible Section 179 property?
62 Use IRS tables for MACRS property?
63 Indian reservation property?

Regular Depreciation

- 64 Depreciation type
65 Asset class
66 Depreciation method
67 MACRS convention
68 QuickZoom to set 2011 convention
69 Recovery period
70 Year of depreciation
71 Depreciable basis

Alternative Minimum Tax Depreciation

- 72 AMT basis, if different from line 32
73 AMT depreciation method
74 AMT recovery period
75 AMT depreciable basis

Two-Year Comparison

2011

Name(s) Shown on Return DIANE W BLUITT	Social Security Number 436-84-7564
---	---------------------------------------

Income	2010	2011	Difference	%
Wages, salaries, tips, etc	37,933.	28,778.	-9,155.	-24.13
Interest and dividend income				
State tax refund				
Business income (loss)	-19,959.	-11,125.	8,834.	44.26
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income	17,974.	17,653.	-321.	-1.79
Adjustments to Income				
Adjusted Gross Income	17,974.	17,653.	-321.	-1.79
Itemized Deductions				
Medical and dental	2,563.		-2,563.	-100.00
Income or sales tax	364.		-364.	-100.00
Real estate taxes				
Personal property and other taxes				
Interest paid	0.		0.	
Gifts to charity	4,910.		-4,910.	-100.00
Casualty and theft losses				
Miscellaneous	0.		0.	
Total Itemized Deductions	7,837.		-7,837.	-100.00
Standard or Itemized Deduction	7,837.	5,800.	-2,037.	-25.99
Exemption Amount	3,650.	3,700.	50.	1.37
Taxable Income	6,487.	8,153.	1,666.	25.68
Income tax	648.	818.	170.	26.23
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	648.	818.	170.	26.23
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax				
Other taxes				
Total Tax After Credits	648.	818.	170.	26.23
Withholding	2,948.	2,973.	25.	0.85
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments	400.		-400.	-100.00
Total Payments	3,348.	2,973.	-375.	-11.20
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	2,700.	2,155.	-545.	-20.19
Balance Due				

Current year effective tax rate 4.63 %

Tax History Report

2011

▶ Keep for your records

Name(s) Shown on Return

DIANE W BLUITT

Five Year Tax History:					
	2007	2008	2009	2010	2011
Filing status				Single	Single
Total income				17,974.	17,653.
Adjustments to income					
Adjusted gross income				17,974.	17,653.
Tax expense				364.	
Interest expense . . .				0.	
Contributions				4,910.	
Miscellaneous deductions					
Other Itemized Deductions				2,563.	
Total itemized/standard deduction . .				7,837.	5,800.
Exemption amount . .				3,650.	3,700.
Taxable income				6,487.	8,153.
Tax				648.	818.
Alternative min tax . .					
Total credits					
Other taxes					
Payments				3,348.	2,973.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund				2,700.	2,155.
Effective tax rate % . .				1.38	4.63
**Tax bracket % . . .				10	10

**Tax bracket % is based on Taxable income.

Tax Summary
 ▶ Keep for your records

2011

Name (s)	SSN
DIANE W BLUITT	436-84-7564
Total income	17,653.
Adjustments to income	
Adjusted gross income	17,653.
Itemized/standard deduction	5,800.
Exemption amount	3,700.
Taxable income	8,153.
Tentative tax	818.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	
Total tax	818.
Total payments	2,973.
Estimated tax penalty	
Amount Overpaid	2,155.
Refund	2,155.
Amount Applied to Estimate	
Balance due	0.

Which Form 1040 to file?

You must use Form 1040 because
 you filed Schedule C, Profit or Loss From Business.

Compare to U. S. Averages

▶ Keep for your records

2011

Name(s) Shown on Return DIANE W BLUITT	Social Security No 436-84-7564
---	-----------------------------------

Your 2011 adjusted gross income (AGI) 17,653.
 National adjusted gross income range used below from 15,000. to 29,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	28,778.	21,610.
Taxable interest		1,626.
Tax-exempt interest		6,042.
Dividends		2,255.
Business net income		12,887.
Business net loss	-11,125.	8,148.
Net capital gain		3,730.
Net capital loss		2,414.
Taxable IRA		7,473.
Taxable pensions and annuities		12,430.
Rent and royalty net income		6,425.
Rent and royalty net loss		8,986.
Partnership and S corporation net income		11,391.
Partnership and S corporation net loss		12,579.
Taxable social security benefits		2,262.
Medical and dental expenses deduction		8,165.
Taxes paid deduction		3,340.
Interest paid deduction		8,848.
Charitable contributions deduction		2,149.
Total itemized deductions		16,374.
Child care credit		478.
Education tax credits		749.
Child tax credit		498.
Retirement savings contributions credit		169.
Earned income credit		3,261.
Other Information	Actual Per Return	National Average
Adjusted gross income	17,653.	23,082.
Taxable income	8,153.	9,735.
Income tax	818.	1,039.
Alternative minimum tax		973.
Total tax liability	818.	1,173.

Smart Worksheets from your 2011 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax 818.
	Check if from:
1	Tax table <input checked="" type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814 _____
C	Additional tax from Form 4972 _____
D	Tax from additional Form(s) 4972 _____
E	Recapture tax from Form 8863 _____
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____
G	Tax. Add lines A through F. Enter the result here and on line 44 818.

SMART WORKSHEET FOR: Schedule C (ENTERTAINMENT): Profit or Loss from Business

Business Address Information Smart Worksheet	
Business street address .	<u>14120 ALMEDA SCHOOL ROAD</u>
City, State and Zip Code (do not enter State and Zip Code if foreign address)	
<u>HOUSTON</u>	<u>TX</u> <u>77047</u>
Or, foreign country information:	

SMART WORKSHEET FOR: Schedule C (ENTERTAINMENT): Profit or Loss from Business

Domestic Production Activities Smart Worksheet

- Amounts have been gathered from the Schedule C as a starting point for the Domestic Production Activities deduction calculation. Make adjustments as necessary, taking care not to duplicate amounts on lines B, C and D. Be sure the amount on line E is also included on line(s) B, C and D, as appropriate.
- If you qualify for the deduction, complete the Domestic Production column and the Oil-Related Production column (if applicable). For the small business simplified overall method, enter gross receipts. For the simplified deduction method, enter gross receipts and cost of goods sold. For the Section 861 method, enter all amounts.

	Total	Domestic Production	Oil-Related Production
A Gross receipts	6,224.		
B Cost of goods sold			
C Directly allocable deductions, expenses, or losses			
D Indirectly allocable deductions, expenses, or losses	17,349.		
E W-2 wages (adjust for wages from COGS, if necessary)			

QuickZoom to Form 8903, Domestic Production Activities Deduction . . . ▶

SMART WORKSHEET FOR: Schedule C (ENTERTAINMENT): Profit or Loss from Business

Activity Summary Smart Worksheet
Supporting information provided by program. **NO ENTRIES ARE NEEDED.**

	Regular Tax	Alternative Minimum Tax
A Ownership	Taxpayer	
B At risk status	All	
C Passive status	Nonpassive	
Schedule C		
D Tentative profit (loss)	-11,125.	-11,125.
E Other preferences and adjustments		
F At risk disallowed loss		
G Passive carryover loss		
H Passive disallowed loss		
I Net profit (loss) allowed	-11,125.	-11,125.
Related Dispositions		
J Tentative profit (loss)		
K At risk disallowed loss		
L Passive carryover loss		
M Passive disallowed loss		
N Net profit (loss) allowed		