| 970 | | tment | of the TreasuryInter | nal Revenue Service | | | | | | | | | |
|---------------------|-------|---|---|---|------------------------------------|--|---|---|---------------|-------------|------------|--------------|--|
| Form | | | A | | rn for | Estates and | Trusts | | | 20 | 10 | OM | 3 No. 1545-0092 |
| A | | | ity (see instr.); | | | fiscal year beginning | | , and endi | ing | | | | |
| П | Deee | donto | estate | | | antor type trust, see pag | | • | C | • | | | ation number |
| Η | | | | | | STING DECE | | DTD | | 27 | -64 | <u>5310</u> | 0 |
| $\overline{\nabla}$ | • | le trusi | | <u>4-1-09 P</u> | AS EST | <u>r utd 10-10</u> | 0-96 | | D | Date | entity c | reated | |
| \cap | | plex tru | disphilts trust | | | | | | | | <u>ent</u> | <u>lio</u> | <u>py</u> |
| Η | | | | | | | | | | | | e and split- | |
| Н | - | | | TRUSTEE | | | | | | | | | applicable |
| \square | | tor type | | Number, street, an | d room or su | uite no. (if a P.O. box, s | ee page 15 of the i | instructions.) | _ | boxe | es (see p | age 16 d | of the instr.): |
| Η | | | estate-Ch. 7 | 203 BLOC | MINGE | DALE CIRCLI | £ | | | De | scribed i | n section | 1 4947(a)(1) |
| Н | | | estate-Ch. 11 | City or town, state, | and ZIP cod | de | | | | Not | t a privat | e founda | ation |
| | Poole | ed inco | me fund | VICTORIA | Ĩ | TΣ | <u> 77904</u> | | | De | scribed i | n section | 1 4947(a)(2) |
| в | | | of Schedules K-1 | F Check X | Initial retu | um Final return | Amended re | eturn - | | Cha | ange in t | rust's na | me |
| | | ached tructio | | applicable boxes: | Change i | in fiduciary | Change in fi | iduciary's name | | Chi | ange in f | iduciary' | s address |
| G | Chec | k here | if the estate or filing tr | ust made a section 6 | 45 election | 🕨 | | | | | | | |
| | | | Interest income | | | | | | | | 1 | | |
| | | 2a | Total ordinary divid | lends | | 2,85 | | | | | 2a | | 7,239 |
| | | b | Qualified dividends al | locable to: (1) Benefi | ciaries | 2,851 | 7 (2) Estate or tru | ist | | | | | |
| d | | 3 | Business income o | r (loss). Attach Scl | hedule C o | or C-EZ (Form 1040) | | | | | 3 | | |
| Ē | | | Capital gain or (los | | | 40.445 | | | | | 4 | | <u>50,522</u> |
| omoon | 3 | 5 | Rents, royalties, pa | artnerships, other e | states and | i trusts, etc. Attach S | | | | | 5 | | 24,013 |
| - | | | | | | n 1040) | | | | | 6 | | |
| | | 7 | Ordinary gain or (Ic | oss). Attach Form 4 | 4797 | , , , | | | | | 7 | | · · · · · · · · · · · · · · · · · · · |
| | | | Other income. List | | | | | | | | 8 | | |
| | | 9 | Total income. Cor | nbine lines 1, 2a, a | | ıgh 8 | | | | | 9 | | 81,774 |
| | • | 10 | Interest. Check if F | orm 4952 is attach | ned 🕨 | <u> </u> | | | | | 10 | | |
| | | 11 | Taxes | | | | | | | | 11 | | |
| | | 12 | | | | | | | | | 12 | | |
| | | 13 | Charitable deduction | on (from Schedule | A, line 7) | | | | | | 13 | | |
| | | | Attorney, accounta | | - | | | | | | 14 | | |
| Deductions | 2 | 15a | Other deductions n | ot subject to the 2 | | ttach schedule) | | | | | 15a | | |
| , tio | | b | Allowable miscella | neous itemized dec | ductions su | ubject to the 2% floor | Γ | | | | 15b | | |
| ŝ | | | | | | | | | | | 16 | | |
| e ce | 3 . | 17 | Adjusted total income | or (loss). Subtract lin | ie 16 from lir | ne 9 | | 17 | 81, | 774 | | | |
| L_ | | 18 | Income distribution deduct | ion (from Sch. B, line 15). | Attach Schedu | ules K-1 (Form 1041) | | | | | 18 | | 31,252 |
| | | 19 | Estate tax deduction i | ncluding certain gene | ration-skippi | ing taxes (attach compu | itation) | | | | 19 | | |
| | | | | | | | | | | | 20 | | 100 |
| | | | Add lines 18 throug | gh 20 | | | | | | ► | 21 | | 31,352 |
| | | 22 | Taxable income. S | ubtract line 21 fron | n line 17. lf | f a loss, see page 23 | of the instructio | ns | | | 22 | | 50,422 |
| | | 23 | Total tax (from Scl | hedule G, line 7) | | | | | | | 23 | | 7,218 |
| | | | | | ayments an | nd amount applied fro | om 2009 return | | | | 24a | | |
| Pavments | 2 | | | | | es (from Form 1041- | | | | | 24b | | |
| e C | | C | Subtract line 24h fr | om line 24a | | | | | | | 24c | | |
| N | 5 | d | Tax paid with Form | 1 7004 (see page 2 | 4 of the ins | structions) | | | | | 24d | | |
| å | 2 | e | Federal income tax | withheld. If any is | from Form | structions) n(s) 1099, check ► | X | <i></i> | | | 24e | | 123 |
| Tax and | 2 | | Other payments: | f Form 2439 | | ;g Fo | orm 4136 | | ; Tota | | 24h | | |
| n V | | 25 | Total payments. A | dd lines 24c throu | gh 24e, an | d 24h | | | | | 25 | | <u> 123 </u> |
| ľ, | | 26 | Estimated tax pena | alty (see page 24 o | f the instru | ictions) | | | | | 26 | | |
| • | | 27 | Tax due. If line 25 | is smaller than the | total of line | es 23 and 26, enter a | amount owed 🚊 | | | | 27 | | 7,095 |
| | | 28 | Overpayment. If lin | ne 25 is larger thar | n the total o | of lines 23 and 26, er | nter amount over | rpaid | | | 28 | | |
| | | 29 | Amount of line 28 t | obe: a Credited | to 2011 e | estimated tax 🕨 | | ;b f | Refunded | | 29 | | |
| Si | an | Under true, co | penalues of perjury, I decla prrect, and complete. Decla | re that I have examined th ration of preparer (other t | nis return, inclu han taxpayer) | estimated tax Iding accompanying schedul is based on all information o | es and statements, an f which preparer has a | io to the best of my kn iny knowledge. | owledge and | pellet, il | (IS | | he IRS discuss this with the preparer |
| | re | . | | | | | | ▶ | | | | | n below (see instr.)? |
| | | Signature of fiduciary or officer representing fiduciary Date | | | | | Date | EIN of fiduciary | / if a financ | ial inst | itution | <u> </u> | X Yes No |
| | | Print | /Type preparer's name | e | | Preparer's signature | | | Date | | Check | if | PTIN |
| Paic | | | HARD K RIKKERS | | DOTOT | RICHARD K RIKK | ERS CPA | | 04/14 | | self-emp | | P00144154 |
| | oarer | | | ROESE & K | | | | | | Firm | 's EIN | ► <u>4</u> ∠ | -1277139 |
| use | Only | 1 | | 40 NORTH I | | AVENUE A 51250-1 | 821 | | | 5 54 | | 710 | -722-3375 |
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Form 1041 (2010)

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| Form | 1041 (2010) ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100 | | | Page 2 |
|---|---|--|---------------------------------|---|
| Sc | Shedule A Charitable Deduction. Do not complete for a simple trust or a pooled income f | und. | | |
| 1 | Amounts paid or permanently set aside for charitable purposes from gross income (see page 25) | 1 | | |
| 2 | Tax-exempt income allocable to charitable contributions (see page 25 of the instructions) | | | |
| 3 | Subtract line 2 from line 1 | 3 | ^ | |
| 4 | Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes | <u>ient</u> | Copy | |
| 5 | Add lines 3 and 4 | 5 | | |
| 6 | Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable | | | |
| | purposes (see page 25 of the instructions) | 6 | | |
| 7 | Charitable deduction. Subtract line 6 from line 5. Enter here and on page 1, line 13 | 7 | | |
| S | hedule B Income Distribution Deduction | | | |
| 1 | Adjusted total income (see page 25 of the instructions) | 1 | | <u>,774</u> |
| 2 | Adjusted tax-exempt interest | 2 | 2 | ,070 |
| 3 | Total net gain from Schedule D (Form 1041), line 15, column (1) (see page 26 of the instructions) | | | 0 |
| 4 | Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion) | 4 | | |
| 5 | Capital gains for the tax year included on Schedule A, line 1 (see page 26 of the instructions) | 5 | | 0 |
| 6 | Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss | | | |
| | as a positive number | 6 | -50 | <u>,522</u> |
| 7 | Distributable net income. Combine lines 1 through 6. If zero | | | ~ ~ ~ ~ |
| | or less, enter -0- | 7 | 33 | <u>,322</u> |
| 8 | If a complex trust, enter accounting income for the tax year as | | | |
| | determined under the governing instrument and applicable local law 8 33, 32 | 2 | | ~ ~ ~ ~ |
| 9 | Income required to be distributed currently | 9 | 33 | <u>,322</u> |
| 10 | Other amounts paid, credited, or otherwise required to be distributed | | | 0 |
| 11 | Total distributions. Add lines 9 and 10. If greater than line 8, see page 26 of the instructions | | | ,322 |
| 12 | Enter the amount of tax-exempt income included on line 11 | 12 | | ,070 |
| 13 | Tentative income distribution deduction. Subtract line 12 from line 11 | | | ,252 |
| 14 | Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0- | | | <u>,252</u> |
| 15 | Income distribution deduction. Enter the smaller of line 13 or line 14 here and on page 1, line 18 | 15 | 31 | <u>,252</u> |
| - COS - 22 | hedule G Tax Computation (see page 27 of the instructions) | | | |
| 2000.00 | | - 1000000000 | | |
| 1 | Tax: a Ta Ta <thta< th=""> Ta Ta <th< th=""><th>3</th><th></th><th></th></th<></thta<> | 3 | | |
| | Tax: aTax on taxable income (see page 27 of the instructions)1a7,21bTax on lump-sum distributions. Attach Form 49721b | | | |
| | Tax: aTax on taxable income (see page 27 of the instructions)1a7,21bTax on lump-sum distributions. Attach Form 49721bcAlternative minimum tax (from Schedule I (Form 1041), line 56)1c | 3 | | |
| | Tax: a Tax on taxable income (see page 27 of the instructions) 1a 7,21 b Tax on lump-sum distributions. Attach Form 4972 1b 1c c Alternative minimum tax (from Schedule I (Form 1041), line 56) 1c 1c d Total. Add lines 1a through 1c Image: Comparison of the instruction of the instructio | | 7 | ,218 |
| | Tax: a Tax on taxable income (see page 27 of the instructions) 1a 7,21 b Tax on lump-sum distributions. Attach Form 4972 1b c Alternative minimum tax (from Schedule I (Form 1041), line 56) 1c d Total. Add lines 1a through 1c 2a | <u>ז</u> | 7 | ,218 |
| 1 2a b | Tax: a Tax on taxable income (see page 27 of the instructions) 1a 7,21 b Tax on lump-sum distributions. Attach Form 4972 1b 1c c Alternative minimum tax (from Schedule I (Form 1041), line 56) 1c 1c d Total. Add lines 1a through 1c. 2a Foreign tax credit. Attach Form 1116 2a General business credit. Attach Form 3800 2b | <u>ז</u> | | ,218 |
| 1 2a b | Tax: a Tax on taxable income (see page 27 of the instructions) 1a 7,21 b Tax on lump-sum distributions. Attach Form 4972 1b c Alternative minimum tax (from Schedule I (Form 1041), line 56) 1c d Total. Add lines 1a through 1c 2a Foreign tax credit. Attach Form 1116 2a Credit for prior year minimum tax. Attach Form 8801 2c | <u>ז</u> | 7 | <u>,218</u> |
| 1 2a b | Tax: a Tax on taxable income (see page 27 of the instructions) 1a 7,21 b Tax on lump-sum distributions. Attach Form 4972 1b c Alternative minimum tax (from Schedule I (Form 1041), line 56) 1c d Total. Add lines 1a through 1c 2a Foreign tax credit. Attach Form 1116 2a Credit for prior year minimum tax. Attach Form 8801 2c Bond credits. Attach Form 8912 2d | | 7 | ,218 |
| 1 2a b c | Tax: a Tax on taxable income (see page 27 of the instructions) 1a 7,21 b Tax on lump-sum distributions. Attach Form 4972 1b 1c c Alternative minimum tax (from Schedule I (Form 1041), line 56) 1c 1c d Total. Add lines 1a through 1c 2a Foreign tax credit. Attach Form 1116 2a General business credit. Attach Form 3800 2b Credit for prior year minimum tax. Attach Form 8801 2c Bond credits. Attach Form 8912 2d | | | 0 |
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| 1 2a b c d 3 | Tax: a Tax on taxable income (see page 27 of the instructions) 1a 7,21: b Tax on lump-sum distributions. Attach Form 4972 1b 1c c Alternative minimum tax (from Schedule I (Form 1041), line 56) 1c 1c d Total. Add lines 1a through 1c 2a 2a Foreign tax credit. Attach Form 1116 2a 2b General business credit. Attach Form 3800 2b 2c Credit for prior year minimum tax. Attach Form 8801 2c 2d Bond credits. Attach Form 8912 2d 2d Total credits. Add lines 2a through 2d > Subtract line 3 from line 1d. If zero or less, enter -0- Form 8611 |) 1d 3 4 5 | | 0 |
| 1 2a b c d 3 4 5 6 | Tax: a Tax on taxable income (see page 27 of the instructions) 1a 7,21 b Tax on lump-sum distributions. Attach Form 4972 1b c Alternative minimum tax (from Schedule I (Form 1041), line 56) 1c d Total. Add lines 1a through 1c 2a Foreign tax credit. Attach Form 1116 2a General business credit. Attach Form 3800 2b Credit for prior year minimum tax. Attach Form 8801 2c Bond credits. Attach Form 8912 2d Total credits. Add lines 2a through 2d > Subtract line 3 from line 1d. If zero or less, enter -0- Form 8611 Household employment taxes. Attach Schedule H (Form 1040) Form 1040) |) 1d 3 4 5 | | 0 |
| 1 2a b c d 3 4 5 | Tax: a Tax on taxable income (see page 27 of the instructions) 1a 7,21 b Tax on lump-sum distributions. Attach Form 4972 1b 1c c Alternative minimum tax (from Schedule I (Form 1041), line 56) 1c 1c d Total. Add lines 1a through 1c 2a 2b Foreign tax credit. Attach Form 1116 2a 2b General business credit. Attach Form 3800 2c 2d Credit for prior year minimum tax. Attach Form 8801 2c 2d Bond credits. Atda lines 2a through 2d 2d 2d Subtract line 3 from line 1d. If zero or less, enter -0- Form 8611 Household employment taxes. Attach Schedule H (Form 1040) Total tax. Add lines 4 through 6. Form 1040) Form 1040) | | | <u>0</u> ,218 |
| 1 2a b c d 3 4 5 6 | Tax: a Tax on taxable income (see page 27 of the instructions) 1a 7,21 b Tax on lump-sum distributions. Attach Form 4972 1b c Alternative minimum tax (from Schedule I (Form 1041), line 56) 1c d Total. Add lines 1a through 1c 2a Foreign tax credit. Attach Form 1116 2a General business credit. Attach Form 3800 2b Credit for prior year minimum tax. Attach Form 8801 2c Bond credits. Attach Form 8912 2d Total credits. Add lines 2a through 2d 2d Subtract line 3 from line 1d. If zero or less, enter -0- Form 8611 Household employment taxes. Attach Schedule H (Form 1040) Total tax. Add lines 4 through 6. Enter here and on page 1, line 23 • |) 1d 3 4 5 | 7 | 0 ,218 ,218 |
| 1 2a b c d 3 4 5 6 7 | Tax: a Tax on taxable income (see page 27 of the instructions) 1a 7,21: b Tax on lump-sum distributions. Attach Form 4972 1b 1c c Alternative minimum tax (from Schedule I (Form 1041), line 56) 1c 1c d Total. Add lines 1a through 1c 2a Foreign tax credit. Attach Form 1116 2a General business credit. Attach Form 3800 2b Credit for prior year minimum tax. Attach Form 8801 2c Bond credits. Attach Form 8912 2d Total credits. Add lines 2a through 2d 2d Subtract line 3 from line 1d. If zero or less, enter -0- Form 8611 Household employment taxes. Attach Schedule H (Form 1040) Total tax. Add lines 4 through 6. Enter here and on page 1, line 23 Other Information | | 7 7 7 Ye | 0 ,218 ,218 ,218 s No |
| 1 2a b c d 3 4 5 6 | Tax: a Tax on taxable income (see page 27 of the instructions) 1a 7,21: b Tax on lump-sum distributions. Attach Form 4972 1b c Alternative minimum tax (from Schedule I (Form 1041), line 56) 1c 1c d Total. Add lines 1a through 1c 2a 2a Foreign tax credit. Attach Form 1116 2a 2b General business credit. Attach Form 3800 2b 2c Credit for prior year minimum tax. Attach Form 8801 2c 2d Bond credits. Attach Form 8912 2d 2d Total credits. Add lines 2a through 2d 2d Subtract line 3 from line 1d. If zero or less, enter -0- Form 8611 Household employment taxes. Attach Schedule H (Form 1040) Total tax. Add lines 4 through 6. Enter here and on page 1, line 23 Other Information Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses |) 1d 3 4 5 6 7 | 7 7 Ye X | 0 ,218 ,218 ,218 s No |
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| 1 2a b c d 3 4 5 6 7 | Tax: a Tax on taxable income (see page 27 of the instructions) 1a 7,21: b Tax on lump-sum distributions. Attach Form 4972 1b 1c c Alternative minimum tax (from Schedule I (Form 1041), line 56) 1c 1c d Total. Add lines 1a through 1c 2a 2a Foreign tax credit. Attach Form 1116 2a 2b Credit for prior year minimum tax. Attach Form 8801 2c 2d Bond credits. Attach Form 8912 2d 2d Total credits. Add lines 2a through 2d 2d 2d Subtract line 3 from line 1d. If zero or less, enter -0- 2d 2d Recapture taxes. Check if from: Form 4255 Form 8611 Household employment taxes. Attach Schedule H (Form 1040) Total tax. Add lines 4 through 6. Enter here and on page 1, line 23 Other Information Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses 2, 070 Enter the amount of tax-exempt interest income and exempt-interest dividends ▶ \$ 2, 070 SE Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any SE |) 1d 3 4 5 6 7 | 7 7 <u>Ye</u> MT.1 | 0 ,218 ,218 ,218 s No |
| 1 2a b c d 3 4 5 6 7 1 2 | Tax: a Tax on taxable income (see page 27 of the instructions) 1a 7,21: b Tax on lump-sum distributions. Attach Form 4972 1b c Alternative minimum tax (from Schedule I (Form 1041), line 56) 1c d Total. Add lines 1a through 1c 2a General business credit. Attach Form 3800 2b Credit for prior year minimum tax. Attach Form 8801 2c Bond credits. Attach Form 8912 2d Total credits. Add lines 2a through 2d 2d Subtract line 3 from line 1d. If zero or less, enter -0- Foreign tax. Add lines 4 through 6. Enter here and on page 1, line 23 Form 1040) Other Information Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses. Enter the amount of tax-exempt interest income and exempt-interest dividends > \$ 2,070 Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement? |) 1d 3 4 5 6 7 | 7 7 <u>Ye</u> MT.1 | 0 ,218 ,218 ,218 s No |
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| 1 2a b c d 3 4 5 6 7 1 2 | Tax: a Tax on taxable income (see page 27 of the instructions) 1a 7,21: b Tax on lump-sum distributions. Attach Form 4972 1b c Alternative minimum tax (from Schedule I (Form 1041), line 56) 1c d Total. Add lines 1a through 1c 2a Foreign tax credit. Attach Form 1116 2a General business credit. Attach Form 3800 2b Credit for prior year minimum tax. Attach Form 8801 2c Bond credits. Attach Form 8912 2d Total credits. Add lines 2a through 2d 2d Subtract line 3 from line 1d. If zero or less, enter -0- Form 8611 Recapture taxes. Check if from: Form 4255 Form 8611 Household employment taxes. Attach Schedule H (Form 1040) Total tax. Add lines 4 through 6. Enter here and on page 1, line 23 Other Information Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses Enter the amount of tax-exempt income and exempt-interest dividends \$ \$ 2, 070 SE Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement? At any time during calendar year 2010, did the estate or trust have an interest in or a signature or other authority over a bank | 1d 3 4 5 6 7 | 7 7 <u>Ye</u> MT 1 | 0 ,218 ,218 ,218 s No |
| 1 2a b c d 3 4 5 6 7 1 2 | Tax: a Tax on taxable income (see page 27 of the instructions) 1a 7, 21: b Tax on lump-sum distributions. Attach Form 4972 1b c Alternative minimum tax (from Schedule I (Form 1041), line 56) 1c d Total. Add lines 1a through 1c > Foreign tax credit. Attach Form 1116 2a General business credit. Attach Form 3800 2b Credit for prior year minimum tax. Attach Form 8801 2c Bond credits. Attach Form 8912 2d Total credits. Add lines 2a through 2d > Subtract line 3 from line 1d. If zero or less, enter -0- Recapture taxes. Check if from: Recapture taxes. Check if from: Form 4255 Form 8611 Household employment taxes. Attach Schedule H (Form 1040) Total tax. Add lines 4 through 6. Enter here and on page 1, line 23 Other Information Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses Enter the amount of tax-exempt interest income and exempt-interest dividends ▶ \$ 2, 070 SE Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement? At any time during calendar year 2010, did the estate or trust have an interest in or a signature or o |) 1d 3 4 5 6 7 | 7 7 <u>Ye</u> MT 1 | 0 ,218 ,218 s No x |
| 1 2a b c d 3 4 5 6 7 1 2 3 | Tax: a Tax on taxable income (see page 27 of the instructions) 1a 7, 21. b Tax on lump-sum distributions. Attach Form 4972 1b c Alternative minimum tax (from Schedule I (Form 1041), line 56) 1c d Total. Add lines 1a through 1c 2a Seneral business credit. Attach Form 3800 2b Credit for prior year minimum tax. Attach Form 8801 2c Bond credits. Attach Form 8912 2d Total credits. Add lines 2a through 2d 2d Subtract line 3 from line 1d. If zero or less, enter -0- 2d Recapture taxes. Check if from: Form 4255 Subtract line 3 from line 1d. If zero or less, enter -0- Recapture taxes. Attach Schedule H (Form 1040) Total tax. Add lines 4 through 6. Enter here and on page 1, line 23 Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses Enter the amount of tax-exempt income? If "Yes," attach a computation of the allocation of expenses Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement? At any time during calendar year 2010, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account |) 1d 3 4 5 6 7 | 7 7 <u>Ye</u> MT 1 | 0 ,218 ,218 ,218 s No x |
| 1 2a b c d 3 4 5 6 7 1 2 | Tax: a Tax on taxable income (see page 27 of the instructions) 1a 7, 21: b Tax on lump-sum distributions. Attach Form 4972 1b c Alternative minimum tax (from Schedule I (Form 1041), line 56) 1c d Total. Add lines 1a through 1c > Foreign tax credit. Attach Form 3800 2b Credit for prior year minimum tax. Attach Form 8801 2c Bond credits. Attach Form 8912 2d Total credits. Add lines 2 a through 2d 2d Subtract line 3 from line 1d. If zero or less, enter -0- 2d Recapture taxes. Check if from: Form 4255 Household employment taxes. Attach Schedule H (Form 1040) Total tax. Add lines 4 through 6. Enter here and on page 1, line 23 > Other Information \$ 2, 070 Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses Enter the amount of tax-exempt interest income and exempt-interest dividends \$ \$ At any time during calendar year 2010, did the estate or trust neceive all or any part of the earning (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement? At any time during calendar year 2010, did the estate or trust have an interest in or a signature or other authority | 0 1d 3 4 5 6 7 | 7 7 Ye MT 1 | 0 ,218 ,218 s No x x x |
| 1 2a b c d 3 4 5 6 7 1 2 3 | Tax: a Tax on taxable income (see page 27 of the instructions) 1a 7,21: b Tax on lump-sum distributions. Attach Form 4972 1b 1c c Alternative minimum tax (from Schedule I (Form 1041), line 56) 1c 1c General business credit. Attach Form 1116 2a 2b 2c Credit for prior year minimum tax. Attach Form 8801 2c 2d 2d Bond credits. Attach Form 8912 2d 2d 2d Total credits. Add lines 2 a through 2d 5d 2c 2d Subtract line 3 from line 1d. If zero or less, enter -0- Recapture taxes. Check if from: Form 4255 Form 8611 Household employment taxes. Attach Schedule H (Form 1040) Total tax. Add lines 4 through 6. Enter here and on page 1, line 23 5d Other Information Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses 2, 070 SE Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement? At any time during calendar year 2010, did the estate or trust have an interest in or a signature or other authority See page 29 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the for | 0 1d 3 4 5 6 7 E STI | 7 Ye MT 1 | 0 ,218 ,218 s No x x x x |
| 1 2a b c d 3 4 5 6 7 1 2 3 4 5 | Tax: a Tax on taxable income (see page 27 of the instructions) 1a 7,21: b Tax on lump-sum distributions. Attach Form 4972 1b c Alternative minimum tax (from Schedule I (Form 1041), line 56) 1c d Total. Add lines 1a through 1c. Image: Comparison of the c | 0 1d 3 4 5 6 7 | 7 Ye MT.1 | 0 ,218 ,218 s No x x x |
| 1 2a b c d 3 4 5 6 7 1 2 3 4 5 6 | Tax: a Tax on taxable income (see page 27 of the instructions) 1a 7,21: b Tax on lump-sum distributions. Attach Form 4972 1b 1c c Alternative minimum tax (from Schedule I (Form 1041), line 56) 1c 1c d Total. Add lines 1 a through 1c > > Foreign tax credit. Attach Form 1116 2a 2a General business credit. Attach Form 3800 2b . Credit for prior year minimum tax. Attach Form 8801 2c . Bond credits. Add lines 2a through 2d . . Subtract line 3 from line 1d. If zero or less, enter -0- . . Recapture taxes. Check if from: Form 4255 Form 8611 Household employment taxes. Attach Schedule H (Form 1040) . . Total ac di nes 24 through 6. . . . Enter here and on page 1, line 23 Other Information . | 0 1d 3 4 5 6 7 | 7 Ye №T 1 | 0 ,218 ,218 s No x x x x |
| 1 2a b c d 3 4 5 6 7 1 2 3 4 5 | Tax: a Tax on taxable income (see page 27 of the instructions) 1a 7,21: b Tax on lump-sum distributions. Attach Form 4972 1b c Alternative minimum tax (from Schedule I (Form 1041), line 56) 1c d Total. Add lines 1a through 1c. Image: Comparison of the c | 0 1d 3 4 5 6 7 E STI | 7 7 Ye MT 1 | 0 ,218 ,218 s No x x x x |

| Jonadm | ent of the Treasury | For calendar year 2010, or fiscal year beginning , , , and ending , , and ending | | 2010 |
|--|---|--|--|---|
| nternal F | estate or trust | | | tification number |
| lame an | | 4-1-09 AS EST UTD 10-10-96 | HEAL3 | Copy |
| | | TRUSTEE | | |
| Part | Tax Ret | urn Information | | ····· |
| 1 T | otal income (Form 1 | 041, line 9) | . 1 | 81,77 |
| 2 Ir | ncome distribution de | eduction (Form 1041, line 18) | 2 | 31,25 |
| 3 T | axable income (Forr | n 1041, líne 22) | 3 | 50,42 |
| 4 T | otal tax (Form 1041, | line 23) | 4 | 7,21 |
| 5 T | ax due or overpaym | ent (Form 1041, line 27 or 28) | 5 | 7,09 |
| lectroni evenue consent onsent l | to answer inquiries a enalties of perjury, I dec c portion of the 2010 U. e Service, and all accom t that the return(s), inclu to the IRS' sending the | the tax preparation software for payment of the estate's or trust's taxes owed on this return, and the financial institu uthorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidentia ind resolve issues related to the payment. Hare that the above amounts (or the amounts on the attached listing) agree with the amounts shown on the correspond S. Income Tax Return(s) for Estates and Trusts. I have also examined a copy of the return(s) being filed electronic panying schedules and statements. To the best of my knowledge and belief, they are true, correct, and complete. If ding this declaration and accompanying schedules and statements, be sent to the Internal Revenue Service by the ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the return | onding lines ally with the I am not th return trans | of the Internal e transmitter, mitter. I also |
| lectroni evenue consent onsent jected, ign | to answer inquiries a enalties of perjury, I dec c portion of the 2010 U. Service, and all accorr t that the return(s), inclu to the IRS' sending the the reason(s) for the re Signature of | uthorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential ind resolve issues related to the payment. Itare that the above amounts (or the amounts on the attached listing) agree with the amounts shown on the correspondent S. Income Tax Return(s) for Estates and Trusts. I have also examined a copy of the return(s) being filed electronic panying schedules and statements. To the best of my knowledge and belief, they are true, correct, and complete. If ding this declaration and accompanying schedules and statements, be sent to the Internal Revenue Service by the ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the retu | onding lines ally with the I am not th return trans m(s) is acce | of the Internal e transmitter, mitter. I also |
| dectare consent consent ejected, Sign dectare ollector, ne fiduci ith the I rusts for chedule | to answer inquiries a enalties of perjury, I dec c portion of the 2010 U. e service, and all accom- t that the return(s), inclu- to the IRS' sending the the reason(s) for the re- Signature of Declarat that I have reviewed the I am not responsible for any will have signed this RS, and have followed r Tax Year 2010. If I am s and statements, and thas any knowledge. | uthorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential ind resolve issues related to the payment. lare that the above amounts (or the amounts on the attached listing) agree with the amounts shown on the corresponder of the return(s) being filed electronic paying schedules and statements. To the best of my knowledge and belief, they are true, correct, and complete. If ding this declaration and accompanying schedules and statements, be sent to the Internal Revenue Service by the ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the returgetoin. iduciary or officer representing fiduciary Date iduciary or officer representing fiduciary Officer representing the fiduciary a copy of all | onding lines ally with the I am not the return trans m(s) is accor- ons) owledge. If I or an officer id information information | of the Internal e transmitter, mitter. I also pted, and, if am only a representing n to be filed tes and panying |
| ign lectronic consent onsent onsent ign lere Part declare ollector, e fiduci th the I rusts fou chedule eparer | to answer inquiries a enalties of perjury, I dec c portion of the 2010 U. s service, and all accom- t that the return(s), inclu- to the IRS' sending the the reason(s) for the re- Signature of Declarat that I have reviewed the I am not responsible for ary will have signed this RS, and have followed r Tax Year 2010. If I am s and statements, and thas any knowledge. ERO's signature RI Firm's name (or you if self-employed), address, and ZIP co- | uthorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential ind resolve issues related to the payment. Iare that the above amounts (or the amounts on the attached listing) agree with the amounts shown on the correspondential of the above amounts (or the amounts on the attached listing) agree with the amounts shown on the correspondential of the above and statements. To the best of my knowledge and belief, they are true, correct, and complete. If the above and statements. To the best of my knowledge and belief, they are true, correct, and complete. If this declaration and accompanying schedules and statements, be sent to the Internal Revenue Service by the ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the reture jection. Induction of Electronic Return Originator (ERO) and Paid Preparer (see instruction of a pair is above estate or trust return(s) and that the entries on Form 8453-F are complete and correct to the best of my know for reviewing the return(s), and only declare that this form accurately reflects the data on the return(s). The fiduciary or officer representing the fiduciary or officer representing the fiduciary or officer representing the return(s). I will give the fiduciary or officer representing the fiduciary a copy of all forms are all other requirements described in Pub. 1437, Procedures for the Form 1041 e-file Program, U.S. Income Tax Return also the Paid Preparer, under penalties of perjury I declare that I have examined the above estate or trust return(s) or the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all the set of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all to the best of my knowledge and belief, they are true, correct, and complete. | onding lines ally with the I am not the return trans rm(s) is accer- ons) owledge. If I or an officer d information information information self- EIN ► 4 Phone no. | of the Internal e transmitter, mitter. I also pted, and, if am only a representing n to be filed tes and panying of which the ERO's SSN or PTIN P00144154 2-1277139 712-722-337 |
| lectronic evenue consent onsent onsent ejected, Sign lere Part declare plector, re fiduci ith the I rusts fou chedule reparer | to answer inquiries a enalties of perjury, I dec c portion of the 2010 U. s service, and all accom- t that the return(s), inclu- to the IRS' sending the the reason(s) for the re- Signature of Declarat that I have reviewed the I am not responsible for ary will have signed this RS, and have followed r Tax Year 2010. If I am s and statements, and thas any knowledge. ERO's signature RI Firm's name (or you if self-employed), address, and ZIP co- | uthorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential ind resolve issues related to the payment. Iare that the above amounts (or the amounts on the attached listing) agree with the amounts shown on the correspondence of the payment. To the best of my knowledge and belief, they are true, correct, and complete. If ding this declaration and accompanying schedules and statements, be sent to the Internal Revenue Service by the ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the return get of the entry o | onding lines ally with the i am not the return trans m(s) is accer- ons) owledge. If I or an officer di information information self- EIN ▶ 4 Phone no. he best of m Check | of the Internal e transmitter, mitter. I also pted, and, if am only a representing n to be filed tes and panying of which the ERO's SSN or PTIN P00144154 2-1277139 712-722-337 y knowledge |
| ign lectronic evenue consent onsent ign lere Part blectare blector, e fiduci th the I rusts fou chedule eparer | to answer inquiries a enalties of perjury, I dec c portion of the 2010 U. e service, and all accom t that the return(s), inclu- to the IRS' sending the the reason(s) for the re Signature of Declarat that I have reviewed th I am not responsible for any will have signed this RS, and have followed r Tax Year 2010. If I am s and statements, and the has any knowledge. <u>ERO's signature RI</u> Firm's name (or your if self-employed), address, and ZiP co malties of perjury, I decl f, they are true, correct, | uthorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential network issues related to the payment. lare that the above amounts (or the amounts on the attached listing) agree with the amounts shown on the correspondence of the return(s) being filed electronic paying schedules and statements. I have also examined a copy of the return(s) being filed electronic paying schedules and statements. To the best of my knowledge and belief, they are true, correct, and complete. It is a bove attached in the declaration of whether or not the return is above estate or trust return(s) and that the entries on Form 8453-F are complete and correct to the best of my knowledge and belief, they are true, corport, and only declare that this form accurately reflects the data on the return(s). Income Tax Return(s), and that the entries on Form 8453-F are complete and correct to the best of my knowledge is other reviewing the return(s), and that the entries on Form 8453-F are complete and correct to the best of my knowledge is other requirements described in Pub. 1437, Procedures for the Form 1041 e-file Program, U.S. Income Tax Return(s) and belief, they are true, correct, and complete. Declaration of preparer is based on all forms are all other requirements described in Pub. 1437, Procedures for the Form 1041 e-file Program, U.S. Income Tax Return(s) or the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all ore requirements. Sincur Ease of the Form 1041 e-file Program, U.S. Income Tax Return(s) or the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all and complete. Declaration of preparer is based on all and complete. Declaration of preparer is based on all and complete. Declaration of preparer is based on all information of which the preparer has any knowledge. | onding lines ally with the i am not the return trans m(s) is accer ons) owledge. If I or an officer di information information self- EIN ▶ 4 Phone no. he best of m | of the Internal e transmitter, mitter. I also pted, and, if am only a representing n to be filed tes and panying of which the ERO's SSN or PTIN <u>P00144154</u> 2-1277139 712-722-337 y knowledge |

BRUNSTING003489

2010 Form 1041-V

What Is Form 1041-V and Do You Have To Use It?

It is a statement you send with a check or money order for any balance due on Line 27 (Tax due) of the estate's or trust's 2010 Form 1041. Using Form 1041-V allows us to process the payment more accurately and efficiently. We strongly encourage you to use Form 1041-V, but there is no penalty if you do not.

Note. Any reference in these instructions to "you" means the fiduciary of the estate or trust.

How To Fill In Form 1041-V

Line 1. Enter the estate's or trust's employer identification number (EIN) as shown on its return.

Line 2. Enter the amount you are paying by check or money order.

Line 3. Enter the name of the estate or trust.

Line 4. Enter your name and title.

Line 5. Enter your address exactly as shown on the estate's or trust's return. Please print clearly.

How To Prepare the Payment

· Make the check or money order payable to the "United States Treasury." Do not send cash.

· Make sure the name of the estate or trust appears on the check or money order.

Department of the Treasury Internal Revenue Service

• Write the estate's or trust's EIN 研算管例行例的算 on the check or money order.

• To help us process the payment, enter the amount on the right side of the check like this: \$ XXX.XX. Do not use dashes or lines (for example, do not enter "\$ XXX---" or "\$ XXX xx/100").

How To Send In the Estate's or Trust's 2010 Tax Return, Payment, and Form 1041-V

• Detach Form 1041-V along the dotted line.

 Do not staple or otherwise attach the payment or Form 1041-V to the return or to each other. Instead, just put them loose in an envelope.

· Mail the estate's or trust's 2010 tax return, payment, and Form 1041-V to the address shown on the back that applies to you.

| ✓ Detach Here and Mail With Your Payment and Return ▼ CUT HERE Payment Voucher OMB No. 1545-0092 2010 |
|--|
| E 1041-V Payment Voucher 2010 |
| E 1041-V Payment Voucher 2010 |
| |
| Internal Revenue Service (99) Do not staple or attach this voucher to your payment or return. |
| 1 Employer identification number (EIN) 2 Amount you are paying by check or money order Dollars 27-6453100 7,09 |
| o ³ Name of estate or trust ELMER H BRUNSTING DECEDENTS TR DTD |
| ₿ <u>4-1-09 AS EST UTD 10-10-96</u> |
| 4-1-09 AS EST UTD 10-10-96 4 Name and title of fiduciary ANITA BRUNSTING TRUSTEE 5 Address of fiduciary (number street and room of suite no.) |
| 5 Address of fiduciary (number, street, and room or suite no.) |
| 203 BLOOMINGDALE CIRCLE |
| City, state, and ZIP code |
| VICTORIA TX 77904 |

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

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For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule I (Form 1041) (2010)

Alternative Minimum Tax—Estates and Trusts

| Depa | rtment of the Treasury al Revenue Service | | Attach to Form 1041. See the separate instructions for Schedule I (Form 1041). | | | | | |
|-----------|--|--|---|---------------------------------------|---|--|--|--|
| Name E | of estate or trust LMER H BRUNS | STING DECEDENTS TR DTD TUTD 10-10-96 | | Employer ident Client (27-6453 | ification number | | | |
| | | or Trust's Share of Alternative Minir | num Taxable Income | 121 0100 | 100 | | | |
| 1 | | or (loss) (from Form 1041, line 17) | | 1 | 81,774 | | | |
| 2 | Interest | - (, (| | 2 | <u> </u> | | | |
| 3 | Taxes | | • | 3 | | | | |
| 4 | Miscellaneous itemized | d deductions (from Form 1041, line 15b) | | 4 | · · · · · · · · · · · · · · · · · · · | | | |
| 5 | m | ······································ | | |) | | | |
| 6 | | etween regular tax and AMT) | | 6 | | | | |
| 7 | Net operating loss ded | uction. Enter as a positive amount | | 7 | | | | |
| 8 | Interest from specified | private activity bonds exempt from the regular ta | ax | 8 | 179 | | | |
| 9 | Qualified small busines | ss stock (see page 2 of the instructions) | ······································ | 9 | ······································ | | | |
| 10 | Exercise of incentive st | tock options (excess of AMT income over regula | r tax income) | 10 | | | | |
| 11 | Other estates and trust | ts (amount from Schedule K-1 (Form 1041), box | 12. code A) | 11 | | | | |
| 12 | Electing large partners | hips (amount from Schedule K-1 (Form 1065-B) | box 6) | 12 | | | | |
| 13 | Disposition of property | (difference between AMT and regular tax gain o | r loss) | 13 | · · · · · · · · · · · · · · · · · · · | | | |
| 14 | Depreciation on assets | placed in service after 1986 (difference betwee | n regular tax and AMT) | 14 | | | | |
| 15 | Passive activities (diffe | rence between AMT and regular tax income or I | oss) | 15 | | | | |
| 16 | Loss limitations (differe | ence between AMT and regular tax income or los | (22) | 16 | | | | |
| 17 | Circulation costs (differ | rence between regular tax and AMT) | | 17 | . <u></u> | | | |
| 18 | Long-term contracts (di | ifference between AMT and regular tax income) | | 18 | | | | |
| 19 | Mining costs (difference | e between regular tax and AMT) | . , , . , , , , , | 19 | *************************************** | | | |
| 20 | Research and experim | ental costs (difference between regular tax and | амт) | 20 | | | | |
| 21 | Income from certain ins | stallment sales before January 1, 1987 | · · · · · · · · · · · · · · · · · · · | 21 | 1 | | | |
| 22 | Intangible drilling costs | - | | 1 I | | | | |
| 23 | | luding income-based related adjustments | | | ····· | | | |
| 24 | Alternative tax pet oner | rating loss deduction (See the instructions for the | limitation that annline) | 24 | 1 | | | |
| 25 | | nimum taxable income. Combine lines 1 through | A. | | 81,953 | | | |
| 20 | - | below before going to line 26. | 124 | | <u>01,000</u> | | | |
| 26 | | duction from Part II, line 44 | 26 | 31,431 | | | | |
| 27 | | rom Form 1041, line 19) | | | | | | |
| 28 | | | · · · · · · · · · · · · · · · · · · · | 28 | 31,431 | | | |
| 20 29 | • • | e of alternative minimum taxable income. Subtra | -LEWS DO from Erro OF | | 50,522 | | | |
| 23 | If line 29 is: | s of alternative minimum taxable income. Subira | | | 50,522 | | | |
| | | o here and enter -0- on Form 1041, Schedule G, | line 10. The estate or | | | | | |
| | | e alternative minimum tax. | inte it. The estate of | | | | | |
| | | ess than \$165,000, go to line 45. | | | | | | |
| | | nter the amount from line 29 on line 51 and go to | line 52 | | | | | |
| P | ****** | Distribution Deduction on a Minimur | | | | | | |
| 30 | | nimum taxable income (see page 6 of the instru- | | 30 | 81,953 | | | |
| 31 | | terest (other than amounts included on line 8) | | 24 | 1,891 | | | |
| 32 | • | nedule D (Form 1041), line 15, column (1). If a lo | ee onfor .0. | | ±107± | | | |
| | - | x year allocated to corpus and paid or permanen | | | | | | |
| 33 | | Odd Onlyndyda A Kur d | • | 33 | | | | |
| 24 | | anently set aside for charitable purposes from gross inc | ame (and note 6 of the instructions) | | | | | |
| 34 25 | | | | | 50, 522) | | | |
| 35 26 | | | inter as a positive amount | | | | | |
| 36 27 | | ed on a minimum tax basis included on line 25. E | | | 33 300 | | | |
| 37 | | e minimum taxable income (DNAMTI). Combine lines 3 | | | <u> </u> | | | |
| 38 | | distributed currently (from Form 1041, Schedule | | | 33,366 | | | |
| 39 | | redited, or otherwise required to be distributed (fi | | 40 | 22.200 | | | |
| 40 | Total distributions. Add | | | | 33,322 | | | |
| 41 | | cluded on line 40 (other than amounts included o | | | 1,891 | | | |
| 42 | i entative income distrit | bution deduction on a minimum tax basis. Subtra | ACLIME 41 ITOM INE 40 | 42 | 31,431 | | | |

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SCHEDULE I

(Form 1041)

OMB No. 1545-0092

BRUNSTING003493

| ***** | tule I (Form 1041) (2010) <u>ELMER H BRUNSTING DECEDENTS TH</u> | | <u>7-645310</u> | 0 | Page 2 |
|----------|--|---|--|---|------------------------|
| Pa | Income Distribution Deduction on a Minimum Tax Basis (| continued) | | | |
| 43 | Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line | e 37. | | | |
| | If zero or less, enter -0- | | | 43 | <u> 31,431</u> |
| 44 | Income distribution deduction on a minimum tax basis. Enter the smaller of line 42 or | r line 43. | | | |
| | Enter here and on line 26 | | | ent Copy | <u>1</u> 31,431 |
| Pa | In III Alternative Minimum Tax | | | | |
| 45 | Exemption amount | | | 45 | 22,500 |
| 46 | Enter the amount from line 29 | 46 | 50,522 | | |
| 47 | Phase-out of exemption amount | 47 | 75,000 | | |
| 48 | Subtract line 47 from line 46. If zero or less, enter -0- | 48 | 0 | | |
| 49 | Multiply line 48 by 25% (.25) | | | 49 | |
| 50 | Subtract line 49 from line 45. If zero or less, enter -0- | | | 50 | 22,500 |
| 51 | Subtract line 50 from line 46 | • | | 51 | 28,022 |
| 52 | Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or | has a | | | |
| | gain on lines 14a and 15 of column (2) of Schedule D (Form 1041) (as refigured for the Al | | | | |
| | necessary). Otherwise, if line 51 is— | , | | | |
| | • \$175,000 or less, multiply line 51 by 26% (.26). | | | | |
| | Over \$175,000, multiply line 51 by 28% (.28) and subtract \$3,500 from the result | | | 52 | 3,858 |
| 53 | Alternative minimum foreign tax credit (see page 7 of the instructions) | * * * * * * * * * * * * * * * * * * * | • • • • • • • • • • • • • • • | 53 | |
| 54 | Tentative minimum tax. Subtract line 53 from line 52 | ••••• | | 54 | 3,858 |
| 55 | Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Sch | | | 55 | 7,218 |
| 56 | Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0 Enter he | | | | 11210 |
| | on Form 1041, Schedule G, line 1c | | | 56 | 0 |
| P | It IV Line 52 Computation Using Maximum Capital Gains Rates | <u></u> | <u></u> | <u> </u> | <u>\</u> |
| | Caution: If you did not complete Part V of Schedule D (Form 1041), the Schedule D Tax | | | | |
| | or the Qualified Dividends Tax Worksheet, see page 8 of the instructions before completing | | | | |
| 57 | Enter the amount from line 51 | ng ano port. | | 57 | 28,022 |
| 58 | Enter the amount from Schedule D (Form 1041), line 22, line 13 of the | ····· | | | |
| 00 | Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax | | | | |
| | Worksheet, whichever applies (as refigured for the AMT, if necessary) | 58 | 50,522 | | |
| 59 | Enter the amount from Schedule D (Form 1041), line 14b, column (2) (as | | <u> </u> | | |
| 00 | refigured for the AMT, if necessary). If you did not complete Schedule D | | | | |
| | | F 0 | | | |
| e0 | for the regular tax or the AMT, enter -0- | | | | |
| 60 | If you did not complete a Schedule D Tax Worksheet for the regular tax | | | | |
| | or the AMT, enter the amount from line 58. Otherwise, add lines 58 and | | | | |
| | 59 and enter the smaller of that result or the amount from line 10 of the | | 50,522 | | |
| ~ 4 | Schedule D Tax Worksheet (as refigured for the AMT, if necessary) | | the second s | 64 | 28,022 |
| 61 60 | Enter the smaller of line 57 or line 60 | | 1 | 61 | 20,022 |
| 62 | Subtract line 61 from line 57 | | · · · · · · · · · · · · · · · · | 62 | |
| 63 | If line 62 is \$175,000 or less, multiply line 62 by 26% (.26). Otherwise, multiply line 62 by 2 | | | | |
| ~ / | (.28) and subtract \$3,500 from the result | | | 63 | |
| 64 05 | Maximum amount subject to the 0% rate | 64 | 2,300 | | |
| 65 | Enter the amount from line 23 of Schedule D (Form 1041), line 14 of the | | | | |
| | Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax | | | | |
| | Worksheet on page 27 of the Instructions for Form 1041, whichever | | | | |
| | applies (as figured for the regular tax). If you did not complete | | | | |
| | Schedule D or either worksheet for the regular tax, enter -0- | 65 | 0 200 | | |
| 66 | Subtract line 65 from line 64. If zero or less, enter -0- | 66 | 2,300 | | |
| 67 | Enter the smaller of line 57 or line 58 | 67 | 28,022 | | |
| 68 | Enter the smaller of line 66 or line 67 | 68 | 2,300 | | |
| 69 | Subtract line 68 from line 67 | 69 | 25,722 | | ~ ~ ~ ~ |
| 70 | Multiply line 69 by 15% (.15) If line 59 is zero or blank, skip lines 71 and 72 and go to line 73. Otherwise, go to lin | ne 71. | ► | 70 | 3,858 |
| 71 | Subtract line 67 from line 61 | 71 | | | |
| 72 | Multiply line 71 by 25% (.25) | h | ► | 72 | |
| 73 | Add lines 63, 70, and 72 | | | 73 | 3,858 |
| 74 | If line 57 is \$175,000 or less, multiply line 57 by 26% (.26). Otherwise, multiply line 57 by 2 | | | | |
| | and subtract \$3,500 from the result | . , | | 74 | 7,286 |
| 75 | Enter the smaller of line 73 or line 74 here and on line 52 | | | 75 | 3,858 |
| DAA | | ···· ································· | | r and the address of the second se | fn 1041) (2010) |

BRUNSTING003495

| (Form 1041) Capital Gains and Losses | 5-0092 |
|---|--|
| (Form 1041) Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for 201 | Λ |
| Department of the Treasury Internal Revenue Service Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable). | U |
| Name of estate or trust Employer identification number | |
| ELMER H BRUNSTING DECEDENTS TR DTD | |
| 4-1-09 AS EST UTD 10-10-96 27-6453100 | |
| Note: Form 5227 filers need to complete only Parts I and II. Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less | |
| (a) Description of property (b) Date acquired (c) Date sold (e) Cost or other basis (f) Gain or (lost |) for |
| (b) bate acquired (c) bate sold (c) bate sold (c) bate sol | |
| 1a la | |
| · · · · · · · · · · · · · · · · · · · | |
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| | |
| | |
| | |
| b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b | |
| | |
| 2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 | |
| | |
| 3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 4 Short-term combined and the answer if any form from the 2000 Combined and | |
| Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2009 Capital Loss Carryover Worksheet 4 (| , |
| 5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, | / |
| column (3) on the back 5 | |
| Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year | <u> </u> |
| (a) Description of property (b) Date acquired (c) Date sold (d) Sales price (e) Cost or other basis (f) Gain or (lose the entire yee subtract (e) from the entit (e) from the entit (e) from the entire yee subtract (e) from th | ir |
| 6a INVESCO VK INTERNATIONAL GRT FUNDY | |
| INHERIT 06/08/10 2,933 2,234 | <u>699</u> |
| BRANDYWINE BLUE FUND | |
| | 725 |
| | ,822 |
| CITIGROUP INC | |
| | |
| COLUMBIA MID CAP VALUE FUND | , 535 |
| | ,535 |
| | |
| INHERIT VARIOUS 2,992 1,827 1 | , <u>535</u> ,165 |
| INHERIT VARIOUS 2,992 1,827 1 | ,535 |
| INHERIT VARIOUS 2,992 1,827 1 b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 6b 37 | , <u>535</u> ,165 |
| INHERIT VARIOUS 2,992 1,827 1 b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 6b 37 | , <u>535</u> ,165 |
| INHERIT VARIOUS 2,992 1,827 1 b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 6b 37 | , <u>535</u> ,165 |
| INHERIT VARIOUS 2,992 1,827 1 b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 6b 37 7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 7 7 8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 8 | , <u>535</u> , <u>165</u> , <u>391</u> |
| INHERIT VARIOUS 2,992 1,827 1 b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 6b 37 7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 7 8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 | , <u>535</u> ,165 |
| INHERIT VARIOUS 2,992 1,827 1 b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 6b 37 7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 7 6b 37 8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 9 Capital gain distributions SEE_STATEMENT 2 9 10 Gain from Form 4797, Part I 10 | , <u>535</u> , <u>165</u> , <u>391</u> |
| INHERIT VARIOUS 2,992 1,827 1 b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 6b 37 7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 7 6 8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 8 9 Capital gain distributions SEE_STATEMENT 2 9 10 Gain from Form 4797, Part I 10 10 11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2009 Capital Loss 10 | , <u>535</u> , <u>165</u> , <u>391</u> |
| INHERIT VARIOUS 2,992 1,827 1 b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 6b 37 7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 7 6 8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 9 9 Capital gain distributions SEE STATEMENT 2 9 10 Gain from Form 4797, Part I 10 10 11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2009 Capital Loss 11 11 | , <u>535</u> , <u>165</u> , <u>391</u> |
| INHERIT VARIOUS 2,992 1,827 1 b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 6b 37 7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 7 6b 37 8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 8 8 9 Capital gain distributions SEE STATEMENT 2 9 10 Gain from Form 4797, Part I 10 10 11 10 11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet 11 11 11 12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, 11 11 | , <u>535</u> , <u>165</u> , <u>391</u> |

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| 000000000 | edule D (Form 1041) 2010 ELMER H BRUNSTING I | DECEDI | | 27-6453100 | Page 2 |
|-----------|---|--------------------------------|---|---|---------------------------------------|
| P | art III Summary of Parts I and II Caution: Read the instructions before completing this p | oart. | (1) Beneficiaries' (see instr.) | (2) Estate's or trust's | (3) Total |
| 3 | Net short-term gain or (loss) | | ······································ | | |
| 4 | Net long-term gain or (loss): | | | | |
| а | Total for year | 14a | | <u>Galen</u> | t Copy 50, 522 |
| b | Unrecaptured section 1250 gain (see line 18 of the wrksht.) | | | | |
| ¢ | 28% rate gain | 14c | | | |
| 5 | Total net gain or (loss). Combine lines 13 and 14a | 15 | | 50,522 | 2 50,52 |
| lote | e: If line 15, column (3), is a net gain, enter the gain on Form 1041, li | ne 4 (or Fo | orm 990-T, Part I, line 4a) | . If lines 14a and 15, colum | nn (2), are net |
| jain | s, go to Part V, and do not complete Part IV. If line 15, column (3), is | a net loss | , complete Part IV and th | e Capital Loss Carryove | r Worksheet, as |
| iece | ssary. | | | | |
| P | art IV Capital Loss Limitation | | | | |
| 16 | Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990 |)-T, Part I, | line 4c, if a trust), the sm | aller of: | |
| а | The loss on line 15, column (3) or b \$3,000 | | • | 16 | <u> </u> (|
| Vote | : If the loss on line 15, column (3), is more than \$3,000, or if Form 1 | | | | ete the Capital |
| _OS | s Carryover Worksheet on page 7 of the instructions to figure your | capital loss | carryover. | | |
| P | art V Tax Computation Using Maximum Capita | l Gains | Rates | | |
| For | n 1041 filers. Complete this part only if both lines 14a and 15 in colu | umn (2) an | e gains, or an amount is e | entered in Part I or Part II a | nd there is an |
| entry | on Form 1041, line 2b(2), and Form 1041, line 22, is more than zer | ο. | | | |
| Cau | tion: Skip this part and complete the worksheet on page 8 of the ins | tructions if | : | | |
| • E | ither line 14b, col. (2) or line 14c, col. (2) is more than zero, or | | | | |
| • B | oth Form 1041, line 2b(1), and Form 4952, line 4g are more than ze | ro. | | | |
| For | n 990-T trusts. Complete this part only if both lines 14a and 15 are | gains, or q | ualified dividends are inc | luded in income in Part I of | Form 990-T, |
| and | Form 990-T, line 34, is more than zero. Skip this part and complete | the worksh | eet on page 8 of the inst | ructions if either line 14b, c | ol. (2) or line |
| 4c, | col. (2) is more than zero. | | | | |
| 7 | Enter taxable income from Form 1041, line 22 (or Form 990-T, line | : 34) | 17 | 50,422 | |
| 18 | Enter the smaller of line 14a or 15 in column (2) | | | | |
| | but not less than zero 18 | | <u>50,522</u> | | |
| 19 | Enter the estate's or trust's qualified dividends from | | | | |
| | Form 1041, line 2b(2) (or enter the qualified dividends | | | | |
| | included in income in Part I of Form 990-T) 19 | | | | |
| 20 | Add lines 18 and 19 20 | | 50,522 | | |
| 21 | If the estate or trust is filing Form 4952, enter the | | | | |
| | amount from line 4g; otherwise, enter -0- | | 0 | | |
| 22 | Outstand line Of from line OO If some of loss outstand | | 22 | 50,522 | |
| 23 | Ordeland Ban 00 from Ban 47 Honoro on taxa antar 0 | · · <i>,</i> · · · · · · · · · | 00 | 0 | |
| | | | | | |
| 24 | Enter the smaller of the amount on line 17 or \$2,300 | | 24 | 2,300 | |
| 25 | Is the amount on line 23 equal to or more than the amount on line | 24? | | | |
| | Yes. Skip lines 25 through 26; go to line 27 and check the "No | " box. | | | |
| | X No. Enter the amount from line 23 | | 25 | | |
| 26 | Subtract line 25 from line 24 | | | 2,300 | |
| 27 | Are the amounts on lines 22 and 26 the same? | | | | |
| | Yes. Skip lines 27 through 30; go to line 31. X No. Enter the small | aller of line | 17 or line 22 27 | 50,422 | |
| | in and in a second s | | | | |
| 28 | Enter the amount from line 26 (If line 26 is blank, enter -0-) | | 28 | 2,300 | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| 9 | Subtract line 28 from line 27 | | 29 | 48,122 | |
| 30 | Multiply line 29 by 15% (.15) | | | | 7,21 |
| 1 | Figure the tax on the amount on line 23. Use the 2010 Tax Rate So | chedule for | Estates and Trusts | | · · · · · · · · · · · · · · · · · · · |
| ~ | (see the Schedule G instructions in the instructions for Form 1041) | | | 31 | |
| | | · · · · · · · · · | , , | ••••••••••••••••••••••••••••••••••••••• | |
| 2 | Add lines 30 and 31 | | | 32 | 7,21 |
| - | Figure the tax on the amount on line 17. Use the 2010 Tax Rate So | | | | |
| 3 | - i gare are tax on the amount on the H, Oge the 2010 10X Mate O | | 2000000000000000 | | 1 |
| 33 | (see the Schedule G instructions in the instructions for Form 1041) | 6 | | 22 | 16 62 |
| 33 34 | (see the Schedule G instructions in the instructions for Form 1041) Tax on all taxable income. Enter the smaller of line 32 or line 33 | | n Form 1041. Schedule | | 16,62 |

 34
 7,218

 Schedule D (Form 1041) 2010
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Schedule D-1 (Form 1041) 2010

<u>4-1-09 AS EST UTD 10-</u>10-96

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side ELMER H BRUNSTING DECEDENTS TR DTD

Employer identification number

27-6453100

| | t II Long-Term Capital (| | T | and More Than One Y | ear Cliant | |
|---|--|---|----------------------------------|---------------------|---|--|
| | a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.) | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Sales price | (e) Cost or other basis (see instructions) | COGAY or (loss) Subtract (e) from (d) |
| a | DWS SMALL CAP VALU | INHERIT | STL VARIOUS | 1,890 | 1,118 | |
| | DALLAS TX AREA RAE | ID TRAN INHERIT | 06/07/10 | 10,057 | 9,875 | 18 |
| | DC REV MEDLANTIC/H | ELIX SER INHERIT | B 06/07/10 | 19,800 | 19,010 | 79 |
| | DODGE & COX INTL S | TOCK FUNE INHERIT | VARIOUS | 10,773 | 6,473 | 4,30 |
| | DODGE & COX INCOME | INHERIT | VARIOUS | 4,592 | 4,016 | 5 |
| | E I DU PONT DE NEM | OURS & CC INHERIT | 06/03/10 | 7,274 | 4,527 | 2,74 |
| | EATON VANCE TAX MA | NAGED VAI INHERIT | 06/08/10 | 4,640 | 3,754 | 88 |
| | EXXON MOBIL CORP | INHERIT | 06/03/10 | 16,476 | 18,289 | -1,8 |
| | FIDELITY NEW INSIG | HTS FD IN INHERIT | STL VARIOUS | 4,590 | 3,128 | 1,4 |
| | FIDELITY INTER MUN | I INCM FE | VARIOUS | 6,229 | 5,986 | 2 |
| | FRANKLIN FED TAX B | REE INCM INHERIT | ADV 06/08/10 | 4,572 | 4,234 | 3 |
| | FRANKLIN HIGH YLD | TAX FREE INHERIT | ADV 06/08/10 | 2,288 | 1,972 | 3 |
| | HARTFORD DIVIDEND | & GROWTH INHERIT | 06/08/10 | 3,136 | 2,450 | 61 |
| | HAYS TX CONS INDPI | SCH DIST INHERIT | GO 06/07/10 | 31,500 | 29,742 | 1,7 |
| | ING GLOBAL REAL ES | TATE FUNE INHERIT | VARIOUS | 2,946 | 1,763 | 1,1 |
| | IN MUN PWR AGY PWF | SUPPLY S INHERIT | YS 06/07/10 | 30,930 | 30,263 | 6 |
| | INVESTMENT CO OF P | MERICA CI INHERIT | | 6,007 | 4,420 | 1,5 |
| | PERKINS MID CAP VA | LUE FD INHERIT | 06/08/10 | 1,594 | 998 | 5 |
| | JOHN HANCOCK INTL | CORE FD INHERIT | 06/08/10 | 1,941 | 1,671 | 2 |
| | JOHNSON & JOHNSON | INHERIT | 06/03/10 | 8,985 | 7,881 | 1,1 |
| | JPMORGAN CORE BONE | | | 3,952 | 3,702 | 2 |
| | JPMORGAN HIGH YIEI | | | 1,343 | 998 | 3 |
| | MFS RESEARCH INTL | FD CL I INHERIT | VARIOUS | 7,566 | 5,156 | 2,4 |
| | MONROE CNTY NY ARE | | | 9,357 | 8,990 | 3 |
| | MUNDER MID CAP COF | | 06/08/10 | 2,126 | 1,519 | 61 |
| | , y , i i i nga nganga | | | · · | | |

6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b

22,629

Page 2

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Schedule D-1 (Form 1041) 2010

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side ELMER H BRUNSTING DECEDENTS TR DTD

Employer identification number

| nt II Long-Term Capital (| | <u>565-455615 Пен</u> | | | Conv |
|---|---|----------------------------------|-----------------|---|-----------------------|
| (a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.) | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Sales price | (e) Cost or other basis (see instructions) | Subtract (e) from (d) |
| MUTUAL GLOBAL DISC | OVERY FD INHERIT | Z 06/08/10 | 2,641 | 2,251 | 39 |
| NEW WORLD FUND CL | F1 INHERIT | VARIOUS | 1,976 | 1,214 | 76 |
| OPPENHEIMER INTL E | OND FUND | Y | | | |
| OPPNHMR CMD STRAT | INHERIT TTL TRN C | | 1,923 | 1,684 | 23 |
| PIONEER FUND CL Y | INHERIT | VARIOUS | 3,735 | 2,946 | 78 |
| PIONEER CULLEN VAI | INHERIT UE FUND C | VARIOUS L Y | 7,550 | 5,200 | 2,35 |
| PROCTER & GAMBLE (| INHERIT | 06/08/10 | 3,602 | 2,904 | 69 |
| | INHERIT | 06/03/10 | 18,600 | 14,216 | 4,38 |
| | CHIP GROW | 06/08/10 | 3,154 | 2,336 | 8. |
| T ROWE PRICE EQUIT | INHERIT | FD VARIOUS | 5,883 | 3,907 | 1,9 |
| T PRICE SUMMIT MUN | I INTERM INHERIT | FD 06/08/10 | 5,088 | 4,831 | 25 |
| T ROWE PRICE NEW] | NCOME FUN INHERIT | D VARIOUS | 3,884 | 3,498 | 38 |
| TAX EXEMPT BOND FI | | F1 . 06/08/10 | 5,103 | 4,697 | 4(|
| THORNBURG LTD TERM | | | 3,954 | 3,779 | 1 |
| THORNBURG INVT TR | VALUE FD | I | | | |
| UNIV TX PERM UNIV | INHERIT FD RFDG | VARIOUS | 3,403 | 2,192 | 1,23 |
| | INHERIT | 06/07/10 | 5,503 | <u>5,582</u> | |
| | | | | | |
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| | | | | · · · · · · · · · · · · · · · · · · · | |
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| | CHEDULE E orm 1040) | | •• | tal income and | | | OMB No | | |
|-------------|---|------------------------------|---|--|---|-------------------|----------------------|---------------------|------------|
| • | | | • • • • | estates, trusts, REM | ····· | | 20 |)1(|) |
| Dep Inte | partment of the Treasury mai Revenue Service (99) | Attach to Fo | rm 1040, 1040NR, or Form 104 | 41. ► See Instr | uctions for Schedule E (For | n 1040). | Attachme Sequenc | ent <u>e No.</u> | 13 |
| | ne(s) shown on return ELMER H BRUNSTIN(| G DECE | DENTS TR DTD | | C | ient C | Cópy | r | |
| | <u>4-1-09 AS EST UTI</u> | | | | | -64533 | | | |
| | | | ental Real Estate and | - | - | | | rty, use | • |
| | | | E-3). If you are an individual | , report farm rental inco | | | | | |
| _1 | List the type and address of ea FARMLAND | ich rental re | eal estate property: | | 2 For each rental re | • • | - | Yes | No |
| ۵ | IOWA | | | | listed on line 1, di use it during the t | | | | |
| ~ | | • • • • • • • • • • • • | • | . , , | purposes for more | | | | Х |
| | | | | | 14 days or | , <u>3</u> | | 1 | |
| в | | | | | 10% of the tot | al days rented at | | | |
| | | | | | fair rental valu | e? | В | | |
| | | | | | (See page E-3) | | | | |
| C | · | • • • • • • • • • • • • • | | | , , | | | | |
| | | | | Decemention | | 1 | C C | | L |
| IIR | come: | | Α | Properties B | С | (Add | Totals columns A, | Band | • • |
| 3 | Rents received | | 26,685 | | | 3 | Columna A, | 26, | |
| | Royalties received | | | ·· · · · · · · · · · · · · · · · · · · | | 4 | | / | 000 |
| | penses: | | | | | | | | |
| 5 | Advertising | 5 | | | | | | | |
| 6 | Auto and travel (see page E-4) | <u>6</u> | | | | | | | |
| 7 | Cleaning and maintenance | | | | | _ | | | |
| 8 | Commissions | | | | | | | | |
| 9 | Insurance | | | | | - | | | |
| | Legal and other professional fees Management fees | | | | | | | | |
| | Mortgage interest paid to banks, | | | | | | | | |
| | etc. (see page E-5) | · I I | | | | 12 | | | |
| 13 | Other interest | | | | | | | | |
| 14 | Repairs | 14 | | | | | | | |
| | Supplies | | | | | | | | |
| | Taxes | | 2,672 | | | | | | |
| | Utilities | | | | | | | | |
| 18 | Other (list) ► | 18 | | | | | | | |
| | | 10 | | <u> </u> | | | | | |
| 19 | Add lines 5 through 18 | | 2,672 | ······································ | | 19 | | 2. | 672 |
| | Depreciation expense or | | | | | | | | |
| | depletion (see page E-5) | 20 | | | | 20 | | | |
| 21 | Total expenses. Add lines 19 and 20 , | 21 | 2,672 | | | | | | |
| | | | | | | | | | |
| 22 | Income or (loss) from rental real estate or royalty properties. | | | | | | | | |
| | Subtract line 21 from line 3 (rents | 5) | | | | | | | |
| | or line 4 (royalties). If the result is | | | | | | | | |
| | a (loss), see page E-5 to find out if you must file Form 6198 | . 22 | 24,013 | | | | | | |
| 23 | Deductible rental real estate loss. | | | | Mini | | | | |
| | Caution. Your rental real estate loss | | | | | | | | |
| | on line 22 may be limited. See page E-5 to find out if you must file Form | | | | | | | | |
| | 8582. Real estate professionals | | | | | | | | |
| | must complete line 43 on page 2 | 23 | <u>Ox</u> | | X | | | ~ * * | 010 |
| | Income. Add positive amounts sl Losses. Add royalty losses from | | | | | 24 25 (| | 24, | <u>013</u> |
| | Total rental real estate and roy | alty income | e or (loss). Combine lines 24 | and 25. Enter the resu | ult here. If | 20 | | | |
| | Parts II, III, IV, and line 40 on pag Form 1040NR, line 18, Otherwise | e 2 do not a , include th | apply to you, also enter this a is amount in the total on line | mount on Form 1040, 41 on page 2 | | 26 | | 24, | 013 |
| For DAA | Paperwork Reduction Act Notice, s | | | | | BRUNSPIN | evestter | m 1040 |) 2010 |

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| | | \square | Final K-1 Amended K | (-1 | ЬЬЪЪЪО ОМВ No. 1545-0092 | |
|--|--|------------------|--|------------|---|--|
| Schedule K-1 | 2010 | P | | | Current Year Income, | |
| Internal Revenue Service | calendar year 2010, ax year beginning | 1 | Deductions, Credi | 15, ai | Final year deductions | |
| | ending | 2a | Ordinary dividends 7 , 239 | | ient Copy | |
| Beneficiary's Share of Ir Credits, etc. | ► See back of form and instructions. | 2b | Qualified dividends 2,857 | | | |
| · | | 3 | Net short-term capital gain | 1 | | |
| Part I Information Abo A Estate's or trust's employer identification | *************************************** | 4a | Net long-term capital gain | | · · · · · · · · · · · · · · · · · · · | |
| 27-6453100 | | 4b | 28% rate gain | 12 A | Alternative minimum tax adjustment 1.79 | |
| B Estate's or trust's name | | 4c | Unrecaptured section 1250 gain | J | 179 | |
| ELMER H BRUNSTING 4-1-09 AS EST UT C Fiduciary's name, address, city, state, a | | 5 | Other portfolio and nonbusiness income | | | |
| ANITA BRUNSTING | | 6 | Ordinary business income | - | | |
| TRUSTEE 203 BLOOMINGDALE | CIRCLE | 7 | Net rental real estate income 24,013 | 13 | Credits and credit recapture | |
| VICTORIA | TX 77904 | 8 | Other rental income | - | | |
| | ······ | 9 | Directly apportioned deductions | - | | |
| D Check if Form 1041-T was filed and | l enter the date it was filed | | | 14 A | Other information 2,070 | |
| E Check if this is the final Form 1041 | for the estate or trust | 10 | Estate tax deduction | B | 90 | |
| Part II Information Abo | ut the Beneficiary | | | E | 7,239 | |
| F Beneficiary's identifying number 481-30-4685 | | | | <u>H *</u> | STMT | |
| G Beneficiary's name, address, city, state, | and ZIP code | | | | | |
| NELVA BRUNSTING | | | | | | |
| 13630 PINEROCK LN HOUSTON TX 77079-5914 | | | *See attached statement for additional information. Note. A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity. | | | |
| H X Domestic beneficiary | Foreign beneficiary | For IRS Use Only | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 1041. DAA

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BRUNSTING003507

9706 ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100 Federal Statements

FYE: 12/31/2010

| Payer | Ν | /lunicipal Bond | Private vity Bond |
|-------------------------|----|--------------------|----------------------|
| EDWARD JONES | \$ | 1,891 | \$ 179 |
| | \$ | 1,891 | 179 |
| TOTAL TAX-EXEMPT INCOME | | | 2 , 070 |

| Description | Amount | |
|--------------|--------|--|
| EDWARD JONES | \$18 | |
| TOTAL | \$18 | |

BRUNSTING003509

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9706 ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100 Federal Statements FYE: 12/31/2010 NELVA BRUNSTING 481-30-4685

| Schedule K-1, Box 14, Code H - Other Information | Clien | t Co | ру |
|--|-------|----------|--------|
| | | A | |
| Description BUSINESS AND RENTAL ACTIVITY DETAIL: FARMLAND INCOME | \$ | Amo 2 | 24,013 |
| | | | |
| | | | |
| | | | |
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BRUNSTING003511

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| 4044 | | Estimate Worksheet | | | | 0010 |
|-----------|--------------------|------------------------------|---------------------------------------|---------------------------------------|-------------|--|
| F | orm 1041 | For calendar year | 2011, or tax year beginning | , and ending | | 2010 |
| Name | | | | | Тахрау | er Identification Number |
| | | | DENTS TR DTD | | dian | Conv |
| | | EST UTD 10-1 | | | UIRH | teopy |
| Reco | rd of Estimated | Tax Payments (see 1047 | -ES instructions for correct payment | | | |
| | ment nber | (a) Due Date | (b) Amount Due | (c) Date Paid | (| d) Amount Paid |
| 1 | | 04/18/11 | 1,78 | 0 | | |
| 2 | | 06/15/11 | 1,78 | | | |
| 3 | | 09/15/11 | 1,78 | | | |
| 4 | | 01/17/12 | 1,78 | | | ······································ |
| Tot | al | | 7,12 | 0 | | |
| | | | Calculation of 1041 | ES Payments | | |
| 1 | Enter adjusted to | otal income expected in 2 | 011 | | | |
| 2 | Enter any expec | ted income distribution de | duction | 2 | | |
| 3 | Enter any estate | tax deduction | | | | |
| 4 | Enter exemption | (see instructions) | | | | |
| 5 | Add lines 2 throu | ugh 4 | | | 5 | |
| 6 | Taxable income | of estate or trust. Subtrac | t line 5 from line 1 | | | 7 010 |
| 7 | Figure your tax of | | | | | 7,218 |
| 8 9 | Add lines 7 and | 8 Include any tax on lum | o-sum distributions from Form 4972 | | | 7,218 |
| | | | | | | 1,210 |
| 11 | Subtract line 10 | from line 9. If zero or less | , enter -0- | · · · · · · · · · · · · · · · · · · · | 11 | 7,218 |
| | | | | | | |
| 13 | Income tax with | neld and estimated to be v | vithheld during 2011 and other refund | able credits | 13 | 123 |
| | | | | | | 25 |
| 15 | Balance | | | | 15 | 7,120 |
| 16 | Less amount of | current year overpayment | applied to next year's estimates | | 16 | |
| 17 | Less amounts al | lready paid towards next y | ear's estimates | | | |
| <u>18</u> | Total estimates | for next year | | <u></u> | 18 | 7,120 |

| Form 1116 | Fo | rm 1116 Page 1 De | 2010 | | |
|--|----------------------------------|-------------------|--------------|---------------|-------------------------|
| | For calendar year 2010, or ta | ax year beginning | , and ending | | |
| lame ELMER H BRUNSTING 4-1-09 AS EST UTI | G DECEDENTS TR DTD D 10-10-96 | | | Cli | 27-6453100 |
| Category of income | PASSIVE INCOME | | | Regular Tax X | Alternative Minimum Tax |
| Name of foreign country | VARIOUS | | | | |
| 1a Gross income: (1) | | | | | |
| Other income | 3,060 | | | | |
| Qualified dividends Short-term capital gain / lo | 2,857 | - | | | |
| Long-term capital gain / lo | | | | | |
| 2 Expenses definitely related | | | | | |
| 3a Certain itemized deductions | | | | | |
| 3b Other deductions | | | | | |
| 3c Add lines 3a and 3b | | | | | |
| 3d Gross foreign source income | e <u>6,102</u> | | | | |
| 3e Gross income from all sourc | es 88,408 0.0690 | | | | |
| 3fDivide line 3d by line 3e3gMultiply line 3c by line 3f | | | | | |
| 4a Home mortgage interest | | | | | |
| 4b Other interest expense | | | · | | |
| 5 Losses from foreign sources | | | | | |
| Deductions not definitely rela | | | | | |
| (Add lines 3g, 4a, 4b, and | 5) | ····· | | | |
| 8 Foreign taxes paid or accrue | id 90 | | | | |
| Fiduciary share (2) | 0.0000 % | % | % | % | % |

R (1) Gross income is per input. Fiduciary share will be allocated / limited on Form 1116; beneficiary share is allocated on the Beneficiary Foreign Tax Credit Schedule. (2) Fiduciary share is reported on Form 1116; beneficiary share is reported per beneficiary on the Beneficiary Foreign Tax Credit Schedule

BRUNSTING003515

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| | Form 1116 Page 1 Detail Worksheet | | | | | | | |
|--------------------|--|---|---------------------------------------|---------------------------------|---------------------------------------|---------------|----------------------|--|
| Form 1116 | For calendar year 2010, or tax year beginning , and ending | | | | | 2010 | | |
| Name | 3 | | | , and ontanig | | Clentego | Number | |
| | | CEDENTS TR DTD | | | | | | |
| <u>4-1-09 AS</u> | EST UTD 10 | -10-96 | | · · · · · · · · · · · · · · · · | | 27-6453 | 3100 | |
| Category of i | ncome | PASSIVE INCOME | | | Regular Tax | Alternative M | linimum Tax <u>X</u> | |
| Name of forei | gn country | VARIOUS | | 1 | | ****** | - | |
| 1a Gross income | | | | | | | | |
| Other incom | ie | 3,060 | | | | | | |
| Qualified div | /idends | 2,857 | | | · · · · · · · · · · · · · · · · · · · | | | |
| | capital gain / loss | | | | | | | |
| Long-term c | apital gain / loss | 185 | | | | | | |
| 2 Expenses def | initely related | | | | | | | |
| 3a Certain itemiz | ed deductions | | | | | | | |
| 3b Other deduction | ons | | | | | | | |
| 3c Add lines 3a a | and 3b | | | | | | | |
| 3d Gross foreign | source income | 6,102 | | | | | | |
| 3e Gross income | from all sources | 88,408 | | | | | | |
| 3f Divide line 3d | by line 3e | 0.0690 | | | | | | |
| 3g Multiply line 3 | c by line 3f | | | | | | | |
| 4a Home mortga | ge interest | | | | | | | |
| 4b Other interest | expense | | · · · · · · · · · · · · · · · · · · · | | | | | |
| 5 Losses from f | oreign sources | | | | | | | |
| Deductions no | ot definitely related | | | | | | | |
| (Add lines 3 | g, 4a, 4b, and 5) | | | | | | | |
| 8 Foreign taxes | paid or accrued | 90 | | | | | | |
| Fiduciary sha | are (2) | 0.0000 % | % | % | % | % | % | |
| | | hare will be allocated / limited on Form 11 116; beneficiary share is reported per ben | | | | ule. | | |

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| Iowa Department of Revenue www.state.ia.us/tax | | 2010 IA 1041 |
|---|--|----------------------|
| For Calendar Year 2010 or fiscal year beginning, and ending | lowa Fig | duciary Return |
| Name of ELMER H BRUNSTING DECEDENTS TR DTD | Dept. of Revenue No. | Check one: |
| Estate or Trust 4-1-09 AS EST UTD 10-10-96 | | Estate |
| Name, Address, and Title of Fiduciary | Federal Identification No. | |
| ANITA BRUNSTING | Client | |
| 203 BLOOMINGDALE CIRCLE | 6453100 | X Complex Trust |
| VICTORIA TX 77904 | Iowa County in which | |
| TRUSTEE | estate is pending | Bankruptcy Estate |
| Name of Attorney, Address (Number and Street), City, State, and Zip Code | | If trust, check one: |
| 14800 ST MARYS LANE, SUITE 230 | Probate No. | X Testamentary |
| HOUSTON TX 77079 | Trobate No. | |
| Attorney's Phone Number 800-229-3002 | | Inter Vivos |
| Authorization is granted to the attorney listed above to receive confidential tax informatio | | |
| estate's representative before the lowa Department of Revenue and to make written or o | | e. Yes X No |
| Have prior returns been filed for this estate or trust? Yes X No Is Income Is this an amended IA 1041? Yes X No Is an low | a Tax Certificate of Acquittance requested r va 706 being filed? Yes $ X $ No | |
| | | |
| 1. Dividends. Enter full amount. | | |
| 2. Interest | 2. | |
| 3. Income from partnerships and other fiduciaries. Attach supporting schedule. | 4. <u>24,013</u> | |
| 4. Net rents and royalties 5. Net business and farm income or loss. Attach Schedules C or C-EZ and F, federal form 1 6. Net gain (loss) from capital assets | | |
| 6. Net gain (loss) from capital assets | o40 | |
| 7. Ordinary gains (losses). Attach federal form 4797. | | |
| 8. Other income. State nature of income. | | |
| 9. Total income. Add lines 1 through 8. | | 24,013 |
| 10. Interest. Enter on Schedule D, page 2. | | |
| 11. Taxes. Enter on Schedule D, page 2. | 11. 89 | |
| 12. Fiduciary fees. Enter on Schedule D, page 2. | 12. | |
| 13. Charitable deduction from income in compliance with Will or Trust instrument. | | |
| 2 14. Attorney, accountant, and return preparer fees. Enter on Schedule D, page 2. | | |
| 2 15. Other deductions not subject to 2% floor. Enter on Schedule D, page 2. | | |
| 5 16. Allowable miscellaneous itemized deductions. Enter on Schedule D, page 2. | 16 | |
| a 17. Total. Add lines 10 through 16. | 17 | |
| ² U 18. Balance. Subtract line 17 from line 9 | | 23,924 |
| 19. Distributions to beneficiaries. Complete Schedule B on page 2 or attach federal Schedule | | |
| 20. Federal estate tax attributable to income in respect of a decedent (fiduciary's a | • | 23,924 |
| 21. Total. Add lines 19 and 20. 22. Taxable income of fiduciary. Subtract line 21 from line 18. Must be zero on fi | | ······ |
| 20. Federal estate tax attributable to income in respect of a decedent (fiduciary's s 21. Total. Add lines 19 and 20. 22. Taxable income of fiduciary. Subtract line 21 from line 18. Must be zero on fi Residents complete lines 23-32. Nonresidents complete Schedule C and enter on 23. Compute tax from rate Schedule E, page 2 | | _ |
| 23. Compute tax from rate Schedule E, page 2. | | |
| 24. Iowa lump sum tax. Attach federal Schedule 4972. | 24 | |
| E_0^2 25. Iowa minimum tax. Attach IA 6251. | 25 | |
| 25. Iowa minimum tax. Attach IA 6251. 26. Tax before credits. Add lines 23 through 25. 27. Personal exemption credit. This is a nonrefundable credit. | 26. | 0 |
| 27. Personal exemption credit. This is a nonrefundable credit. | 27. 40.00 | |
| 💥 😫 28. Out-of-state tax credit. Attach copy of out-of-state return and Schedule IA 130 |). 28. | |
| 29. Motor fuel tax credit. Attach Schedule IA 4136. | 29 | |
| 30. Other credits. Attach IA 148 Tax Credits Schedule. | 30 | |
| 31. Total credits. Add lines 27 through 30. | | |
| 32. Tax liability. Residents subtract line 31 from 26. Nonresidents enter amount from | | 0 |
| 33. Tax paid with additional Iowa Fiduciary Income Tax Payment Voucher | | |
| \times ³⁴ . Refund. If line 33 is larger than line 32, enter the difference. | | ^ |
| | 35 | |
| Mail to: Fiduciary Return Processing, Iowa Department of R | LEVENUE, FU BOX 10407, DES MOINES | 5, IA DUDUD-U40/ |
| DECLARATION: The undersigned hereby certifies and declares that this return, a examined; that to the best knowledge and belief of the undersigned, it is a true, co by the income tax law of the State of Iowa and the rules and regulations issued un disclosed to tax officials of another state or of the United States for tax administrat | irrect, and complete return for the taxable year a | is required |
| by the income tax law of the State of Iowa and the rules and regulations issued un disclosed to tax officials of another state or of the United States for tax administrat | der authonity thereof. Note: State tax information tive purposes. | i may be |
| Signature of fiduciary or officer representing fiduciary | | Date |
| | 540 NORTH MAIN AVENUE | Date |
| RICHARD K RIKKERS CPA 42-1277139 | SIOUX CENTER, IA 51250-1824 | 04/14/11 |

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| ELMER H BRUNSTING DECEDENTS T | R DTD 2 | 27-64 | <u>5310(</u> | Fiduc | iary Sche | dules | A, B, C, | D, and |
|---|--------------------|--------------------|--------------|----------------------|--------------------------|--|----------------------|--------------|
| Schedule A - Background Information: Answer | r all applicable o | questions | - | | | | | |
| 1. Date estate was opened or created: | | | 2. | Date of dece | dent's death: | | | |
| 3. Decedent's business or occupation: | | | | Decedent's a | | | | |
| 5. Was a decedent's final return filed? Yes No | | | | | cedent create tr | | | No |
| 7. Did decedent file IOWA return(s) up to the date of death | 1? 🗌 Yes [|]No lfi | no, attach | n earnings stat | ement or explan | lent | ideviOpy | |
| 8. Enter decedent's name, address, and SSN: | | | | | | <u> . . </u> | | |
| 9. Name and Social Security No. of decedent's spouse, if any: | | <u></u> | <u> </u> | | | | | |
| 10. Enter name(s) of executor(s): | | | | | | | | |
| 11. Enter date(s) and amount(s) of executor's fees paid to e | executor(s): | | | | | | | |
| 12. Had federal audit been made on prior returns of decede | | or trust? | Yes | X No Is | an audit now in | the proce | ess? Ye | es XN |
| 13. Have expenses of administration or selling expenses be | en deducted for | federal es | tate tax | ourposes? | Yes X No | • | L | |
| 14. Did you as fiduciary withhold on income distributions ma | | | | Yes | | | | |
| 15. Does the estate/trust elect to recognize the gain or loss | | | | | | Yes | XNo | |
| | | | | | | | | 4 |
| Schedule B - Beneficiaries' Shares of Incom | - <u>r</u> | | | - | | | r | |
| | | | | eficiary B | | | TOT | ALS |
| 1. Names of each beneficiary 1. | | CUEDA | LE N | T EVOT | VALENT (S | 2/ | | |
| 2. Social Security Number 2. | j | | | | | | | |
| 3. Address 3. | | | | | | | | |
| 4. Iowa resident (Yes/No) 4. | | | | | | | | |
| 5. Net short-term capital gain 5. | | | | | | | | |
| 6. Net long-term capital gain (100%) | | | · · · · · | | | | | |
| 7. Depreciation and depletion | | | | | | | | <u></u> |
| 8. Ordinary income subject to Iowa income tax 8. | | | | | | | | 23,92 |
| 9. Income not subject to lowa income tax9. | | | | | | | | |
| 10. Excess deductions 10. | | | | | | | | |
| REGARDING IOWA NONRESIDENT INCOME | | | | | | | Г | |
| 11. Iowa income tax withheld, if any 11. | | | | | | | | |
| 12. Withholding agent's identification number | | | | | | | | |
| Schedule C - Computation of Nonresident's 1 | ax | 1 1 | dule D | - | tion of Expe | nses | ı . | |
| 1. Federal taxable income from federal 1041 | E0 122 | Line | | Expla | anation | | Am | ount |
| (include ESBT income) 1. | | | | | C []] M [] 1 | | | |
| 2. Interest and dividends from federal securities 2. | 50,422 | | TAX | LAPENSE | <u>– STMT 1</u> | ····· | | <u> </u> |
| | | | | | | | | |
| 4. Deduction taken for Iowa state income tax 4. | | | | | | | | |
| 5. Interest and dividends from foreign, state, and | | | | | | | | |
| municipal securities5 | 2,070 | | ••• | | | | | |
| 6. Exemption credit from federal 1041 6. | 100 | ļ | | | | | | |
| 7. Adjusted taxable income. Add lines 3 through 6 7. | 52,592 | | | | | | | |
| 8. Compute tax on the amount shown on line 7 | _ | | | | | | | |
| using Schedule E 8 | | ļ | | | | | | |
| 9. Personal exemption credit 9 | | _ | | | | | | |
| 10. Tax before being prorated 10 | 3,097 | | | | | | | |
| 11. Nonresident percentage. Divide amount on line | | | | | | | | |
| 22, page 1, by amount on line 7, Schedule C. | | Sche | dule E | - Tax Rate | s | | | |
| This may not be greater than 100.0%. 11. | <u> 0.00</u> % | 1 | e Income | | | | | Of Exce |
| 12. Multiply line 10 by percentage on line 11. 12. | | Ov | er Bu | t Not Over | | | ax Rate | Ov |
| 13. Iowa lump-sum tax: Attach federal Schedule 4972. 13. | | | \$O | \$1,428 | \$0.00 | | (0.36% x | |
| 14. Iowa minimum tax: Attach IA 6251. 14. | | \$1,4 \$2,8 | | \$2,856 \$5,712 | \$5.14 \$15.42 | | (0.72% x (2.43% x | · |
| 15. Balance. Add lines 12, 13, and 14. 15. | | \$5,7 | | \$12,852 | \$84.82 | | (4.50% X | |
| 16. Motor fuel tax credit. Attach IA 4136. 16. | | \$12,8 | 52 | \$21,420 | \$406.12 | 4 | (6.12% × | \$12,85 |
| 17. Other credits | | \$21,42 | | \$28,560 \$42,840 | \$930.48 \$1 393 15 | | (6.48% x (6.80% x | |
| 18. Total credits. Add lines 16 and 17. 18. | | \$28,50 \$42,84 | | \$42,840 \$64,260 | \$1,393.15 \$2,364.19 | | (6.80% x (7.92% x | |
| 19. Total tax liability. Subtract line 18 from line 15. | | \$64,20 | | over | \$4,060.65 | | (8.98% x | |
| Enter on line 32, page 1 | | | | | | | | |
| | <u> </u> | | | | | | 63-00 | 1b (03/23/11 |

BRUNSTING003521

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| | | lowa Schedu | le K-1 Equivalent | | |
|---------|---------------------------------------|---|----------------------------|--|--|
| Forr | n IA 1041 | | | | 2010 |
| <u></u> | · · · · · · · · · · · · · · · · · · · | For calendar year 2010, or tax year beginning | , and | l ending | |
| | of trust | | | | Amended K-1 |
| | | STING DECEDENTS TR DTD | | Client C | (The second seco |
| | | <u>r utd 10-10-96</u> | | | ODIVinal K-1 |
| | | umber ▶ 481-30-4685 | Estate's or trust's EIN | | |
| Benefi | ciary's name, address | a, and ZIP code | Fiduciary's name, addres | | |
| | | | ANITA BRUNS | TING | |
| | LVA BRUNST | | TRUSTEE | | |
| | 630 PINERO | | | GDALE CIRCLE | 04 |
| HC | USTON | TX 77079-5914 | VICTORIA | TX 779 | 104 |
| | Resident state: | TEXAS | L | | |
| | | Enter the following items on the state inco | me tax return of the above | amed individual. | |
| 1 | Beneficiary's Share | of Federal Taxable Income 1 | 31,252 | This data presented for informa | tion only |
| | Income | | | | |
| 2 | Interest | | | Schedule B, Part I, line 1 or IA | 126, line 2 |
| 3 | Ordinary dividends | | | Schedule B, Part II, line 3 or IA | 126, line 3 |
| 4 a | Net short-term capit | al gains4 a | | Form IA 1040, line 6 or IA 126, | line 6 |
| b | Net long-term capita | al gains b | | Form IA 1040, line 6 or IA 126, | line 6 |
| 5 | Business / Nonpass | sive | , | | |
| а | Income | | | | |
| b | Depreciation | b | | Net amount to: Form IA | 1040, line 10 or |
| C | Depletion | с | | Form IA | . 126, line 10 |
| d | Amortization | d | | | |
| 6 | Rental and Passive | | | | |
| а | | ба | 23,924 | | |
| b | | b | | Net amount to: Form IA | 1040, line 10 or |
| c | Depletion | с | | Form IA | 126, line 10 |
| d | | d | | ····· | |
| | | Final Year of Estate / Trust | | | |
| a | | on termination | | Schedule A, line 21 | |
| b | Short-term capital lo | bss carryover b | | Form IA 1040, line 6 or IA 126, | |
| c | Long-term capital lo | ss carryover c | | Form IA 1040, line 6 or IA 126, | |
| d | | NOL) carryover d | | Form IA 1040, line 24 or IA 126 | , ine 24 |
| 8 | Tax Preference Items | | | Farm 14 0054 | |
| a | | ation8 a | | Form IA 6251 | |
| b | A 11 11 | b | | Form IA 6251 | |
| с | | с | | Form IA 6251 | |
| d | Exclusion items | d | | Form IA 8801 | |
| | | 0.0 | | This data proported for informa | tion only |
| a | Tax-exempt interest | · · <i>· · · · · · · · · · · · · · · · · </i> | | This data presented for informa This data presented for informa | - |
| b | VA Public - Litter - | b | | This data presented for informa | |
| C | Withholding | С | | mis data presented for informa | uon ony |

Additional Information:

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9706 ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100 Iowa Statements FYE: 12/31/2010

| <u>Statement 1 - Form IA 1041, Page 2, Schedule D - TaxesClient Cop</u> | | | |
|---|-------------|--|--|
| Description | Amount | | |
| PAGE 1 - TAX EXPENSE | \$ <u>0</u> | | |
| FEDERAL TAXES PAID ALLOCATED TO NON-IOWA INCOME | 123 | | |
| TOTAL IOWA TAX EXPENSE | \$ 89 | | |

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1040X

Department of the Treasury-Internal Revenue Service

Amended U.S. Individual Income Tax Return



| (Rev. December 2010) | | | See separ | ate instructions. | | | |
|---|---------------------------|---------------------------------------|------------------|--|-------------------------------------|--------------------|--|
| This return is for calendar yea | ar X 2010 [| 2009 | 2008 | 2007 | | | |
| Other year. Enter one: calenda | r year 👘 | or fiscal year (mor | nth and year | ended): | | | |
| Your first name and middle initial <u>NELVA E</u> | | | STING | | | 481-30 | ······································ |
| If a joint return, your spouse's first name | e and middle initial | Your spouse | e's last name | | | Your spouse's | social security number |
| Your current home address (number an 13630 PINEROCK | | P.O. box, see page 5 o | of instructions. | | Apt. no. | Your phone num | ber |
| Your city, town or post office, state, and HOUSTON | | foreign address, see p 77079-59 | | tions. | | | |
| Amended return filing status. | You must check of | ne box even if you | u are not char | nging your filing status. | | | |
| Caution. You cannot change yo X Single Qualifying widow(er) | Married filing | jointly | Married filing | | nendent see i | nage 5 of instruct | ions) |
| Use Part III on the b | | | | A. Original amount or as previously adjusted | B. Ne amour | t change | C. Correct amount |
| Income and Deductions | | | | (see page 6) | | in in Part III | |
| 1 Adjusted gross income (see pag | ge 6 of instructions). If | net operating loss | | | | | |
| (NOL) carryback is included, ch | eck here | | • | 90,68 | | | 90,681 |
| 2 Itemized deductions or standard | I deduction (see page | 7 of instructions) | 2 | 7,10 | 0 | 24,266 | 31,366 |
| 3 Subtract line 2 from line 1 | | | 3 | 83,58 | 31 | -24,266 | 59,315 |
| 4 Exemptions. If changing, com | plete Part I on the I | back and enter the | e | | | | |
| amount from line 30(see pag | e 7 of instructions) | | 4 | 3,65 | | | 3,650 |
| 5 Taxable income. Subtract li | ne 4 from line 3 | <u></u> | 5 | 79,93 | 31 | -24,266 | <u> </u> |
| Tax Liability | | | | | | | |
| 6 Tax (see page 8 of instruction | ons). Enter method | used to figure tax | с 🚺 | | 1 | | |
| QDCGTW | | | 6 | 14,45 | 55 | <u>-6,062</u> | 8,393 |
| 7 Credits (see page 8 of instructio | ons). If general busines | s credit carryback | | | | | |
| is included, check here | | ト | 7 | | 0 | | |
| 8 Subtract line 7 from line 6. I | f the result is zero c | or less, enter -0- | 8 | 14,45 | 55 | -6,062 | 8,393 |
| 9 Other taxes (see page 8 of i | instructions) | | 9 | | 0 | | |
| 10 Total tax. Add lines 8 and 9 | | | | 14,45 | 5 | -6,062 | 8,393 |
| Payments | | | | | | | |
| 11 Federal income tax withheld and | d excess social securit | y and tier 1 RRTA | | | | | |
| tax withheld (if changing, s | see page 8 of instru | ictions) | 11 | | 0 | | |
| 12 Estimated tax payments, inc | cluding amount app | lied from prior yea | ar's | | | | |
| return (see page 9 of instruc | ctions) | | 12 | 11,36 | 50 | | 11,360 |
| 13 Earned income credit (EIC) | (see page 9 of instr | ructions) | 13 | | 0 | | |
| 14 Refundable credits from | Schedule M or Form(s | s) <u>24</u> 39 | 4136 | | | 1 | |
| 5405 8801 8 other (specify): | 8812 8839 | 8863 8885 0 | vr 14 | | 0 | | |
| 15 Total amount paid with requ | est for extension of | time to file, tax pa | aid with origin | al return, and additional | | | |
| tax paid after return was file | d (see page 10 of ir | nstructions) | | | | 15 | 3,095 |
| 16 Total payments. Add lines 1 | | · · · · · · · · · · · · · · · · · · · | | | | 16 | 14,455 |
| Refund or Amount You (| | ow 8-12 weeks | to process | s Form 1040X.) | | | |
| 17 Overpayment, if any, as sho | • | | - | • | | | |
| of instructions) | - | | | | | 17 | |
| 18 Subtract line 17 from line 16 | | | | | · · · · · · · · · · · · · · · · · · | 18 | 14,455 |
| 19 Amount you owe. If line 10 | | · + | | | | 19 | |
| 20 If line 10, column C, is less t | | | | | | 20 | 6,062 |
| 21 Amount of line 20 you want i | | | | | | 21 | 6,062 |
| 22 Amount of line 20 you want | applied to your (e | | | timated tax 22 | | | |
| | | | | | | Complete and s | ion this form on Page 2. |

For Paperwork Reduction Act Notice, see page 11 of instructions.

Form 1040X (Rev. 12-2010)

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NELVA E BRUNSTING

Page 2

Form 1040X (Rev. 12-2010)

Part I Exemptions

Complete this part only if you are:

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

| See F | orm 1040 or Form 1040A instructions and page 11 of Form 1040X instructions. | | A. Original number of exemptions or amount reported or as previously adjusted | B. Net change | C. Correct number or amount |
|-------|---|--------|---|----------------------------|-----------------------------------|
| 23 | Yourself and spouse. Caution. If someone can claim you as a | | | | |
| | dependent, you cannot claim an exemption for yourself | 23 | | | |
| 24 | Your dependent children who lived with you | 24 | | | |
| 25 | Your dependent children who did not live with you due to divorce or separation | 25 | | | |
| 26 | Other dependents | 26 | | | |
| 27 | Total number of exemptions. Add lines 23 through 26 | 27 | | | |
| 28 | Multiply the number of exemptions claimed on line 27 by the exemption | | | | |
| | amount shown in the instructions for line 28 for the year you are | | | | |
| | amending (see page 11 of instructions) | 28 | | | |
| 29 | If you are claiming an exemption amount for housing individuals | | | | |
| | displaced by a Midwestern disaster, enter the amount from Form 8914, | | | | |
| | line 2 for 2008, or line 6 for 2009 | 29 | | | |
| 30 | Add lines 28 and 29. Enter the result here and on line 4 on page 1 of this form | 30 | | | |
| | List ALL demendents (shildren and others) slowed on this amongs | raturn | If more than 4 dependents | and page 11 of instruction | |

31 List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see page 11 of instructions.

| (a) First name | Last name | (b) Dependent's social security number | (c) Dependent's relationship to you | (d) Check box if qualifying child for child tax credit (see page 11 of instructions) | |
|---|---------------------------------------|---|-------------------------------------|--|---|
| | | | | | |
| ····· | | | | | |
| | | | | Personal Per | |
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| | · · · · · · · · · · · · · · · · · · · | | | | |
| THE CONTRACTOR OF A | | | | | - |

Part II Presidential Election Campaign Fund

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

Check here if you did not previously want \$3 to go to the fund, but now do.

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

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

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

TAXPAYER IS AMENDING HER RETURN TO REPORT MEDICAL EXPENSES AND CONTRIBUTIONS NOT TAKEN ON THE ORIGINAL RETURN.

Sign Here

DAA

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

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

| | | • | · | | | |
|--|--------|---|--|-----------|-------------------------------|------|
| Your signature Paid Preparer Use Only | Date | Spouse's signa | ture. If a joint return, both m | ust sign. | Date | |
| RICHARD K RIKKERS CPA | 07/ | <u>/06/11 </u> <u> </u> | ROESE & KROES | E P.C. | | |
| Preparer's signature | Date | | s name (or yours if self-emp CTH MAIN AVE | • | | |
| RICHARD K RIKKERS CPA | ······ | SIOUX C | ENTER | IA 5 | 1250-1824 | |
| Print/type preparer's name P00144154 | c | Firm's address and 2 heck if self-employed | IP code 7 <u>12 - 722 - 3</u> | 375 | 42-1277139 | |
| PTIN | | | Phone number | | EIN | |
| For forms and publications, visit IRS.gov. | | | | | Form 1040X (Rev. 12-20 |)10) |

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| 000065 | | |
|--------|-----|--|
| 1 | 5 C | |

| SCHEDULE A (Form 1040) | A Itemized Deductions OMB No. 1545 | | | | |
|--|------------------------------------|---|--|------------------|----------------------|
| Department of the Tre Internal Revenue Serv | | Asury Ce (99) Attach to Form 1040. See Instructions for Schedule A (Form 1040). Attachment Sequence No. | | | |
| Name(s) shown on Fo | | | | Your social secu | • |
| <u>NELVA E</u> Medical | BR. | Caution. Do not include expenses reimbursed or paid by others. | | 481-30-4 | 280 |
| and | | Medical and dental expenses (see instructions) | | | |
| Dental | 2 | Enter amount from Form 1040, line 38 2 90, 681 | | 0,534 | |
| Expenses | 3 | Multiple Direc 2 59/ (075) | | 5,801 | |
| Expenses | | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | 4 | 23,733 |
| Taxes You | | State and local (check only one box): | T T | | |
| Paid | Ť | a X Income taxes, or | 5 | L,355 | |
| • •••• | | b General sales taxes | | | |
| | 6 | Real estate taxes (see instructions) | 6] | L,298 | |
| | 7 | New motor vehicle taxes from line 11 of the worksheet on | | | |
| | ' | back (for certain vehicles purchased in 2009). Skip this line if | | | |
| | | you checked box 5b | 7 | | |
| | 8 | Other taxes. List type and amount 🕨 | | | |
| | | SEE STATEMENT | 8 | 145 | |
| | | Add lines 5 through 8 | | | 2,798 |
| Interest | 10 | Home mortgage interest and points reported to you on Form 1098 | 10 | | |
| You Paid | 11 | Home mortgage interest not reported to you on Form 1098. If paid to the | | | |
| | | person from whom you bought the home, see instructions and show that | | | |
| Note. | | person's name, identifying no., and address 🕨 | | | |
| Your mortgage | | | | | |
| interest deduction may | | | | | |
| be limited (see | | · · · · · · · · · · · · · · · · · · · | 11 | | |
| instructions). | 12 | Points not reported to you on Form 1098. See instructions for | | | |
| | | special rules | 12 | | |
| | | Mortgage insurance premiums (see instructions) | | | |
| | 14 | Investment interest. Attach Form 4952 if required. (See | | | |
| | 4.5 | instructions.) | | | |
| <u></u> | | Add lines 10 through 14 | | | |
| Gifts to Charity | 10 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 16 4 | ,835 | |
| - | 47 | Other than by cash or check. If any gift of \$250 or more, see | | ,000 | |
| If you made a | 11 | instructions. You must attach Form 8283 if over \$500 | 17 | | |
| gift and got a benefit for it, | 40 | | 18 | | |
| see instructions. | 19 | Carryover from prior year Add lines 16 through 18 | And the second s | 19 | 4,835 |
| Casualty and | | | | | 17000 |
| Theft Losses | 20 | Casualty or theft loss(es). Attach Form 4684. (See instructions.) | | 20 | |
| Job Expenses | | Unreimbursed employee expenses—job travel, union dues, | | | |
| and Certain | | job education, etc. Attach Form 2106 or 2106-EZ if required. | | | |
| Miscellaneous | | (See instructions.) | | | |
| Deductions | | · · · · · · · · · · · · · · · · · · · | 21 | | |
| | 22 | Tax preparation fees Other expenses—investment, safe deposit box, etc. List type | 22 | | |
| | 23 | • | | | |
| | | and amount > | 22 | | |
| | 7 4 | Add lines 24 through 22 | 23 | | |
| | 24 | Add lines 21 through 23 Enter amount from Form 1040, line 38 | | | |
| | | | 26 | | |
| | | Multiply line 25 by 2% (.02) Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- | | 27 | |
| Other | | Other—from list in instructions. List type and amount | | 00,000,000,000 | |
| Miscellaneous | 20 | Other-nonnist in instructions. List type and another P | | | |
| Deductions | | · · · · · · · · · · · · · · · · · · · | • | 28 | |
| Total | 29 | Add the amounts in the far right column for lines 4 through 28. Also, en | | | - |
| Itemized | | on Form 1040, line 40 | | 29 | 31,366 |
| Deductions | 30 | If you elect to itemize deductions even though they are less than your s | standard | | |
| For Pananuark Da | luct. | deduction, check here ion Act Notice, see Form 1040 instructions. | •••••••••••••••••••••••••••••••••••••• | Sabadul | e A (Form 1040) 2010 |
| DAA | JUGL | on Act notice, ace form for manuflons. | | BRUNSTING | |

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| A. Your user near Your Fits ramemended in term South Southy Number BRUNETING INELVAN Bold Southy Number Current Mailing address founds and strees of PO Box; Presidence on 1235 of Your Box order at the end NO Box; Presidence on 1235 of Your Box order at the end NO Box; Presidence on 1235 of Your Box order at the end NO Box; Presidence on 1235 of Your Box order at the end NO Box; Presidence on 1235 of Your Box order at the end NO Box; Presidence on 1235 of Your Box order at the end NO Box; Presidence on 1235 of Your Box order at the end NO Box Were Box order at the end NO Bo | | ar beginning 01/02 | 1/10 and ending $12/3$ | | | |
|--|-----------------|---|---|--|----------------------------------|--|
| BEDDENTING NELLAR B. Sponse find answindle intol 481-30-4685 B. Sponse list in none Sponse find answindle intol Sould Soulary Human Consent Mailing address (number and distors PD Bot); Sponse find answindle intol Sould Soulary Human Consent Mailing address (number and distors Rule answindle intol Sponse find answindle intol Sponse find answindle intol Consent Mailing address (number and distors find answindle intol Explanation of the presented of update at the entry planate at the entry planate at the entry planation of | STEP 1 | | Amended Iowa Individu | al Income Tax Return | <u>1</u> | |
| B. Source Set nume Space Set nume Source Set Nume Source Set Nume Source Set Nume 2012 OF The Set Number of Control of Not Number Not | | | | | | |
| Current Multing address (number and dires of PD 000, 1363.0 PTNRERCYC, LN For data in 100 of year, being anomoled (build with a second base of a data in the second base of the base year. For data in the grade were & or obser at the ent process were & or observed multing. Sponse use calcum 8. 2 Statute this process of the ent process were & or observed multing. Sponse use calcum 8. Statute this process of the process were & or observed multing. Sponse use calcum 8. 2 Statute this process of the ent process were & or observed multing. Sponse use calcum 8. Statute this process of the ent process were & or observed multing. Sponse use calcum 8. 2 Statute this process of the data calculated as a dependent to the num, entrol the process multing the process of the data calculated as a spond multing. A X & 2 A 3 Statute this process of the data in the data on the observed of the entrol the data in the process of the data in the statute the process of the data in the inter statute the process of the data inter inter at the data inter inter inter at the data inter int | | | | | | |
| 13.63.00 TTX TO 079-5914 Left being amended by the 100 set of the target of t | B. Spouse's | s last name | Spouse's first name/middle initial | Social Security Number | | |
| 1363.0 PTMEROCK_LN jear bailing amended group (model and the part interpreted group (model and the p | Current Mailin | o address (number and street | or PO Box): | Residence on 12/31 of | | For Calendar Year |
| Control Control <t< td=""><td></td><td>•</td><td></td><td>•</td><td></td><td>your</td></t<> | | • | | • | | your |
| EUCURION TX < | | *************************************** | | | + | ^{end} 2010 |
| STEP 2 Hing Status: Mark correct status. Recent of the status of the control of the provide grand of the status of the provide grand of the control of the provide grand of the control of the provide grand of the control of the status of the control of the status of the control of the conthe control of the control of the control of th | • | | TX 77079-5914 | Sch. Dist. No: 0000 | of the lax year. | |
| I X Single: Were you dated as a dependent on orcher period's loop return for the year fleing anercleat YES N.O. Amendition: 2 Munised filting segarating on bits combined return. Space are column B. Image: Single: Were you dated as a dependent minit. Single: Were you dated as a dependent minit. Single: Were you dated as a dependent minit. Single: Manual Minis and Mi | STEP 2 F | iling Status: Mark c | orrect status. | | | Reason for |
| 3 Merror tilling segmation on the combined return. Spouse use column B. All Merror tilling segmation on the combined return. Spouse use column B. All Merror tilling segmation on the combined return. Spouse use column B. All Merror tilling segmation on the combined return. Spouse use column B. All Merror tilling segmation on the combined set a dependent on the return. enter the period's name A SSN here. Provide dependent Column. Provide Column. | | | | for the year being amended? | YES X NO 🔺 | Amendment: |
| a Journet the details with callifying person. If craft from person is not calmed as a detailed at a distribution. Inc.; 5 Image: State in the person is not calmed as a detailed as a detailed at a distribution. Image: State in the person is not calmed as a detailed at a distribution. Image: State in the person is not calmed as a detailed at a distribution. Image: State in the person is not calmed as a detailed at a distribution. Image: State in the person is not calmed as a detailed at a distribution. Image: State in the person is not calmed as a detailed at a distribution. Image: State in the person is not calmed as a detailed at a distribution. Image: State in the person is not calmed as a detailed at in the return at a state in the person is not calmed as a detailed at in the return at a state in the person is not calmed as a detailed at a distribution. Image: State in the person is not calmed as a detailed at a distribution. Image: State in the person is not calmed as a detailed at a distribution. Image: State in the person is not calmed as a detailed at a distribution. Image: State in the person is not calmed at a distribution. Image: State in the person is not calmed at a distribution. Image: State in the person is not calmed at a distribution. Image: State in the person is not calmed at a distribution. Image: State in the person is not calmed at a distribution. Image: State in the person is not calmed at a distribution. Image: State in the person is not calmed at a distribution. Image: State in the person is not calmed at a distribution. Image: State in the person is distribution. Image: State in th | 2 Ma | urried filing a joint return. | | | ~~~~ <u></u> | Net Operating Loss |
| A South Addie Desite Desite <thdesit< th=""> <thdesite< th=""> Desit<td>3 Ma</td><td>urried filing separately on this co</td><td>ombined return. Spouse use column B.</td><td>······</td><td></td><td>Federal Audit</td></thdesite<></thdesit<> | 3 Ma | urried filing separately on this co | ombined return. Spouse use column B. | ······ | | Federal Audit |
| S Head of household with qualifying person. In collising parson. In acc 4 as a dependent on the return entite the process manual account of the set | 4 Mar Spo | med filing separate returns. zuse's name: | | SSN: | Inc.: \$ | l luna l |
| STEP 3 Corrected Examplions Pronoal Cradit Enter for Each period to and/or the such period who is blind 1 X \$ 4.0 = 4.0 Examplions Enter first names of dependents and/or to reach period who is blind 1 X \$ 20 5 200 SPOUSE Enter first names of dependents merce 0 X \$ 20 5 200 SPOUSE Enter first names of dependents merce 0 X \$ 200 5 200 STEP 4 Corrected X \$ 200 5 200 5 200 5 200 5 200 5 200 5 200 5 200 5 200 5 200 5 200 5 200 5 200 5 200 5 7 400 5 5 7 7 200 7 15 7 15 7 400 5 6 11,500 5 5 7 15 7 400 8 200,993 9 3 | | | person. If qualifying person is not claime | d as a dependent on this return, | enter the person's name & SSN he | |
| STEP 3 Indiference IF Enter 1 for each person who is 65 or older and/or 1 for each person who is bind Image: Application of the applicaplication of the applicaplication of the applicatic | 6 Qu | alifying widow(er) with depende | ent child. Name: | SSN: | | Provide detailed explanation on back. |
| Charles Enter for each person who is 65 or other and/or 1 for each person who is Mind A I X S 20 e S 20 Exemptions Enter first names of dependents perce. A X 6 40 e 5 60 SPOUSE Personal Credit: Enter 1 I 65 or other and/or 16 bind X 6 A X 6 0 3 STEP 4 Enter first names of dependents Inter 1 165 or other and/or 16 bind X 8 20 e 5 Corrected I. Gross Income 1 X 6 0 7.9.33 Income 1. Gross Income 1 C 7.153 6 0 1.3.572 A ddian of or Federal Taxes 6 C 1.1.500 7.153 6 0 1.3.500 Babance. Subtract line 3 from line 5 8 20.999 9 20.999 9 20.999 9 20.999 9 20.999 9 20.999 9 10 20.999 <td>STED 2</td> <td>Personal</td> <td>Credit: Enter 1 or Enter 2 if filing jo</td> <td>pint or head of household</td> <td><u>1 X \$</u></td> <td>40 = \$ 40</td> | STED 2 | Personal | Credit: Enter 1 or Enter 2 if filing jo | pint or head of household | <u>1 X \$</u> | 40 = \$ 40 |
| Connection Timing jointing Dependents: Enter 1 for each dependent X \$ 40 = s Enter first names of dependents Enter 1 X \$ 40 = s TOTAL \$. 60 SPOUSE (# Filing) Dependents: Enter 1 for each dependent here. X \$ 40 = s . . STEP 4 B. Spouse/Status 3 A. You or Joint X \$ 40 = s . . STEP 4 B. Spouse/Status 3 A. You or Joint X \$ 40 = s . . Strazable Income 2. Adjustments to income 1. . Spouse/Status 3 A. You or Joint Strazable Income 2. Adjustments to income 1. | | (and spouse IF Enter 1 for | each person who is 65 or older and/or 1 | I for each person who is blind | <u>▲ 1 × \$</u> | <u>20</u> = \$ <u>20</u> |
| TorAL \$ Coll Set 1 field on all credit: Enter 1 X 4 6 5 7 <t< td=""><td></td><td>tiling jointly) Depende</td><td>nts: Enter 1 for each dependent</td><td></td><td> 🛦 X \$</td><td>40 = \$</td></t<> | | tiling jointly) Depende | nts: Enter 1 for each dependent | | 🛦 X \$ | 40 = \$ |
| SPOUSE Personal Credit: Enter 1 A X \$ 40 = \$ Lature 3) Enter first names of dependents: Enter 1 for each dependent X \$ 20 = \$ STEP 4 B. Spouse/Status 3 A. You or Joint Corrected 1. Gross income 1. A. You or Joint Taxable 2. 7.158 A. You or Joint Taxable 2. 7.158 A. You or Joint Addiustion for Federal Taxes 4. 5.777 5. Total. Add ines 3 and 4. 5. C.1.352 6. Deduction for Federal Taxes 6. 11.500 7. In Stark Status 5. A. 20,999 20,999 9. Taxable income. Subtract line 6 from line 7. 9. 20,999 9. Taxable income. Subtract line 6 from line 7. 9. 20,999 9. Taxable income. Subtract line 8 from line 7. 9. 20,999 9. Taxable income. Subtract line 15 from line 12. If less than zero, enter zero. 14. 9.003 10. Credit for Norestelle target research. At 2 and credit schedule. 5. 2. 3.18 11. Owa Lump Sum/Minimum Tax | Exemptions | Enter first | names of dependents here: | | | TOTAL \$ 60 |
| Improvide Enter 1 if 65 or older and/or 1 if blind A X \$ 20 = 5 Enter first names of dependents: Enter X \$ 40 TOTAL \$ STEP 4 Corrected 1. Gross Income 1. 2. Adjustments to income 1. . . 3. Net Income. Subtract line 2 from line 1. 3. . . 4. Addition for Federal Taxes 4. . . . 5. Total. Add lines 3 and 4. 5. 6. Deduction for Federal Taxes 6. 6. Deduction tor Federal Taxes 6. . <td< td=""><td></td><td> D D</td><td></td><td></td><td></td><td>40 = \$</td></td<> | | D D | | | | 40 = \$ |
| Lature 30 Dependents: Enter 1 for each dependent here: TOTAL \$ STEP 4 Total rest names of dependents here: TotAL \$ STEP 4 B. Spouse/Status 3 A. You or Joint Corrected 1. Gross income 1. Gross income 2. 7.158 Taxable A. Adjustments to income 2. 7.158 6.0,775 3. Net income. Subtract line 2 from line 1. 3. 6.0,775 6.61,352 6. Deduction for Federal Taxes 6. 11,500 6.1,352 8. Deduction themized / Standard 8. 28,853 9. 20,992 9. Taxable income. Subtract line 8 from line 7. 9. 20,992 9.03 9. Tax Add lines 10 and 11. 12 903 9.03 9.03 11. Howa Lump Sum/Minimum Tax 11. 9.03 9.03 9.03 9.03 9.03 9.03 13. Total of Europic Crasts, Lineral Rost, Natach In 126. 15. 0. 4.843 9.03 14. Balance. Subtract line 13 from line 12. Hiess than zero, enter zero. 16.0 0. 3.18 6.0 3.18 | | | | | | 20 = \$ |
| Enter first names of dependents here: TOTAL \$ STEP 4 B. Spouse/Status 3 A. You or Joint Corrected 1. 67,933 Taxable 2. Adjustments to income 2. 7,158 Addition for Federal Taxes 4. 67,793. 4. Addition for Federal Taxes 4. 5. 5. Total. Add lines 3 and 4. 6. 11,500 7. Total. Add lines 3 and 4. 6. 11,500 7. Bahanes. Subtract line 6 from line 7. 8. 28,853 8. Totable income 2. 28,853 9. 20,999 20,999 STEP 5 10. Tax or Alternative Tax 10. 903 and 11. 903 and 12. 903 13. Total Tax. Add lines 10 and 11. 9. 222,999 14. Credits 13. Total of Exemption Cleds, Earned income Tax Credit preser 208 and pin, 8 taxion 9 taxion 8 taxion 10 and 11. 9. 15. Credit for Nonresidem tor Part-Year Residemt. Attach 14 126. 15. 9. 16. Continutions from Credits. 18 tax Credits 5 techedule. 7. 14. | | status 3) Depende | nts: Enter 1 for each dependent | | X \$ | 40 = \$ |
| 1. Gross Income 1. Gross Income 1. 67, 933 Totable 2. Adjustments to Income 2. 7, 158 Income 3. 60, 775 4. Addition for Federal Taxes 4. 5. 6. 5. Total, Add lines 3 and 4. 6. 11, 352 6. Deduction for Federal Taxes 6. 11, 500 7. Balance, Subtract line 6 from line 5. 7. 429, 852 8. Deduction: lemized / Standard 8. 26, 853 9. Taxable Income. Subtract line 6 from line 7. 9. 20, 999 9. Taxable Income. Subtract line 16 from line 7. 9. 20, 999 9. Taxable Income. Subtract line 16 from line 12. If less than zero, enter zero. 14. 0 9. Tax Add Lines 10 and 11. 12. 903 60 9. Total Tax. Add lines 10 and 11. 12. 903 60 9. Credits 13. Total Tex. Add lines 10 and 11. 12. 903 9. Credits 15. Total from Noresident or Part-Year Resident. Attach L28. 15. 525 18. Balance. Subtract line 13 from line 14. If less than zero, enter zero. 14. 0 318 19. Other lowar Credits. Attach Lin 44 | | Enter first | names of dependents here: | | | TOTAL \$ |
| Corrected 1. Gross Income 1. Gross Income 1. Gross Income 2. Adjustments to Income 3. Income 3. Adjustments to Income 3. | STEP 4 | | | | B. Spouse/Status 3 | A. You or Joint |
| Taxable 2. Adjustments to income 2. 7,158 3. Net Income. Subtract line 2 from line 1. 3. 60,775 4. Addition for Federal Taxes 4. 577 5. Total, Add ities 3 and 4. 5. 61,352 6. Deduction for Federal Taxes 6. 11,500 7. Balance. Subtract line 6 from line 6. 7. 49,852 8. Deduction: Itemized / Standard 8. 220,999 9. Taxable Income. Subtract line 8 from line 7. 9. 20,999 STEP 5 10. Tax or Alternative Tax 10. 903 Figure 11. Iowa Lump Sum/Minimum Tax 10. 903 7. Credit for Nonesident or Part Year Resident Attach IA 12. 903 60 7. Other Tax. Add lines 10 and 11. 12. 903 60 13. Total of Exergion Casils. Earnet income Tax Credit for Years 2006 and print, 8 Tution & Totok Credit 5225 16. 0 318 14. Balance. Subtract line 15 from line 14. If less than zero, enter zero. 16. 0 318 15. Credit for Nonesident or Part Year Resident. 7. 31. 31. 31. 16. Stand Zerongine Casils Schedule. 7. 31. | Corrected | 1. Gross Income | | | 1 | 67,933 |
| 3. Net Income. Subtract line 2 from line 1. 3. 60,775 4. Addition for Federal Taxes 4. 5. 5. Total, Add lines 3 and 4. 5. 61,352 6. Deduction for Federal Taxes 6. 111,500 7. Balance, Subtract line 6 from line 7. 9. 20,939 8. Taxes Alternative Tax 10. 903 9. Taxe of Alternative Tax 10. 903 Figure 11. Iowa Lump Sum/Minimum Tax 11. 903 7. Total 7 Add lines 10 and 11. 903 9. Total 7 Add lines 10 and 11. 903 9. Total 7 Add lines 10 and 11. 903 11. Iowa Lump Sum/Minimum Tax 11. 0 Your Tax 17. Total 7 Exercities Taxes Face Resident, Attach 1.4 1/26. 5. 16. Balance, Subtract line 15 from line 12. If less than zero, enter zero. 16. 0 18. Balance, Subtract line 17 from line 14. If less than zero, enter zero. 16. 0 3118 17. Other towa Credits, Attach 1A 148 Tax Credits Schedule. 17. 18. 0 3118 18. Balance, Subtract line 17 from line 12. If ess than zero, enter zero. 18. 0 3118 19. School District Surtave Credi | | 2. Adjustments to Incol | me | | | |
| 4. Addition for Federal Taxes 4. 5. 61, 352 5. Total. Add tines 3 and 4. 5. 61, 352 6. Deduction for Federal Taxes 6. 11, 500 7. Batance. Subtract line 6 from line 5. 7. 49, 852 8. Deduction: Itemized / Standard 8. 28, 853 9. Taxable Income. Subtract line 8 from line 7. 9. 20, 999 STEP 5 10. Tax or Alternative Tax 10. 903 You Tax 11. 0 0 You Tax 12. Total Tax. Add lines 10 and 11. 0 0 13. Total Texmed Incents. Subtract line 13 from line 12. If less than zero, enter zero. 14. 0 8443 15. Credit for Nonresident or Par-Year Resident. Attach IA 126. 15. 5225 525 525 16. Balance. Subtract line 15 from line 16. If less than zero, enter zero. 16. 0 318 17. Other lowa Credits. Attach IA 148 Tax Credits Schedule. 17. . . . 18. Balance. Subtract line 17 from line 16. If less than zero, enter zero. 16. 0 < | income | 3. Net Income. Subtrac | t line 2 from line 1. | | | |
| 5. Total. Add lines 3 and 4. 5. 6. 6. 11, 3502 6. Deduction for Federal Taxes 6. 11, 500 11, 500 7. Balance. Subtract line 6 from line 5. 7. 49, 852 8. Deduction: Itemized / Standard 8. 20, 999 9. Taxable Income. Subtract line 8 from line 7. 9. 200, 999 10. Tax or Alternative Tax 10. 903 Figure 11. Iova Lump Sum/Minimum Tax 11. 0 Your Tax 7. Total of Semption Ceslits. Earth come Tax Credit for years 2006 and ptor), & Tubion & Tax or Alternative Tax 903 11. Jova Lump Sum/Minimum Tax 11. 0 9433 12. Total Tax. Add lines 10 and 11. 0 84433 13. Total of Semption Ceslits. Earth times than zero, enter zero. 14. 0 84433 15. Credit for Nonresident of Part-Year Resident. Attach IA 126. 15. 5225 16. Balance. Subtract line 15 from line 14. If less than zero, enter zero. 16. 0 318 17. Other lowa Credits. Attach IA 148 Tax Credits Schedule. 17. | | 4. Addition for Federal | Taxes | | | |
| 6. Deduction for Federal Taxes 6. 111, 500. 7. Balance. Subtract line 6 from line 5. 7. 49, 852. 8. Deduction: Itemized / Standard 8. 28, 853. 9. Taxable Income. Subtract line 8 from line 7. 9. 20, 999. STEP 5 10. Tax or Atternative Tax 10. 903. Your Tax 11. Iowa Lung SumMainmum Tax. 11. 0. Your Tax 12. Total Tax. Add lines 10 and 11. 12. 903. and Good 60. 8. 525. 13. Total Chempton Cedits, Eamed income Tax Cedit (br years 2000 and pic), a Tution & Textuck Cedit 14. 0. 843. 15. Credit for Nonresident or Part-Year Resident. Attach IA 126. 15. 525. 16. 0. 31.8 16. Other lowa: Credits. Attach IA 148 Tax Credits. Schedule. 17. - - - - 18. 0. 31.8 - | | 5. Total. Add lines 3 an | nd 4. | | | |
| 8. Deduction: Itemized / Standard 8. 28, 853 9. Taxable Income. Subtract line 8 from line 7. 9. 20, 999 STEP 5 10. 903 Figure 11. lowa Lump Sum/Minimum Tax 10. 903 and Credits 11. lowa Lump Sum/Minimum Tax 11. 903 and Credits 13. Total Tax. Add lines 10 and 11. 903 60 14. Balance. Subtract line 13 from line 12. If less than zero, enter zero. 14. 0 8433 15. Credit for Nonresident or Part-Year Resident. Attach IA 126. 15. 525 6. 0 31.8 17. Other lowa Credits. Subtract line 15 from line 14. If less than zero, enter zero. 16. 0 31.8 18. Balance. Subtract line 17 from line 16. If less than zero, enter zero. 18. 0 31.8 19. School District Surtax/Emergency Medical Services Surtax 19. 20. 21. 31.8 19. School District Surtax/Emergency Medical Services Surtax 19. 22. 31.8 23. 1,32.0 0r 23. Total Tax. Add lines 84, 9, and 20. 21. 31.8 23. 1,32.0 24. 0. 19. Contributions from Original Return 20. </td <td></td> <td>Deduction for Federa</td> <td>al Taxes</td> <td></td> <td>6</td> <td><u>11,500</u></td> | | Deduction for Federa | al Taxes | | 6 | <u>11,500</u> |
| 8. Deduction: Itemized / Standard 8. 28, 853 9. Taxable Income. Subtract line 8 from line 7. 9. 20, 999 STEP 5 10. 903 Figure 11. lowa Lump Sum/Minimum Tax 10. 903 and Credits 11. lowa Lump Sum/Minimum Tax 11. 903 and Credits 13. Total Tax. Add lines 10 and 11. 903 60 14. Balance. Subtract line 13 from line 12. If less than zero, enter zero. 14. 0 8433 15. Credit for Nonresident or Part-Year Resident. Attach IA 126. 15. 525 6. 0 31.8 17. Other lowa Credits. Subtract line 15 from line 14. If less than zero, enter zero. 16. 0 31.8 18. Balance. Subtract line 17 from line 16. If less than zero, enter zero. 18. 0 31.8 19. School District Surtax/Emergency Medical Services Surtax 19. 20. 21. 31.8 19. School District Surtax/Emergency Medical Services Surtax 19. 22. 31.8 23. 1,32.0 0r 23. Total Tax. Add lines 84, 9, and 20. 21. 31.8 23. 1,32.0 24. 0. 19. Contributions from Original Return 20. </td <td></td> <td>7. Balance. Subtract lin</td> <td>ne 6 from line 5.</td> <td></td> <td>7</td> <td>49,852</td> | | 7. Balance. Subtract lin | ne 6 from line 5. | | 7 | 49,852 |
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| STEP 5 10. Tax or Alternative Tax 10. 903 Figure 11. lowa Lump Sum/Minimum Tax 11. 0 Your Tax 12. Total Tax. Add lines 10 and 11. 0 13. Total of Exemption Credits, Eamed Income Tax Credit (for years 2006 and prior). & Tution & Textbook Credit 13. 0 14. Balance. Subtract line 13 from line 12. If less than zero, enter zero. 14. 0 8433 15. Credit for Nonresident or Part-Year Resident. Attach IA 126. 15. 5225 18. Balance. Subtract line 15 from line 14. If less than zero, enter zero. 16. 0 318 17. Other lowa Credits. Attach IA 148 Tax Credits Schedule. 17. . <td< td=""><td></td><td>9. Taxable Income. Su</td><td>btract line 8 from line 7.</td><td>****</td><td>9</td><td>20,999</td></td<> | | 9. Taxable Income. Su | btract line 8 from line 7. | **** | 9 | 20,999 |
| Figure Your Tax 11. lowa Lump Sum/Minimum Tax 11. 0 Your Tax 12. Total Tax. Add lines 10 and 11. 12. 903 and Credits 13. Total of Exemption Credits, Earned income Tax Oredit (for years 2006 and pict), & Tution & Textbook Credit 13. 0 0 14. Balance. Subtract line 13 from line 12. If less than zero, enter zero. 14. 0 0 8433 15. Credit for Nonresident or Part-Year Resident. Attach IA 126. 15. 5225 516. Balance. Subtract line 15 from line 14. If less than zero, enter zero. 16. 0 3118 17. Other lowa Credits. Attach IA 148 Tax Credits Schedule. 17. | STEP 5 | | | ······ | | |
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| 14. Balance. Subtract line 13 from line 12. If less than zero, enter zero. 14. 0 843 15. Credit for Nonresident or Part-Year Resident. Attach IA 126. 15. 525 16. Balance. Subtract line 15 from line 14. If less than zero, enter zero. 16. 0 318 17. Other lowa Credits. Attach IA 148 Tax Credits Schedule. 17. | | 13. Total of Exemption Credits, E | Earned Income Tax Credit (for years 2006 and pri- | or), & Tuition & Textbook Credit | 13 | 60 |
| 16. Balance, Subtract line 15 from line 14. If less than zero, enter zero. 16. 0 318 17. Other lowa Credits, Attach IA 148 Tax Credits Schedule. 17. 17. 18. Balance, Subtract line 17 from line 16. If less than zero, enter zero. 18. 0 318 19. School District Surtax/Emergency Medical Services Surtax 19. | | 14. Balance. Subtract lin | ne 13 from line 12. If less than zero, | enter zero. | | 843 |
| 17. Other lowa Credits. Attach IA 148 Tax Credits Schedule. 17. 18. Balance, Subtract line 17 from line 16. If less than zero, enter zero. 18. 0 31.8 19. School District Surtax/Emergency Medical Services Surtax 19. | | 15. Credit for Nonreside | nt or Part-Year Resident. Attach IA | 126. | 15 | |
| 17. Other lowa Credits. Attach IA 148 Tax Credits Schedule. 17. 18. Balance, Subtract line 17 from line 16. If less than zero, enter zero. 18. 0 31.8 19. School District Surtax/Emergency Medical Services Surtax 19. | | 16. Balance, Subtract lin | e 15 from line 14. If less than zero, | enter zero. | 16 <u>(</u> |) 318 |
| 18. Balance. Subtract line 17 from line 16. If less than zero, enter zero. 18. 0 318 19. School District Surfax/Emergency Medical Services Surfax 19. | | 17. Other Iowa Credits. | Attach IA 148 Tax Credits Schedule | · · · · · · · · · · · · · · · · · · · | 17. | |
| 19. School District Surfax/Emergency Medical Services Surfax 19. 20. Contributions from Original Return 20. 21. Total Tax. Add lines 18, 19, and 20. 21. 21. Total Tax. Add lines 48, line 21, and enter here. 21. Refund 23. Total Credits B & A from Step 9 of the IA 1040. See instructions. 23. 0r 24. Tax amount previously paid 24. Amount 25. Total credits and payments. Add lines 23 and 24. 25. 26. Overpayment shown on previous filing 26. 41.3 27. Subtract line 26 from line 25. Enter here. 27. 907 28. If line 27 is more than line 22, subtract line 22 from line 27. This is the REFUND amount. REFUND 28. 58.9 29. If line 27 is less than line 22, subtract line 27 from line 27. This is the AMOUNT OF TAX YOU OWE. 29. 4. 30. Penalty and Interest. 30a. Penalty ▲ + 30b. Interest 30. 31. TOTAL AMOUNT NOW DUE Add lines 29 and 30 and enter here. Make check payable to Trasurer, State of lowa PAY 31. 4. 10. Wee, the undersigned, declare under penalty of penalty is based on all information of which preparer has any knowledge. PAY 31. Address. 4ROESEE & KROESE P. C. 20. Very signature: Date: Stout x Knoklese B. C. 54.0 N | | 18. Balance. Subtract lin | e 17 from line 16. If less than zero, | enter zero. | 18C | . 318 |
| 21. Total Tax. Add lines 18, 19, and 20. 21. 318 STEP 6 22. Total. Add columns A & B, line 21, and enter here. 22. 318 Refund 23. Total Credits B & A from Step 9 of the IA 1040. See instructions. 23. 1,320 or 24. Tax amount previously paid 24. 0 Amount 25. Total credits and payments. Add lines 23 and 24. 25. 1,320 26. Overpayment shown on previous filing 26. 413 27. Subtract line 26 from line 25. Enter here. 27. 907 28. If line 27 is less than line 22, subtract line 22 from line 27. This is the REFUND amount. REFUND 28. 58.9 29. If line 27 is less than line 22, subtract line 27 from line 27. This is the AMOUNT OF TAX YOU OWE. 29. | | 19. School District Surta | x/Emergency Medical Services Sur | tax ′ | 19 | · · |
| STEP 6 22. Total. Add columns A & B, line 21, and enter here. 22. 318 Refund 23. Total Credits B & A from Step 9 of the IA 1040. See instructions. 23. 1, 320 Or 24. Tax amount previously paid 24. 0 You Owe 24. Tax amount previously paid 24. 0 25. Total credits and payments. Add lines 23 and 24. 25. 1, 320 26. Overpayment shown on previous filing 26. 413 27. Subtract line 26 from line 25. Enter here. 27. 907 28. If line 27 is more than line 22, subtract line 22 from line 27. This is the REFUND amount. REFUND 28. 30. Penalty and Interest. 30a. Penalty 4 + 30b. Interest 30. 31. TOTAL AMOUNT NOW DUE. Add lines 29 and 30 and enter here. Make check payable to Treasurer, State of towa PAY 31. 1 (We), the undersigned, declare under penalty of perjury that 1 (we) have examined this return and attachments, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. PAY 31. Your Signature: | | 20. Contributions from C | Driginal Return | | 20 | |
| STEP 6 22. Total. Add columns A & B, line 21, and enter here. 22. 318 Refund 23. Total Credits B & A from Step 9 of the IA 1040. See instructions. 23. 1,320 or 24. Tax amount previously paid 24. 0 Amount 25. Total credits and payments. Add lines 23 and 24. 25. 1,320 26. Overpayment shown on previous filing 26. 413 27. Subtract line 26 from line 25. Enter here. 27. 907 28. If line 27 is more than line 22, subtract line 27 from line 27. This is the REFUND amount. REFUND 28. 30. Penalty and Interest. 30a. Penalty ▲ + 30b. Interest 30. 31. TOTAL AMOUNT NOW DUE. Add lines 29 and 30 and enter here. Make check payable to Treasurer, State of lowa PAY 31. 31. TOTAL AMOUNT NOW DUE. Add lines 29 and 30 and enter here. Make check payable to Treasurer, State of lowa PAY 31. 31. TOTAL AMOUNT NOW DUE. Add lines 29 and 30 and enter here. Make check payable to Treasurer, State of lowa PAY 31. 31. Weight and inferest 30a. Penalty and inferest 30. A 31. TOTAL AMOUNT NOW DUE. Add lines 29 and 30 and enter here. Make check payable to Treasurer, State of lowa PAY 31. A <t< td=""><td>_</td><td>21. Total Tax. Add lines</td><td>18, 19, and 20.</td><td></td><td>21</td><td></td></t<> | _ | 21. Total Tax. Add lines | 18, 19, and 20. | | 21 | |
| Refund 23. Total Credits B & A from Step 9 of the IA 1040. See instructions. 23. 1, 320 or 24. Tax amount previously paid 24. 0 Amount 25. 1, 320 You Owe 26. 0verpayment shown on previous filing 26. 41.3 27. Subtract line 26 from line 25. Enter here. 27. 907 28. If line 27 is more than line 22, subtract line 22 from line 27. This is the REFUND amount. REFUND 28. 589 29. If line 27 is less than line 22, subtract line 27 from line 27. This is the AMOUNT OF TAX YOU OWE. 29. 589 29. If line 27 is less than line 22, subtract line 27 from line 27. This is the AMOUNT OF TAX YOU OWE. 29. 589 30. Penalty and Interest. 30a. Penalty | STEP 6 | 22. Total. Add columns / | A & B, line 21, and enter here. | | 22. | 318 |
| Amount You Owe 25. Total credits and payments. Add lines 23 and 24. 25. 1,320 26. Overpayment shown on previous filing 26. 413 27. Subtract line 26 from line 25. Enter here. 27. 907 28. If line 27 is more than line 22, subtract line 22 from line 27. This is the REFUND amount. REFUND 29. If line 27 is less than line 22, subtract line 27 from line 27. This is the AMOUNT OF TAX YOU OWE. 29. 30. Penalty and interest. See instructions. 30a. Penalty 4 + 30b. Interest 30. 31. TOTAL AMOUNT NOW DUE Add lines 29 and 30 and enter here. Make check payable to Treasurer, State of lowa PAY 31. 1 (We), the undersigned, declare under penalty of perjury that I (we) have examined this return and attachments, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your Stignature: Your Signature: Firm SIOUX CENTER IA 51250-1824 Spouse's Signature: Preparer's SIOUX CENTER IA 51250-1824 | Refund | 23. Total Credits B & A f | rom Step 9 of the IA 1040. See inst | ructions. | 23. | 1,320 |
| You Owe 25. Total credits and payments. Add lines 23 and 24. 25. 1, 320 26. Overpayment shown on previous filing 26. 413 27. Subtract line 26 from line 25. Enter here. 27. 907 28. If line 27 is more than line 22, subtract line 22 from line 27. This is the REFUND amount. REFUND 28. 589 29. If line 27 is less than line 22, subtract line 27 from line 27. This is the AMOUNT OF TAX YOU OWE. 29. 30. Penalty and Interest. See instructions. 30a. Penalty 4 + 30b. Interest 30. 31. TOTAL AMOUNT NOW DUE. Add lines 29 and 30 and enter here. Make check payable to Treasurer, State of Iowa PAY 31. 1 (We), the undersigned, declare under penalty of perjury that 1 (we) have examined this return and attachments, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. PAY 31. Your Signature: | | 24. Tax amount previous | sly paid | | | |
| 27. Subtract line 26 from line 25. Enter here. 27. 907 28. If line 27 is more than line 22, subtract line 22 from line 27. This is the REFUND amount. REFUND 28. 589 29. If line 27 is less than line 22, subtract line 27 from line 22. This is the AMOUNT OF TAX YOU OWE. 29. 4 30. Penalty and Interest. See instructions. 30a. Penalty ▲ + 30b. Interest 30. ▲ 31. TOTAL AMOUNT NOW DUE. Add lines 29 and 30 and enter here. Make check payable to Treasurer, State of Iowa PAY 31. ▲ 1 (We), the undersigned, declare under penalty of perjury that I (we) have examined this return and attachments, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. PAY 31. ▲ Your Signature: | You Owe | 25. Total credits and pay | ments. Add lines 23 and 24. | | | |
| 28. If line 27 is more than line 22, subtract line 22 from line 27. This is the REFUND amount. REFUND 28. 589 29. If line 27 is less than line 22, subtract line 27 from line 22. This is the AMOUNT OF TAX YOU OWE. 29. 29. 30. Penalty and Interest. See instructions. 30a. Penalty ▲ + 30b. Interest 30. 31. TOTAL AMOUNT NOW DUE. Add lines 29 and 30 and enter here. Make check payable to Treasurer, State of lowa PAY 31. 1 (We), the undersigned, declare under penalty of perjury that I (we) have examined this return and attachments, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. PAY 31. Your Signature: | | 26. Overpayment shown | on previous filing | • | | |
| 29. If line 27 is less than line 22, subtract line 27 from line 22. This is the AMOUNT OF TAX YOU OWE. 29 | | 27. Subtract line 26 from | line 25. Enter here. | | | |
| 30. Penalty and Interest. 30a. Penalty | | 28. If line 27 is more that | n line 22, subtract line 22 from line 2 | This is the REFUND amo | ount. REFUND 28. | <u>▲ 589</u> |
| 31. TOTAL AMOUNT NOW DUE. Add lines 29 and 30 and enter here. Make check payable to Treasurer, State of Iowa PAY 31. I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return and attachments, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. PAY 31. Your Signature: | | 29. If line 27 is less than | line 22, subtract line 27 from line 22 | 2. This is the AMOUNT OF T | AX YOU OWE | Å |
| I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return and attachments, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your Signature: Date: D | | | | | | _ |
| Date: Date: 540 NORTH MAIN AVENUE Spouse's Signature: SIOUX CENTER IA 51250-1824 Preparer's Signature: 07/06/11 712-722-332277139 | (IN/a) the med | 31. TOTAL AMOUNT NOW DUE | Add lines 29 and 30 and enter here. Make check | k payable to Treasurer, State of Iowa | PAY 31. | |
| Date: Date: 540 NORTH MAIN AVENUE Spouse's Signature: Preparer's Signature: SIOUX CENTER IA 51250-1824 | and complete r | return. Declaration of preparer i | (other than taxpayer) is based on all infor | mation of which preparer has any | y knowledge. | iu benei, it is a true, correct, |
| Date: Date: 540 NORTH MAIN AVENUE Spouse's Signature: Preparer's Signature: SIOUX CENTER IA 51250-1824 | Your Signature: | | Firm Addre | SS: KROESE & KRO | ESE P.C. | ······································ |
| Preparer's RICHARD K RIKKERS CPA 07/06/11 712-722-BRINSTING 0353 277139 | Date: | | Date: | 540 NORTH MA | IN AVENUE | |
| | Spouse's Signa | ature: | aris | | | ······· |
| | CS Daytime T | | re:RICHARD_K_RIKKERS_CPA | | | BTING的353タム / / エンソ ID#: 41-122a (07/16/10) Y |

481-30-4685 Form IA 1040X, Page 2

Explanation of Changes to Income, Deductions, and Credits

Enter the line reference from page 1 for which you are reporting a change and give the reason for each change. Please attach applicable schedules. Please indicate how the change in income, deductions, or credits are allocated between spouses.

TAXPAYER IS AMENDING HER RETURN TO REPORT MEDICAL EXPENSES AND

CONTRIBUTIONS NOT TAKEN ON THE ORIGINAL RETURN.

Credit Carryforward

If you are amending prior to the end of the year for which this return came due and wish to change your credit carryforward (estimated tax), please fill in these line items.

Calculated Overpayment: Elected Carryforward Amount for You (A)

Total Carryforward Subtract line 2 from line 1 and enter on line 28

DO YOU OWE ADDITIONAL TAX? You have three options to pay!

Spouse (B)

- 1. Payment transfer from your bank account: Go to www.state.ia.us/tax/ and make a direct debit/electronic payment through eFile & Pay.
- 2. Pay by credit card online:Go to www.state.ia.us/tax/ > eServices > Electronic Payment Options. Please note that you will be charged a service fee by the vendor.
- 3. Mail your payment with youcher IA 1040V to lowa Department of Revenue, Iowa Income Tax - Document Processing, PO Box 9187, Des Moines IA 50306-9187.

NOTE: State tax information may be disclosed to tax officials of another state or of the United States for tax administrative purposes.

Mail return to:

Iowa Income Tax Processing Iowa Department of Revenue Hoover State Office Building Des Moines IA 50319-0120.

FINAL CHECKLIST Before you mail this return, make sure you

have:

1)

2)

0

- Rechecked your math!
- Provided an explanation of the change.
- ٠ Computed interest and any applicable
- penalty on additional tax due.
- Signed your return.
- Verified your Social Security Number(s). ٠
- Made your payment, if required.

Please do not send cash by mail.

6. ₁. 1

000065

Iowa Itemized Deductions

If you itemize deductions, attach a copy of this schedule or a copy of the federal Schedule A to your return.

| Name(s) as shown on page 1 of the IA 1040 | Social Security Number |
|---|------------------------|
| NELVA E BRUNSTING | 481-30-4685 |

NOTE: If you have federal bonus depreciation, please see the 2010 Expanded Instructions on our Web site.

| | Do not include health insurance premiums deducted on IA 1040, line 18. | | | |
|-------|--|---|--|---|
| | • | | | |
| 1. | Medical and dental expenses1, | 29,376 | | |
| 2. | | 6 801 | | |
| 2 | | | 3 | 22,575 |
| | | <u></u> | | 2215 |
| 477 | | | | |
| | | | | |
| | | | | |
| | b General sales taxes only from line 5b of the Federal Schedule A. | | | |
| 5. | Real estate taxes 5. | 1,298 | | |
| 6 | | | | |
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| | | 90 | | |
| 8. | | | 8. | 1,443 |
| 9a | | ···· | | |
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| | | | 13. | |
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| | | | 17 | 4,835 |
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| | Lipreimburged employee expenses. Attach federal form 2106 or 2106 EZ if required 10 | <u>* , , , , , , , , , , , , , , , , , , ,</u> | 10 | |
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| 24. | | | 24. | 0 |
| 25 | | | | |
| ~~`\ | | | 25 | |
| | | | | 20 052 |
| 26. | Add lines 3, 8, 13, 17, 18, 24, and 25, and enter the total here | ····· L | 26. | 28,853 |
| | Kuning filling statutes 6.2.5. or 6. onto the employed on Step 7. June 20 of | B- 14 4040 | | |
| | it using ming statuses 1, 2, 5, or 6, enter the amount on Step 7, the 35 of | uie IA 1040. | | |
| | Complete lines 27 through 31 ONLY if you are using filing status 3 or 4. | SPOUSE | | YOU |
| 27. | Enter the lowa net income of both spouses from IA 1040, line 26 27b. | 2 | 7a | |
| 28. | | | 28 | |
| | | | | |
| | | | | |
| 31. | Subtract line 30 from line 26. Enter here and on IA 1040, line 39, column B. If you are | | <u></u> | |
| | • | - | | |
| | 6. 7. 8. 9a 9b 10. 11. 12. 13. 14. 15. 16. 17. 18. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. | 2. Multiply the amount on federal form 1040°, line 38 as adjusted for disallowance of bonus depreciation, from line 1. If less than zero, enter zero. 2. 3. Subtract line 2 from line 1. If less than zero, enter zero. | 2 Multiply the amount on federal form 1040°, line 38 as adjusted for disallowance of bonus depreciation, from line 14 of the IA 1040 by 7.5% (075). Enter result here. 2 6,801 3 Subtract line 2 from line 1. If less than zero, enter zero. 2 6,801 4 State and Local (Check only one box): a a A 4 State and Local (Check only one box): a A | 2 Multiply the amount on federal form 1040°, ins 38 as adjusted for disalowance of borus depreciation, from line 14 of the 1040 by 7.5% (075). Enter result here. 2. 6,801 3. Stabtared line 2 from line 1. If less than zero, enter zero. 3. 3. 4. State and Local (Check only one box): a () Other state and local income taxes. Do not include lowa income Tax include School Discin Surtax and EMS Surtax paid in 2010 Cherral stales taxes only from line 5b of the Federal Schedule A. 5. Real estate taxes 5. 1, 298 6. 6. 555 7. 90 8. Add amounts on lines 4, 5, 6, and 7. Enter the total here. 8. 9a Home mortgage interest and points reported on federal form 1098 9a. Home mortgage insurance premiums 11. 11. 22. 23. 24. 25. 25. 26. 27. 28. 29. 20. 21. 22. 23. 24. 24. 24. 24. 24. 24. 24. 24. 25. 26. 27. 29. 29. 20. 20. 21. 22. 23. 24. 25. 25. 26. 27. 27. |

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| Le 104 | 0 | Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return | 2010 (99) | IRS Use Only-Do | not write or st | aple in this space. |
|-----------------------------------|------------|---|--|----------------------|---------------------------|--|
| | Р | For the year Jan. 1-Dec. 31, 2010, or other tax year beginning | , 2010, ending | , 20 | OM | B No. 1545-0074 |
| Name, | R | Your first name and initial Last name | | | | ecurity number |
| Address, | Ň | NELVA E BRUNSTING | ······································ | | | <u>Q-4685</u> |
| and SSN | T C | If a joint return, spouse's first name and initial Last name | | C C | di Cents d | cia Qep y number |
| See separate instructions. | LEA | Home address (number and street). If you have a P.O. box, see in 13630 PINEROCK LN | structions. | Apt. no. | ≜ | sure the SSN(s) above on line 6c are correct. |
| | RL | City, town or post office, state, and ZIP code. If you have a foreign | | | • | a box below will not |
| Presidential | Ľř | HOUSTON TX 77 Check here if you, or your spouse if filing jointly, want \$3 to | 7 <u>079-5914</u> | | change yo | ur tax or refund. |
| Election Campai | | | . Head of household (| with qualifying pers | son). (See inst | ructions.) If |
| Filing Status | 1 2 | Single Married filing jointly (even if only one had income) | 4 the qualifying person child's name here. ▶ | is a child but not y | our dependen | t, enter this |
| Check only one | 3 | Married filing separately. Enter spouse's SSN above | 5 Qualifying widow(er) | with dependent ch | ild | |
| box. | - | and full name here. | | | | |
| ******** | 6a | X Yourself. If someone can claim you as a dependent, c | do not check box 6a | | - | Boxes checked |
| Exemptions | b | Spouse | | | | No. of children |
| • | c | Dependents: | | | (4) 🗸 | |
| | | | (2) Dependent's | (3) Dependent | Ifor child | atial much time with |
| | | (1) First name Last name | social security number | relationship to | you tax cr. (s page 15 | you due to divorce |
| If more than four | | | | | | or separation (see instructions) |
| dependents, see | | | | | | Dependents on 6c |
| instructions and check here ▶ | | | | | | not entered above |
| | | | | | | Add numbers on |
| | d | Total number of exemptions claimed | | | | lines above 🕨 📃 🔟 |
| Income | 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | | 7 | 15,837 |
| | 8а ь | Taxable interest. Attach Schedule B if required | 86 | 5,6 | | 10,037 |
| Attach Form(s) W-2 here. Also | ь 9а | Tax-exempt interest. Do not include on line 8a | L <u>ool</u> | | | 21,685 |
| attach Forms | b | Ordinary dividends. Attach Schedule B if required Qualified dividends | an | ····· | 25 | 21,000 |
| W-2G and | 10 | Taxable refunds, credits, or offsets of state and local incor | | <u></u> | 10 | |
| 1099-R if tax was withheld. | 11 | Alimony received | | | | ······ |
| If you did not | 12 | Business income or (loss). Attach Schedule C or C-EZ | ····· | <i></i> . <u>.</u> | 12 | |
| get a W-2, | 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here | | ,,,,,,,,,,,,,,, | 13 | -3,000 |
| see page 20. | 14 | Other gains or (losses). Attach Form 4797 | | | 14 | • |
| | 15a | IRA distributions 15a 3 | 218 b Taxable amo | unt | 15b | 3,218 |
| | 16a | Pensions and annuities 16a | b Taxable amo | unt | 16b | <u> 10,788</u> |
| Enclose, but do | 17 | Rental real estate, royalties, partnerships, S corporations, | | | | <u> </u> |
| not attach, any payment, Also, | 18 | Farm income or (loss). Attach Schedule F | | | 18 | |
| please use | 19 | | | | | |
| Form 1040-V. | 20a | Social security benefits 22 | ,518 b Taxable amo | unt | | <u> 19,140</u> |
| | 21 | | | | . 21 | |
| | 22 | Combine the amounts in the far right column for lines 7 thr | | income | ▶ 22 | 90,681 |
| A atta and a al | 23 | Educator expenses | | | | |
| Adjusted | 24 | Certain business expenses of reservists, performing artists | | | | |
| Gross | | fee-basis government officials. Attach Form 2106 or 2106- | | | | |
| Income | 25 | Health savings account deduction. Attach Form 8889 | | | | |
| | 26 | Moving expenses. Attach Form 3903 | | | | |
| | 27 | One-half of self-employment tax. Attach Schedule SE | | | | |
| | 28 | Self-employed SEP, SIMPLE, and qualified plans | | | | |
| | 29 20 | Self-employed health insurance deduction | 29 | | | |
| | 30 21 a | Penalty on early withdrawal of savings | | | | |
| | 31a 32 | Alimony paid b Recipient's SSN ► | | | | |
| | 32 33 | IRA deduction Student loan interest deduction | | | | |
| | 33 34 | Tuiling and face Allerty From DD47 | | | | |
| | 34 35 | Domestic production activities deduction. Attach Form 890 | | | | |
| | 36 | Add lines 02 through 21s and 20 through 25 | | | 36 | |
| | 37 | Subtract line 36 from line 22. This is your adjusted gross | income | | ▶ 37 | 90,681 |
| - | | Cast de la contra | | | | |

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| 000065 | \ \[\]\]\]\] | | | | | | 4 | 21 20 460Ep |
|-------------------------------|-----------------------|---|---------------------------|--------------------------------------|---|---|------------|----------------------------------|
| | | VA E BRUNSTING | | | | ······ | | 31-30-4685Page 2 90,681 |
| Tax and | 38 | Amount from line 37 (adjusted gross incor Check $\begin{bmatrix} X \end{bmatrix}$ You were born before Jan | | | | · · · · · · · · · · · · · · · · · | 38 | <u>90,001</u> |
| Credits | 398 | if: Spouse was born before . | | | | 39a | 1 | |
| | b | If your spouse itemizes on a separate return or y | - | | | ► 39b | ŕ l | |
| | 40 | Itemized deductions (from Schedule A) | | | | - 000 <u></u> |] | 7,100 |
| | 40 41 | | | | • | C. | | Copy 83,581 |
| | 41 | Exemptions. Multiply \$3,650 by the numb | | | •••••••••• | | 42 | 3,650 |
| | 42 | Taxable income. Subtract line 42 from line 41. If line 42 i | | | ···· | | | 79,931 |
| | 44 | Tax (see instr.). Check if any tax is from: a For | | | ···· | | | 14,455 |
| | 45 | Alternative minimum tax (see instruction | is). Attach For | m 6251 | | | 45 | |
| | 46 | Add lines 44 and 45 | | | | ••••••••••••••••••••••••••••••••••••••• | 46 | 14,455 |
| | 40 | Foreign tax credit. Attach Form 1116 if req | | | 47 | | | <u> </u> |
| | 48 | Credit for child and dependent care expen | | orm 2441 | 48 | | | |
| | 49 | Education credits from Form 8863, line 23 | | | 49 | | | |
| | 50 | Retirement savings contributions credit. Al | | 80 | 50 | | | |
| | 51 | Child tax credit (see instructions) | | | 51 | | | |
| | 52 | Residential energy credits. Attach Form 56 | | | 52 | | | |
| | 53 | Other credits from Form: a 3800 b | ويستسو و و و و و و | | 53 | · · · · · · · · · · · · · · · · · · · | | |
| | 54 | Add lines 47 through 53. These are your to | | | | | 54 | |
| | 55 | Subtract line 54 from line 46. If line 54 is m | | | | | 55 | 14,455 |
| Other | 56 | Self-employment tax. Attach Schedule SE | ····· | | | | 56 | |
| Taxes | 57 | Unreported social security and Medicare ta | ax from Form: | a 🗌 41: | 37 b 🗌 8919 | | 57 | |
| laxes | 58 | Additional tax on IRAs, other qualified retir | ement plans, | etc. Attach For | m 5329 if required | | 58 | |
| | 59 | a Form(s) W-2, box 9 b Sct | nedule H | c 🗌 🗆 | Form 5405, line 16 | | 59 | |
| | 60 | Add lines 55 through 59. This is your total tax | | | | | 60 | 14,455 |
| | 61 | Federal income tax withheld from Forms V | V-2 and 1099 | | 61 | | | |
| Payments | 62 | 2010 estimated tax payments and amount applie | d from 2009 ret | um | 62 | 11,36 | 0 | |
| | 63 | Making work pay credit. Attach Schedule N | И | | 63 | | | |
| If you have a | <u>64</u> a | Earned income credit (EIC) | | | 64a | | | |
| qualifying child, attach | b | Nontaxable combat pay election 64t | | | | | | |
| Schedule EIC | 65 | Additional child tax credit. Attach Form 88 | | | 65 | | | |
| | 66 | American opportunity credit from Form 886 | | | 66 | | _ | |
| | 67 | First-time homebuyer credit from Form 54 | | | 67 | | | |
| | 68 | Amount paid with request for extension to | | , | 68 | | | |
| | 69 | Excess social security and tier 1 RRTA tax | | · · · · <i>· · · · · · · · · · ·</i> | 69 | | | |
| | 70 | Credit for federal tax on fuels. Attach Form | | ···· | 70 | | | |
| | 71 | Credits from Form: a 2439 b 883 | 9 c [8801 | 1 d 8885 | 71 | | _ | |
| | 72 | Add lines 61, 62, 63, 64a, and 65 through 71. These are yo | | | | <u> </u> | 72 | 11,360 |
| Refund | 73 | If line 72 is more than line 60, subtract line | | | • • | d | 73 | |
| | 74a | Amount of line 73 you want refunded to y | | | | 🏲 📖 | 74a | ······ |
| Direct deposit? See | P D | Routing number | 🕨 с Тур | e: Chec | king 🔄 Savings | | | |
| instructions. | - a | Account number | | | | | | |
| Amount | <u>75</u> 76 | Amount of line 73 you want applied to yo Amount you owe. Subtract line 72 from line 60 | | | 75 | | 76 | 3,095 |
| You Owe | . 77 | Estimated tax penalty (see instructions) | . FOI DELAUS ON | now to pay, see i | 77 | | 10 | |
| | Do you | want to allow another person to discuss thi | s return with t | he IRS (see ins | ala and the second s | es. Comple | te helow | /. No |
| Third Parl | y i | • | | • | ersonal identification nu | | | 4948 |
| Designee | Designe name | ▶ RICHARD K RIKKERS | CPA | | | Phone no. | • | 2-722-3375 |
| Sign | | nalties of perjury, I declare that I have examined the true, correct, and complete. Declaration of prepare | | ccompanying sch | edules and statements, | | | |
| Here | They are Your side | | T (other than ta: Date | Your occupati | | cn preparer n | as any kn | owiedge. Daytime phone number |
| Joint return? See page 12. | | | | RETIRE | | | | |
| Кеерасору 🔽 | Spouse's | signature, if a joint return, both must sign. | Date | Spouse's occi | | | | |
| for your records. | | | | | | | | |
| | Print/Type p | reparer's name P | reparer's signat | ure | · | Date | Chec | k if PTIN |
| Paid | RICHARD | K RIKKERS CPA R | <u>ICHAR</u> D K R | IKKERS CPA | | 04/14/ | | employed P00144154 |
| | Firm's name | | .C. | | | | Firm's El | N► 42-1277139 |
| Use Only | Firm's addres | ₅ ► 540 NORTH MAIN AV | ENUE | | | | Phone n | |
| - | | SIOUX CENTER | | IA 51 | 1250-1824 | | 712 | -722-3375 |

| Form | 1040 | (2010) |
|------|------|--------|
| | | |

| 000065 | | | | |
|--|--|---|--|--|
| Form 8879 | IRS e-file Signature | Authorization | | OMB No. 1545-0074 |
| Department of the Treasury Internal Revenue Service | Do not send to the IRS. This Keep this form for your record | | | 2010 |
| Declaration Control Number (DCN | 00420512020261 | | Client | Copy |
| Taxpayer's name | | ······································ | Social securit | y number |
| | BRUNSTING | | 481-30- | |
| Spouse's name | | | Spouse's soc | al security number |
| Part I Tax Return Ir | nformation — Tax Year Ending December 3 | 1, 2010 (Whole Dollars | s Only) | |
| 1 Adjusted gross income (For | m 1040, line 38; Form 1040A, line 22; Form 1040EZ, line | 4) | 1 | <u>9</u> 0,681 |
| 2 Total tax (Form 1040, line 60 | 0; Form 1040A, line 37; Form 1040EZ, line 11) | | 2 | 14,455 |
| 3 Federal income tax withheld | (Form 1040, line 61; Form 1040A, line 38; Form 1040EZ, | line 7) | 3 | |
| 4 Refund (Form 1040, line 74a | a; Form 1040A, line 46a; Form 1040EZ, line 12a; Form 10 | 40-SS, Part I, line 12a) | 4 | 2 005 |
| | 0, line 76; Form 1040A, line 48; Form 1040EZ, line 13) claration and Signature Authorization (Be s | | | <u>3,095</u> |
| in Part I above are the amounts from moriginator (ERO) to send my return to the reason for any delay in processing their Agent to initiate an ACH electronic fund of my Federal taxes owed on this return that this authorization may apply to future for me to initiate future payments, I requere force and effect until I notify the U.S. The Agent at 1-888-353-4537 no later than 2 of the electronic payment of taxes to reduce the the personal identified. Withdrawal Consent. Taxpayer's PIN: check one box of X I authorize KROESI as my signature on my taxes and signature on my taxes and signature on PIN and Your signature ▶ | E & KROESE P.C. ERO firm name (year 2010 electronically filed income tax return. signature on my tax year 2010 electronically filed income ta d your return is filed using the Practitioner PIN method. Th | ervice provider, transmitter, or election of the transmitter or reason for rejection of the transmitter of the U.S. Treasury and its desindicated in the tax preparation soft abbit the entry to this account. I fur tronic Federal Tax Payment Syste access EFTPS. This authorization payment, I must contact the U.S. Trize the financial institutions involve only eleves related to the payment tax return and, if applicable, my Element to enter or generate reasons are to enter or generate reasons are turn. Check this box only the ERO must complete Part III | tronic return ansmission, (b) th ignated Financial ware for payment ther understand m (EFTPS). In orc a is to remain in fu freasury Financial ed in the processi t. I further ectronic Funds my PIN 25 Enter five do not en r if you are | ler II ing <u>3905</u> numbers, but ter all zeros |
| Spouse's PIN: check one box or | ıly | | | |
| I authorize | | to enter or generate r | my PIN | |
| | ERO firm name | | | numbers, but |
| ; ; ; ; | vear 2010 electronically filed income tax return. | | | ter all zeros |
| · · · | signature on my tax year 2010 electronically filed income to d your return is filed using the Practitioner PIN method. Th | - | • | |
| Spouse's signature | | Date ► | | |
| | Practitioner PIN Method Returns C | Dnly—continue bel | ow | |
| Part III Certification | and Authentication — Practitioner PIN Met | | | |
| ERO's EFIN/PIN. Enter your six-di | git EFIN followed by your five-digit self-selected PIN. | 420512849 do not enter all zero | | ************************************** |
| the taxpayer(s) indicated above. I | try is my PIN, which is my signature for the tax year 2010 c confirm that I am submitting this return in accordance with andbook for Authorized IRS e-file Providers of Individual In | the requirements of the Pract | | |
| ERO's signature | D K RIKKERS CPA | Date ►04 | /14/11 | |
| | ERO Must Retain This Form — S Do Not Submit This Form to the IRS Uni | | So | |

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

| 000065 | | l | | 1 |
|---|---------------------|--|------|-------------------------------|
| SCHEDULE B | | Interest and Ordinary Dividends | | OMB No. 1545-0074 |
| (Form 1040A or 1 | | | | 2010 |
| Department of the Tre Internal Revenue Ser | vice (99) | Attach to Form 1040A or 1040. See instructions on back. | - | Attachment Sequence No. 08 |
| Name(s) shown on re | | | | cial security number |
| <u>NELVA E</u> | **** | | | - <u>30-4685</u> |
| Part I 1 | | | FILL | |
| Interest | • | sed the property as a personal residence, see instructions on back and list rest first. Also, show that buyer's social security number and address | | |
| | | DD TONES | | 692 |
| | | DD TONES | | 827 |
| (See instructions | | C OF AMERICA | | 4,596 |
| on back and the | | OF AMERICA | | 9,722 |
| instructions for | | | | |
| Form 1040A, or Form 1040, | | | 1 | |
| line 8a.) | | · | | |
| Note from | | | | |
| Note. If you received a Form | | | | ····· |
| 1099-INT, Form | | | | |
| 1099-OID, or substitute | | | | |
| statement from | | ······ | | |
| a brokerage firm, | | | | |
| list the firm's name as the 2 | Add the | amounts on line 1 | 2 | 15,837 |
| payer and enter 3 | | amounts on line 1 ble interest on series EE and I U.S. savings bonds issued after 1989. | | |
| the total interest shown on that | | Form 8815 | 3 | |
| form. 4 | Subtract | t line 3 from line 2. Enter the result here and on Form 1040A, or Form | | |
| | 1040, lir | ne 8a 🚬 🕨 🕨 | 4 | 15,837 |
| | | is over \$1,500, you must complete Part III. | | Amount |
| Part II 5 | | ne of payer ▶ | | |
| | | YRON CORPORATION | | 4,002 |
| Ordinand | | RD JONES | | 1,340 |
| Ordinary | METL | , | | 70 6,830 |
| Dividends | | N MOBILE RD JONES | | 0,030 |
| (See instructions | | RD JONES | | 2,179 |
| on back and the | | RE & COMPANY | | 11 |
| instructions for | ELME | R H BRUNSTING DECEDENTS TR DTD 27-6453100 | | 7,239 |
| Form 1040A, or Form 1040, | | · · · · · · · · · · · · · · · · · · · | 5 | |
| line 9a.) | | | | |
| Note if you | | ····· | | |
| Note. If you received a Form | , | | | |
| 1099-DIV or | . <i>. .</i> | | | |
| substitute statement from | <i>.</i> . <i>.</i> | | | |
| a brokerage firm, | | | | |
| list the firm's name as the | · · · · · · · · · | ,, | | |
| payer and enter | | | | |
| the ordinary dividends shown 6 | Add the | amounts on line 5. Enter the total here and on Form 1040A, or Form | | |
| on that form. | 1040, lin | | 6 | 21,685 |
| | | is over \$1,500, you must complete Part III. | | |
| | | plete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a | | |
| roreion — | | t; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. | | Yes No |
| Accounts 7a | - | me during 2010, did you have an interest in or a signature or other authority over a financial | | |
| | | in a foreign country, such as a bank account, securities account, or other financial account? | | |
| and Trusts | | ructions on back for exceptions and filing requirements for Form TD F 90-22.1 enter the name of the foreign country ► | | X |
| (See b instructions on 8 | | 2010, did you receive a distribution from, or were you the grantor of, or transferor to, a | | |
| back.) | - | rust? If "Yes," you may have to file Form 3520. See instructions on back | | X |

| back.) | foreign trust? If "Yes," you may have to file Form 3520. See instructions on b | ack |
|--------|--|-----|
| | | |

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

Schedule B (Form 1040A or 1040) 2010

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SCHEDULE D (Form 1040)

Capital Gains and Losses

Attach to Form 1040 or Form 1040NR. See Instructions for Schedule D (Form 1040).

Department of the Treasury Internal Revenue Service (99)

Use Schedule D-1 to list additional transactions for lines 1 and 8.

Attachment Sequence No

Your social security number

OMB No. 1545-0074

12

Name(s) shown on return

NELVA E BRUNSTING

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

| | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date s (Mo., day, | | (d) Sales price (see page D-7 of the instructions) | (e) Cost or other basis (see page D-7 of the instructions) | (f) Gain or (loss) Subtract (e) from (d) |
|---|--|--------------------------------------|--|---------|--|--|---|
| 1 | EATON VANCE TAX MA | NAGED 10/28/09 | 03/09 | /10 | 773 | 718 | 55 |
| | FRANKLIN FED TAX F | REE INCM VARIOUS | ADV 03/09 | /10 | 409 | 409 | |
| | HARTFORD DIVIDEND | & GROWTH VARIOUS | 03/09 | /10 | 114 | 105 | 9 |
| | PERKINS MID CAP VA | LUE FD CI 10/28/09 | 6 | /10 | 92 | ⁻ 83 | 9 |
| 2 | Enter your short-term totals, if any, fro | | | 2 | 4,503 | | 487 |
| 3 | Total short-term sales price amoun 2 in column (d) | | | 3 | 5,891 | | |
| 4 | Short-term gain from Form 6252 and | | | | | | |
| 5 | Net short-term gain or (loss) from par Schedule(s) K-1 | | ······································ | | | | |
| 6 | Short-term capital loss carryover. Ent Carryover Worksheet on page D-7 of | | | 10 of y | our Capital Loss | 6 |) |
| 7 | Net short-term capital gain or (loss | 7 | 560 | | | | |

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

| | (a) Description of property (Example: 100 sh. XYZ Co.) | Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, y | | | (d) Sales price (see page D-7 of the instructions) | (e) Cost or other back (see page D-7 o the instructions) | f | (f) Gain or (loss) Subtract (e) from (d) | |
|-----|---|--|---------------------------------------|----------|--|--|-----|---|--|
| 8 | DEERE & CO | | | | | | | · | |
| | | VARIOUS | 10/13 | /10 | 11,099 | 8, | 618 | 2,481 | |
| | DEERE & CO | | | | | | | | |
| | | VARIOUS | 12/30 | /10 | 9,869 | 6, | 952 | 2,917 | |
| | GA POWER CO | | | | | | | | |
| | | VARIOUS | 11/17 | /10 | 10,055 | 10, | 055 | | |
| | | | | | | | | | |
| 9 | Enter your long-term totals, if any, fr | om Schedule D-1, | | | | | | | |
| | line 9 | | | 9 | | | | · · · · · · · · · · · · · · · · · · · | |
| 10 | Total long-term sales price amount | nts. Add lines 8 and | | | | | | | |
| | 9 in column (d) | | | 10 | <u> </u> | | ų. | | |
| 11 | Gain from Form 4797, Part I; long-te | erm gain from Forms | 2439 and 62 | 52; and | d long-term gain or | | | | |
| | (loss) from Forms 4684, 6781, and t | 3824 | | | | | 11 | | |
| 12 | Net long-term gain or (loss) from pa | rtnerships, S corpora | tions, estates | s, and t | trusts from | | | | |
| | Schedule(s) K-1 | · · · · · · · · · · · · · · · · · · · | | ••••• | | | 12 | | |
| 13 | Capital gain distributions. See page | D-2 of the instruction | าร | | | | 13 | | |
| 14 | Long-term capital loss carryover. Er | iter the amount, if an | | | | | | | |
| | Carryover Worksheet on page D-7 | | | | | | 14 | 32,484 | |
| 15 | Net long-term capital gain or (los | • • | | | | | | | |
| | on the back | | · · · · · · · · · · · · · · · · · · · | | | | 15 | -27,086 | |
| For | Paperwork Reduction Act Notice, s | | | | | | Sch | edule D (Form 1040) 2010 | |

DAA

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Part III

NELVA E BRUNSTING

Summary

Schedule D (Form 1040) 2010

481-30-4685

| | | · · · · · · · · · · · · · · · · · · · |
|----|---|---------------------------------------|
| 16 | Combine lines 7 and 15 and enter the result | Client Copy-26, 526 |
| | - If the diff is a pair order the amount from ties diff on Form 1040. Not 12, on Form 1040MD, the 44 | |
| | 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 on page D-8 of the instructions | ▶ 18 |
| | | |
| 19 | Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page | |
| | D-9 of the instructions | ▶ 19 |
| 20 | Are lines 18 and 19 both zero or blank? | |
| | Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then 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 Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Schedule D Tax Worksheet on page D-10 of the instructions. Do not complete lines 21 and 22 | |
| | below. | |
| | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: | |
| | The loss on line 16 or | 21 (3,000) |
| | • (\$3,000), or if married filing separately, (\$1,500) | |
| | Note. When figuring which amount is smaller, treat both amounts as positive numbers. | |
| | Note. When igning 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? | |
| | | |
| | X Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then 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. | |
| | | |

Schedule D (Form 1040) 2010

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SCHEDULE D-1 (Form 1040)

Continuation Sheet for Schedule D

(Form 1040) ► See instructions for Schedule D (Form 1040). ► Attach to Schedule D to list additional transactions for lines 1 and 8. OMB No. 1545-0074 2010 Attachment Sequence No. 12A

Your social security number

Client Copy

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

NELVA E BRUNSTING

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

| | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (C) Date sold (Mo., day, yr.) | (d) Sales price (see page D-7 of the instructions) | (e) Cost or other basis (see page D-7 of the instructions) | (f) Gain or (loss) Subtract (e) from (d) |
|----------|---|---|----------------------------------|--|--|---|
| 1 | MUTUAL GLOBAL DISCO | VERY FD | | | | |
| | | VARIOUS | 03/09/10 | 596 | 568 | 28 |
| | NEUBERGER&BRM MIDCA | P GRW INS | TL | | | |
| | | | 03/09/10 | 212 | 184 | 28 |
| | NEUBERGER&BRM MIDCA | | | | | |
| | | | 03/09/10 | 2,253 | 1,953 | 300 |
| | PIONEER CULLEN VALU | | | | | |
| ••••• | | 10/28/09 | | 105 | 98 | 7 |
| | T ROW PRICE BLUE CH | | | | | |
| | | 10/28/09 | 03/09/10 | 1,337 | 1,213 | 124 |
| | | | | | 542 - S | |
| <u> </u> | | | | | | |
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| | | | | | | |
| | | | | | | |
| 2 | Totals. Add the amounts in column (d). | | | 4,503 | | 487 |
| | amounts in column (f). Enter here and c | AT SCHEQUIE D, IME | 2 > 2 | 4,000 | | |

| SCHEDULE E | 1 | | Supplemen | tal Income a | nd Los | 5 | | OMB No. | 1545-0 | 074 | |
|---|--|----------------------|---|-------------------------|-------------------------|---|-------------------|--------------|----------|------|--|
| (Form 1040) | (Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) | | | | | | | 2010 | | | |
| Department of the Treasury | | | | _ | | | | Attachme | nt 🖌 | 40 | |
| Internal Revenue Service (Name(s) shown on return | 99) Attach | to Foi | rm 1040, 1040NR, or Form 104 | 11. ► See In | structions fo | or Schedule E (Form | iocial secur | Sequence | | 13 | |
| Name(s) shown on retain | | | | | | | ent C | ODV | 1 | | |
| NELVA E BRU | NSTING | | | | | 481 | -30-4 | 685 | | | |
| | | om R | ental Real Estate and | Royalties Note | . If you are | in the business of re | nting perso | nal proper | ty, use | : | |
| Schedul | e C or C-EZ (see | e page | E-3). If you are an individual | , report farm rental in | ncome or lo | ss from Form 4835 (| on page 2, I | ine 40. | | | |
| 1 List the type and ad | dress of each re | ntai re | al estate property: | | | 2 For each rental real | estate property | r | Yes | No | |
| FARMLAND | | | | | | listed on line 1, did y | ou or your famil | y | | | |
| A IOWA | | · • · <i>.</i> · · · | | | · · · · · · · · · · · · | use it during the tax | | | | *7 | |
| | | | | | | purposes for more th | an the greater of | of: A | ┝──┤ | X | |
| | | | | | | 14 days or | | | | | |
| B | | · · · · · · | | | • • • • • • • • • • • | 10% of the total of | lays rented at | | | | |
| | | | | | | fair rental value? | | <u> </u> | ┢┣ | | |
| c | | | | | | (See page E-4) | | | | | |
| • | ····· | | | •••••••••••••••• | | | | c | | | |
| Income: | | | | Properties | | | | Totals | | | |
| | | ľ | Α | B | | С | (Add c | olumns A, I | 3, and C | :.) | |
| 3 Rents received | [| 3 | | | | | 3 | | | | |
| 4 Royalties received | | 4 | | | | | 4 | | | | |
| Expenses: | | | | | | | | | | | |
| 5 Advertising | | 5 | | | | | | | | | |
| 6 Auto and travel (see p | oage E-5) | 6 | | | | | | | | | |
| 7 Cleaning and mainten | ance | 7 | | | | | | | | | |
| 8 Commissions | | 8 | | | | | | | | | |
| 9 Insurance | | 9 | 1 000 | | | | | | | | |
| 10 Legal and other profe | r | 10 | 1,000 | | | | | | | | |
| 11 Management fees | ٣ | | | | | | | | | | |
| 12 Mortgage interest paid | | 12 | | | | | 12 | | | | |
| etc. (see page E-5) 13 Other interest | r i i i i i i i i i i i i i i i i i i i | 13 | | | | | | | — | | |
| 14 Repairs | · · · · · | 14 | | - 74 - 1712-007100 | | | | | | | |
| 15 Supplies | Г | 15 | | | - | | | | | | |
| | | 16 | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| 17 Utilities | | 17 | | | | | | | | | |
| 18 Other (list) 🕨 | | | | | | | | | | | |
| | | 18 | | | | | | | | | |
| | | | | | | | | | - | | |
| 19 Add lines 5 through 10 | | 19 | 1,000 | | | | 19 | | <u> </u> | 000 | |
| 20 Depreciation expense | 1 | | | | | | | | | | |
| depletion (see page E | r r | 20 | 1,000 | | | | 20 | | | | |
| 21 Total expenses. Add lines | s 19 and 20 | 21 | 1,000 | | | | | | | | |
| 22 Income or (loss) from | rental real | | | | | | | | | | |
| estate or royaity prope | | | | | | | | | | | |
| Subtract line 21 from | • • | | | | | | | | | | |
| or line 4 (royalties). If a (loss), see page E-6 | | | | | | | | | | | |
| if you must file Form (| | 22 | -1,000 | | | | | | | | |
| 23 Deductible rental real est | | | | | | | | | | | |
| Caution. Your rental rea on line 22 may be limited | | | | | | | | | | | |
| E-6 to find out if you mus | | | | | | | | | | | |
| 8582. Real estate profes | sionals | | | | | | | | | | |
| must complete line 43 or | 10 | 23 (| 1,000 | | <u>X</u> | · | | | | ~ | |
| | | | 22. Do not include any loss | | | · · · · · · · · · · · · · · · · · · · | 24 | | | 000 | |
| 26 Total rental real esta | te and royalty ir | ncome | rental real estate losses from or (loss). Combine lines 24 | and 25. Enter the re | esult here. I | f | 25 (| | | 000) | |
| Parts II. III. IV. and line | e 40 on page 2 d | o not a | apply to you, also enter this a is amount in the total on line | mount on Form 104 | 0. line 17. o | Г | 26 | | -1,(| 000 | |
| For Paperwork Reduction / | | | | TT OT DAME 2 | <u></u> | | RUNSSIM | | | | |
| DAA | | | | | | | | | | | |

| DE. | ٣ | ap | er | wo | FK. | ĸe | au | CUI | DEI. | ACE | INK |
|-----|---|----|----|----|-----|----|----|-----|------|-----|-----|
| AΑ | | | | | | | | | | | |

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| 1 | | ÷ | | | | | | | |

| Schedule E (Form 1040) 2010 Attachment Sequ | | | | | | | ience No. 13 Page 2 | | | | | |
|---|--|--------------------------------|---------------------------------------|--|-------------------|-----------------------------|-------------------------|--------------|---------------------------------------|-------------------|---------------------------------------|-----------------------------|
| Nam | Name(s) shown on return. Do not enter name and social security number if shown on other side. Your security number if shown on other side. | | | | | | Your so | cial se | ecurity n | umber | | |
| 100000000000000000000000000000000000000 | | | | | | | | -30-4685 | | | | |
| | tion. The IRS compares amounts reporte art II Income or Loss From | ed on your tax return with amo | unts shown on Sch | edule(s) K | <u>(-1.</u> | - | oo fra | | nt | ഹെ | O.Vich | |
| | any amount is not at risk, yo | u must check the box in colu | mn (e) on line 28 a | nd attach l | ou repo Form 6 | паю 198. S | ss no See pa | age E-2. | BI BI | | Cwylich | |
| | 27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see page E-7 before completing this section. | | | | | | [| Yes X No | | | | |
| 28 | <u> </u> | (a) Name | | (b) Enter I partnershi for S corpor | ip;S | c) Che foreig artners | in | ident | identification any | | | eck if ount is t risk |
| A | | | | | | Γ | | | | | |] |
| В | | | | | | | | | | | | |
| <u>c</u> | | | | | | | ┥──┼ | | | | | |
| D | Passive Income and | | | lN | Jonnas | sive | Incon | ne and L | | | I | F |
| | (f) Passive loss allowed | (g) Passive income | (h) Nonpassiv | Nonpassive Income and sive loss (i) Section 179 expense | | | | | | | | |
| | (attach Form 8582 if required) | from Schedule K-1 | from Schedul | | | | eduction from Form 4562 | | | from Schedule K-1 | | |
| <u>A</u> | | | | | ļ | | | | | | | |
| B C | | | | | | | | | | | | |
| D | | | | | | | | | | | | |
| <u>-</u> 29a | Totals | | | | 1 | | | | | | · · · · · · · · · · · · · · · · · · · | |
| b | Totals | | | | | | | | | | | |
| 30 | | ····· | | | | | • • • • • | | 30 | | | |
| 31 32 | Add columns (f), (h), and (i) of line 29b Total partnership and S corporation | | | | | · <i>·</i> · · · | • • • • • | ····· | 31 | h | | |
| ~~ | result here and include in the total on li | | | | | | | | 32 | | | |
| P | art III Income or Loss From | Estates and Trusts | | | | | | | | | | |
| 33 | (a) Name | | | | | | | | (b) Employer identification number | | | |
| <u>A</u> | ELMER H BE | RUNSTING DECEDE | NTS TR DI | <u>'D</u> | | | | | | <u>27-6</u> | 4531 | 00 |
| В | | | | | | | | | | | | |
| | (c) Passive deduction or loss allowed | (d) Passive income | 3 | (e) Deduction or loss | | | | mcome | (f) Other income from | | | |
| | (attach Form 8582 if required) | from Schedule K- | from Schedule K-1 | | | | | Schedule K-1 | | | | |
| <u>A</u> | 0 | | 24,013 | | | | | | | | | |
| B | Tatala | | 24 013 | | | | | | | | | |
| 34a b | Totals 24,013 | | | | | | | | | | | |
| 35 | Add columns (d) and (f) of line 34a | | | | | | | Ľ | 35 | | 2 | 4,013 |
| 36 | Add columns (c) and (e) of line 34b | | | | | | | J_ | 36 | , h | | 0) |
| 37 | | | | | | | | | | | 0 | 1 012 |
| include in the total on line 41 below | | | | | | | | | 4,013 | | | |
| | | | (c) Excess inclusion fr | rom (d | l) Taxab | | | | | | come from | |
| 38 | (a) Name | identification number | Schedules Q, line 2 (see page E-8) | fr | rom Sch | edule | s Q, li | neib | | Schedu | les Q, line | e 3b |
| | | | | <u> </u> | | | | | | | | |
| <u>39</u> | B Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below Part Summary | | | | | | | | 39 | | | |
| 40 | Net farm rental income or (loss) from F | orm 4835. Also, complete line | 42 below | | | | | Т | 40 | | | |
| 41 | Total income or (loss). Combine lines 26, 32, 37, 39, & 40. Enter the result here & on Form 1040, line 17, or Form 1040NR, line 18 | | | | | | | 41 | | 2 | 3,013 | |
| 42 | 2 Reconciliation of farming and fishing income. Enter your gross | | | | | | | | | | | |
| | farming and fishing income reported on Form 4835, line 7; Schedule | | | | | | | | | | | |
| | K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), line 14, code F (see page E-8) 42 | | | | | | | | | | | |
| 43 | 43 Reconciliation for real estate professionals. If you were a real estate | | | | | | | | | | | |
| | professional (see page E-2), enter the anywhere on Form 1040 or Form 1040 | | | | | | | | | | | |
| | in which you materially participated und | | | 43 | | | | | | | | |
000065 BRUNSTING, NELVA E 481-30-4685

Federal Statements

| <u>Form 1040, Line 8b - Tax</u> | <u>-exempt Interest</u> | |
|--|-------------------------|------------------------------|
| Payer | | Amount Copy |
| ELMER H BRUNSTING DECEDENTS TR DTD EDWARD JONES EDWARD JONES EDWARD JONES | \$ | 2,070 2,769 413 391 |
| TOTAL | \$ | 5,643 |

Form 1040, Dividend Income

| Payer | Ordinary Dividends | Qualified Dividends |
|---|--|--|
| ELMER H BRUNSTING DECEDENTS TR DTD CHEVRON CORPORATION EDWARD JONES METLIFE EXXON MOBILE EDWARD JONES EDWARD JONES DEERE & COMPANY | \$ 7,239 4,002 1,340 70 6,830 14 2,179 11 | \$ 2,857 4,002 1,073 70 6,830 13 2,179 11 |
| TOTAL | \$ 21,685 | \$ 17,035 |

BRUNSTING003557

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| | | |
| | | |

Form 1040

Carryover Report

Taxpayer Identification Number

2010

| Name | |
|------|--|
| | |

| Carryover Item | Available to 2010 | 2010 An | nounts | ent Copy Carryover to 2011 |
|---------------------------------------|-------------------|----------|--------|-------------------------------|
| Excess section 179 | | | | |
| Minimum tax credit | | | | |
| Investment interest | | | | |
| Investment interest - AMT | | | | |
| Short-term capital loss | | | | |
| Short-term capital loss - AMT | | | | |
| Long-term capital loss | 32,484 | UTILIZED | -8,958 | 23,526 |
| Long-term capital loss - AMT | 32,484 | UTILIZED | -8,958 | 23,526 |
| Residential energy efficient property | | | | |
| D.C. first-time homebuyer credit | | | | |
| Tax credit bonds | | | | |

| шар во са поставля и по | 2005 Amounts | | |
|---|-------------------|---|--|
| | 1 | | |
| | 2006 Amounts | | |
| | 2007 Amounts | | |
| | 2008 Amounts | | |
| | 2009 Amounts | | |
| | Available to 2010 | | |
| | 2010 Amounts | | |
| | Carryover to 2011 | | |
| | | 2007 Amounts 2008 Amounts 2009 Amounts Available to 2010 2010 Amounts | 2007 Amounts 2008 Amounts 2009 Amounts 2009 Amounts Available to 2010 2010 Amounts |

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|--|---------------------------------------|
| 2010 IA 1040 Iow or fiscal year beginning // STEP 1: Fill in all spaces. You M | a Individual Income Tax Long Form |
| Your last name | Your first name/middle initial |
| BRUNSTING | NELVA E |
| Shouse's last name | Spouse's first name/middle initial |

| BR | UNS | NSTING NELVA E | | Fill in all information below | | | | | | | | |
|-----------------------|----------|--|-----------|---|-------------------|---------------------------------------|-----------------------|--|----------------------------------|--|---------------|-------------------------|
| Spouse's I | | | | | | 1 | 1 1 1 | | x if you or your sp | | e | |
| | | | | · | | | | 0001 | r old (r as | ient Co | py_ | |
| Current m | ailing | address (numbe | er and | d street, apartment, lot, or suite number) or | PO Box | | | ial Security Numb | er 🔹 | Spouse Social S | Security N | umber • |
| 136 | 30 | PINERO | CK | LN | | | 481-30-4685 | | | | | |
| City, State, ZIP | | | | | | | | | on 12/31/10 School District N | o. • | | |
| HOUSTON TX 77079-5914 | | | | | | ļ | (| 0 | 0000 | | | |
| STEP 2 | Filing | y Status: Mar | 'k on | ie box only. | | | | | | er these question | | Stop 9 |
| 1 X | | | | a dependent on another person's lowa return? | YES | X NO 🔺 | | | | an exemption is c overage? | almed in | Step 3 |
| 2 | Man | ried filing a joint | i retur | m. (Two-income families may benefit by usi | ng stati | us 3 or 4.) | | / many have heal: Jding Medicaid or ha / many do not hav | | | | . |
| 3 | | <u> </u> | | is combined return. Spouse use column B. | | | How | many do not nav | ve neam | care coverage? | | |
| 4 | Spo | ried filing separa use's name: | | | | SSN: | | | | Income: \$ | | |
| 5 | | | | qualifying person. If qualifying person is not | claimed | as a dependent on th | is return, e | nter the person's | name an | d Social Security | Number b | elow. |
| 6 | Qua | alifying widow | <u></u> | with dependent child. Name: | | | | | SSN: | - | | |
| STEP 3 | | YOU | a. | Personal Credit: Enter 1. (Enter 2 if filing | | | | | | <u>1</u> ×\$ <u>40</u> | = \$. | 40 |
| Exemption | ons | (and spouse if filing jointly) | b. | Enter 1 for each person who is 65 or olde | | | | | | <u>l ×\$ 20</u> | = \$ | 20 |
| | | | C. | Dependents: Enter 1 for each dependen | | | | | | | = \$ | 60 |
| | | | <u>d.</u> | Enter first names of dependents here: | ,, E | | BAUND | | | eTOTA | | 60 |
| | | | a, | | | | | | | | = \$. | |
| | | C C C C C C C C C C C C C C C C C C C | b. | Enter 1 if 65 or older and/or 1 if blind. | | | | | | | ≈\$ | <u></u> |
| | | SPOUSE (If filing | C. | Dependents: Enter 1 for each dependen | t | | | <i> </i> | | | = \$. | |
| | | status 3) | d. | Enter first names of dependents here: | | | | | | e. TOTA | *********** | |
| - | | | | | | B. Spouse/Status 3 | | You or Joint | B. S | pouse/Status 3 | A . Yo | u or Joint |
| STEP 4 | 1 | Wages, sala | ries, f | tips, etc. | 1. | | | 7 1 60 | | | | |
| Gross | | | | me. If more than \$1,500, complete Sch. B. | 2 | | | <u> </u> | | | | |
| Income | | | | orne. If more than \$1,500, complete Sch. B. | 3 | | | 21,685 | | | | |
| | | Alimony rece | | | | | | | | | | |
| | 5 | | | (loss) from federal Schedule C or C-EZ | | | | | | | | |
| | 6 | | • | m federal Sch. D if required for federal purposes | | | | | | | | |
| | 7 | | | es) from federal form 4797 | | | | | | | | |
| | | | | ibutions | | | | 3,218 | | | | |
| | | | | and annuities | | | | 10,788 | | | | |
| | 10 |). Rents, royalt | ies, p | partnerships, estates, etc. | | | | 23,013 | | | | |
| | | | | s) from federal Schedule F | | | | | | | | |
| | | | | empensation. See instructions. | 12. | | <u> </u> | | | | | |
| | | | | ecurity benefits | | | | 5,067 | | | | |
| | | | • | ing income, bonus depreciation/sec. 179 adjustment | 14 | | | | | | | ~~ ~~~ |
| - | | | | E. ADD lines 1-14. | ومراسية مرفي والم | | | | | · • | | 67,933 |
| SIEP | 5 16 | Payments to | an IF | RA, Keogh, or SEP | | | | | | | | |
| ↓ Adjus | | | | mployment tax | | | | 1 1 5 0 | | | | |
| ments | | Health insura | | | 18. | | | | | | | |
| to Incom | | | | vithdrawal of savings | | | | | | | | |
| | 20 |). Alimony paid | | | 20. | | | | | | | |
| ere | 21 | . Pension/retir | emen | nt income exclusion | 21 | | | | | | | |
| erh | | | | deduction from federal form 3903 | | ····· | | | | | | |
| - - - - | | | | deduction. | | | | | | | | |
| 2 | | . Other adjust | | | | | | | | | | 7 150 |
| and | | | | ADD lines 16-24. | • • • • • • | | | | | ^ | | <u>7,138</u> 60,775 |
| E STEP | ****** | | | UBTRACT line 25 from line 15. | | | | <u></u> 577 | | . | • | 50,115 |
| 팃 | | | | ex refund / overpayment received in 2010 | | | | | | | | |
| E Feder | | | | household employment taxes | | | | | | | | 577 |
| න් Tax ප් Additi | 29 00 | | euera | al taxes. ADD lines 27 and 28. | <i> .</i> . | .,, | •••••• | | | ······································ | | 51,352 |
| | | Epriment for the | ues Z | 26 and 29. | 94 | · · · · · · · · · · · · · · · · · · · | • • • • • • • • • • • | | | <u> </u> | | <u>51,352</u> |
| 문 Deduc 해 tion | | Federal tax v Federal estin | | eld I tax payments made in 2010 | 30 30 | | | 11,500 | | | | |
| | | | | tax paid in 2010 for 2009 and prior years | | | | | | | | |
| ~ | | | | · · · | | | | | | | - | L1,500 |
| 1 | 34 9# | | ener | eral taxes. ADD lines 31, 32, and 33. TRACT line 34 from line 30. Enter here and | | 98. eíde 9 | • • • • • • • • • | | | BRUNSTINGO | | ······ |
| cs | 39 | DALANUE. | JUDI | I NAVI HRE 24 BOTH HRE 30, ERTER REFE AND | OII BUG | 30, SIUE Z. | • • • • • • • • • | 35. | | | | $\frac{\pm 9,052}{000}$ |

| 000065 | | | | | | | | | | | | | | | |
|---|-----------------|---|-------------|---|----------------------------|-----------------|------------|-----------------|---|---|--|---------------------|------------------|----------------|----------------------------|
| | | | | EE | BRUNS | TING | | | | | | | | 481- | 30-4685 |
| 2010 14 | 11 | 0 40 , page | 2 | | | | | | B. Spouse/Status | 3 A. Yo | ou or Joint | B. Spouse/Sta | itus 3 | А. | You or Joint |
| STEP 7 | 36. | BALANCE. Fr | | | * | | | | | | 36. | <u>.</u> | | | 49,852 |
| | | Total itemia Taxpayers | with bonus | s denre | clation/sec * | 179 must use in | wa Sch A | . 91, - | | | | 1 | | | |
| Taxable | | 38. Iowa incom 39. BALANCE | | | | | Α | 38, | | <u> </u> | | | | nes 37-40 | |
| Income | | | | | | owa Schedule / | A | 39. | | | 5,738 | ONLY | | itemize. | |
| | | 40. Other de | ductions | | | | | 40. | | | | | τu | Copy | |
| | 41. | Deduction. Ch | neck one | box. | X Ite | mized, Add I | ines 39 a | nd 40. | Standard | | 41. | | | | <u>5,738</u> |
| | 42. | TAXABLE IN | COME. | SUBT | RACT line | 41 from line | 36 | , | | <u> </u> | | | | | 44,114 |
| STEP 8 | 43. | Tax from table | es or aiter | rnate | tax | | | 43. | | | 2,466 | > | | | |
| | 44. | lowa lump-su | m tax. 25 | % of f | | | | 44. | | | | | | | |
| Tax, | 45. | | | | | | | | | | | | | | |
| Credits | 46, | Total tax, ADI | | | and 45 | | | | | | 46. | - | | | 2,466 |
| and Checkoff | 47. | Total exempti | on credit | amou | | | | | | | |) | | | |
| Contribu- | 48. | | | | | | | | | | | - | | | |
| tions | 49. | Total credits. | | | | | | | | | 40 | - | | | 60 |
| | 50. | | | | | | | | zero. | | | | |) | 2,406 |
| | 51. | | | | | | | | al return. | | | | | | 1,499 |
| | | | | | | | | | | | | | | - - | 907 |
| | 52. | | | | | | | | , enter zero. | | | | | | |
| | 53. | | | | | | | | ıle. | | | | | | 907 |
| | 54. | BALANCE. SU | | | | | | | | | | | <u> </u> | <u> </u> | |
| | 55. | School district | t surtax/E | MS s | urtax. Take | e percentage | from tab | le; multi | ply by line 54. | | | | C | | 0 |
| | 56. | Total Tax. AD | D lines 5 | 4 and | 55. | | | | | | , 56. | ···· | - | | 907 |
| | 57. 58. | i otal tax beto | Contrib | utions | s. AUD coll will reduce | umns A & B i | on line 5t | 5 and en | iter here. ount you owe. Amou | nts must be in w | hole dollars | <i> </i> | 57. | <u> </u> | 907 |
| | 00. | Fish/Wildlife | Contained | 110110 | State Fr | | 01 444 10 | | efighters/Veterans | | Abuse Preve | | ٩r | | |
| | 5 | 8a: 🔺 | | | _ 58b: 🛦 | | | 580 | s: 🔺 | 58d: / | k | | ī. 58. | | |
| | 59. | TOTAL TAX | AND CO | NTRI | BUTIONS | . ADD lines | 57 and 51 | B | <u></u> | | اسام المراجع ا | | 59. | | 907 |
| | 60. | lowa income t | ax withhe | eld | | | | | | | | _ | | | |
| STEP 9 | | Estimated and | | • • | | • | | 61. | | A | 1,320 | ~~ | | | |
| | 62. | Out-of-state ta | ax credit. | Attac | h IA 130. | | | 62. | | | | _ | | | |
| Credits | | Motor fuel tax | | | | | | 63. | | A | | - | | | |
| | 64. | Check One: | Chi | ild and | i dependei | nt care credit | OR | | | | | | | | |
| | | | Ear | rly chi | ldhood dev | elopment cre | edit | 64, | | A | | _ | | | |
| | 65. | lowa earned in | ncome ta: | x cred | lit. See Ins | tructions. | | | · · · · | | | | | | |
| | 66. | Other refundable | credits. At | ltach IA | 148 Tax Cre | edits Schedule. | | | | | | - | | | |
| | | TOTAL, ADD | | ~~ | | | | | | | 1,320 | - | | | |
| | 68, | TOTAL CREI | DITS. AD | | | | | | | | | - | 68. | | _1,320 |
| STEP 10 | | | | | | | | | is the amount you ov | | | | 69. | • | 413 |
| | | Amount of line | | | | | | | | | | REFUND | 70. | A | 0 |
| Refund or | | Mail return to | o lowa ir | ncom | e Tax - Re | | | | State Office Bldg, | | | DÍ ÍÍ | | | |
| Amount | 71. | Amount of line 6 | 9 to be app | olied to | o your 2011 | l estimated ta | ix | 71. | | • | 413 | | | | |
| You Owe | 72. | If line 68 is les | s than lin | ne 59. | SUBTRAC | CT line 68 fro | m line 59 | -). This is | the AMOUNT OF T | AX YOU OWE. | | - | 72. | | |
| | | Penalty for un | | | | | | | | | | l is used. | | | |
| | | - | | | | | | | ▲ 74b. Interest | | | | 74. | | |
| | 75 | TOTAL AMO | | E. AD | D lines 72 | 73 and 74 | and ente | er here | | | A PA | Y THIS AMOUNT | | | |
| | ,, | Electronicall | y pay by | / cred | lit card or | direct debi | it. Go to | www.si | tate.ia.us/tax/ | | | | | | <u>.</u> |
| 0TED 44 - | | | | | | | | | Box 9187, Des Mo | INES IA 50306- | 9187. Make | cneck payable t | <u>o Tre</u> | asurer, St | ate of lowa. |
| | | FICAL CHECK Int of tax you ow | | | | | ៖ ពេម | STE | | | I | | | | |
| | | SPOUSE | | | RSELF | | | | f YEAR, d you like to receive a | a booklet? This | I | Mailine A | الدالم | | |
| \$1.50 to R | epubl | ican Party | | \square | | epublican Pa | arty | | h is not available to e | | | Mailing A | | | |
| \$1.50 to D | emoc | ratic Party | | Π | \$1.50 to D | emocratic P | arty | | 0. | Yes | | See lines | 70 a | ing 75 ac | ove. |
| \$1.50 to C | ampa | ian Fund | | | \$1.50 to C | ampaign Fu | nd | | ▲ ₁ . | No No | | | | | |
| STEP 13 PLEASE • Verify ye • Rechect • Attach a | our Si k you | math | and st | ateme | ents, and, I | to the best of | f my (our) |) knowle | erjury that I (we) have dge and belief, it is a which the preparer ha <u>RICHARD</u> | true, correct, ar as any knowledg) <u>K</u> RIKI | nd complete e. | return. Declaration | ing so of pro | eparer | 4/14/11 |
| | | | - | | | | | | Preparer's Signatur KROESE & | | E P.C. | | | | Date |
| Your Signa | ature | | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | Date | 540 NORI SIOUX CE | | AVENU | JE IA 512 | 50- | -1824 | |
| Spouse's S | Signat | lure | | | | | | Date | Address | | | | | | |
| | - | | | | | | | | 712-722- | ***** | | | | 12-12 | 77139 |
| Daytime To CS | eleph | one Number | | | | | Tł | nis re | Daytime Telephone turn is due M | ay 2, 2011. | | BRUN | STIN | 19003902 41 | Number -001b (07/19/10) |

000065



lowa Department of Revenue www.state.ia.us/tax

2010 IA 8453-IND

Iowa Individual Income Tax Declaration for an E-File Return

See Instructions

| NELVA | ne, middle initial E | Last name BRUNSTING | | | Social Securi $1 - 30 - 4$ | • | (| Clien | t Cop | У |
|--|--|---|---|--|--|--|--|---|---|-----|
| | t name, middle initial | Last name | | | ise Social Sec | ****** | er | | | |
| | | L | | | | | | | | |
| | s (number and street) or Po PINEROCK LN | | | | | | | | | |
| ity, state, ar | | N | | | | | | | | |
| HOUST | | TX 77079 | -5914 | | | | | | | |
| | | ation - Tax year endin | g Decemb | | B. Sp (filing | ouse status 3) | _ | | A. You or Joi | nt |
| 1. Iowa | Net Income (IA 1040, lin | ne 26 A & B) | | 1B | | | 1 | IA | 60 | ,77 |
| | Tax (IA 1040, line 46 A | | <i>, , ,</i> | 2B | | | 2 | ?A | 2 | ,46 |
| 3. Iowa | Income Tax Withheld (I | A 1040, line 60 A & B) | | ЗВ | | | | BA | | |
| 4. Amou | unt to be Refunded (IA 1 | 1040, line 70) | | | · · · · · · · · · · · · · · · · · · · | | • • • • • • | 4 | | |
| 5. Total | Amount Due (IA 1040, | line 75) | | | · · · · · · · · · · · · | <i>.</i> | | 5 | · · · | |
| Part II | Declaration of Tax | payer (Be sure to kee | р а сору о | f your return) | | | | | | |
| 6a. | irrevocable appointme | nd be directly deposited as nt of the other spouse as a posit of my refund or I am | an agent to re | eceive the refund. | | лп, ин з is | dii | | | |
| 8. Routi | ng Transit Number (RT | N) | The f | irst two numbers of th | e RTN must l | e 01 throu | gh 12 or 2 | 21 through 3 | 32. | |
| 9. Depo | sitor Account Number (| DAN) | | | | | | | | |
| 10. Type | of Depositor Account: | Savings [(| Checking | | | | | | | |
| 11. Will t | his refund go to an acco | ount outside the United Sta | tes? | Yes No | > | | | | | |
| with the an return is tru Service (IR not receive | nounts shown on the corres ae, correct, and complete. I S) by my ERO and retrieve full and timely payment of | at the information I have provious ponding lines of the electronic consent that my return, includit ad by the lowa Department of R my tax liability I will remain liabit ated in Part II and declare that | portion of my l ing any accom Revenue (IDR). le for the tax li | owa income tax return panying schedules and If I have filed a balan ability and all applicab | n. To the best d statements, ce due return le penalties a | of my know be sent to I understa nd interest. | vledge an the Intern nd that if I consent | d belief my nal Revenue the IDR doe t that my | | |
| with the am return is tru Service (IR not receive refund be of combined s Federal ret and/or tran acknowledg | nounts shown on the corres te, correct, and complete. I (S) by my ERO and retrieve full and timely payment of lirectly deposited as design state return and elected dire urn, I understand my state i smitter the reason(s) for the gment of receipt of transmis | ponding lines of the electronic consent that my return, includi d by the lowa Department of R | portion of my l ing any accom- tevenue (IDR). le for the tax li- the informatio able appointme occessing of my s sent. I also co or not my retu | owa income tax return panying schedules and if I have filed a baland ability and all applicab n shown on lines 6a th ont of the other spouse return or refund is de onsent to the IDR send rm is accepted, and, if | n. To the best d statements, ce due return le penalties a hrough 11 is c to receive the alayed, I author ding to my ER | of my know be sent to I understa nd interest. correct. If I I e refund. If prize the ID O and/or tr | vledge an the Intern nd that if 1 consent ave filed there is a R to discle ansmitter | d belief my hal Revenue the IDR doe t that my a joint or an error on r ose to my E an | ny RO | |
| with the am return is tru Service (IR not receive refund be c combined s Federal ret and/or tran acknowledg | nounts shown on the corres te, correct, and complete. I (S) by my ERO and retrieve full and timely payment of lirectly deposited as design state return and elected dirr urn, I understand my state i smitter the reason(s) for the gment of receipt of transmis claration with required attack | ponding lines of the electronic consent that my return, includi ed by the lowa Department of R my tax liability I will remain liab ated in Part II and declare that act deposit, there is an irrevoca return will be rejected. If the pro- e delay or when the refund was ssion and indication of whether | portion of my l ing any accom- tevenue (IDR). le for the tax li- the informatio able appointme occessing of my s sent. I also co or not my retu | owa income tax return panying schedules and if I have filed a baland ability and all applicab n shown on lines 6a th ont of the other spouse return or refund is de onsent to the IDR send rm is accepted, and, if | n. To the best d statements, ce due return le penalties a hrough 11 is c to receive the alayed, I author ding to my ER | of my know be sent to I understa nd interest. correct. If I I e refund. If prize the ID O and/or tr | vledge an the Intern nd that if 1 consent ave filed there is a R to discle ansmitter | d belief my hal Revenue the IDR doe t that my a joint or an error on r ose to my E an | ny RO | |
| with the am return is tru. Service (IR not receive refund be c combined s Federal ret and/or tran acknowledg that this de | nounts shown on the corres te, correct, and complete. I (S) by my ERO and retrieve full and timely payment of lirectly deposited as design state return and elected dirr urn, I understand my state i smitter the reason(s) for the gment of receipt of transmis claration with required attack | ponding lines of the electronic consent that my return, includi ed by the lowa Department of R my tax liability I will remain liability ated in Part II and declare that act deposit, there is an irrevoca return will be rejected. If the pro- delay or when the refund was ssion and indication of whether chments must be forwarded up | portion of my l ing any accom- tevenue (IDR). le for the tax li- the informatio able appointme occessing of my s sent. I also co or not my retu | owa income tax return panying schedules ani- if I have filed a balan ability and all applicab n shown on lines 6a th ent of the other spouse return or refund is de onsent to the IDR send rm is accepted, and, if the IDR. | n. To the best d statements, ce due return le penalties a hrough 11 is c to receive the alayed, I author ding to my ER | of my know be sent to I understa nd interest. orrect. If I I e refund. If prize the ID O and/or tr reason(s) fr | vledge an the Intern nd that if I consent nave filed there is a R to discle ansmitter or the reje | d belief my al Revenue the IDR doe a joint or an error on r ose to my E an ection. I und | ny RO erstand | |
| with the am return is tru. Service (IR not receive refund be c combined s Federal ret and/or tran acknowledg that this de Sign Here Part III I declare th am only a will have si have follow years from preparer, t | hounts shown on the corres te, correct, and complete. I S) by my ERO and retrieve full and timely payment of litrectly deposited as design state return and elected dire urn, I understand my state I smitter the reason(s) for the gment of receipt of transmis claration with required attact Your Signature Declaration of Elect that I have reviewed the abor collector, I am not responsil igned this return before sub ved all other requirements of the due date of the return I ander penalties of perjury, I | ponding lines of the electronic consent that my return, includi d by the lowa Department of R my tax liability I will remain liabi ated in Part II and declare that act deposit, there is an irrevoca return will be rejected. If the pro- e delay or when the refund was assion and indication of whether chments must be forwarded up comments must be forwarded up ctronic Return Original we taxpayer's return and that e ble for reviewing the return and mitting to the IRS. I have provi lescribed in the lowa Electronic or the filing date, whichever is i declare that I have examined t | portion of my I ing any accom kevenue (IDR). le for the tax li the informatio able appointme occessing of my s sent. I also cc or not my retu- tion request to Date Date ator (ERO) antries on form d only declare to ided the taxpa c Filing Handbd later, and I will the above taxp | owa income tax return panying schedules ani- lif I have filed a balan- ability and all applicabi n shown on lines 6a th int of the other spouse return or refund is do onsent to the IDR senu- rm is accepted, and, if the IDR. | n. To the best d statements, ce due return le penalties a nrough 11 is c e to receive th alayed, I autho ding to my ER f rejected the ouse Signatu ITEF plete and com aly reflects the orms and info & 8453-IND, w companying sc | of my know be sent to l understa nd interest. correct. If 1 if erze the ID O and/or tr reason(s) fr rect to the I data on th rmation to ith attachm pon reques hedules an | vledge an the Intern nave filed there is a R to discl ansmitter or the reje return, be pest of my e return. To be filed w ents, on f t, if I am d stateme | d belief my al Revenue t the IDR dee t that my a joint or an error on r ose to my E an ection. I und oth must sig y knowledge The taxpaye ith the IDR a file for three a paid ents, and to | ny RO erstand in. Date in. Date | |
| with the am return is tru- Service (IR not receive refund bec combined s Federal ret and/or tran acknowledg that this de Sign Here I declare th am only a will have si have follow years from preparer, u best of my ERO | hounts shown on the corres te, correct, and complete. I S) by my ERO and retrieve full and timely payment of litrectly deposited as design state return and elected dire urn, I understand my state I smitter the reason(s) for the gment of receipt of transmis claration with required attact Your Signature Declaration of Elect that I have reviewed the abor collector, I am not responsi- ligned this return before sub- ved all other requirements of the due date of the return I under penalties of perjury, I knowledge and belief, they ERO | ponding lines of the electronic consent that my return, includi d by the lowa Department of R my tax liability I will remain liabi ated in Part II and declare that act deposit, there is an irrevoca return will be rejected. If the pro- e delay or when the refund was ssion and indication of whether chments must be forwarded up ctronic Return Original we taxpayer's return and that e be for reviewing the return and omitting to the IRS. I have prov lescribed in the lowa Electronic or the filling date, whichever is l | portion of my I ing any accom kevenue (IDR). le for the tax li the informatio able appointme occessing of my s sent. I also cc or not my retu- tion request to Date Date ator (ERO) antries on form d only declare to ided the taxpa c Filing Handbd later, and I will the above taxp | owa income tax return panying schedules ani- lif I have filed a balan- ability and all applicab n shown on lines 6a th int of the other spouse return or refund is do onsent to the IDR senu- rm is accepted, and, if the IDR. and Paid Prepa IA 8453-IND are com that this form accurate yer with a copy of all fi bok. I will keep form IA make a copy availabl ayer's return and accu- tion is based on all int Check if | n. To the best d statements, ce due return le penalties a rrough 11 is c e to receive th elayed, I autho ding to my ER f rejected the ouse Signatu urer plete and corn ely reflects the orms and info & 8453-IND, w e to the IDR to ompanying sc formation of v | of my know be sent to l understa nd interest. correct. If 1 i e refund. If rize the ID O and/or tr reason(s) fr rect to the I data on th rmation to ith attachm hedules an thich I have Check if | vledge an the Intern nave filed there is a R to discl ansmitter or the reje return, bu pest of my e return. 'b of filed w ents, on f t. If I am d statemes any know | d belief my al Revenue the IDR doe t that my a joint or an error on r ose to my E an ection. I und oth must sig v knowledge The taxpaye ith the IDR a file for three a paid ents, and to wledge. | ny RO erstand in. Date in. Date | |
| with the am return is tru- Service (IR not receive refund be c combined s Federal ret and/or tran acknowledg that this de Sign Here Part III I declare th am only a c will have si have follow years from preparer, t best of my ERO Use | hounts shown on the corres tae, correct, and complete. I S) by my ERO and retrieve full and timely payment of full and timely payment of | ponding lines of the electronic consent that my return, includi d by the lowa Department of R my tax liability I will remain liabi ated in Part II and declare that act deposit, there is an irrevoce return will be rejected. If the pro- e delay or when the refund was ssion and indication of whether chments must be forwarded up ctronic Return Origina we taxpayer's return and that e ble for reviewing the return and omitting to the IRS. I have prov fescribed in the lowa Electronic or the filling date, whichever is i declare that I have examined t | portion of my I ing any accom Revenue (IDR). le for the tax li the informatio able appointme occessing of my s sent. I also cc or not my retu- bon request to Date ator (ERO) antries on form d only declare to ided the taxpa c Filing Handbo later, and I will the above taxp e. This declare | owa income tax return panying schedules ani- lif I have filed a balan- ability and all applicab in shown on lines 6a th int of the other spouse y return or refund is do onsent to the IDR senu- rm is accepted, and, if the IDR. | n. To the best d statements, ce due return le penalties a nrough 11 is c a to receive th elayed, I autho ding to my ER f rejected the ouse Signatur nrer plete and corn ely reflects the orms and info & 8453-IND, w e to the IDR t ompanying sc formation of v arer | of my know be sent to l understa nd interest. correct. If 1 i rize the ID O and/or tr reason(s) fr rect to the t data on th rmation to ith attachm pon reques hedules an thich I have | vledge an the Intern nave filed there is a R to discl ansmitter or the reje return, bu pest of my e return. 'b of filed w ents, on f t. If I am d statemes any know | d belief my al Revenue the IDR doe t that my a joint or an error on r ose to my E an error on r ose to my E an error on r oth must sig whethed the the taxpaye tith the IDR a paid ents, and to wiedge. ERO's SS | ny RO erstand In, Date In, Date In, Date | |
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| with the am return is tru. Service (IR not receive refund bec combined s Federal ret and/or tran acknowledg that this de Sign Here Part III I declare th am only a will have si have follow years from preparer, u best of my ERO Use Only Paid Preparer | hounts shown on the corres te, correct, and complete. I S) by my ERO and retrieve full and timely payment of 1 lirectly deposited as design state return and elected dire urn, I understand my state I smitter the reason(s) for the grant of receipt of transmission claration with required attact Your Signature Declaration of Elect the due date of the return a the due this return before sub- wed all other requirements of the due date of the return and inder penalties of perjury, I knowledge and belief, they ERO Signature RICHARD K RIK Firm's name (or yours if self-employed), address and ZIP code Paid Preparer's Signature | ponding lines of the electronic consent that my return, includi d by the lowa Department of R my tax liability I will remain liabi ated in Part II and declare that act deposit, there is an irrevoca return will be rejected. If the pro- e delay or when the refund was assion and indication of whether chments must be forwarded up compared by the forwarded up compare | portion of my I ing any accom tevenue (IDR), le for the tax li the informatio able appointme ocessing of my a sent. I also or or not my retu- tion request to Date ator (ERO) antries on form d only declare to ided the taxpa c Filing Handbo later, and I will the above taxp e. This declare Date Date Date LESE P. IN AVE | owa income tax return panying schedules ani- lif I have filed a balan- ability and all applicab in shown on lines 6a th int of the other spouse return or refund is de onsent to the IDR senu- rm is accepted, and, if the IDR. | n. To the best d statements, ce due return le penalties a rrough 11 is c a to receive th elayed, I autho ding to my ER f rejected the ouse Signatur trer plete and corn ely reflects the orms and info & 8453-IND, w bompanying sc formation of v arer \overline{X} 50-182 Check if | of my know be sent to l understa nd interest. correct. If 1 i e refund. If brize the ID O and/or tr reason(s) fr rec. If a joint rect to the t data on th rmation to ith attachm hedules an which I have Check if self-emplo | Vedge an the Intern nave filed there is a R to discl ansmitter or the reje return, br best of my e return. To be filed w ents, on f st. If I am d stateme any know yed FE Ph 7 | d belief my nal Revenue t the IDR doe t that my a joint or an error on r ose to my E an error on r ose to my E an error on r ose to my E an error on r oth must sig (knowledge The taxpaye ith the IDR a file for three a paid ents, and to wledge. ERO's SS <u>P001</u> <u>IN 42-</u> one Number <u>12-72</u> | As my RO erstand in. Date in. Date in. Date in. date in. date 2-3375 | 9 |
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lowa Itemized Deductions

| | | e deductions, attach a copy of this schedule or a copy of the federal Schedule A | to your return. <u>Int Copy</u> Security Number | |
|----------------------|----------|---|---|-------|
| | | | | |
| <u>NELVA E</u> | | | <u>L-30-4685</u> | |
| NOTE: If you have | e fede | eral bonus depreciation/section 179, please see the 2010 Expanded Instructions on our Web site. | | |
| Medical and | T | Do not include health insurance premiums deducted on IA 1040, line 18. | | ***** |
| Dental | 1. | Medical and dental expenses 1. 2,133 | <u>}</u> | |
| Expenses | 2. | Multiply the amount on federal form 1040*, line 38 as adjusted for disallowance of bonus | | |
| | 3. | depreciation/section 179, from line 14 of the IA 1040 by 7.5% (.075). Enter result here. 2. 6,801 Subtract line 2 from line 1. If less than zero, enter zero. . . | ~~ | 0 |
| Taxes | 4. | | | |
| You | - | Include School District Surfax and EMS Surfax anid in 2010 | | |
| Paid | 5. | Real estate taxes 5. 1,298 | • • • | |
| | 6. | | <u>.</u> | |
| | 7. | | - | |
| | | amount. FOREIGN TAXES - 1041-GT 790 | <u>)</u> | |
| | 8. | Add amounts on lines 4, 5, 6, and 7. Enter the total here. | 8. | 1,443 |
| Interest | 9a | Home mortgage interest and points reported on federal form 1098 9a. | | |
| You | 9b | Home mortgage interest not reported on federal form 1098 9b. | | |
| Paid | 10. | Points not reported on federal form 1098 10. | _ | |
| | 11. | Qualified mortgage insurance premiums 11. | | |
| | 12. | Investment interest. Attach federal form 4952 if required. 12. | _ | |
| | 13. | Add lines 9a-12. Enter total here. | 13. | |
| Gifts | 14. | Contributions by cash or check | <u>}</u> | |
| to | 15. | Other than by cash or check. You must attach federal form 8283 if more than \$500. 15 | | |
| Charity | 16. | Carryover from prior year as adjusted for disallowance of bonus depreciation 16. | | |
| • | 17. | Add lines 14 through 16. Enter total here. | | 4,295 |
| Casuality/Theft Loss | 18. | Casualty or theft loss(es). Attach federal form 4684. | | |
| Job Expenses | 19. | Unreimbursed employee expenses. Attach federal form 2106 or 2106-EZ if required. 19. | | |
| and | 20. | Tax preparation fees 20. | - | |
| Misc. | 21. | Other expenses. List type and | ~ | |
| Deductions | | amount 21 | _ | |
| | 22. | Add the amounts on lines 19, 20, and 21. Enter the total here | - | |
| | 23. | Multiply the amount of federal form 1040*, line 38 as adjusted for disallowance of bonus | - | |
| | | depreciation/section 179, from line 14 of the IA 1040* by 2% (.02). Enter the result here. 23. | | |
| | 24. | Subtract line 23 from line 22. Enter the total. If less than zero, enter zero. | 24. | 0 |
| Other Misc. | 25. | Other miscellaneous deductions not subject to 2% AGI Limit. List type | | |
| Deductions | | and amount. | 25. | |
| Total | 26. | Add lines 3, 8, 13, 17, 18, 24, and 25, and enter the total here | 26. | 5,738 |
| Itemized | | | | |
| Deductions | | If using filing statuses 1, 2, 5, or 6, enter the amount on Step 7, line 39 of the IA 1040. | | |
| Proration | + | Complete lines 27 through 31 ONLY if you are using filing status 3 or 4. SPOUSE | YOL | J |
| of | 27. | | 27a | |
| Deductions | 28. | Total lowa net income, add columns 27a and 27b. Enter the total here. | | |
| Between | 29. | Divide the amount on line 27a by the amount on line 28. Enter the percentage here. | | % |
| Spouses | 30. | Multiply line 26 by the percentage on line 29. Enter here and on IA 1040, line 39, column A (YOU) | | · ` |
| -100000 | 31. | Subtract line 30 from line 26. Enter here and on IA 1040, line 39, column B. If you are using | | |
| | | filing status 4, enter this amount on line 39, column A of your spouse's return | 31. | |
| | 1 | - ming states if since and amount of mine of solution four spouses retains (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1 | / - ** | |

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Iowa Department of Revenue www.state.ia.us/tax

2010 IA 1040 Schedule B

Interest and Dividend Income

| Name(s) | as shown | on page | 1 of | the IA 1 | 040 |
|---------|----------|---------|------|----------|-----|
|---------|----------|---------|------|----------|-----|

| Name(s) as shown on page 1 of the IA 1040 | Social Security Number |
|--|----------------------------|
| NELVA E BRUNSTING | social Security Number |
| NOTE: You must report all taxable interest and dividends on IA 1040, even if you are not require | ed to complete Schedule B. |

You must complete this part if you received more than \$1,500 in interest in 2010. Interest income which PART I: should be reported includes earnings from savings and loan associations, mutual savings banks, cooperative banks, credit unions, and bank deposits; state and municipal bonds (see instructions for IA 1040, line 2, INTEREST Taxable Interest Income), and interest from tax refunds. Do not report interest from federal securities. For each payer, indicate the type of account. If the interest was earned by you, check the column labeled "Taxpayer." If the interest was earned by your spouse, check "Spouse." If the interest was earned jointly, check "Joint." Check only one for each payer. INCOME

Interest Income. List Names of All Payers.

| | Check or | n payer | A 88 0 1 1 1 100 | |
|---|---------------------------------------|---------|------------------|--------|
| Name of Payer | Taxpayer | Spouse | Joint | AMOUNT |
| EDWARD JONES | X | | | 692 |
| EDWARD JONES | X | | | 827 |
| EDWARD JONES | X | | | 2,769 |
| EDWARD JONES | X | | | 413 |
| EDWARD JONES | X | | | 391 |
| TAX EXEMPT INTEREST INCOME | X | | | 2,070 |
| | | | | ······ |
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| · · · · · · · · · · · · · · · · · · · | | | | |
| *************************************** | · · · · · · · · · · · · · · · · · · · | | | |
| Total Taxable Interest Income. | | | | |
| Add the amounts. Enter here and on IA 1040, line 2. | | | | 7,162 |

You must complete this part if you received more than \$1,500 in gross dividends in 2010. Deduct that portion PART II: of any net dividend from mutual funds that is attributable to federal securities.

For each payer, indicate the type of account. If the dividends were earned by you, check the column labeled "Taxpayer." If the dividends were earned by your spouse, check "Spouse." If the dividends were earned jointly, check "Joint." Check only one for each payer. DIVIDEND INCOME

Dividend Income. List Names of All Payers.

| | Check or | n payer | | |
|---|----------|---------------------|--|--|
| Name of Payer | Taxpayer | xpayer Spouse Joint | | AMOUNT |
| CHEVRON CORPORATION | X | | | 4,002 |
| EDWARD JONES | X | | | 1,340 |
| METLIFE | X | | | 70 |
| EXXON MOBILE | X | | | 6,830 |
| EDWARD JONES | Х | | | 14 |
| EDWARD JONES | X | | | 2,179 |
| DEERE & COMPANY | X | | | 11 |
| FROM BENEFICIARY'S SCHEDULE K-1 | X | | | 7,239 |
| | | | | ······································ |
| | | | | |
| | | | | |
| Total Taxable Dividend Income. | | | | |
| Add the amounts. Enter here and on IA 1040, line 3. | | | | 21,685 |
| | | | | 41 004b (0E/24/11 |

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lowa Department of Revenue www.state.ia.us/tax

2010 IA 126

| | Name(s) as shown on page 1 of the IA 1040 NELVA E BRUNSTING | | | ial Security Number at <u>60</u> 9985 |
|-----|--|-----------|---|--|
| | | | UST FILE THIS FOR | |
| | You are a nonresident of Iowa | | u are a nonresident m lowa sources, or | of lowa with income |
| | You are a part-year resident of Iowa | | u are a part-year low | in resident |
| | | • 10 | u are a parreyear tow | a resident |
| | Date moved into Iowa: | . 140 | oh this form and a ar | any of your fodorol |
| | | | ch this form and a co rn to your lowa returr | |
| | Date moved out of Iowa: | | | income on the IA 126. |
| | | | may benefit by using | |
| | Your spouse is a part-year resident of Iowa | r | | |
| | Date moved into Iowa: | | IOWA-SOUR | |
| | and/or | E | 3. SPOUSE | A. YOU OR JOINT |
| | Date moved out of Iowa: | | iling Status 3 Only | |
| | | Ĺ | | J |
| | | | | |
| 1. | Wages, salaries, tips, etc. | 1. | | |
| 2. | Taxable interest income | 2, | | |
| З. | Ordinary dividend income | 3. | | |
| 4. | Alimony received | 4. | | |
| 5. | Business income or (loss) | 5. | | |
| 6. | Capital gain or (loss) | 6. | | |
| 7. | Other gains or (losses) | | | |
| | Taxable IRA distributions | | | |
| | Taxable pensions and annuities | 9. | | |
| | Rents, royalties, partnerships, estates, etc. | 10. | | 22,924 |
| 11 | Farm income or (loss) | 11 | | |
| | Unemployment compensation | 12 | | |
| 12 | Tavahla Social Sociativ hanafite | . 12 | | |
| 14 | Taxable Social Security benefits. Other income, gambling income, bonus depreciation/section 179 | | www.uuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuuu | |
| 14. | | 14 | | |
| 4 - | | | | 22,924 |
| | GROSS INCOME. ADD lines 1-14. | 15. | | |
| 10. | Payments to an IRA, Keogh, or SEP while an Iowa resident | 10. | | ···· |
| 17. | Deduction for self-employment tax | , 17. | ***** | |
| | Health insurance deduction | 18. | | |
| | Penalty on early withdrawal of savings | . 19. | ···· | ······································ |
| | Alimony paid | . 20. | | |
| 21. | Pension/retirement income exclusion | 21. | | |
| 22. | Moving expense deduction into Iowa only | , 22. | | |
| 23. | Iowa capital gain deduction | 23. | | |
| | Other adjustments | 04 | | |
| | Total adjustments. ADD lines 16-24. | 25. | | |
| 26. | IOWA NET INCOME. SUBTRACT line 25 from line 15. | 26. | | 22,924 |
| 27. | All-source net income from line 26, IA 1040 | 27. | | 60,775 |
| | | | 100.0% | 100.0% |
| 28. | lowa income percentage: Divide line 26 by line 27 and enter percentage rounded to | | | |
| | the nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0%. | 28. | 9 | <u> </u> |
| 29. | Nonresident/part-year resident credit percentage: | • | | |
| | Subtract the percentage on line 28 from 100.0%. | 29 | 9 | 62.3% |
| 30. | Iowa tax on total income from line 43, IA 1040 | . 30 | | 2,466 |
| | Trint analis from the to to to to to | | · · · · · · · · · · · · · · · · · · · | 60 |
| | Tax after credits. Subtract line 31 from line 30. | 32 | | 1 |
| 33 | Nonresident/part-year resident tax credit. Multiply line 32 by the percentage on line 29. | | | 1,499 |
| | | , | | |

ENTER THIS AMOUNT ON LINE 51 OF IA 1040 BRUNSTING00367026 (05/24/10)

BRUNSTING003571

lowa Department of Revenue

www.state.ia.us/tax _

| | Iowa Minimum Tax Computat | ion | | | |
|---|-------------------------------|-------------|--|--|--|
| Name(s) as shown on IA 1040 or IA 1041: | SSN or FEIN Client Copy | Client Copy | | | |
| NELVA E BRUNSTING | 481-30-4685 | | | | |
| PART I: Adjustments and Preferences. See instructions. | | | | | |
| If you itemized deductions on Schedule A, start on line 1. If you did not itemize on yo | our IA 1040, start on line 7. | | | | |
| 1. Medical and dental from line 2, federal form 6251 | | | | | |
| 2. Taxes from line 3, federal form 6251, less any lowa income tax included on that line | 21,44 | 3 | | | |
| 3. Certain interest on a home mortgage not used to build, buy, or improve your home, from line 4, fede | eral form 6251 3. | | | | |
| 4. Miscellaneous itemized deductions from line 5, federal form 6251 | | | | | |
| 5. Refund of taxes from line 7, federal form 6251, less any lowa income tax included on that line | 5. | | | | |
| 6. Investment interest from line 8, federal form 6251, less interest and expense related to private | ,, | | | | |
| activity bonds issued after 08/07/86 | 6 | 0 | | | |
| 7. Post - 1986 depreciation from line 18, federal form 6251 | | | | | |
| 8. Adjusted gain or loss from line 17, federal form 6251 | | | | | |
| | 9. | | | | |
| 10. Passive activities from line 19, federal form 6251 | 1017 | 9 | | | |
| 11. Beneficiaries of estates and trusts from line 15, federal form 6251 | | | | | |
| 12. Enter the amount for each corresponding item from federal form 6251. Enter total on line 12. | | | | | |
| a. Circulation expenditures (line 21) a h. Patron's adjustment h. | | | | | |
| b. Depreciation (pre-1987), b i. Pollution control facilities i. | | | | | |
| C. Installment sales (line 25) , , , , C j. Research and experimental (line 24) , , , j. | · | | | | |
| d. Large partnerships (line 16) d k. Section 1202 exclusion (line 13) k. | | | | | |
| e. Long-term contracts (line 22) . e I. Tax shelter farm activities I. | | | | | |
| f. Loss limitations (line 20) f m. Related adjustments (see instr.) (line 27) m. | | | | | |
| g. Mining costs (line 23) g. | 12 | | | | |
| 13. Total Adjustments and Preferences. Combine lines 1 through 12. | 131,62 | 2 | | | |
| PART II: Alternative Minimum Taxable Income | | | | | |
| 14. Taxable income from IA 1040, line 42; or IA 1041, line 22 | 14. 44,11 | 4 | | | |
| 15. Net operating loss deduction. Do not enter as a negative amount. | 15. | | | | |
| 16. Combine lines 14 and 15. | 1644,11 | 4 | | | |
| 17. Add lines 13 and 16. | 17. 45,73 | 6 | | | |
| 18. Alternative tax net operating loss deduction. See instructions. | 18 | | | | |
| 19. Alternative Minimum Taxable Income. Subtract line 18 from line 17. | 19. 45,73 | 6 | | | |
| PART III: Exemption Amount and Alternative Minimum Tax | | | | | |
| 20. Enter \$35,000 (*\$17,500 if filing status 3 or 4; \$26,000 if single, head of household or qualifying wide | ow(er)) 20. 26,00 | 0 | | | |
| 21. Enter \$150,000 (*\$75,000 if filing status 3 or 4; \$112,500 if single, head of household or qualifying w | ridow(er)) 21. <u>112,50</u> | 0 | | | |
| 22. Subtract line 21 from line 19. If the result is zero or less, enter zero. | | 0 | | | |
| 23. Multiply line 22 by 25% (0.25). | 22 | | | | |
| 24. Subtract line 23 from line 20. If the result is zero or less, enter zero. | 24. 26,00 | 0 | | | |
| 25. Subtract line 24 from line 19. | | 6 | | | |
| 26. Multiply line 25 by 6.7% (0.067). | 1 20 | 2 | | | |
| 27. Regular tax after credits. See instructions. | 01 2 40 | 6 | | | |
| 28. Iowa Minimum Tax. Subtract line 27 from line 26, enter here and on IA 1040, line 45, or IA 1041, | | | | | |
| line 25. See instructions for Minimum Tax Limited to Net Worth. If less than zero, enter zero. | | <u>0</u> | | | |
| PART IV: NONRESIDENTS AND PART-YEAR RESIDENTS ONLY - Complete lines 29 - | 32. | | | | |
| 29. Enter Iowa net income plus Iowa adjustments and preferences. See instructions. If less than zero, e | nter zero. 29. 22, 92 | 4 | | | |
| 30. Total net income plus total adjustments and preferences. See instructions. | 30. 62,39 | 7 | | | |
| 31. Divide line 29 by line 30 and enter the result to three (3) decimal places. | 0.26 | 7 | | | |
| 32. Iowa Minimum Tax. Multiply line 28 by line 31. Enter here and on IA 1040, line 45, or IA 1041, | | | | | |
| line 25. See instructions for Minimum Tax Limited to Net Worth. If less than zero, enter zero. | | 0 | | | |

*Exemption levels of \$17,500 and \$75,000 on lines 20 and 21, respectively, also apply to an estate or trust.

1

| 9706 | | 5. ¹ | D | | | | | | | | | |
|------------------|--------------------|--|---|---------------------|------------------------------|----------------------|----------------|-----------------------------------|----------------|--------------|--|--|
| | - | 1 U.S. Incon | | urn for E | states and [•] | Trusts | | 2 | 2011 | ом | B No. 1545-0092 | |
| A Ch | | hat apply: | | | scal year beginning | | , and endi | ng | | | | |
| | | | Name of estate or tr | ust (If a grantor | type trust, see the instruc | tions.) | | С | Employer ic | lentificatio | on number | |
| H | cedent's | | ELMER H | BRUNS | FING DECED | ENTS TR | DTD | 27-6453100 | | | | |
| | nple trus | | 4-1-09 2 | AS EST | <u>UTD 10-10</u> | -96 | | D Date entity created | | | | |
| | mplex tr | | Name and title of fid | uciary | | | | Client Copy | | | | |
| | | isability trust | ANITA BI | RUNSTI | NG | | | E Nonexempt charitable and split- | | | | |
| | antor typ | ortion only) | TRUSTEE | | | | | | interest trust | - | | |
| | | vestate-Ch. 7 | Number, street, and | room or suite ni | o. (If a P.O. box, see the i | instructions.) | | | box(es), see | Instruction | 15, | |
| | | vestate-Ch. 11 | 2003 BL | DOMINGI | DALE CIR | | | U | Described i | n sec. 494 | 7(a)(1), Check here | |
| | , , | ome fund | City or town, state, a | | | | | | if not a priv | ate founda | tion 🚬 🕨 📘 | |
| | | | VICTORIA | 7 | | 77904 | | | Described i | n sec. 494 | 7(a)(2) | |
| | Number attachec | of Schedules K-1 | F Check applicable | initial return | Final return | Amended ret | um | | Change in | trust's nam | e | |
| | instructio | | boxes: | Change in fi | | Change in fic | luciary's name | | Change in | liduciary's | address | |
| <u>G</u> Ch | eck here | e if the estate or filing trust | made a section 645 ele | ction | <u></u> | <u> </u> | | | | T | | |
| | 1 | Interest income | | | | | | | | | | |
| | 2a | Total ordinary divid | lends | | | | | | . 2 a | 8 | 8,092 | |
| | b | Qualified dividends al | locable to: (1) Benel | liciaries | 4,241 | . (2) Estate or tru | ust | | 📖 | 8 | | |
| ē | 3 | Business income o | or (loss). Attach So | hedule C or | C-EZ (Form 1040) | | | | 3 | | <u> </u> | |
| ncome | 4 | Capital gain or (los | s). Attach Schedu | le D (Form 1 | 041) | | | | | | 3,508 | |
| L L | 5 | | | | trusts, etc. Attach S | | | | | · | 41,938 | |
| | 6 | Farm income or (ic | ss). Attach Sched | | 1040) | | | | 6 | | | |
| | 7 | Ordinary gain or (in | oss). Attach Form | 4/9/ | | •••••• | | | 7 | | | |
| | 8 | Other income. List | ••• | | | | | | | | E3 E30 | |
| | 9 | | | | <u>h 8</u> T | | | | ► <u>9</u> | | 53,538 | |
| | 10 | Interest. Check if F | | | | | | | | | | |
| | 11 12 | Etablishing frame | | | | | | | 1 40 | | | |
| | 13 | | n (from Schadule A line 7) | | | | | | | | | |
| | 14 | Attomay accounts | on (from Schedule A, line 7) Int, and return preparer fees | | | | | | 1 4 4 | | | |
| ရ | 15a | | | | ach schedule) | | | | | | · · · · · · · · · · · · · · · · · · · | |
| Deductions | b | | neous itemized de | ductions sub | viect to the 2% floor | | | • • • • • • • • • • • • • | 15a 15b | 1 | <u></u> | |
| 5 | 16 | | | | | | | | ▶ 16 | | | |
| ed | 17 | Adjusted total income | or (loss) Subtract li | ne 16 from line | 9 | | 47 | 53,5 | however | | | |
| ۵ | 18 | Income distribution deduct | ion (from Sch. B. line 15) | . Attach Schedule | es K-1 (Form 1041) | ····· - | | | | | 50,030 | |
| | 19 | Estate tax deduction i | ncluding certain gen | eration-skippin | g taxes (attach compu | tation) | | | 19 | 1 | | |
| | 20 | | | | | | | | 20 | | 100 | |
| | 21 | • | | | | | | | ▶ 21 | | 50,130 | |
| | 22 | Taxable income. S | ubtract line 21 from | m line 17. If a | a loss, see instructio | ons | | | 22 | | 3,408 | |
| | 23 | | | | | | | | | 1 | 207 | |
| | 24 | Payments: a 201 | 1 estimated tax p | ayments and | amount applied fro | m 2010 return | | | 24a | | 7,120 | |
| ts | b | | nents allocated to | beneficiaries | s (from Form 1041- | τ) | | | 24b | | | |
| Tax and Payments | c | Subtract line 24b fr | om line 24a | | | | | | 24c | | 7,120 | |
| ž | đ | Tax paid with Form | n 7004 (see instru | ctions) | | | | | 24d | <u> </u> | | |
| م | е | | c withheld. If any is | s from Form(| s) 1099, check 🕨 | | | | | L | | |
| pu | | Other payments: | f Form 2439 | | ; g Fo | rm 4136 | | ; Total | ▶ <u>24h</u> | | | |
| x x | 25 | Total payments./ | Add lines 24c throu | ugh 24e, and | 24h | | , , , . , | | ► <u>25</u> | | 7,120 | |
| Ца | 26 | Estimated tax pena | | | | | | | | | | |
| | 27 | Tax due. If line 25 | is smaller than the | e total of line | s 23 and 26, enter a | amount owed | | | | | · | |
| | 28 | | - | | lines 23 and 26, er | iter amount ove | | | | | 6,913 | |
| | 29 | Amount of line 28 t | obe: a Credite | d to 2012 e | stimated tax > | a and state moule | ; b R | efunded | ► 29 | L | 6,913 | |
| Sigr | true, | ar penalties of perjury, I decia correct, and complete: Decia | ration of preparer (other | than taxpayer) is l | based on all information of | which preparer has a | ny knowledge. | weuye and bel | rei, il IS | | he IRS discuss this with the preparer | |
| Here | | lutte > | | | | <u>114// <</u> | | | | | n below (see instr.)? | |
| | <u> </u> | Signature of fiduciary or o | fficer representing fiduo | ciary | | Date | EIN of fiducia | | i institution | <u> </u> | X Yes No | |
| Date | | nt/Type preparer's name | | | Preparer's signature | | | Date | Check | if | PTIN | |
| Paid | | CHARD K RIKKERS | ······································ | | CICHARD K RIKKE | RS CPA | | ······ | 2 self-em | | P00144154 | |
| Prepar | | | ROESE & K | | | | | | Firm's EIN | F 42 | -1277139 | |
| Use Or | -1 | | 10 NORTH | | VENUE 51250-18 | 201 | | | Dhan | 710 | -722-3375 | |
| | FBT | n's address 🕨 岁 . | LUUN CENT | പറുക്ക് | <u></u> | / <i>6</i> I | | 1 | Phone no. | 124 | -144-3313 | |

9706

| 10007-000 | 1041 (2011) ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100 | | | Page 2 |
|-----------|--|---------------------|---------------|---|
| | the dule A Charitable Deduction. Do not complete for a simple trust or a pooled income function. | | | |
| 1 | Amounts paid or permanently set aside for charitable purposes from gross income (see instructions) | | | |
| 2 | Tax-exempt income allocable to charitable contributions (see instructions) | 2 | | |
| 3 | Subtract line 2 from line 1 Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes | | t Conv | |
| 4 | | | <u>4 COPY</u> | |
| 5 | Add lines 3 and 4 | . 5 | | |
| 6 | Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable | | | |
| - | purposes (see instructions) | 6 | | |
| 7 | Charitable deduction. Subtract line 6 from line 5. Enter here and on page 1, line 13 | <u> </u> | | |
| 1 | | 1 | Т | 53,538 |
| 2 | Adjusted total income (see instructions) | 2 | | |
| 2 | Adjusted tax-exempt interest Total net gain from Schedule D (Form 1041), line 15, column (1) (see instructions) | 3 | | 0 |
| 4 | Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion) | 4 | | <u>v</u> |
| 4 5 | Capital gains for the tax year included on Schedule A, line 1 (see instructions) | | | 0 |
| 6 | Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss | · | | |
| v | • • • • | 6 | | -3,508 |
| 7 | as a positive number Distributable net income.Combine lines 1 through 6. If zero | · | | |
| • | | 7 | | 50,030 |
| 8 | or less, enter -0- If a complex trust, enter accounting income for the tax year as | | | |
| Ū | determined under the governing instrument and applicable local law 8 50,03 | 0 | | |
| 9 | Income required to be distributed currently | | 83 | 50,030 |
| 10 | Other amounts paid, credited, or otherwise required to be distributed | 10 | | |
| 11 | Total distributions. Add lines 9 and 10. If greater than line 8, see instructions | 11 | | 50,030 |
| 12 | Enter the amount of tax-exempt income included on line 11 | 12 | | |
| 13 | Tentative income distribution deduction. Subtract line 12 from line 11 | 13 | | 50,030 |
| 14 | Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0- | 14 | | 50,030 |
| 15 | Income distribution deduction.Enter the smaller of line 13 or line 14 here and on page 1, line 18 | | | 50,030 |
| | the dule G Tax Computation (see instructions) | | | |
| 1 | Tax: a Tax on taxable income (see instructions) 1a 20 | 7 | | ······ |
| • | b Tax on lump-sum distributions. Attach Form 4972 | | | |
| | c Alternative minimum tax (from Schedule I (Form 1041), line 56) | 0 | | |
| | d Total. Add lines 1a through 1c | ▶ 1d | ~~ | 207 |
| 2a | Foreign tax credit. Attach Form 1116 2a | | 8 | |
| b | General business credit. Attach Form 3800 | | | |
| | Credit for prior year minimum tax. Attach Form 8801 | | | |
| d | Bond credits. Attach Form 8912 | | | |
| 3 | Total credits. Add lines 2a through 2d | ▶ 3 | ~~ | 0 |
| 4 | Subtract line 3 from line 1d. If zero or less, enter -0- | | | 207 |
| 5 | Recapture taxes. Check if from: Form 4255 Form 8611 | 5 | | |
| 6 | Household employment taxes. Attach Schedule H (Form 1040) | 6 | | |
| 7 | Total tax. Add lines 4 through 6. | · | | |
| | Enter here and on page 1, line 23 | > 7 | | 207 |
| | Other Information | | * | Yes No |
| 1 | Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses | | | |
| • | Enter the amount of tax-exempt interest income and exempt-interest dividends \$ | | | CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT CONTRACTOR CONTRACTOR CON |
| 2 | Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any | | | |
| _ | individual by reason of a contract assignment or similar arrangement? | | | X |
| 3 | At any time during calendar year 2011, did the estate or trust have an interest in or a signature or other authority | | | |
| • | over a bank, securities, or other financial account in a foreign country? | | | x |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the | | | |
| | | | | |
| 4 | During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a | | ···· | Processing and a second |
| - | foreign trust? If "Ves." the estate or trust may have to file Form 3520. See instructions | | | x |
| 5 | Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see | | | |
| _ | the instructions for required attachment If this is an estate or a complex trust making the section 663(b) election, check here (see instructions) | • • • • • • • • • • | ····· | |
| 6 7 | To make a spectra 643(a)(2) election attach School in D. (Form 1041) and short have (see instructions) | ,,.,. | 🕻 🛏 | |
| 7 8 | To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here (see instructions) If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the | , , . , | ····· 【 H | |
| ٥ | estate, and check here Are any present or future trust beneficiaries skip persons? See instructions | | · · · · | X |
| - 3 | are any present or rotore trust beneficialies skip persons? See instructions | | | |

••,

BRUNSTING003577

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| Form 8879-F | IRS e-file Signature | Authorization | | OMB No. 1545-0967 |
|--|---|---|--------------------|-------------------|
| | for Form 1 | 041 | | 0044 |
| Deve deve at a fifth a Tanana a | For calendar year 2011, or fiscal year beginning | , ending | | 2011 |
| Department of the Treasury Internal Revenue Service | See instructions. Do not send to the | | | |
| Name of estate or trust | | 1 | Employer identific | |
| ELMER H BRUNSTI | ING DECEDENTS TR DTD | | Client (| ναο |
| 4-1-09 AS EST U | JTD 10-10-96 | 1 | 27-6453 | |
| Name and title of fiduciary | | | | |
| ANITA BRUNSTING | 1 | | | |
| TRUSTEE | | | | |
| ***** | Information (Whole Dollars Only) | | | |
| 1 Total income (Form 1041, | line 9) | | 1 | 53,538 |
| | tion (Form 1041, line 18) | • | 2 | 50,030 |
| 3 Taxable income (Form 10 | 41, line 22) | | 3 | 3,408 |
| 4 Total tax (Form 1041, line | 23) | | 4 | 207 |
| 5 Tax due or overpayment (| Form 1041, line 27 or 28) | | 5 | -6,913 |
| Part II Declaration | and Signature Authorization of Fiduciary (E | Be sure to get a copy of th | ne estate's | or |
| trust's retur | | 0 | | |
| | | | | |
| Inder papalties of parium/ 1 decl | are that I am a fiduciary of the above estate or trust and th | at I have examined a conv of the | ectate's or true | t'e |
| | n and accompanying schedules and statements, and to th | | | |
| | leclare that the amounts in Part I above are the amounts s | | | |
| | nsent to allow my electronic return originator (ERO), trans | | | he |
| | RS and to receive from the IRS (a) an acknowledgment of | | | |
| (b) the reason for any delay in p | rocessing the return or refund, and (c) the date of any refu | nd. If applicable, I authorize the U | J.S. Treasury a | nd |

(b) the reason for any delay in processing the return of returns, and (c) the date of any return, in applicable, if authorize the 0.5. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the estate's or trust's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** 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 have selected a personal identification number (PIN) as my signature for the estate's or trust's electronic income tax return and, if applicable, the estate's or trust's consent to electronic funds withdrawal.

Fiduciary's PIN: check one box only

9706

| X I authori | ze KROESE & KROESE P.C. | to enter my PIN 10540 as my signature | | | | | | |
|--|---|---|--|--|--|--|--|--|
| <u> </u> | ERO firm name | do not enter all zeros | | | | | | |
| on the e | state's or trust's 2011 electronically filed income tax return. | | | | | | | |
| | uciary or officer representing the fiduciary of the estate or trust, I will enter my PIN or trust's 2011 electronically filed income tax return. | I as my signature on the | | | | | | |
| Signature of fiduciary or officer representing | | | | | | | | |
| the fiduciary | | Date 03/28/12 | | | | | | |
| | ANITA BRUNSTING | | | | | | | |
| Part III | Certification and Authentication | | | | | | | |
| ERO's EFIN/PI | | do not enter all zeros | | | | | | |
| or trust indicated Application and I | above numeric entry is my PIN, which is my signature on the 2011 electronically f above. I confirm that I am submitting this return in accordance with the requirem Participation, and Pub. 1437, Procedures for the Form 1041 e-file Program, U.S. | ents of Pub. 3112, IRS e-file | | | | | | |
| Trusts for Tax Y | ear 2011. | | | | | | | |
| ERO's signature | ▶ RICHARD K RIKKERS CPA | Date ►04/05/12 | | | | | | |
| *** ********************************* | 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 instructions.

9706

| _ ` \$ | 3453-F | | | ncome Tax | | n and | | 0 | MB No. 1545-0967 |
|---|---|---|--|--|---|---|--|---------------|------------------|
| | t of the Treasury | For calendar year 2011, or fiscal | I year beginning | | , and ending | | | | 2011 |
| Internal Rev | venue Service | L LMER H BRUNSTING | | structions on bac | <u>k.</u> | A | Employe | r identificat | ion number |
| | | 1-1-09 AS EST UTD | | | | 6 | lien | <u>t3Co</u> | <u>oy</u> |
| Name and t | - | ANITA BRUNSTING | | | | | | • | • |
| B Ift | | <u>TRUSTEE</u> ed only as a transmittal, check he | ro | | | | | | X |
| | | | <u> </u> | | | • | | | |
| Part I | | rn Information | | | | | · | -1 | |
| 1 To | tal income (Form 10 |)41, line 9) | | ••••••• | | | 1 | | |
| 2 Inc | come distribution de | duction (Form 1041, line 18) | | | | | 2 | | |
| 3 Ta: | xable income (Form | 1041, line 22) | | | | | 3 | | |
| 4 To | tal tax (Form 1041, | line 23) | | | | | 4 | | |
| 5 Ta: | x due or overpayme | ent (Form 1041, line 27 or 28) | <u></u> | | | | . 5 | | |
| Part I | Declarati | on of Fiduciary | | | | | | | |
| | smitter an acknowledgem | nd accompanying schedules and statement ent of receipt of transmission and an indicat | | | | ason(s) for t | | | |
| Here | Signature of fid | uciary or officer representing fiduciary | | | , | Date | | | |
| collector, 1 a the fiduciary with the IRS Frusts for Tr schedules a | at I have reviewed the ab am not responsible for rev y will have signed this for S, and have followed all of ax Year 2011. If I am also | on of Electronic Return C ove estate or trust return(s) and that the ent riewing the return(s), and only declare that the n before I submit the return(s). I will give the her requirements described in Pub. 1437, F o the Paid Preparer, under penalties of perju a best of my knowledge and belief, they are | rries on Form 8453-F a his form accurately re e fiduciary or officer re Procedures for the For my I declare that I hav | re complete and correct lects the data on the retu presenting the fiduciary a m 1041 e-file Program, U e examined the above es | to the best of my know m(s). The fiduciary or copy of all forms and .S. Income Tax Return tate or trust return(s) a | rledge. If I an an officer rej information t is for Estates ind accompa | n only a presenting o be filed and nying | | |
| | ERO's signature | | | Date | Check if also paid preparer | Check if self- employe | . г | EROS | SSN or PTIN |
| ERO's Use | Firm's name (or yours if self-employed), address, and ZIP code | | | | | | EIN 🕨 | | |
| - | lities of perjury, I declare | hat I have examined the above estate or the complete. Declaration of preparer is based | ., | | | best of my l | Phone no |). | |
| Paid Pre- | Print/Type preparer's n | ame | Preparer's signatur | 3 | | Date | Cher self- | * if | PTIN |
| oarer | Firm's name | | | | | | Firm's El | NÞ | |
| Jse Only | Firm's address 📃 🕨 | | | | | | Phone no | ». | |

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8453-F (2011)

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| SCHEDULE | ۱ |
|-------------|---|
| (Form 1041) | |

Department of the Treasury Internal Revenue Service

Alternative Minimum Tax—Estates and Trusts

OMB No. 1545-0092

2011

| Attach | to Form 1041. | . See the separate instructions | |
|--------|---------------|---------------------------------|--|
| | for Sohod | ula L/Earm 4044) | |

for Schedule I (Form 1041).

| | of estate or trust | over iden | tification number |
|----------|--|-----------------|-------------------|
| | LMER H BRUNSTING DECEDENTS TR DTD | CIIL | Сору |
| | | -645 | 3100 |
| | Estate's or Trust's Share of Alternative Minimum Taxable Income | | |
| 1 | Adjusted total income or (loss) (from Form 1041, line 17) | | 53,538 |
| 2 | Interest | 2 | |
| 3 | | 3 | |
| 4 | Miscellaneous itemized deductions (from Form 1041, line 15b) | 4 5 | |
| 5 | Refund of taxes | | |
| 6 | Depletion (difference between regular tax and AMT) | <u>6</u> 7 | <u>.</u> |
| 7 | Net operating loss deduction. Enter as a positive amount | 8 | |
| 8 | Interest from specified private activity bonds exempt from the regular tax | 9 | |
| 9 | Qualified small business stock (see instructions) | 10 | |
| 10 | Exercise of incentive stock options (excess of AMT income over regular tax income) | 10 | |
| 11 | Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) | 12 | |
| 12 | Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) | 12 | |
| 13 | Disposition of property (difference between AMT and regular tax gain or loss) | 13 | |
| 14 | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) | | |
| 15 | Passive activities (difference between AMT and regular tax income or loss) | <u>15</u> 16 | |
| 16 | Loss limitations (difference between AMT and regular tax income or loss) | 17 | |
| 17 | Circulation costs (difference between regular tax and AMT) | 18 | |
| 18 | Long-term contracts (difference between AMT and regular tax income) | 19 | |
| 19 | Mining costs (difference between regular tax and AMT) | 20 | |
| 20 | Research and experimental costs (difference between regular tax and AMT) | 20 | |
| 21 | Income from certain installment sales before January 1, 1987 | 22 | // |
| 22 | Intangible drilling costs preference | - | |
| 23 | Other adjustments, including income-based related adjustments | 23 24 | |
| 24 25 | Alternative tax net operating loss deduction (See the instructions for the limitation that applies.) | 24 | 53,538 |
| 25 | Adjusted alternative minimum taxable income. Combine lines 1 through 24 | 23 | 55,556 |
| 26 | Note: Complete Part II below before going to line 26. | , | |
| 26 | Income distribution deduction from Part II, line 44 26 50, 030 | 4 | |
| 27 | Estate tax deduction (from Form 1041, line 19) 27 | | 50 020 |
| 28 | Add lines 26 and 27 Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25 | 28 29 | 50,030 |
| 29 | | <u> 29</u> | 3,508 |
| | If line 29 is: | | |
| | • \$22,500 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or | | |
| | trust is not liable for the alternative minimum tax. | | |
| | Over \$22,500, but less than \$165,000, go to line 45. | | |
| | \$165,000 or more, enter the amount from line 29 on line 51 and go to line 52. Income Distribution Deduction on a Minimum Tax Basis | | |
| | | 30 | 53,538 |
| 30 31 | Adjusted alternative minimum taxable income (see instructions) Adjusted tax-exempt interest (other than amounts included on line 8) | 31 | |
| | Total net gain from Schedule D (Form 1041), line 15, column (1). If a loss, enter -0- | 32 | |
| 32 | | 32 | |
| 33 | Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable | 33 | |
| 24 | purposes (from Form 1041, Schedule A, line 4) | | |
| 34 25 | Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions) | 34 | (3,508) |
| 35 | Capital gains computed on a minimum tax basis included on line 25 | 35 | 3,500) |
| 36 | Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount | | 50,030 |
| 37 | Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0- | 37 | |
| 38 | Income required to be distributed currently (from Form 1041, Schedule B, line 9) | 38 | 50,030 |
| 39 | Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10) | 39 | E0 030 |
| 40 | Total distributions. Add lines 38 and 39 | 40 | 50,030 |
| 41 | Tax-exempt income included on line 40 (other than amounts included on line 8) | 41 | E0 020 |
| 42 | Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40 | 42 | 50,030 |

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule | (Form 1041) (2011)

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Schedule I (Form 1041) (2011)

| | Income Distribution Deduction on a Minimum Tax Basis (c | | Jed) | <u>г т</u> | |
|------------|---|---------------|---|------------|--------------------|
| 43 | Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line | | | | |
| | If zero or less, enter -0- | • • • • • • • | | 43 | 50,030 |
| 44 | Income distribution deduction on a minimum tax basisEnter the smaller of line 42 or | | | hat | |
| | Enter here and on line 26 | | | CHIL | <u>Copy 50,030</u> |
| CLAIMANCE. | It III Alternative Minimum Tax | | | | |
| 45 | Exemption amount | | • | 45 | 22,500 |
| 46 | Enter the amount from line 29 | 46 | | | |
| 47 | Phase-out of exemption amount | 47 | 75,000 | | |
| 48 | Subtract line 47 from line 46. If zero or less, enter -0- | | · · · · · · · · · · · · · · · · · · · | | |
| 49 | Multiply line 48 by 25% (.25) | ••••• | | 49 | |
| 50 | Subtract line 49 from line 45. If zero or less, enter -0- | | • | 50 | , |
| 51 | Subtract line 50 from line 46 | | . , | 51 | |
| 52 | Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or | | | | |
| | gain on lines 14a and 15 of column (2) of Schedule D (Form 1041) (as refigured for the AM | 41, U | | | |
| | necessary). Otherwise, if line 51 is— \$175,000 or loss multiply line 51 by 26% (26) | | | | |
| | \$175,000 or less, multiply line 51 by 26% (.26). Over \$175,000, multiply line 51 by 28% (.28) and subtract \$3,500 from the result | | | 52 | |
| 53 | Alternative minimum foreign tax credit (see instructions) | | | 53 | |
| 54 | Tentative minimum tax. Subtract line 53 from line 52 | •••• | | 54 | |
| 55 | Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Sche | | | 55 | |
| 56 | Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0 Enter he | | | | |
| 50 | Schedule G, line 1c | | | 56 | |
| Pa | It IV Line 52 Computation Using Maximum Capital Gains Rates | <u></u> | | | |
| <u></u> | Caution: If you did not complete Part V of Schedule D (Form 1041), the Schedule D Tax | Worksł | neet. | Γ | |
| | or the Qualified Dividends Tax Worksheet, see the instructions before completing this part | | | | |
| 57 | Enter the amount from line 51 | | | 57 | |
| 58 | Enter the amount from Schedule D (Form 1041), line 22, line 13 of the | I I | | | |
| | Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax | | | | |
| | Worksheet, whichever applies (as refigured for the AMT, if necessary) | 58 | | | |
| 59 | Enter the amount from Schedule D (Form 1041), line 14b, column (2) (as | | | | |
| | refigured for the AMT, if necessary). If you did not complete Schedule D | | | | |
| | for the regular tax or the AMT, enter -0- | 59 | | | |
| 60 | If you did not complete a Schedule D Tax Worksheet for the regular tax | | | | |
| | or the AMT, enter the amount from line 58. Otherwise, add lines 58 and | | | | |
| | 59 and enter the smaller of that result or the amount from line 10 of the | | | | |
| | Schedule D Tax Worksheet (as refigured for the AMT, if necessary) | 60 | | | |
| 61 | Enter the smaller of line 57 or line 60 | | ··· | 61 | |
| 62 | Subtract line 61 from line 57 | | | 62 | |
| 63 | If line 62 is \$175,000 or less, multiply line 62 by 26% (.26). Otherwise, multiply line 62 by 2 | 28% | | | |
| | (.28) and subtract \$3,500 from the result | | • | 63 | |
| 64 | Maximum amount subject to the 0% rate | 64 | 2,300 | | |
| 65 | Enter the amount from line 23 of Schedule D (Form 1041), line 14 of the | | | | |
| | Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax | | | | |
| | Worksheet in the Instructions for Form 1041, whichever applies (as | | | | |
| | figured for the regular tax). If you did not complete Schedule D or either | | | | |
| | worksheet for the regular tax, enter -0- | 65 | | | |
| 66 | Subtract line 65 from line 64. If zero or less, enter -0- | 66 | | | |
| 67 | Enter the smaller of line 57 or line 58 | 67 | | | |
| 68 | Enter the smaller of line 66 or line 67 | 68 | | | |
| 69 70 | Subtract line 68 from line 67 | 69 | | | |
| 70 | Multiply line 69 by 15% (.15) If line 59 is zero or blank, skip lines 71 and 72 and go to line 73. Otherwise, go to | line 71 | • | 70 | |
| 71 | Subtract line 67 from line 61 | | | | |
| 72 | Multiply line 71 by 25% (.25) | | ▶ | 72 | |
| 73 | Add lines 63, 70, and 72 | | | 73 | |
| 74 | If line 57 is \$175,000 or less, multiply line 57 by 26% (.26). Otherwise, multiply line 57 by 2 | 28% (.2 | 8) | | |
| | and subtract \$3,500 from the result | | | 74 | |
| 75 | Enter the smaller of line 73 or line 74 here and on line 52 | | | 75 | |

ELMER H BRUNSTING DECEDENTS TR DTD

27-6453100

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| SCHEDULE D (Form 1041) | | | Capital Gain | is and Losses | | | OMB No. 1545-0092 | | |
|---|---|----------------------|-----------------------|---------------------------|--|-------|--|--|--|
| Department of the Treasury Internal Revenue Service ► Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable). | | | | | | | 2011 | | |
| Name of estate or trust ELMER H BRUNSTING DECEDENTS TR DTD | | | | | | | ent Copy -6453100 | | |
| Note: Form 5227 filers need Part I Short-Te | | | ana Accota Ur | eld One Year or Less | | | | | |
| (a) Description of prope | | (b) Date acquired | (c) Date sold | and One Tear or Less | (e) Cost or other basi | . | (f) Gain or (loss) for | | |
| (Example: 100 shares 7% preferred | • | (mo., day, yr.) | (mo., day, yr.) | (d) Sales price | (see instructions | | the entire year Subtract (e) from (d) | | |
| 1a SEE ATTACHEI | EDWARD | JONES | | | | | | | |
| | | VARIOUS | VARIOUS | 2,516 | 2, | 142 | 374 | | |
| | | | | | | | ****** | | |
| b Enter the short-term g | ain or (loss), if a | any, from Schedule | D-1, line 1b | I | | 1b | | | |
| 2 Short-term capital gair | i or (loss) from i | Forms 4684, 6252, | 6781, and 8824 | | | 2 | | | |
| 3 Net short-term gain or | | | | ********** | | 3 | ······································ | | |
| 4 Short-term capital loss Carryover Worksheet | • | | - | • | | 4 | Ŋ | | |
| • | or (loss).Comt | oine lines 1a throug | h 4 in column (f). En | ter here and on line 13, | | | | | |
| column (3) on the bac | | | A A A | | <u></u> | 5 | 374 | | |
| Part II Long-Ter | | (b) Date acquired | c) Date sold | Id More Than One Y | (e) Cost or other basi | | (f) Gain or (loss) for | | |
| (Example: 100 shares 7% preferred | | (mo., day, yr.) | (mo., day, yr.) | (d) Sales price | (see instructions | | the entire year Subtract (e) from (d) | | |
| 6a SEE ATTACHED |) EDWARD | JONES VARIOUS | VARIOUS | 42,662 | 39, | 786 | 2,876 | | |
| | | | | | | | | | |
| | : | nu fram Dahadula | | | | eh | | | |
| b Enter the long-term ga | in or (ioss), it at | ny, from Schedule | D-1, line ob | | • | 6b | | | |
| 7 Long-term capital gain | 7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 | | | | | 7 | | | |
| 8 Net long-term gain or (| 8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts | | | | | 8 | ···· | | |
| 9 Capital gain distribution | Capital gain distributions SEE STATEMENT 1 | | | | | 9 | 258 | | |
| | | | | | | 10 | | | |
| Carryover Worksheet | | | | | 11 (|) | | | |
| 12 Net long-term gain o column (3) on the back | | - | ., | ter here and on line 14a, | | 12 | 3,134 | | |
| For Paperwork Reduction | | | | | | Sched | lule D (Form 1041) 2011 | | |

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| Sche | dule D (Form 1041) 2011 ELMER H BRUNSTING | DECED | ENTS TR DTD | 27-6453100 | Page 2 |
|------------|--|---------------------|---|---------------------------------|----------------------|
| Pa | IT III Summary of Parts I and II Caution: Read the instructions before completing thi | s part. | (1) Beneficiaries' (see instr.) | (2) Estate's or trust's | (3) Total |
| 13 | Net short-term gain or (loss) | 13 | | 37 | 4 374 |
| 14 | Net long-term gain or (loss): | | | | |
| a | Total for year | 14a | | | t Copy 3,134 |
| þ | Unrecaptured section 1250 gain (see line 18 of the wrksht.) | 14b | | | |
| С | 28% rate gain | 14c | | | |
| 15 | Total net gain or (loss). Combine lines 13 and 14a | ▶ 15 | | 3,50 | 8 3,508 |
| Note | : If line 15, column (3), is a net gain, enter the gain on Form 1041 | , line 4 (or l | Form 990-T, Part I, line 4a |). If lines 14a and 15, colu | mn (2), are net |
| gains | , go to Part V, and do not complete Part IV. If line 15, column (3) | , is a net lo | ss, complete Part IV and th | ne Capital Loss Carryov | /er Worksheet,as |
| nece | ssary. | | | | |
| Pa | H N Capital Loss Limitation | | | | |
| 16 | Enter here and enter as a (loss) on Form 1041, line 4 (or Form 9 | 990-T, Part | I, line 4c, if a trust), the sn | naller of: | ····· |
| а | The lass on line 15 column (3) or $h = $2,000$ | | ····· | 4 | 6 () |
| Note | : If the loss on line 15, column (3), is more than \$3,000, or if Form | | | | lete the Capital |
| Loss | Carryover Worksheetin the instructions to figure your capital k | oss carryov | er. | | |
| Pa | Tax Computation Using Maximum Capit | al Gains | Rates | | |
| Forn | n 1041 filers. Complete this part only if both lines 14a and 15 in o | column (2) a | are gains, or an amount is | entered in Part I or Part II | and there is an |
| entry | on Form 1041, line 2b(2), and Form 1041, line 22, is more than a | zero. | | | |
| Caut | ion: Skip this part and complete the Schedule D Tax Workshee | etin the inst | ructions if: | | |
| • Ei | ther line 14b, col. (2) or line 14c, col. (2) is more than zero, or | | | | |
| • B | oth Form 1041, line 2b(1), and Form 4952, line 4g are more than : | zero. | | | |
| Form | n 990-T trusts. Complete this part only if both lines 14a and 15 a | re gains, or | qualified dividends are inc | cluded in income in Part I | of Form 990-T, |
| and | Form 990-T, line 34, is more than zero. Skip this part and comple | te the Sche | edule D Tax Worksheetir | n the instructions if either li | ine 14b, col. (2) or |
| line 1 | 4c, col. (2) is more than zero. | | | | |
| 17 | Enter taxable income from Form 1041, line 22 (or Form 990-T, I | ine 34) | 17 | 3,408 | |
| 18 | Enter the smaller of line 14a or 15 in column (2) | | | | |
| | but not less than zero 18 | | 3,134 | | |
| 19 | Enter the estate's or trust's qualified dividends from | | | | |
| | Form 1041, line 2b(2) (or enter the qualified dividends | | | | |
| | included in income in Part I of Form 990-T) | | | | |
| 20 | Add lines 18 and 19 20 | | 3,134 | | |
| 21 | If the estate or trust is filing Form 4952, enter the | | | | |
| | amount from line 4g; otherwise, enter -0- | | 0 | | |
| 22 | Subtract line 21 from line 20. If zero or less, enter -0- | | | 3,134 | |
| 23 | Subtract line 22 from line 17. If zero or less, enter -0- | | | 274 | |
| | | | | | |
| 24 | | | 24 | 2,300 | |
| 25 | Is the amount on line 23 equal to or more than the amount on line | | | | |
| | Yes. Skip lines 25 and 26; go to line 27 and check the "No" | | | | |
| | X No. Enter the amount from line 23 | | | 274 | |
| 26 | Subtract line 25 from line 24 | | | 2,026 | |
| 27 | Are the amounts on lines 22 and 26 the same? | | | 2 2 2 4 | |
| | Yes. Skip lines 27 thru 30; go to line 31. Xo. Enter the small | ler of line 17 or | line 22 27 | 3,134 | |
| | | | | 0.000 | |
| 28 | Enter the amount from line 26 (If line 26 is blank, enter -0-) | | | 2,026 | |
| | Outline at the a DD form the D7 | | | 1 100 | |
| 29 | Subtract line 28 from line 27 | | | 1,108 | 1.00 |
| 30 | Multiply line 29 by 15% (.15) | 0-b- 5 b- | · · · · · · · · · · · · · · · · · · · | | 0 166 |
| 31 | Figure the tax on the amount on line 23. Use the 2011 Tax Rate | | | | |
| | (see the Schedule G instructions in the instructions for Form 104 | +1) | • | | <u>1</u> <u>41</u> |
| a c | | | | | |
| 32 | Add lines 30 and 31 | | | | 2 207 |
| 33 | Figure the tax on the amount on line 17. Use the 2011 Tax Rate | 44.5 | | | |
| A 4 | (see the Schedule G instructions in the instructions for Form 104 | * * * * * * * * * * | d on Form 1011 Octoordade | | <u>3 622</u> |
| 34 | Tax on all taxable income.Enter the smaller of line 32 or line | | | | |
| | G, line 1a (or Form 990-T, line 36) | | <u></u> | <u></u> | 4 207 |

Schedule D (Form 1041) 2011

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| SCHEDULE E (Form 1040) For metal and etable, rouging, pathematical instructions. Sector pathematical income and Loss Screption of the screen of s | 9706 | | | | | | | | | | |
|---|--|--|--------------------|-----------------|---------------|---------------|---------------------------------------|-------------|--------------|-------------|----------------|
| Description Secondations, estates, furths, REMICs, etc.) Description | SCHEDULE E | Supplem | enta | I Income | and Los | S | | | ОМВ | No. 1545-00 | 74 |
| Partners Image of the Total A Attach to Form 1040, 040NR, or Form 1041, > Sea separate instructions. Image of the Total Image of total Image of the Total Image of total< | (Form 1040) | (From rental real estate, royalties, partnerships, | | | | | | | 2011 | | |
| LELMER II BRUNSTING DECEDENTS TR DDD Clinet Copy 4 -1 09 A EST UTD 10 -10 -96 27-6453100 Vac Vsc Vsc <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>ons.</td><td></td><td></td><td></td><td>- <u>13</u></td></td<> | | | | | | | ons. | | | | - <u>13</u> |
| 4 - 1-09 AS EST UTD 10-10-96 27-6453100 Yes Mo A Didy our make any payments in 2011 that woold require you to the Form(s) 1099? (see instructions) Mo Yes Mo No Partial Income or Loss Form Rental Real Estate and Royalties. Note. If you are in the business of reming personal property. Use Scheduls Correct Zeen instructions) Yes Mo No 200400-70 Fore State of the Correct Zeen instructions) You are in the business of reming personal property. State The Property is a member of a granifed joint venture (QN) reporting income not subjed to self-employment tax. Type-form Tare who mail and the property is a member of a granifed joint venture (QN) reporting income not subjed to self-employment tax. Type-form Tare who mail and the property is a member of a granifed joint venture (QN) reporting income not subjed to self-employment tax. Type-form Type of Property: To who mail and the property is a member of a granifed joint venture (QN) reporting income not subjed to self-employment tax. Type-form A B C C Day out table of the self of t | • • | | | | | | Your socia | l seci | urity number | | |
| A Day our make any payments in 2011 that would require you to like Form(s) 1099? (see instructions) Ivest diversity our with you is a line riqued Forme 1099? Ivest diversity our with you is a line riqued Forme 1099? Part II Income or Loss From Rental Real Estate and Royalties Notes if you are in the baseness of metring person payor. Ine 40. Caution. For data for or base in the base in the last come of base on the post of a set come of a unambe of a unambe of a unambe of a set of a | | | | | | | | | | У | |
| B H*set: "dt you or wij vol lie all required froms 1099? | | | | 10002 (ccc inc | taustions) | | 27-6 | 403 | | Vac | No |
| Rend Real Estate and Royatties Note. If you are in the business of norting personal property use Sum Form 483 on page 2. Ine 40. Caution For each rental property fisted on line 1, check the box in the test column only if you cause in dividual, report fam metal accore or desistions for accord that property as a member of a qualified juint venture (Q-V) reporting income not subject to self-employment tex. Type-fram I and the self-employment tex. 1 Prysical address of each property-street, div, state, zip Type-fram I and the self-employment tex. I and the self-employment tex. I and the self-employment tex. 1 DVMA 1 I I and the self-employment tex. I and the self-employment tex. I and the self-employment tex. 1 I and the self-employment tex. 1 I and the self-employments. S and T S self-Rental I and 0 I and 0 I and 0 2 Multi-Family Residence 3 Vacation/Short-Term Rental S and 4 4 , 9 2 3 I and 0 I and 0 2 Multi-Family Residence 3 0 I and 0 </td <td></td> <td></td> <td>orm(s)</td> <td>10993 (See Ins</td> <td>aucuons)</td> <td></td> <td></td> <td></td> <td></td> <td>· · · ·</td> <td>1</td> | | | orm(s) | 10993 (See Ins | aucuons) | | | | | · · · · | 1 |
| Schedule C or C-E2 (eee instructions). If you are an instructional, inport farm cental income or loss from Form 4835 on page 2, line 40. Cattlen. For existent on loss (jeet to be in file bias (bias to line 1, bias (bias in page 1, bias and bias (bias and bias an | | | nd Ro | valties No | to if you are | in the husine | es of rentir | | | | |
| qualified joint verting (QLV) reporting income not subject to self-employment tax. I Physical address of each propertystreet, city, state, zip Type-final 2 For each and self Fair Rental Passand QLV A IOWA 1 1 Single 1 and tax of the self address of each propertystreet, city, state, zip I bit bdow 2 For each and self A B C | | | | | | | | | | | - |
| Image: space of the set | Caution. For each rental prop | perty listed on line 1, check the box in the las | st colum | n only if you o | wned that pro | perty as a m | ember of a | | | | |
| ist below ist below entrop is larger for its arcs of a sport its larger for its lar | qualified joint venture (QJV) r | eporting income not subject to self-employm | ent tax. | | 1 | | | | - | | |
| Interview Interview <thinterview< th=""> <thinterview< th=""> <thinterview< th=""></thinterview<></thinterview<></thinterview<> | 1 Physical address of ea | ch property-street, city, state, zip | | | | | | | | | QJV |
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| 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 | | | | | | | | | | | |
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| | For Paperwork Reduction | Act Notice, see your tax return instruction | uai on III ons. | ie 41 on page : | <u> </u> | <u></u> | | 20 | Schedule | | |

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| 5100 | | П | Final K-1 | Amended K-1 | | ЬЬЪЪЪ ОМВ №. 1545-0092 |
|---|--|------------------|--|---|---------------|---|
| Schedule K-1 | 2011 | P | art III) Benefic | | | Current Year Income, |
| (Form 1041) Department of the Treasury | | 1 | Deduct Interest income | ions, Credit | 5, 80 11 | Id Other Items |
| Internal Revenue Service | For calendar year 2011, or tax year beginning , | 1 | interest income | | _ | |
| | and ending | 2a | Ordinary dividends | 092 | CI | ient Copy |
| Beneficiary's Share of Credits, etc. | of Income, Deductions, See back of form and instructions. | 2b | Qualified dividends | 241 | | |
| - | | 3 | Net short-term capital g | | | |
| Part I Information A Estate's or trust's employer identificat | About the Estate or Trust | 4a | Net long-term capital ga | ain | | х |
| R - Estatos of indere employer Mentiliour | | | Her long-term capital ge | 2(1) | | |
| 27-6453100 B Estate's or trust's name | | 45 | 28% rate gain | | 12 | Alternative minimum tax adjustment |
| | | 4c | Unrecaptured section 1 | 250 gain | | |
| 4-1-09 AS EST | | 5 | Other portfolio and nonbusiness income | | | |
| C Fiduciary's name, address, city, state ANITA BRUNSTIN | | 6 | Ordinary business incor | me | | |
| TRUSTEE | | 7 | Net rental real estate in | come | | |
| 2003 BLOOMINGD VICTORIA | OALE CIR TX 77904 | 8 | 41, Other rental income | 938 | 13 | Credits and credit recapture |
| | | 9 | Directly apportioned de | ductions | | |
| D Check if Form 1041-T was filed | and enter the date it was filed | | | | | |
| | | | | | 14 | Other information |
| | Af faction and to an initial | | | | <u>B *</u> | 123 |
| E Check if this is the final Form 10 | 14 f for the estate of trust | 10 | Estate tax deduction | | E * | 8,092 STMT |
| Part II Information | About the Beneficiary | | 1 | | н* | STMT |
| F Beneficiary's identifying number | | | | | | |
| <u>481-30-4685</u> G Beneficiary's name, address, city, sta | te, and ZIP code | | | | | |
| | | | | | | |
| NELVA BRUNSTIN | IC | | | | | |
| 13630 PINEROCK | | *Se | e attached staten | nent for addition | onal | information. |
| HOUSTON | TX 77079-5914 | | te. A statement m | | | |
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| | | | er rental activity. | 1 Duaineaa, 16 | 11(0) 1 | ear estate, and |
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| H X Domestic beneficiary | Foreign beneficiary | For IRS Use Only | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 1041. DAA

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9706 ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100 Federal Statements FYE: 12/31/2011

| | Descrip | tion | | Am | ount |
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| DWARD JONES | | | <u> </u> | \$ | 258 |
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9706 ELMER H BRUNSTING DECEDENTS TR DTD **Federal Statements** 27-6453100 **NELVA BRUNSTING** FYE: 12/31/2011

481-30-4685

| Client Copy Schedule K-1, Box 14, Code E - Net Investment Income Information | | | | | |
|---|----------|--------|--|--|--|
| Description | | Amount | | | |
| DIVIDEND INCOME | \$ | 8,092 | | | |
| Schedule K-1, Box 14, Code H - Other Information | <u>n</u> | | | | |
| Description | | Amount | | | |
| BUSINESS AND RENTAL ACTIVITY DETAIL: FARMLAND INCOME | \$ | 41,938 | | | |

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| Form 1116 | | Forn | n 1116 Page 1 D | etail Worksheet | | 2044 | |
|---------------------|----------------------|----------------------------------|-----------------|-----------------|--|-------------------|-------------------|
| Form IIIO | | For calendar year 2011, or tax y | /ear beginning | , and ending | | | 2011 |
| lame | | | | , | ······································ | Cliente | Optication Number |
| ELMER H BR | UNSTING DEC | EDENTS TR DTD | | | | | |
| <u>4-1-09 AS</u> | EST UTD 10- | 10-96 | | | | 27-6 | 453100 |
| Category of it | ncome | PASSIVE INCOME | | | Regular Tax | <u>X</u> Alternat | ive Minimum Tax |
| Name of foreig | gn country | VARIOUS | | | | | |
| 1a Gross income: | : (1) | | | | | | |
| Other incom | e | 3,851 | | | | | |
| Qualified div | ridends | 2,350 | | | | | |
| Short-term of | apital gain / loss | | | | | | |
| | apital gain / loss | 258 | | | | | |
| 2 Expenses defi | nitely related | | | | | | |
| 3a Certain itemize | ed deductions | | | | | | |
| 3b Other deduction | ons | | | | | | |
| 3c Add lines 3a a | ind 3b | | | | | | |
| 3d Gross foreign | source income | 6,459 | | | | | |
| 3e Gross income | from all sources | 56,523 | | | | | |
| 3f Divide line 3d | by line 3e | 0.1143 | | | | | |
| 3g Multiply line 3d | c by line 3f | | | | | | |
| | | | | | | | |
| 4a Home mortgag | ge interest | | | | | | |
| 4b Other interest | expense | | | | | | |
| | oreign sources | | | | | | |
| | t definitely related | | | | | | |
| (Add lines 3 | g, 4a, 4b, and 5) | | | | | | |
| 8 Foreign taxes | paid or accrued | 123 | | | | | |
| Fiduciary sha | are (2) | 0.0000 % | % | % | % | % | % |

BR Q(1) Gross income is per input. Fiduciary share will be allocated / limited on Form 1116; beneficiary share is allocated on the Beneficiary Foreign Tax Credit Schedule. Q(2) Fiduciary share is reported on Form 1116; beneficiary share is reported per beneficiary on the Beneficiary Foreign Tax Credit Schedule Q(2) Fiduciary share is reported on Form 1116; beneficiary share is reported per beneficiary on the Beneficiary Foreign Tax Credit Schedule Q(2) Fiduciary share is reported on Form 1116; beneficiary share is reported per beneficiary on the Beneficiary Foreign Tax Credit Schedule

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| Form 1116 | | | Form 1116 Pag | | 2044 | | |
|---|-------------------|-----------------------|---------------------------|--------|----------|--------------|--------------------------------|
| Form IIIO | | For calendar year 201 | 11, or tax year beginning | . an | d ending | | 2011 |
| lame | | | | | | Clier | tale oppitication Number |
| ELMER H BRUNS | | | | | | | |
| 4-1-09 AS EST | <u>r ord 10-1</u> | .0-96 | | | | 2 | 7-6453100 |
| Category of incom | le | PASSIVE INCOM | ИE | | Reç | gular Tax Al | ternative Minimum Tax <u>X</u> |
| Name of foreign cou | untry | VARIOUS | | | | | |
| 1a Gross income: (1) | | | | | | | |
| Other income | | 3,851 | | | | | |
| Qualified dividence | is | 2,350 | | | | | |
| Short-term capital | | | | | | | |
| Long-term capital | gain / loss | 258 | ····· | | | | |
| 2 Expenses definitely | related | | | | | | |
| 3a Certain itemized de | ductions | | | | | | |
| 3b Other deductions | | | · · · · · · | | | | |
| 3c Add lines 3a and 3t |) | | | | | | |
| 3d Gross foreign source | e income | 6,459 | | | | | |
| 3e Gross income from | all sources | 56,523 | | | | | |
| 3f Divide line 3d by lin | e 3e | 0.1143 | | | | | |
| 3g Multiply line 3c by li | ine 3f | | | | | | |
| An Homo mortanzo int | oront | | | | | | |
| 4a Home mortgage interest4b Other interest expension | neo | | | **** | | | |
| 5 Losses from foreigr | Sources | | | | | | |
| Deductions not defi | | | | ······ | ········ | | |
| (Add lines 3g, 4a, | • | | | | | | |
| | ,, w.c.w w j | | | | · | | |
| 8 Foreign taxes paid | or accrued | 123 | | | · | | |
| Fiduciary share (2 |) | 0.0000 % | % | % | % | | % |

R C(1) Gross income is per input. Fiduciary share will be allocated / limited on Form 1116; beneficiary share is allocated on the Beneficiary Foreign Tax Credit Schedule. C(2) Fiduciary share is reported on Form 1116; beneficiary share is reported per beneficiary on the Beneficiary Foreign Tax Credit Schedule

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Iowa Department of Revenue www.iowa.gov/tax

2011 IA 1041

| For C | Caler | ndar Year 2011 or fiscal year beginning, and ending | lowa Fic | duciary Return |
|----------------------|-------------|---|---|--|
| Nar | ne of | ELMER H BRUNSTING DECEDENTS TR DTD | Federal Employer ID Number | Check one: |
| Est | ate o | r Trust 4-1-09 AS EST UTD 10-10-96 | 27-6453100 | Estate |
| | | Address, and Title of Fiduciary | Decedent's Social Security Number | |
| | | TA BRUNSTING | Client | Copye Trust |
| | | BLOOMINGDALE CIR | | X Complex Trust |
| | | FORIA TX 77904 STEE | lowa County in which estate is pending | |
| | | of Attorney, Mailing Address (city, state, ZIP) | estate is penaing | Bankruptcy Estate |
| | | DACE KUNZ-FREED | | If trust, check one: |
| | | 00 ST MARYS LANE, SUITE 230 | Probate No. | X Testamentary |
| | | STON TX 77079 | | |
| Att | ome | y's Phone Number 800-229-3002 | | Inter Vivos |
| | | on is granted to the attorney listed above to receive confidential tax information under lowa Cod rtment of Revenue and to make written or oral presentations on behalf of the trust or estate. | le section 421.60 to act as the trust or estate's repr | esentative before the |
| Have | pepa pri | or returns been filed for this estate or trust? X Yes No Is Income Ta | ax Certificate of Acquittance requested? | Yes X No |
| | | | D6 being filed? Yes X No | ليسيبها المعيدية |
| ******* | 1. | Dividends. Enter full amount. | 1. 8,092 | |
| | | Interest | | |
| | 3. | Income from partnerships and other fiduciaries. Attach supporting schedule. | 3. | |
| ۳ | 4. | Net rents and royalties | 4. 41,938 | |
| NCOME | 5. | Net business and farm income or loss. Attach Schedules C or C-EZ and F, federal form 1040. | 5 | |
| Ž | | Net gain (loss) from capital assets | 63,508 | |
| | 7. | Ordinary gains (losses). Attach federal form 4797. | | |
| | | Other income. State nature of income. | | |
| | | Total income. Add lines 1 through 8. | | 53,538 🛦 |
| | 10. | Interest. Enter on Schedule D, page 2. | 10 11 8,875 | |
| | 17 | Taxes. Enter on Schedule D, page 2. Fiduciary fees. Enter on Schedule D, page 2. | | |
| | 13 | Charitable deduction from income in compliance with Will or Trust instrument. | 12 13 | |
| လှ | | Attorney, accountant, and return preparer fees. Enter on Schedule D, page 2. | | |
| Ó | | Other deductions not subject to 2% floor. Enter on Schedule D, page 2. | | |
| 5 | 16. | Allowable miscellaneous itemized deductions. Enter on Schedule D, page 2. | 16 | |
| ËD ED ED ED | 17. | Total. Add lines 10 through 16. | | 8,875 |
| E E | | Balance. Subtract line 17 from line 9 | | 44,663 |
| voucher here. | | Distributions to beneficiaries. Complete Schedule B on page 2 or attach federal Schedule K-1. | | |
| andv | | Federal estate tax attributable to income in respect of a decedent (fiduciary's share | | 11 155 |
| nent | | Total. Add lines 19 and 20. | | <u>41,155</u> 3,508 |
| wed a | | Taxable income of fiduciary. Subtract line 21 from line 18. Must be zero on final mplete lines 23-32. Nonresidents, also complete Schedule C and enter on line 28. | <u>return</u> | 5,500 |
| Staple | | Compute tax from rate Schedule E, page 2. | 23 31 | |
| | 20. | Iowa lump sum tax. Attach federal Schedule 4972. | 23 | |
| T A | | Iowa minimum tax. Attach IA 6251. | ~ ** | |
| G | | Tax before credits. Add lines 23 through 25. | ,,,,,, | 31 |
| PUTE | 27. | Personal exemption credit. This is a nonrefundable credit. | 27 40.00 | |
| đ | 28. | Out-of-state tax credit or nonresident credit. Attach copy of out-of-state return and | | |
| NOC | 29 | Schedule IA 130 or IA 1041 Schedule C. Motor fuel tax credit. Attach Schedule IA 4136. | | |
| O | 30. | Other credits. Attach IA 148 Tax Credits Schedule. | 30. | |
| | 31. | Total credits. Add lines 27 through 30. | 31 | 40 |
| | | Tax liability. Subtract line 31 from 26. | 32 | 0 |
| Ш | 33. | Tax paid with additional Iowa Fiduciary Income Tax Payment Voucher | | |
| ō | 34. | Refund. If line 33 is larger than line 32, enter the difference. | 34 | A |
| Ŗ | | Amount due. If line 33 is less than line 32, enter the difference. | | 0 |
| | | Mail to: Fiduciary Return Processing, Iowa Department of Revenue, PO Bo | | |
| HERE | adm | LARATION: The undersigned hereby certifies and declares that this return, and any schedules or papers a viedge and belief of the undersigned, it is a true, correct, and complete return for the taxable year as require s and regulations issued under authority thereof. Note: State tax information may be disclosed to tax official inistrative purposes. | tttached hereto, has been duly examined; that to the bes ed by the income tax law of the State of Iowa and the s of another state or of the United States for tax | |
| UN UN | | ature of fiduciary or officer representing fiduciary Preparer's ID No. Address 54.0 | | Date |
| <u>8</u> 0 | • | | NORTH MAIN AVENUE UX CENTER, IA 51250-1824 | |
| cs | | 10110 A AIMONO CIA 76 16(113) 510 | BRUNS | 04/05/12 TING003602 63-001a (11/16/11) |

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| Sabadula | BRUNSTING DECEDENTS TH | | | | <u>iles A, B, D, and</u> |
|---------------|---|--|--|--------------------------------|---|
| | A - Background Information: Answe | | | a da udla ala adhi. | |
| | · · · · · · · · · · · · · · · · · · · | | - | | |
| | t's business or occupation: | • | 4. Decedent's | * | |
| | ecedent's final return filed? | | | ecedent create trust? | |
| | dent file IOWA return(s) up to the date of deat | | no, attach earnings sta | tement or expansionly a | |
| 8. Enter de | cedent's name and address: | | | | |
| 9. Name and | Social Security No. of decedent's spouse, if any: | | | | |
| 10. Enter na | me(s) of executor(s): | | | | · · · · · · · · · · · · · · · · · · · |
| 11. Enter dat | ie(s) and amount(s) of executor's fees paid to | executor(s): | | | |
| 12. Had fede | ral audit been made on prior returns of deced | ent or the estate or trust? | Yes X No I | an audit now in the pro | cess? Yes X No |
| 13. Have exp | penses of administration or selling expenses b | een deducted for federal e | | Yes X No | |
| 14. Did you a | as fiduciary withhold on income distributions m | ade to nonresident benefic | ciaries? Yes | X No | , |
| 15. Does the | estate/trust elect to recognize the gain or loss | on a distribution of prope | ty under section IRC 6 | 43(d)(e)? Yes | X No |
| Schedule | B - Beneficiaries' Shares of Incom | e and Credits: Attach | additional pages as neces | sary. In lieu of Sch. B, attac | h federal Sch. K-1. |
| | | Beneficiary A | Beneficiary B | Beneficiary C | TOTALS |
| 1. Names o | f each beneficiary1 | SEE SCHEDU | LE K-1 EQUI | VALENT(S) | |
| 2. Social Se | ecurity Number 2 | , <u> </u> | | | |
| 3. Address | | | | | |
| 4. lowa resi | dent (Yes/No) 4 | | | | |
| 5. Net short | term capital gain 5 | | | | |
| 6. Net long- | term capital gain (100%) 6 | | | | |
| 7. Deprecia | tion and depletion 7 | | | | |
| 8. Ordinary | income subject to Iowa income tax 8 | - | | | 41,15 |
| 9. Income r | ot subject to lowa income tax 9 | | | | |
| 10. Excess d | eductions 10 | | | | |
| | | | 1 | T | 1 |
| | ome tax withheld, if any 11 | | | | |
| | ing agent's identification number 12 | .] | l | J | |
| Scheaule | D - Explanation of Expenses | | | | |
| Line No. | | Explanation | | | Amount |
| 11 | TAX EXPENSE - STMT 1 | | | | 8,87 |
| | | | | | |
| | | | ······································ | | |
| | | | ······································ | | |
| · . | | ······································ | | | |
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| | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | |
| Schedule | E - Tax Rates | | | | |
| 001104410 | Taxable Income | | Of F | xcess | |
| | Over But Not Ove | r | Tax Rate | Över | |
| | \$0 \$1,43 | | (0.36% × | \$0) | |
| | \$1,439 \$2,873 \$2,878 \$5,750 | | | 1,439) 2,878) | |
| | \$5,756 \$12,95 | | • | 5,756) | |
| | \$12,951 \$21,58 | | | 2,951) | |
| | \$21,585 \$28,780 \$28,780 \$43,170 | | • | 1,585) 8,780) | |
| | \$43,170 \$64,75 | 5 \$2,382.42 + | (7.92% x \$4 | 3,170) | |
| | \$64,755 ove | r \$4,091.95 + | (8.98% × \$6 | 4,755) | of a company one contraction of the second s |
| | | | | | |

Iowa Department of Revenue

www.iowa.gov/tax

2011 IA 1041 Schedule C Computation of Nonresident's Tax Credit

| Nam | e of Estate or Trust | | Federal Identil | Сору |
|-------|--|-----|--------------------------|-------------------------|
| ELI | AER H BRUNSTING DECEDENTS TR DTD | | 27-6453100 | |
| 4 - ' | L-09 AS EST UTD 10-10-96 | | Column B | Column A |
| | | A | Il Source (from IA 1041) | Iowa Source |
| 1. | Ordinary dividend income | 1. | 8,092 | · · · · · · · · · · · · |
| 2. | Taxable interest income | 2. | | |
| 3. | Income from partnerships and other fiduciaries | 3. | | **** |
| 4. | Net rents and royalties | 4. | 41,938 | 41,938 |
| 5. | Net business and farm income (loss) | 5. | | |
| 6. | Net gain (loss) from capital assets | 6. | 3,508 | ~~~~~~ |
| 7. | Ordinary gains (losses) from federal form 4797 | 7. | | |
| 8. | Other income | 8. | | |
| 9. | Total income | 9. | 53,538 | 41,938 |
| 10. | Distribution to beneficiaries | 10. | 41,155 | 34,498 |
| 11. | Undistributed Net income (subtract line 10 from line 9) | 11. | 12,383 | 7,440 |
| 12. | lowa income percentage: divide column A of line 11 by column B of line 11 and | | | |
| | enter percentage rounded to the nearest tenth of a percent. | | | |
| | This can be no more than 100.0% and no less than 0.0% | 12. | | 60.1 |
| 13. | Nonresidential credit percentage (subtract line 12 from 100.0%) | 13. | | 39.9 |
| 14. | Iowa tax on total income from line 23, IA 1041 | 14. | | 31 |
| 15. | Personal exemption credit from line 27, IA 1041 | 15. | | \$ 40.00 |
| 16. | Tax after credits (subtract line 15 from line 14) | 16. | | |
| 17. | Nonresident tax credit (multiply line 16 by line 13 and enter on line 28, IA 1041) | 17. | | |

Income should be reported using the criteria in the instructions to Form IA 126.

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BRUNSTING003607

| Form | Iowa Schedule K-1 Equivalent | | | | | | | | |
|---------------|------------------------------|---------------------------------------|------------|---------------------------|--|------------------|--|--|--|
| | | For calendar year 2011, or tax year b | eginning | , and | fending | | | | |
| Name | of trust | | | | | Amended K-1 | | | |
| \mathbf{EL} | MER H BRUN | STING DECEDENTS TR D | TD | | | | | | |
| 4 - | 1-09 AS ES | T UTD 10-10-96 | | | <u>Client C</u> | ODMnai K-1 | | | |
| | | number ▶ 481-30-4685 | | Estate's or trust's EIN | ▶ 27-6453100 | | | | |
| Benefi | ciary's name, addres | s, and ZIP code | | Fiduciary's name, addres | | | | | |
| | - | | | ANITA BRUNS | TING | | | | |
| NE | LVA BRUNST | ING | | TRUSTEE | | | | | |
| 13 | 630 PINERO | CK LN | | 2003 BLOOMI | NGDALE CIR | | | | |
| HO | USTON | TX 77079-59 | 14 | VICTORIA | TX 779 | 04 | | | |
| | Resident state: | TEXAS | | | | | | | |
| | | Enter the following items on the | state inc | ome tax return of the abo | ve named individual. | | | | |
| 1 | Beneficiary's Share | e of Federal Taxable Income | 1 | 50,030 | This data presented for informa | ation only | | | |
| I | ncome | | | | | | | | |
| 2 | Interest | | 2 | | Schedule B, Part I or IA 126, lir | ne 2 | | | |
| 3 | Ordinary dividends | · , | 3 | | Schedule B, Part II or IA 126, li | ne 3 | | | |
| 4 a | Net short-term cap | ital gains | 4 a | | Form IA 1040, line 6 or IA 126, line 6 | | | | |
| b | | al gains | | | Form IA 1040, line 6 or IA 126, | line 6 | | | |
| 5 | Business / Nonpas | sive | | | | | | | |
| а | Income | | 5 a | | 7 | | | | |
| b | | | | | Net amount to: Form IA | 1040, line 10 or | | | |
| С | | | | | Form IA | 126, line 10 | | | |
| d | | | | | | | | | |
| 6 | Rental and Passive | ÷ | | | | | | | |
| а | Income | | 6 a | 34,498 | 7 | | | | |
| b | | | | | Net amount to: Form IA | 1040, line 10 or | | | |
| c | Depletion | | C | | Form IA | 126, line 10 | | | |
| d | A 11 11 | | | | | | | | |
| 7 1 | Distributions in the | Final Year of Estate / Trust | | | | | | | |
| а | Excess deductions | on termination | 7 a | | Schedule A, line 21 | | | | |
| b | Short-term capital I | oss carryover | b | | Form IA 1040, line 6 or IA 126, | line 6 | | | |
| С | Long-term capital k | oss carryover | c | | Form IA 1040, line 6 or IA 126, | line 6 | | | |
| d | Net operating loss | (NOL) carryover | <u>. d</u> | | Form IA 1040, line 14 or IA 126 | 5, line 14 | | | |
| 8 ' | Tax Preference Iten | | 1 | | | | | | |
| а | Accelerated deprec | ciation | 8 a | | Form IA 6251 | | | | |
| b | | | | Form IA 6251 | | | | | |
| c | | | | Form IA 6251 | | | | | |
| d | Exclusion items | | d | | Form IA 8801 | | | | |
| 9 (| Other Items | | | | | | | | |
| а | Tax-exempt interes | st | 9 a | | This data presented for information | ation only | | | |
| b | | m | | | This data presented for informa | ition only | | | |
| C | Withholding | | c | | This data presented for information | ition only | | | |

Additional Information:

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9706 ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100 Iowa Statements FYE: 12/31/2011

Statement 1 - Form IA 1041, Page 2, Schedule D - Taxes ent Copy

| Description | Amount |
|------------------------|---------|
| PAGE 1 - TAX EXPENSE | \$0 |
| FEDERAL TAXES PAID | 8,875 |
| TOTAL IOWA TAX EXPENSE | \$8,875 |

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| 9834) | | | D | | | | | | | | |
|------------------|--|--|---|------------------------|-------------------------|--|--------------------------|-------------------------|----------------------------|---------------|--|
| Form | | nt of the Treasury—Internal i 41 U.S. Incon | ne Tax Retu | irn for E | states and | Trusts | | | 2011 | ом | B No. 1545-0092 |
| A c | heck all | I that apply; | For calendar ye | ar 2011 or fis | cal year beginning | 12/31/ | 11 , and end | ing 03, | <u>/31/12</u> | <u>}</u> | |
| | Decedent's estate Name of estate or trust (If a grantor type trust, see the instructions.) | | | | | | | | | | |
| | imple tr | | | | VOCABLE I | JIFE | | | 76-63 | | •5 |
| — | omplex | | INSURANC | | T | | | D | Date entity | reated | |
| | • | disability trust | Name and title of fidu | • | ~ | | | | Jien | | |
| | | portion only) | ANITA BR | RONSTIN | G | | | E | Nonexempt interest trus | | , |
| | - | ype trust | TRUSTEE | | | | | | box(es), see | | |
| | | cy estate-Ch. 7 | | | (If a P.O. box, see the | instructions.) | | l r | 7 | | |
| в | ankrupt | cy estate-Ch. 11 | 2003 BLC | | ALE CIR | | | | | | 7(a)(1). Check here |
| Р | ooled in | come fund | City or town, state, a VICTORIA | | TΣ | X 77904 | | Ιr | | | tion N |
| B | Numbr | er of Schedules K-1 | F Check | 1 Initial return | X Final return | Amended re | | | 1 | in sec. 494 | |
| - | attache | ed (see | applicable | | | H | | - | 1 ~ | trust's nam | |
| G c | | tions) 5 treate or filing trust | boxes: | Change in fid | | Change in ti | duciary's name | | Change in | fiduciary's a | address |
| <u>o (</u> | 1 | Interest income | | | | | · | <u></u> | 1 | 1 | 167 |
| | 28 | * * * | | | ••••••• | | | | | + | <u> </u> |
| | | | locable to: (1) Renef | iciaries | | (2) Estate or tr | | • • • • • • • • • • • • | ··· . | | |
| | 3 | Business income o | r (loss). Attach Sc | hedule C or (| C-EZ (Form 1040) | (#) ========= | | | 3 | * | |
| me | 4 | Capital gain or (los | s) Attach Schedu | le D (Form 10 |)41) | • • • • • • • • • • • • • • • • • • | | ••••• | 4 | 1 | |
| ncome | 5 | Rents, royalties, pa | artnerships, other (| estates and tr | usts. etc. Attach S | Schedule E (For | rm 1040) | • • • • • • • • • • • • | 5 | + | |
| | 6 | Farm income or (lo | | | | | | | | | |
| | 7 | Ordinary gain or (k | oss). Attach Form | 4797 | | | | | 7 | | |
| | 8 | Other income. List | | | | | | | 1 0 | | |
| | 9 | Total income. Cor | mbine lines 1, 2a, | | | | | | | | 167 |
| | 10 | Interest. Check if F | | | | | , , | | | | |
| | 11 | Taxes | | | | | | | 1 44 | | |
| | 12 | Fital | | | | | | | 40 | | |
| | 13 | | | | | | | | | | |
| | 14 | Attorney, accounta | n (from Schedule A, line 7) nt, and return preparer fees | | | | | 14 | | | |
| Deductions | 15 | | iot subject to the 2 | 2% floor (attac | ch schedule) | | | | 15a | | |
| ¥ | 1 | b Allowable miscella | neous itemized de | ductions subj | ect to the 2% floor | Γ | | | 15b | | |
| ň | 16 | | | | | 4 | 1 | | ▶ 16 | | |
| ě | 17 | Adjusted total income | | | | | 17 | | L67 | | |
| | 18 | Income distribution deduct | ion (from Sch. B, line 15). | . Attach Schedules | K-1 (Form 1041) | | | | 18 | _ | 167 |
| | 19 | Estate tax deduction i | ncluding certain gene | eration-skipping | taxes (attach compu | utation) | | | | | |
| | 20 | | | | | | | | | _ | 100 |
| | 21 | Add lines 18 throug | | | | | | | | | 267 |
| | 22 | Taxable income. S | | | | | | | | + | -100 |
| | 23 | Total tax (from Sc | hedule G, line 7) | | | | ••••••••••• | . <i>.</i> | 23 | | 0 |
| S | 24 | Payments: a 201 | | | | | | | | | |
| Tax and Payments | | b Estimated tax pays | | | | | | | | + | |
| Ĕ | | c Subtract line 24b fr | | | | | | | | + | |
| ² ay | | d Tax paid with Form e Federal income tax | withhold If any is | from Form(s | 1090 obook | | | | | + | |
| þ | | Other payments: | • | • | , · | | | | | + | |
| an | 25 | Total payments. | Ad lines 24c throi | | ч9Чч 24b | | | , 1014 | 25 | + | |
| ax | 26 | Estimated tax pena | | | ····· | | | | | | |
| H | 27 | Tax due. If line 25 | • • | * ********* | | | | | | | |
| | 28 | Overpayment. If li | | | | , | | | | 1 | |
| | 20 | Amount of line 20 t | a har a Cradita | d to 2012 on | time of a start | | - h 1 | Sofundad | b 20 | 1 | |
| Ci~ | Un | der penalties of perjury, I decla e, correct, and complete. Decla | re that I have examined the | his return, including | accompanying schedule | es and statements, a | nd to the best of my kno | wiedge and b | elief, it is | | he IRS discuss this |
| Sig Her | | e, coneci, eno complete. Decia | renon or preparer (other t | andri (dApdyeli) is Di | | $\frac{9191}{2}$ | | | | | n with the preparer n below (see instr.)? |
| nel | | Signature of fiduciary or o | fficer representing fiduc | siary | <u>F</u> | Date | EIN of fiduci | ary if a financ | cial institution | - | X Yes No |
| | P | rint/Type preparer's name | | E . | Preparer's signature | | | Date | Check | | PTIN |
| Paid | R | ICHARD K RIKKERS | СРА | R | ICHARD K RIKKE | RS CPA | | 04/05, | /12 self-en | 6 | P00144154 |
| Prepa | | | ROESE & KI | | | | | | Firm's ElN | ▶ 42 | 2-1277139 |
| Use C |)nly | | 40 NORTH I | | | | | | | | |
| | l F | îrm's address 🕨 SI | IOUX CENT | ER, IA | 51250-18 | 824 | | | Phone no. | 712 | -722-3375 |

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| Form | 1041 (2011) BRUNSTING IRREVOCABLE LIFE | 76-6124195 | | Page 2 |
|---------|---|---|---|-----------|
| Sc | hedule A Charitable Deduction. Do not complete for a simple trust | t or a pooled incom | e fund. | |
| 1 | Amounts paid or permanently set aside for charitable purposes from gross income (see inst | tructions) | 1 | |
| 2 | Tax-exempt income allocable to charitable contributions (see instructions) | | 2 | |
| 3 | Subtract line 2 from line 1 | | | |
| 4 | Capital gains for the tax year allocated to corpus and paid or permanently set aside for char | | Client C | VOO |
| 5 | Add line O and A | | | |
| 6 | Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitabl | | ····· | |
| v | | | 6 | |
| 7 | Charitable deduction. Subtract line 6 from line 5. Enter here and on page 1, line 13 | | | |
| | | *********************** | | |
| racaza. | | ······ | | 1.07 |
| 1 | Adjusted total income (see instructions) | | | 167 |
| 2 | Adjusted tax-exempt interest | | | |
| 3 | Total net gain from Schedule D (Form 1041), line 15, column (1) (see instructions) | , | 3 | 0 |
| 4 | Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion) | | | |
| 5 | Capital gains for the tax year included on Schedule A, line 1 (see instructions) | | 5 | 0 |
| 6 | Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the | ne loss | | |
| | as a positive number | | 6 | |
| 7 | Distributable net income. Combine lines 1 through 6. If zero | | | |
| | or less, enter -0- | | 7 | 167 |
| 8 | If a complex trust, enter accounting income for the tax year as | | | |
| - | determined under the governing instrument and applicable local law | 8 | 167 | |
| 9 | the second second second for the second s | | | 167 |
| | * | | | <u></u> 0 |
| 10 | Other amounts paid, credited, or otherwise required to be distributed | | | 167 |
| 11 | Total distributions. Add lines 9 and 10. If greater than line 8, see instructions | | | 1.07 |
| 12 | Enter the amount of tax-exempt income included on line 11 | | | 1 / 7 |
| 13 | Tentative income distribution deduction. Subtract line 12 from line 11 | | | 167 |
| 14 | Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0- | | | 167 |
| 15 | Income distribution deduction.Enter the smaller of line 13 or line 14 here and on page 1 | <u>, line 18 </u> | 15 | 167 |
| SC | hedule G Tax Computation (see instructions) | | | |
| 1 | Tax: a Tax on taxable income (see instructions) | 1a | | |
| | b Tax on lump-sum distributions. Attach Form 4972 | 1b | | |
| | c Alternative minimum tax (from Schedule I (Form 1041), line 56) | 1c | 0 | |
| | d Total. Add lines 1a through 1c | | ▶ 1d | 0 |
| 2a | Foreign tax credit. Attach Form 1116 | 2a | | |
| b | Openent hurstenen anertik. Attack Forme 2000 | 2b | | |
| | Credit for prior year minimum tax. Attach Form 8801 | 2c | | |
| 4 | Bond credits. Attach Form 8912 | | | |
| - u | | 20 | ▶ 3 | 0 |
| 3 | | | A A A A A A A A A A A A A A A A A A A | |
| 4 | Subtract line 3 from line 1d. If zero or less, enter -0- | • | 4 | 0 |
| 5 | Recapture taxes. Check if from: Form 4255 Form 8611 | | <u>5</u> | |
| 6 | Household employment taxes. Attach Schedule H (Form 1040) | | 6 | |
| 7 | Total tax. Add lines 4 through 6. | | | |
| | Enter here and on page 1, line 23 | | 🕨 7 | 0 |
| | Other Information | <u></u> | | Yes No |
| 1 | Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allo | cation of expenses | , , , , | <u>X</u> |
| | Enter the amount of tax-exempt interest income and exempt-interest dividends \$ | | | |
| 2 | Did the estate or trust receive all or any part of the earnings (salary, wages, and other comp | ensation) of any | | |
| | · · · · · · · · · · · · · · · · · · · | | | X |
| 3 | At any time during calendar year 2011, did the estate or trust have an interest in or a signati | ure or other authority | | |
| - | | | | x |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," (| enter the name of the | | |
| | | | | |
| 4 | foreign country | | • | ······ |
| 4 | During the tax year, did the estate or trust receive a distribution from, or was it the grantor or | | | |
| 5 | foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Ye the instructions for required attachment | e # 200 | | X |
| 4 | the instructions for required attachment | a, acc | | |
| 6 | If this is an estate or a complex trust making the section 663(b) election, check here (see in | structions) | | |
| 7 | To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here (see If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closin | instructions) | , , , , , , , | |
| 8 | If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closin estate, and check here | ig the | | |
| 9 | Are any present or future trust beneficiaries skip persons? See instructions | | ····· | Х |

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| SCHEDULE | I |
|-------------|---|
| (Form 1041) | |

Alternative Minimum Tax—Estates and Trusts

OMB No. 1545-0092

2011

Attach to Form 1041. See the separate instructions

for Schedule I (Form 1041).

| Department of the Internal Revenue | e Treasury e Service | for Schedule I (Form 1041). | | |
|---------------------------------------|-------------------------|--|------------------|--------------------|
| Name of estate o | or trust | REVOCABLE LIFE | er identificatio | on number ODY |
| INSUR | ANCE TR | <u>UST 76-0</u> | 612419 | 95 |
| Part I | | s or Trust's Share of Alternative Minimum Taxable Income | <u> </u> | |
| 1 Adjuste | ed total incom | e or (loss) (from Form 1041, line 17) | | 167 |
| 2 Interes | st | | 2 | |
| 3 Taxes | | ., | 3 | <u>, , . , . ,</u> |
| 4 Miscell | laneous itemiz | ed deductions (from Form 1041, line 15b) | 4 | |
| 5 Refund | d of taxes | | 5 (|) |
| 6 Depleti | ion (difference | between regular tax and AMT) | 6 | |
| 7 Net op | erating loss d | eduction. Enter as a positive amount | | |
| 8 Interes | st from specifie | d private activity bonds exempt from the regular tax | 8 | <u></u> |
| 9 Qualifie | ed small busir | ess stock (see instructions) | 9 | |
| | | stock options (excess of AMT income over regular tax income) | 10 | |
| 11 Other e | estates and tri | usts (amount from Schedule K-1 (Form 1041), box 12, code A) | 11 | <u> </u> |
| 12 Electing | ig large partne | rships (amount from Schedule K-1 (Form 1065-B), box 6) | 12 | |
| 13 Dispos | sition of proper | ty (difference between AMT and regular tax gain or loss) | 13 | |
| 14 Deprec | ciation on asse | ets placed in service after 1986 (difference between regular tax and AMT) | 14 | |
| 15 Passive | e activities (di | fference between AMT and regular tax income or loss) | 15 | |
| 16 Loss lir | mitations (diffe | erence between AMT and regular tax income or loss) | 16 | |
| 17 Circula | ation costs (dif | ference between regular tax and AMT) | 17 | |
| 18 Long-te | erm contracts | (difference between AMT and regular tax income) | 18 | |
| 19 Mining | costs (differe | nce between regular tax and AMT) | 19 | . <u> </u> |
| 20 Resear | rch and exper | mental costs (difference between regular tax and AMT) | 20 | |
| | | installment sales before January 1, 1987 | 21 (|) |
| | | ts preference | 22 | |
| 23 Other a | adjustments, i | ncluding income-based related adjustments | 23 | |
| | | perating loss deduction (See the instructions for the limitation that applies.) | 24 (|) |
| | | minimum taxable income. Combine lines 1 through 24 | 25 | 167 |
| | | Il below before going to line 26. | | |
| 26 Income | e distribution d | eduction from Part II, line 44 26 167 (from Form 1041, line 19) 27 | | |
| 27 Estate | tax deduction | (from Form 1041, line 19) | | |
| | ies 26 and 27 | | 28 | 167 |
| 29 Estate' If line 2 | | are of alternative minimum taxable income. Subtract line 28 from line 25 | 29 | |
| • \$22, | ,500 or less, s | top here and enter -0- on Form 1041, Schedule G, line 1c. The estate or | | |
| trust is | not liable for | he alternative minimum tax. | | |
| Over | er \$22,500, bul | less than \$165,000, go to line 45. | | |
| | | , enter the amount from line 29 on line 51 and go to line 52. | | |
| Part II | | Distribution Deduction on a Minimum Tax Basis | | |
| | | minimum taxable income (see instructions) | 30 | 167 |
| 31 Adjuste | ed tax-exempt | interest (other than amounts included on line 8) | 31 | |
| | | chedule D (Form 1041), line 15, column (1). If a loss, enter -0- | 32 | |
| | - | tax year allocated to corpus and paid or permanently set aside for charitable | | |
| | | a 1041, Schedule A, line 4) | 33 | |
| | | rmanently set aside for charitable purposes from gross income (see instructions) | 34 | |
| | | ted on a minimum tax basis included on line 25 | 35 (|) |
| | | uted on a minimum tax basis included on line 25. Enter as a positive amount | 36 | |
| | | tive minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0- | 37 | 167 |
| | | e distributed currently (from Form 1041, Schedule B, line 9) | 38 | 167 |
| 39 Other a | amounts paid, | credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10) | 39 | |
| | | dd lines 38 and 39 | 40 | 167 |
| 41 Tax-ex | cempt income | included on line 40 (other than amounts included on line 8) | 41 | |
| 42 Tentati | ive income dis | tribution deduction on a minimum tax basis. Subtract line 41 from line 40 | 42 | 167 |

Schedule I (Form 1041) (2011)

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

5.

| Schee | tule I (Form 1041) (2011) BRUNSTING IRREVOCABLE LIFE | | 76-612419 | 5 | <u>.</u> | | Page 2 |
|---------|--|--------|---|-------|----------|-----|----------|
| Pa | nt II Income Distribution Deduction on a Minimum Tax Basis (c | ontin | ued) | | ~ | | |
| 43 | Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line | 37. | | | | | |
| | If zero or less, enter -0- | | | 43 | | | 167 |
| 44 | Income distribution deduction on a minimum tax basisEnter the smaller of line 42 o | | 3. | | | | |
| | Enter here and on line 26 | | Cli | ent | Copy | | 167 |
| Pa | nt III Alternative Minimum Tax | | | | | | |
| 45 | Exemption amount | | | 45 | | 22, | 500 |
| 46 | Enter the amount from line 29 | 46 | | | | | ****** |
| 47 | Phase-out of exemption amount | 47 | 75,000 | 1 | | | |
| 48 | Subtract line 47 from line 46. If zero or less, enter -0- | 48 | | 1 | | | |
| 49 | Multiply line 48 by 25% (.25) | | | 49 | 1 | | |
| 50 | Subtract line 49 from line 45. If zero or less, enter -0- | | | 50 | | | |
| 51 | Subtract line 50 from line 46 | | . , , . , . , . , . , . , . , . , . , . | 51 | | | |
| 52 | Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or | | | | | | ~~~~~ |
| | gain on lines 14a and 15 of column (2) of Schedule D (Form 1041) (as refigured for the Al | | | | | | |
| | necessary). Otherwise, if line 51 is- | | | | | | |
| | • \$175,000 or less, multiply line 51 by 26% (.26). | | | | | | |
| | Over \$175,000, multiply line 51 by 28% (.28) and subtract \$3,500 from the result | | | 52 | 1 | | |
| 53 | Alternative minimum foreign tax credit (see instructions) | | | 53 | | | |
| 54 | Tentative minimum tax. Subtract line 53 from line 52 | | | 54 | | | |
| 55 | Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Sch | | | 55 | | | |
| 56 | Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0 Enter he | | | | | | |
| | Schedule G, line 1c | | , | 56 | 1 | | |
| Pa | It IV Line 52 Computation Using Maximum Capital Gains Rates | | | | • | | |
| 2000000 | Caution: If you did not complete Part V of Schedule D (Form 1041), the Schedule D Tax | Works | sheet, | Г | | | |
| | or the Qualified Dividends Tax Worksheet, see the instructions before completing this part | | | | | | |
| 57 | Enter the amount from line 51 | | | 57 | | | |
| 58 | Enter the amount from Schedule D (Form 1041), line 22, line 13 of the | 1 | | | | | |
| | Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax | | | | | | |
| | Worksheet, whichever applies (as refigured for the AMT, if necessary) | 58 | | | | | |
| 59 | Enter the amount from Schedule D (Form 1041), line 14b, column (2) (as | | | | | | |
| | refigured for the AMT, if necessary). If you did not complete Schedule D | | | | | | |
| | for the regular tax or the AMT, enter -0- | 59 | | | | | |
| 60 | If you did not complete a Schedule D Tax Worksheet for the regular tax | | | | | | |
| | or the AMT, enter the amount from line 58. Otherwise, add lines 58 and | | | | | | |
| | 59 and enter the smaller of that result or the amount from line 10 of the | [| | | | | |
| | Schedule D Tax Worksheet (as refigured for the AMT, if necessary) | 60 | ļ | | | | |
| 61 | Enter the smaller of line 57 or line 60 | | | 61 | | | |
| 62 | Subtract line 61 from line 57 | | | 62 | | | |
| 63 | If line 62 is \$175,000 or less, multiply line 62 by 26% (.26). Otherwise, multiply line 62 by 2 | 28% | | | | | |
| | (.28) and subtract \$3,500 from the result | ····· | | 63 | | | |
| 64 | Maximum amount subject to the 0% rate | 64 | 2,300 | | | | |
| 65 | Enter the amount from line 23 of Schedule D (Form 1041), line 14 of the | | | | | | |
| | Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax | | | | | | |
| | Worksheet in the Instructions for Form 1041, whichever applies (as | | | | | | |
| | figured for the regular tax). If you did not complete Schedule D or either | | | | | | |
| | worksheet for the regular tax, enter -0- | 65 | | | | | |
| 66 | Subtract line 65 from line 64. If zero or less, enter -0- | 66 | | - | | | |
| 67 | Enter the smaller of line 57 or line 58 | 67 | | | | | |
| 68 | Enter the smaller of line 66 or line 67 | 68 | | | | | |
| 69 | Subtract line 68 from line 67 | 69 | <u> </u> | ₽ | 1 | | |
| 70 | Multiply line 69 by 15% (.15) If line 59 is zero or blank, skip lines 71 and 72 and go to line 73. Otherwise, go to | line 7 | | 70 | <u> </u> | | <u> </u> |
| | | 1 | 1 | | | | |
| 71 | Subtract line 67 from line 61 | 71 | 4 | Į**** | 1 | | |
| 72 | Multiply line 71 by 25% (.25) | | | 72 | <u> </u> | | |
| 73 | Add lines 63, 70, and 72 If line 57 is \$175,000 or less, multiply line 57 by 26% (.26). Otherwise, multiply line 57 by 2 | | | 13 | · | | |
| 74 | | - | | 74 | | | |
| 76 | and subtract \$3,500 from the result | | | 75 | <u> </u> | | |
| 75 | Lines are sinance of the 75 of the 74 here and of the 32 | | <u></u> | 1.10 | 1 | | |

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| : · · · · · · | | X | Final K-1 Amer | nded K-1 | ЬЬЪЪЪЪ ОМВ №. 1545-0092 |
|--|--|------------------|--|-------------|--|
| Schedule K-1 (Form 1041) | 2011 | P | | | Current Year Income, nd Other Items |
| Department of the Treasury Internal Revenue Service | For calendar year 2011, or tax year beginning $12/31/2011$. | 1 | Interest income | 11 | Final year deductions |
| | and ending $03/31/2012$ | 2a | Ordinary dividends | C | ient Copy |
| | of Income, Deductions, | 2b | Qualified dividends | | |
| Credits, etc. | See back of form and instructions. | 3 | Net short-term capital gain | | |
| Part I Information A Estate's or trust's employer identification | About the Estate or Trust | 4a | Net long-term capital gain | | |
| 76-6124195 | | 4b | 28% rate gain | 12 | Alternative minimum tax adjustment |
| B Estate's or trust's name | | 40 | Unrecaptured section 1250 gain | | |
| | | | | | |
| BRUNSTING IRRE INSURANCE TRUS | <u>Т</u> | 5 | Other portfolio and nonbusiness income | | |
| C Fiduciary's name, address, city, state | , and ZIP code | 6 | Ordinary business income | | |
| ANITA BRUNSTIN TRUSTEE | IG | 7 | Net rental real estate income | | |
| 2003 BLOOMINGD VICTORIA | ALE CIR TX 77904 | 8 | Other rental income | 13 | Credits and credit recapture |
| | | 9 | Directly apportioned deductions | | |
| [~~~] | | | | | |
| D Check if Form 1041-T was filed | and enter the date it was filed | <u> </u> | | 14 | Other information |
| E X Check if this is the final Form 10 | , 41 for the estate or trust | | | | 34 STMT |
| | | 10 | Estate tax deduction | | |
| Part II Information F Beneficiary's identifying number | About the Beneficiary | | | | |
| 509-56-6240 | WAAAAAA | | | | |
| G Beneficiary's name, address, city, sta | te, and ZIP code | | | | |
| CANDY CURTIS | | | | | |
| 1215 ULIFINIAN MARTINEZ | WAY CA 94553 | | e attached statement for | | |
| | | ber | te. A statement must be a neficiary's share of income | e and direc | tly apportioned |
| | | | Juctions from each busine er rental activity. | ss, rental | real estate, and |
| | | | ***** | | |
| | | | | | |
| | | | | | |
| | | ≥ | | | CALLYOICTUD ALIPALITIST |
| | | Jse Or | | | |
| | | For IRS Use Only | | | |
| H X Domestic beneficiary | Foreign beneficiary | <u>ل</u> ي | | | |

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| | | X | Final K-1 | Amended K-1 | 1 | ЬЬЪЪЪ ОМВ No. 1545-0092 |
|--|--|------------------|---|-----------------|--------------|---------------------------------------|
| Schedule K-1 (Form 1041) | 2011 | Ē | | | | Surrent Year Income, d Other Items |
| Department of the Treasury Internal Revenue Service | For calendar year 2011, | 1 | Interest income | | 11 | Final year deductions |
| | or tax year beginning $12/31/2011$ and ending $03/31/2012$ | , 2a | Ordinary dividends | 34 | CI | ient Copy |
| Beneficiary's Share of Credits, etc. | of Income, Deductions, ► See back of form and instructions. | 2b | Qualified dividends | | | - |
| | | 3 | Net short-term capital (| gain | | |
| Part I Information A Estate's or trust's employer identification | About the Estate or Trust | × 4a | Net long-term capital g | ain | <u> </u> | |
| 76-6124195 | | 46 | 28% rate gain | | 12 | Alternative minimum tax adjustment |
| B Estate's or trust's name | | 4c | Unrecaptured section 1 | 1250 gain | | |
| | | | | | <u> </u> | |
| BRUNSTING IRRE INSURANCE TRUS | Т | 5 | Other portfolio and nonbusiness income | | | |
| C Fiduciary's name, address, city, state, | and ZIP code | 6 | Ordinary business inco | me | | |
| ANITA BRUNSTIN TRUSTEE | G | 7 | Net rental real estate ir | ncome | | |
| 2003 BLOOMINGD VICTORIA | ALE CIR TX 77904 | | Other rental income | | 13 | Credits and credit recapture |
| | | | | | | |
| | | 9 | Directly apportioned de | eductions | | |
| D Check if Form 1041-T was filed a | and enter the date it was filed | | | | 14 | Other information |
| E X Check if this is the final Form 10 | 11 for the active or trust | | | | E * | 34 STMT |
| | | 10 | Estate tax deduction | | | |
| Part II Information | About the Beneficiary | | 1 | | | |
| F Beneficiary's identifying number 509-56-6228 | | | | | | |
| G Beneficiary's name, address, city, stat | le, and ZIP code | | | | | |
| | NO | | | | | |
| CAROLE BRUNSTI 5822 JASON | NG | *Se | ee attached stater | nent for additi | i ional i | Information. |
| HOUSTON | TX 77074 | | te. A statement m | | | - 1 |
| | | dec | neficiary's share o ductions from eac | | | |
| | | oth | er rental activity. | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | NYA KANTUKY KTALINGKALI III III |
| | | For IRS Use Only | | | | |
| H X Domestic beneficiary | Foreign beneficiary | For IR | | | | |
| | · · · | | | | | |

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For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

9834X2012

| | | X | Final K-1 Amended K | -1 | ЬЬЪЪЪ ОМВ №. 1545-009: |
|--|--|------------------|--|---------|--|
| Schedule K-1 (Form 1041) | 2011 | P | art III Beneficiary's Sha Deductions, Cred | | Current Year Income, nd Other Items |
| Department of the Treasury Internal Revenue Service | For calendar year 2011, or tax year beginning $12/31/2011$. | 1 | Interest income 3 3 | 11 | Final year deductions |
| | and ending $03/31/2012$ | 2a | Ordinary dividends | | ient Copy |
| Beneficiary's Sh Credits, etc. | are of Income, Deductions, | 26 | Qualified dividends | | |
| * | See back of form and instructions. ation About the Estate or Trust | 3 | Net short-term capital gain | | |
| A Estate's or trust's employer i | *************************************** | 4a | Net long-term capital gain | | <u> </u> |
| 76-6124195 | | 4b | 28% rate gain | 12 | Alternative minimum tax adjustment |
| B Estate's or trust's name | | 4c | Unrecaptured section 1250 gain | - | |
| | IRREVOCABLE LIFE | 5 | Other portfolio and | | |
| C Fiduciary's name, address, c | | | nonbusiness income | | |
| ANITA BRUNS | STING | 6 | Ordinary business income | | |
| TRUSTEE 2003 BLOOMI | | 7 | Net rental real estate income | 13 | Credits and credit recapture |
| VICTORIA | TX 77904 | 8 | Other rental income | | |
| | | 9 | Directly apportioned deductions | - | |
| D Check if Form 1041-T | was filed and enter the date it was filed | | | - | |
| | - | | | E * | Other information 33 STN |
| E X Check if this is the final | Form 1041 for the estate or trust | 10 | Estate tax deduction | _ | |
| Part II Inform | ation About the Beneficiary | | I | | |
| F Beneficiary's identifying num 509-56-6234 | | | | | |
| G Beneficiary's name, address | , city, state, and ZIP code | | | | |
| CARL BRUNS | TNG | | | | |
| 5629 FLACK | | *Se | e attached statement for addi | tional | information. |
| HOUSTON | TX 77081 | ber dec | te. A statement must be attach neficiary's share of income and ductions from each business, i er rental activity. | d direc | tly apportioned |
| | | For IRS Use Only | | | |
| H X Domestic beneficiary | Foreign beneficiary | For IRS | | | |
| Con Dana muscula De ducatio | n Act Notice, see the Instructions for Earn 104 | | ······ | | Schedule K-1 (Form 10/1) |

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.



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| | | X | Final K-1 | Amended K-1 | | ЬЬЪЪЪ ОМВ No. 1545-0092 |
|--|---|-------------------|--|---|----------------|--|
| Schedule K-1 (Form 1041) | 2011 | P | | | | Current Year Income, nd Other Items |
| Department of the Treasury Internal Revenue Service | For calendar year 2011, | 1 | Interest income | | 11 | Final year deductions |
| | or tax year beginning $12/31/2011$, and ending $03/31/2012$ | 2a | Ordinary dividends | 33 | CI | ient Copy |
| Beneficiary's Sha Credits, etc. | re of Income, Deductions, See back of form and instructions. | 2Ь | Qualified dividends | | | |
| | on About the Estate or Trust | 3 | Net short-term capita | I gain | | |
| A Estate's or trust's employer ider | | 4a | Net long-term capital | gain | | |
| 76-6124195 | | 46 | 28% rate gain | | 12 | Alternative minimum tax adjustment |
| B Estate's or trust's name | | 4c | Unrecaptured section | n 1250 gain | | |
| INSURANCE TR | | 5 | Other portfolio and nonbusiness income | | | |
| C Fiduciary's name, address, city, | | 6 | Ordinary business in | come | | |
| ANITA BRUNST TRUSTEE | | 7 | Net rental real estate | income | | |
| 2003 BLOOMIN VICTORIA | TX 77904 | 8 | Other rental income | | 13 | Credits and credit recapture |
| | , | 9 | Directly apportioned | deductions | | |
| D Check if Form 1041-T was | filed and enter the date it was filed | | | | 14 | Other information |
| E X Check if this is the final Fo | rm 1041 for the estate or trust | 10 | Estate tax deduction | | E * | 33 STM |
| Part II Informati | on About the Beneficiary | | | | | |
| F Beneficiary's identifying number | | 1 | | | | |
| 456-25-5947 G Beneficiary's name, address, cil | y, state, and ZIP code | | | | | |
| AMY BRUNSTIN | IG | | | | | |
| 2582 COUNTRY NEW FRAUNFEL | | Not ber dec | e attached state ie. A statement i neficiary's share luctions from ea er rental activity | must be attache of income and ch business, re | ed sh direc | owing the tly apportioned |
| * | | For IRS Use Only | | | | |
| H X Domestic beneficiary | Foreign beneficiary | For IRS | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

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9834X2012

| | | X F | Final K-1 | Amended K-1 | 1 | ЬЬІІІ Омв №. 1545-0092 |
|--|--|------------------|---|----------------------------------|------------|---------------------------------------|
| Schedule K-1 (Form 1041) | 2011 | Pa | | | | Surrent Year Income, d Other Items |
| Department of the Treasury Internal Revenue Service | For catendar year 2011, or tax year beginning $12/31/2011$, | 1 | Interest income | 33 | 11 | Final year deductions |
| | and ending $03/31/2012$ | 2a | Ordinary dividends | | CI | ient Copy |
| Beneficiary's Shaı Credits, etc. | re of Income, Deductions, | 2b | Qualified dividends | | | |
| | See back of form and instructions. | 3 | Net short-term capita | l gain | | |
| A Estate's or trust's employer iden | on About the Estate or Trust | 4a | Net long-term capital | gain | | |
| 76-6124195 | | 4b | 28% rate gain | | 12 | Alternative minimum tax adjustment |
| B Estate's or trust's name | | 4c | Unrecaptured section | 1250 gain | | |
| BRUNSTING IR INSURANCE TR | REVOCABLE LIFE | 5 | Other portfolio and nonbusiness income | | | |
| c Fiduciary's name, address, city, ANITA BRUNST | | 6 | Ordinary business inc | come | | |
| TRUSTEE 2003 BLOOMIN | | 7 | Net rental real estate | income | 13 | Credits and credit recapture |
| VICTORIA | TX 77904 | 8 | Other rental income | | | |
| | | 9 | Directly apportioned of | deductions | | |
| D Check if Form 1041-T was | filed and enter the date it was filed | | | | 14 | Other information |
| E X Check if this is the final Fo | rm 1041 for the estate or trust | | | | <u>E *</u> | 33 STN |
| | | 10 | Estate tax deduction | | ļ | |
| | on About the Beneficiary | | | | | |
| F Beneficiary's identifying number 457-25-1860 | · | | | | | |
| G Beneficiary's name, address, cit | y, state, and ZIP code | | | | | |
| ANITA BRUNST | ING | | | | | |
| 203 BLOOMING VICTORIA | DALE CIRCLE TX 77904 | | e attached state | | | |
| VICIORI | | ben ded | e. A statement r eficiary's share uctions from ea | of income and ch business, re | direc | tly apportioned |
| | | otne | er rental activity. | | | |
| | | For IRS Use Only | | | | |
| H X Domestic beneficiary | Foreign beneficiary | For IR: | | | | |
| For Paperwork Reduction | Act Notice, see the Instructions for Form 104 | 1 | | | | Schedule K-1 (Form 1041) 2 |

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

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| Form | 894 | 8 | Prepa | rer Explanatior | for Not Filing | Electronically | / | OMB No. 1545 | -2200 |
|---------------|---|---------------------------------|--|---|---|-------------------------|-----------------|----------------------------|-------|
| Departi | ecember 2011) nent of the Trea I Revenue Servi | asury | ► A | ttach to taxpayer's Fo | rm 1040, 1040A. 1040 | EZ, or Form 1041. | | Attachment Sequence No. | 173 |
| | s) on tax return | BRUNS | TING IRREVOC | ABLE LIFE | | | | identifying numbe | |
| | | INSUR | ANCE TRUST | *** | | | <u>Client G</u> | OPy 95 | |
| elect • Fa | out of four romic filing ster refunds are accurate | include th | *************************************** | o to www.irs.gov/efile secure transmissions asier filing method | for details on using I | Receipt ack | options | | |
| Chec | k the applica | ible box to i | ndicate the reason this rel | turn is not being filed ele | ctronically. Do not chec | k more than one box. | | | |
| 1 | X Taxpay | ver chose to | file this return on paper. | | | | | | |
| 2 | The pro | eparer recei | ved a waiver from the req | uirement to electronical | y file the tax return. | | | | |
| | Waiver Ref | erence Nun | nber | | Approval Letter D |)ate | | | |
| 3 | The pre | eparer is a r | member of a recognized re | eligious group that is cor | nscientiously opposed to | filing electronically. | | | |
| 4 | This rel | turn was rej | ected by IRS e-file and th | e reject condition could | not be resolved. | | | | |
| Rej | ect code: _ | | | Number of a | attempts to resolve reject | : | | | |
| 5 | · · · · | eparer's e-fi ed to this ref | le software package does urn. | not support Form | | or Schedule | | | |
| 6 | Check the t | pox that app | lies and provide additiona | al information if requeste | đ. | | | | |
| a | | | ligible to file electronically and work abroad. | / because IRS e-file doe | s not accept foreign pre | parers without social s | security | | |
| Ь | The pre | eparer is ine | ligible to participate in IRS | S e-file. | | | | | |
| c | Other: | Describe be | low the circumstances the | at prevented the prepare | er from filing this return o | electronically. | | | |
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9834X2012 BRUNSTING IRREVOCABLE LIFE 76-6124195 Federal Statements FYE: 3/31/2012 CANDY CURTIS 509-56-6240

| Client Copy let Investment Income Information |
|--|
| Amount |
| \$ 34 |
| |
| |

BRUNSTING003632

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9834X2012 BRUNSTING IRREVOCABLE LIFE 76-6124195 Federal Statements FYE: 3/31/2012 CAROLE BRUNSTING 509-56-6228

| | Schedule K-1, Box 14, Code E - Net Inv | Client Copy vestment Income Information | |
|----------|--|--|--|
| | Description | Amount | |
| INTEREST | INCOME | \$ 34 | |

BRUNSTING003635

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9834X2012 BRUNSTING IRREVOCABLE LIFE 76-6124195 Federal Statements FYE: 3/31/2012 CARL BRUNSTING 509-56-6234

| | <u>Schedule K-1, Box 14, Code E - Net</u> | Client Copy Investment Income Information |
|----------|---|--|
| | Description | Amount |
| INTEREST | INCOME | \$ 33 |

9834X2012 BRUNSTING IRREVOCABLE LIFE 76-6124195 Federal Statements FYE: 3/31/2012 AMY BRUNSTING 456-25-5947

| Schedule | K-1, Box 14, Code E - Net Investm | Client C | ору |
|----------------|-----------------------------------|----------|-------|
| | Description | Ar | nount |
| NTEREST INCOME | | \$ | 33 |
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BRUNSTING003639

9834X2012 BRUNSTING IRREVOCABLE LIFE 76-6124195 Federal Statements FYE: 3/31/2012 ANITA BRUNSTING 457-25-1860

| Client Copy Schedule K-1, Box 14, Code E - Net Investment Income Information | | | | | | |
|---|--------|----|--|--|--|--|
| Description | Amount | | | | | |
| INTEREST INCOME | \$ | 33 | | | | |
| | | | | | | |
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| <u><u></u> 1040</u> | | .S. Individu | | Iax | etuili | 201 | | B No. 1545-0074 | 1 | | o not write or staple in this space. | | |
|----------------------------|------------|------------------------------------|---|---------------------|-------------------|-----------------------------|----------------------------------|---------------------------------|---------------------|--|--|--|--|
| For the year Jan. 1-1 | | 2011, or other tax yes | | | | | , 2011, endi | | | See separate instructions. | | | |
| Your first name and in | ntial | | Last name | TNC | | | | DECEASI 11/11/ | | Your social security number 481-30-4685 | | | |
| If a joint return, spous | | nome and initiat | BRUNST | 111/2 | | | | <u> </u> | 1 | | e's <u>social security number</u> | | |
| a a joint return, spout | es inst | . name and initial | Last name | | | | | | | | <u>Copy</u> | | |
| • | | street). If you have a F | - | ons. | | | | Apt. | no. | A N | Take sure the SSN(s) above and on line 6c are correct. | | |
| | | e, and ZIP code. If you | | | loto enocos holos | v (see instructi | 00%) | | | | Presidential Election Campaign | | |
| VICTORIA | | o, ano ∠in code, il you | r have a toreign addre TX | 779 (| | ຈ ເອບບ ກາວຄາມບົດ | | | | | Check here if you, or your spouse if filing jointly, want \$3 to go to this | | |
| Foreign country name | | | Foreign province/co | | <u> </u> | | | Foreign postal code | • | | fund. Checking a box below will not change your tax or refund. | | |
| Filing Status | 1 | X Single | ļ | | | 4 | Head of house | hold (with qualifying | person). (See | e instruc | tions.) If | | |
| | 2 | - | tly (even if only one h | ad income) | | | ne quairying f child's name h | person is a child but i ere. | not your depe | ndent, e | enter trus | | |
| Check only one | 3 | | arately. Enter spouse | | | 5 🗍 (| Qualifying wide | ow(er) with depender | nt child | | | | |
| box. | - | and full name her | re. ► | | | | | | | | | | |
| | 6a | X Yourself. If | someone can cl | aim you as | a dependent | , do not ch | eck box 6a | l | | | Boxes checked | | |
| Exemptions | b | | | | | | | | | | No. of children | | |
| | c | Dependents: | | | | (2) De | pendent's | (3) Depe | ndent's | (4) child | (4) ✓ if on 6c who: child under age 17 qual. ● lived with you | | |
| | | | | | | | urity number | relationsh | | for ch | edit | | |
| If more than four | | (1) First name | Las | t name | | | | | | (see) | instr.) you due to divorce or separation | | |
| dependents, see | | <u> </u> | | | | | | | | ┥┝ | (see instructions) | | |
| instructions and | | | | | | | | | | ┥ | Dependents on 6c | | |
| check here | | | | | | | , <u>,,,,,,,</u> | | | ┿╌┾ | not entered above | | |
| | d | Total number o | f exemptions clai | med | |] | | I | | | Add numbers on 1 | | |
| | 7 | | s, etc. Attach Form(s) | | | | | | | 7 | | | |
| Income | 8a | Taxable interes | st. Attach Schedu | ule B if requ | uired | • • • • • • • • • • • • • • | | | • • • • • • • • • | 8a | 463 | | |
| Attach Form(s) | b | | terest. Do not in | | | | | | 387 | | | | |
| W-2 here. Also | 9a | Ordinary divide | nds. Attach Sche | dule B if re | quired | | | | | 9a | 13,239 | | |
| attach Forms W-2G and | b | Qualified divide | nds | | | | 9b | | 8,208 | | | | |
| 1099-R if tax | 10 | Taxable refund | s, credits, or offs | ets of state | and local inc | ome taxes | | | | 10 | 488 | | |
| was withheld. | 11 | Alimony receive | | | , | | | , , | | 11 | | | |
| If you did not | 12 | Business incom | ne or (loss). Attac | ch Schedule | e C or C-EZ | | | | ···· | 12 | | | |
| get a W-2, | 13 | | Attach Schedule D if re | | | • 🕨 | | | 🛯 | 13 | 9,756 | | |
| see instructions. | 14 | | (losses). Attach F | | | | | | · · · · · · · · · · | 14 | FO 800 | | |
| | 15a 16a | RA distribution | S | 15a 16a | 5 | 8, 192 | | le amount | • • • • • • • • • | 15b 16b | 58,792 | | |
| Enclose, but do | 10a | Pensions and a Rental real esta | ate, royalties, par | | S corporation | e truete et | n Attach S | le amount | ••••• | 100 | <u>9,920</u> 41,938 | | |
| not attach, any | 18 | | r (loss). Attach S | | | | | | | 18 | <u> </u> | | |
| payment. Also, | 19 | Unemployment | compensation | | | | • • • • • • • • • • • • • • | | | 19 | | | |
| please use Form 1040-V. | 20a | Social security be | compensation _ | 20a | 2 | 0,642 | b Taxab | le amount | • • • • • • • • • • | 20b | 17,546 | | |
| | 21 | Other income. I | List type and amo | ount | | f | | | | 21 | | | |
| | 22 | Combine the ar | nounts in the far | right colum | in for lines 7 t | hrough 21. | This is you | r total income | | 22 | 152,142 | | |
| | 23 | Educator exper | ises | | | | 23 | | | | | | |
| Adjusted | 24 | | s expenses of re | eservists, po | erforming arti | sts, and | | | | | | | |
| Gross | | | mment officials. | | | | | | | | | | |
| Income | 25 | | account deduction | | Form 8889 | | | | | | | | |
| | 26 | ÷ · | es. Attach Form | | | | 26 | | | | | | |
| | 27 | | of self-employm | | | | | | | | | | |
| | 28 | Self-employed | SEP, SIMPLE, and qualified plans 28 health insurance deduction 29 | | | | | | | | | | |
| | 29 30 | Density on cont | withdrawet of a | ueuuciion avince | | ••••• | . <u>29</u> 30 | | | | | | |
| | 30 31a | | y withdrawal of s b Recipient's \$ | | | | | | | | | | |
| | 31a 32 | | D Recipients | | | | | ······ | | | | | |
| | 33 | Student loan in | terest deduction | | | •••• | 33 | | | | | | |
| | 34 | Tuition and feet | s. Attach Form 8 | 917 | | ••••• | 34 | | | | | | |
| | 35 | Domestic produ | uction activities d | eduction. A | ttach Form 8 | 903 | 35 | | | | | | |
| | 36 | Add lines 23 thr | auch OF | | | | | | | 36 | | | |
| | 37 | Subtract line 36 | from line 22. Th | | | | | | | 37 | 152,142 | | |

(1, 2, 3)

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| Form 1040 (2011 |) NEL | VA E BRUNSTING | 48 | 1-30-4685 Page 2 |
|-----------------------------|---------------------------|---|---------------------|---|
| Tax and | 38 | Amount from line 37 (adjusted gross income) | 38 | 152,142 |
| Credits | 39a | Check S You were born before January 2, 1947, Blind. Total boxes | | |
| | | if: { Spouse was born before January 2, 1947, Blind. } checked ▶ 39a | 1 | |
| <u> </u> | ך b | If your spouse itemizes on a separate return or you were a dual-status alien, check here > 39b | | |
| Standard Deduction | 40 | Itemized deductions(from Schedule A) or your standard deduction(see left margin) | 40 | 110,886 |
| for- | 41 | | lient | CODV 41,256 |
| People who | 42 | Exemptions. Multiply \$3,700 by the number on line 6d | | 3,700 |
| check any box on line | 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 37,556 |
| 39a or 39b or | 44 | Tax (and inst) Charle if any form a Form(s) b Form a 962 | 43 | 4,432 |
| who can be claimed as a | 45 | Tax (see instr.). Check if any from: a Form(s) b Form c 962 8814 b Form c 962 elec. | 45 | 4,432 |
| dependent, see | | Alternative minimum tax(see instructions). Attach Form 6251 | 45 | |
| instructions. | 46 | Add lines 44 and 45 | • 46 | 4,432 |
| All others: | 47 | Foreign tax credit. Attach Form 1116 if required47 | | |
| Single or Married filing | 48 | Credit for child and dependent care expenses. Attach Form 2441 48 | | |
| separately, | 49 | Education credits from Form 8863, line 23 | | |
| \$5,800 Married filing | 50 | Retirement savings contributions credit. Attach Form 8880 50 | | |
| jointly or | 51 | Child tax credit (see instructions) 51 | | |
| Qualifying widow(er), | 52 | Residential energy credits. Attach Form 5695 | | |
| \$11,600 | 53 | Other credits from Form: a 3800 b 8801 c 53 | | |
| Head of household, | 54 | Add lines 47 through 53. These are your total credits | 54 | |
| \$8,500 | <u>55</u> | Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- | 55 | 4,432 |
| Other | 56 | Self-employment tax. Attach Schedule SE | 56 | |
| | 57 | Unreported social security and Medicare tax from Form: a 4137 b 8919 | 57 | |
| Taxes | 58 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | | |
| | 59a | Household employment taxes from Schedule H | | ······································ |
| | b | First-time homebuyer credit repayment. Attach Form 5405 if required | | |
| | 60 | Other taxes. Enter code(s) from instructions | | |
| | 61 | A did Barrier EF Alexander A.O. 175 to the control of Antonia | • 61 | 4,432 |
| ···· | 62 | Federal income tax withheld from Forms W-2 and 1099 | | <u> </u> |
| Payment | | 2011 estimated tax payments and amount applied from 2010 return 63 9, 34 | | |
| | <u> </u> | | 비 | |
| If you have a qualifying | 64a | | | |
| child attach | b | Nontaxable combat pay election 64b | | |
| Schedule EIC. | 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 file68 | | |
| | 69 | Excess social security and tier 1 RRTA tax withheld | | |
| | 70 | Credit for federal tax on fuels. Attach Form 4136 | | |
| | 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 | 9,340 |
| Refund | 73 | If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid | 73 | 4,908 |
| | 74a | Amount of line 73 you want refunded to you. If Form 8888 is attached, check here | 74a | 4,908 |
| Direct deposit? | ► b | Routing number 113000023 b c Type: X Checking Savings | | |
| See | ► d | Account number 586027563523 | | |
| instructions. | 75 | Amount of line 73 you want applied to your 2012 estimated tax 75 | | |
| Amount | 76 | Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions | 76 | |
| You Owe | 77 | Estimated tax penalty (see instructions) 77 | | |
| | Πο νου | want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Complete | ete below. | No |
| Third Part | у | Pomosel identification number (PIN) | F | 1948 |
| Designee | Designee name | ► RICHARD_K RIKKERS CPA Phone no. | Lean and the second | 2-722-3375 |
| Sign | Under per | atties of perjury. I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowing schedules and statements and to the best of my knowing schedules and statements. | ledge and he | |
| Here | they are tr Your signa | rue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled ature Date Your occupation | | Deutino abono numbro |
| Joint return? | rour signa | DECEASED | | Daytime phone number |
| See instr. Keep a copy | | | | If the IRS sent you an Identity |
| for your | Spouse's | signature. If a joint return both must sign. Date Spouse's occupation | 1 | If the IRS sent you an Identity Protection PIN, enter it here |
| records. | Deint C | | (| (see instr.) |
| D uitet | PTINU I ype pr | eparer's name Preparer's signature Date | Check | |
| | | | | npioyed P00144154 |
| Preparer _ | Firm's name | ► KROESE & KROESE P.C. | Firm's EIN | ▶ 42-1277139 |
| Use Only | Firm's address | | Phone no. | |
| | | SIOUX CENTER IA 51250-1824 | 712- | 722-3375 |
| | | | | Form 1040 (2011) |

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|--|--|---|--|--|-----------|
| Form 8879 | IRS e-file Signature Au | uthorization | | OMB No. | 1545-0074 |
| Department of the Treasury Internal Revenue Service | 20 |)11 | | | |
| Declaration Control Number (| (DCN) 00420512019602 | | Clie | ent Copy | |
| Taxpayer's name | 00420512019002 | | 1 | ecurity number | |
| NELVA E | BRUNSTING | | 1 | -30-4685 | |
| Spouse's name | | | Spouse' | s social security numbe | 7 |
| Part I Tax Retui | n Information — Tax Year Ending December 31, 2 | 2011 (Whole Dollars | i Only) | | |
| 1 Adjusted gross income | (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4) | | | | 52,142 |
| 2 Total tax (Form 1040, I | ine 61; Form 1040A, line 35; Form 1040EZ, line 10) | | | 2 | 4,432 |
| 3 Federal income tax with | hheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line | ∋7) | <i>.</i> | 3 | |
| 4 Refund (Form 1040, lin 5 Amount you owe (Form | e 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-S n 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12) | S, Part I, line 12a) | , , , <i>, , , , ,</i> | 4 | 4,908 |
| | Declaration and Signature Authorization (Be sure | | | of your return) | |
| that this authorization may appl authorize EFTPS to issue me a Treasury Financial Agent to ter Treasury Financial Agent at 1-6 date. I also authorize the financia answer inquiries and resolve is electronic income tax return an Taxpayer's PIN: check one X I authorize <u>KRO</u> as my signature on m | his return and/or a payment of estimated tax, and the financial institution by to future Federal tax payments that I direct to be debited through the a personal identification number (PIN) to access EFTPS. This authorization minate the authorization. To request that my PIN be mailed to me, or to 388-353-4537. Payment cancellation requests must be received no late that institutions involved in the processing of the electronic payment of sues related to the payment. I further acknowledge that the personal id d, if applicable, my Electronic Funds Withdrawal Consent. box only <u>ESE & KROESE P.C.</u> ERO firm name ny tax year 2011 electronically filed income tax return. | Electronic Federal Tax Pa ation is to remain in full forc o revoke (cancel) a paymer er than 2 business days pric taxes to receive confidentia dentification number (PIN) b to enter or generate | wment Sys e and effe or to the pa al informati below is my my PIN | stem (EFTPS). I ct until I notify the U.S. contact the U.S. ayment (settlement) on necessary to y signature for my 28905 Enter five numbers, bu do not enter all zeros | |
| entering your own Pll | s my signature on my tax year 2011 electronically filed income tax i N and your return is filed using the Practitioner PIN method. The E | RO must complete Part II | I below. | | |
| Your signature | | Date ► | 04/02 | 2/12 | |
| Spouse's PIN: check one b | ERO firm name | to enter or generate | my PIN | Enter five numbers, bu | ıt |
| as my signature on n | ny tax year 2011 electronically filed income tax return. | | | do not enter all zeros | |
| | my signature on my tax year 2011 electronically filed income tax in N and your return is filed using the Practitioner PIN method. The E | | | ė | |
| Spouse's signature | ······································ | Date 🕨 | | | ····· |
| ····· | Practitioner PIN Method Returns On | ly-continue be | low | ······································ | |
| Part III Certificat | ion and Authentication — Practitioner PIN Method | l Only | | | |
| ERO's EFIN/PIN. Enter your | six-digit EFIN followed by your five-digit self-selected PIN. | do not enter all zero | | | |
| the taxpayer(s) indicated abo | ic entry is my PIN, which is my signature for the tax year 2011 elective. I confirm that I am submitting this return in accordance with the 5, Handbook for Authorized IRS e-file Providers of Individual Incon | requirements of the Prac | | | |
| ERO's signature RICI | HARD K RIKKERS CPA | Date ►04 | /02/1 | .2 | ···· |
| | ERO Must Retain This Form — See Do Not Submit This Form to the IRS Unless | | So | | |

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| SCHEDULE A | SCHEDULE A Itemized Deductions | | | | | |
|--|--------------------------------|--|--|-------------------------------|--|--|
| (Form 1040) | | | | 2011 | | |
| Department of the Treasu Internal Revenue Service | | (99) Attach to Form 1040. See Instruct | tions for Schedule A (Form 1040). | Attachment Sequence No. 07 | | |
| | Vame(s) shown on Form 1040 | | | | | |
| NELVA E I | 3RI | | Ølient-@ | kopy | | |
| Medical | | Caution. Do not include expenses reimbursed or paid by others. | | | | |
| and | 1 | Medical and dental expenses (see instructions) | 1 118,893 | | | |
| Dental | 2 | Enter amount from Form 1040, line 38 2 152, 142 | | | | |
| Expenses | 3 | Multiply line 2 by 7.5% (.075) Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 3 11,411 | 107 400 | | |
| Taxes You | | State and local (check only one box): | ······································ | 107,482 | | |
| Paid | þ | | 5 1,137 | | | |
| | | b X General sales taxes | | | | |
| | 6 | Real estate taxes (see instructions) | 6 2,027 | | | |
| | 7 | Personal property taxes | | | | |
| | . 8 | Other taxes. List type and amount | | | | |
| | • | FOREIGN TAXES - 1041-GT | 8 123 | | | |
| | 9 | Add lines 5 through 8 | 9 | 3,344 | | |
| Interest | 10 | Home mortgage interest and points reported to you on Form 1098 | 10 | | | |
| You Paid | | Home mortgage interest not reported to you on Form 1098. If paid to the | | | | |
| | | person from whom you bought the home, see instructions and show that | | | | |
| Note. | | person's name, identifying no., and address > | | | | |
| Your mortgage interest | | | | | | |
| deduction may | | | | | | |
| be limited (see | | | 11 | | | |
| instructions). | 12 | Points not reported to you on Form 1098. See instructions for | 12 | | | |
| | 12 | special rules | 13 | | | |
| | | Investment interest. Attach Form 4952 if required. (See | -10 | | | |
| | 14 | instructions.) | 14 | | | |
| | 15 | Add lines 10 through 14 | | | | |
| Gifts to | ******* | Gifts by cash or check. If you made any gift of \$250 or more, | | | | |
| Charity | | see instructions | 16 60 | | | |
| lf you made a | 17 | Other than by cash or check. If any gift of \$250 or more, see | | | | |
| gift and got a | | instructions. You must attach Form 8283 if over \$500 | 17 | | | |
| benefit for it, see instructions. | | Carryover from prior year | 18 | | | |
| | 19 | Add lines 16 through 18 | | 60 | | |
| Casualty and | ~~ | | | | | |
| Theft Losses | **** | Casualty or theft loss(es). Attach Form 4684. (See instructions.) | | | | |
| Job Expenses and Certain | 21 | Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. | | | | |
| Miscellaneous | | (See instructions.) | | | | |
| Deductions | | | 21 | | | |
| Deductions | | Tax preparation fees | 22 | | | |
| | 23 | Other expenses-investment, safe deposit box, etc. List type | | | | |
| | | and amount | | | | |
| | | | 23 | | | |
| | | Add lines 21 through 23 Enter amount from Form 1040, line 38 25 | 24 | | | |
| | | Multiply line 25 by 29/ (02) | 26 | | | |
| | | Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- | | | | |
| Other | | Other-from list in instructions. List type and amount | | | | |
| Miscellaneous Deductions | | | 28 | | | |
| Total | 29 | Add the amounts in the far right column for lines 4 through 28. Also, et | nter this amount | | | |
| Itemized | | on Form 1040, line 40 | | 110,886 | | |
| Deductions | 30 | If you elect to itemize deductions even though they are less than your | standard | | | |
| Can Devenue 1 - D | -1 | deduction, check here | ▶ Ц І | Ja & (Eas- 4040) 0041 | | |
| For Paperwork Re | anc | tion Act Notice, see Form 1040 instructions. | Schedu | le A (Form 1040) 2011 | | |

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| SCHEDULE B (Form 1040A or 1040) | | | Interest and Ordinary Dividends | | OMB No. 1545-0074 | | |
|--|--------------|---------------------------------------|--|--------|-------------------|--|---|
| • | | , | | | 201 | 1 | |
| Department of the Treasury Internal Revenue Service (99) | | | Attach to Form 1040A or 1040. See instructions on back. | | A S | ttachment equence No. | <u> </u> |
| Name(s) shown on | | 17777777 | min a | | | curity numbe -4685 | r |
| <u>NELVA</u> | <u></u> 1 | | | | | Diviount | |
| Interest | 1 | buyer us this inter | te of payer. If any interest is from a seller-financed mortgage and the CII sed the property as a personal residence, see instructions on back and list rest first. Also, show that buyer's social security number and address ► RD_JONES | | | LAGIOUNT | 463 |
| (See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.) | | · · · · · · · · · · · · · · · · · · · | | 1 | | ······································ | |
| Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's | | · · · · · · · · · · · · · · · · · · · | | | | | |
| name as the payer and enter the total interest shown on that | 3 | Add the Excludal Attach F | amounts on line 1 ble interest on series EE and I U.S. savings bonds issued after 1989. orm 8815 | 2 3 | | | 463 |
| form. | 4 | | line 3 from line 2. Enter the result here and on Form 1040A, or Form | | | | 400 |
| i | Nota | 1040, lin | e sav s over \$1,500, you must complete Part III. | 4 | | Amount | 463 |
| Part II | | سربيه فيستعد المراجع | e of payer ▶ | | 1 | Anoun | |
| Ordinary Dividends (See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.) | 5 | METL EXXO EDWA DEER | RON CORPORATION | 5 | | 2 | 609 70 ,756 ,697 15 ,092 |
| Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary | | | amounts on line 5. Enter the total here and on Form 1040A, or Form | | | | |
| dividends shown | | 1040, lin | | 6 | <u> </u> | 13 | ,239 |
| | | | is over \$1,500, you must complete Part III | | | | |
| | | | t; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. | | | Yes | No |
| Part III Foreign | | At any ti account | ne during 2011, did you have a financial interest in or signature authority over a financial (such as a bank account, securities account, or brokerage account) located in a foreign See instructions | | | | x |
| Accounts and Trust | | If "Yes," authority | are you required to file Form TD F 90-22.1 to report that financial interest or signature ? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to quirements | | | | |
| (See instructions on back.) | | lf you are financial | e required to file Form TD F 90-22.1, enter the name of the foreign country where the account is located | | | | |
| | | | ust? If "Yes," you may have to file Form 3520. See instructions on back | | | | X |

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► Attach to Form 1040 or Form 1040NR. ► See Instructions for Schedule D (Form 1040).

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

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

SCHEDULE D

(Form 1040)

NELVA E BRUNSTING

(99)

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

| Complete Form 8949 before completing line 1, 2, or 3. This form may be easier to complete if you round off cents to | (e) Sales price from Form(s) 8949, line 2, | Form(s) 8949, line 2, from Form(s) 8949, 9 | | (h) Gain or (ioss) Combine columns (e), |
|--|---|--|------------------------------------|--|
| whole dollars. | column (e) | line 2, column (f) | line 2, column (g) | (f), and (g) |
| 1 Short-term totals from all Forms 8949 with box A checked in Part I | | , | | |
| 2 Short-term totals from all Forms 8949 with box B checked in Part I | | · · · · · · · · · · · · · · · · · · · | | |
| 3 Short-term totals from all Forms 8949 with box C | | | | |
| checked in Part I | . 35,607 | 25,680 | | 9,927 |
| | | | | |
| 4 Short-term gain from Form 6252 and short-te | | | | |
| 5 Net short-term gain or (loss) from partnership | os, S corporations, estates, and | trusts from | <u> </u> | |
| | , | | | |
| 6 Short-term capital loss carryover. Enter the a | | | | |
| Worksheet in the instructions | | · · · · · · · · · · · · · · · · · · · | | |
| 7 Net short-term capital gain or (loss).Com | hine lines 1 through 6 in column | n (h) If you have any | | |
| long-term capital gains or losses, go to Part I | • | | 7 | 9,927 |
| ~~~~~~~~~~ | | | | |
| Part II Long-Term Capital Gains | and Losses – Assets H | eid More Than One Y | ear | · |
| Complete Form 8949 before completing line 8, 9, or 10. | (e) Sales price from | (f) Cost or other basis | (g) Adjustments to | (h) Gain or (loss) |
| This form may be easier to complete if you round off cents to | Form(s) 8949, line 4, | from Form(s) 8949, | gain or loss from Form(s) 8949, | Combine columns (e), |
| whole dollars. | column (e) | line 4, column (f) | line 4, column (g) | (f), and (g) |
| 8 Long-term totals from all Forms 8949 with box | A | | | |
| checked in Part II | | | | |
| 9 Long-term totals from all Forms 8949 with box | В | | | |
| checked in Part II | , | | | |
| 10 Long-term totals from all Forms 8949 with box | C | | | |
| checked in Part II | . 137,539 | 114,185 | (| 23,354 |
| 11 Gain from Form 4797, Part I; long-term gain | from Forms 2439 and 6252; and | d long-term gain or (loss) | | |
| from Forms 4684, 6781, and 8824 | | | 11 | |
| | | | | |
| 12 Net long-term gain or (loss) from partnership | s, S corporations, estates, and t | trusts from Schedule(s) K-1 | 12 | |
| | | | | |
| 13 Capital gain distributions. See the instruction | | | 13 | <u>_</u> |
| 14 Long-term capital loss carryover. Enter the a | mount, if any, from line 13 of yo | ur Capital Loss Carryover | r [| |
| Worksheet in the instructions | | | | 23,526 |
| 15 Net long-term capital gain or (loss).Comb 15 | - | () 0 | | |
| the back | | <u></u> | | |
| For Paperwork Reduction Act Notice, see your | tax return instructions. | | Scl | nedule D (Form 1040) 2011 |

OMB No. 1545-0074

20 Attachment Sequence N

| Your | social se | cur <u>ity</u> | numbe | r |
|------------|-----------|----------------|-------|---|
| G a | social se | i-@ | 09 | V |

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Part III

NELVA E BRUNSTING

Schedule D (Form 1040) 2011

| Page Z |
|-------------------|
| |
| Client Copy 9,756 |
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481-30-4685

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| 17 | Are lines | 15 | and | 16 | both | gains? |
|----|-----------|----|-----|----|------|--------|
|----|-----------|----|-----|----|------|--------|

Yes. Go to line 18.

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

Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheetin the instructions 18 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheetin the 19 instructions

| 20 | Are lines | 18 and | 19 | both | zero | or | blank? |
|----|-----------|--------|----|------|------|----|--------|
| | | | | | | | |

| Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete |
|--|
| the Qualified Dividends and Capital Gain Tax Worksheetn 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 Form 1040 through line 43, or Form 1040NR through line 41. Then 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 | 21 |
|--|--|
| • (\$3,000), or if married filing separately, (\$1,500) | |
| Note. When figuring which amount is smaller, treat both amounts as positive numbers. | |
| Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? | |
| Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete | |
| • | |
| line 44 (or in the instructions for Form 1040NR, line 42). | |
| No. Complete the rest of Form 1040 or Form 1040NR. | |
| | (\$3,000), or if married filing separately, (\$1,500) Note. When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheetn the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). |

Schedule D (Form 1040) 2011

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| Form 8949 | |
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Department of the Treasury Internal Revenue Service (99)

Sales and Other Dispositions of Capital Assets

See Instructions for Schedule D (Form 1040).

For more information about Form 8949, see www.irs.gov/form8949

Attach to Schedule D to list your transactions for lines 1, 2, 3, 8, 9, and 10.

Name(s) shown on return

NELVA E BRUNSTING

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

Note: You must check one of the boxes below. Complete a separate Form 8949, page 1, for each box that is checked.

*Caution. Do not complete column (b) or (g) until you have read the instructions for those columns (see the Instructions for Schedule

| | s (b) and (g) do not actions reported on | t apply for most tran | sactions and shou | Id generally be left blank. ns reported on Form orted to the IRS | X (C) Short-term transa you cannot check box | |
|--|--|--|--|--|--|---|
| (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Code, if any, for column (g)* | (c) Date acquired (Mo., ɗay, yr.) | (d) Date soid (Mo., day, yr.) | (e) Sales price (see instructions) | (f) Cost or other basis (see instructions) | (g) Adjustments to gain or loss, if any* |
| INVSCO BLD A | MER BDS I | NCM 11/22/10 | 11/10/11 | 10,509 | 9,880 | |
| DEERE & CO | | | 02/03/11 | 25,098 | 15,800 | |
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| | | | | | | |
| 2 Totals. Add the amou | unts in columns (e) an | d (f), Also, combine th | e | | | |

35,607

| amounts in column (g). Enter here and include on Schedule D, line 1 (if |
|---|
| box A above is checked), line 2 (if box B above is checked), or line 3 (if |
| box C above is checked) |

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

OMB No. 1545-0074

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Attachment

Your social security number

Sequence No

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| Form 8949 (2011) | Attachme | nt Sequence No.12A | Page 2 |
|---|----------|-----------------------------|--------|
| Name(s) shown on return. Do not enter name and social security number if shown on other side. | | Your social security number | |
| NELVA E BRUNSTING | | 481-30-4685 | |

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

Note: You must check one of the boxes below. Complete a separate Form 8949, page 2, for each box that is checked. Client COpy *Caution. Do not complete column (b) or (g) until you have read the instructions for those columns (see the Instructions for Schedule D (Form 1040)). Columns (b) and (g) do not apply for most transactions and should generally be left blank.

| (A) Long-term transa Form 1099-B with ba | | | ng-term transaction 3 but basis not repo | ns reported on Form orted to the IRS | X (C) Long-term transativou cannot check box | |
|--|---|--|---|---|--|--|
| (a) Description of property 3 (Example: 100 sh. XYZ Co.) | (b) Code, if any, for column (g)* | (c) Date acquired (Mo., day, yr.) | (d) Date sold (Mo., day, yr.) | (e) Sales price (see instructions) | (f) Cost or other basis (see instructions) | (g) Adjustments to gain or loss, if any* |
| And have seen and the second sec | BONDS INC | | 10/07/11 | 14,493 | 13,919 | |
| DEERE & CO | | | 06/07/11 | | 35,794 | |
| DEERE & CO | | | 10/21/11 | 30,006 | 24,418 | |
| DEERE & CO | | | 11/09/11 | 14,110 | 11,204 | |
| GMAC SMARTNO | TES | | 04/11/11 | 8,725 | 9,000 | |
| IN FIN AUTH | REV PARKV | IEW | 04/15/11 | 14,819 | 14,850 | |
| TOYOTA MOTOR | CR CORP | 07/13/07 | 04/11/11 | 4,995 | 5,000 | |
| | | | | | | |
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| | | | | | | |
| 4 Totals. Add the amo amounts in column (g |). Enter here and inclu | ide on Schedule D, lin | ie 8 (if | | | |
| box A above is check (if box C above is ch | | | | 137,539 | 114 BRUENS | ING003658 0 |

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| _ | Schedule E (Form 1040) 2011 Attachr Name(s) shown on return. Do not enter name and social security number if shown on other side. Attachr | | | | | Imment Sequence No. 13 Page 2 Your social security number | | | | | | |
|-----------------------|---|---|---|----------------------------|--|---|-----------------|----------------------------------|---|-------------|---------------------------|------------|
| NELVA E BRUNSTING 481 | | | | | | | | -30 | -4685 | | | |
| | tion. The IRS compares amounts reporte | | | | | | | <u></u> | | <u> </u> | | |
| | art II Income or Loss From any amount is not at risk, yo | Partnerships and S u must check the box in | S Corporation column (e) on line | S Note 28 and att | . If you re ach Forn | port a n 6198 | loss I . See | ron u aŭ l a instructi | ons. | | wyfich | |
| | Are you reporting any loss not allowed in a unallowed loss from a passive activity (if t partnership expenses? If you answered ") | hat loss was not reported | on Form 8582), o | or unreimbu | • | | | | Y | es X | No | |
| 28 | (a | i) Name | | part | Enter P for nership; S corporation | (c) Ch fore partne | | | Employ tentificati number | on | (e) Ch any am not a | ount is |
| <u>A</u> | | | | | | | | | • | | | |
| B C | | | | | | | | | | | | |
| D | | | | | | | | | | | | |
| | Passive Income and | Loss | | | Nonp | assiv | e Inc | ome and | i Loss | | | |
| | (f) Passive loss allowed (attach Form 8582 if required) | (g) Passive income from Schedule K-1 | | passive loss hedule K-1 | | • / | | 79 expens mForm 45 | 1 | | npassive in Schedule | |
| A B | | | | | | | | | | | | |
| D C | | | | ······ | | | | | | | ······ | |
| D | | | | | | | | | | <u> </u> | | |
| 29a | Totals | | | | | | | | | | | |
| ь 30 | Totals | | | | | | | | 20 | | | |
| 30 31 | Add columns (g) and (j) of line 29a Add columns (f), (h), and (i) of line 29b | | • | | | | • • • • • | | <u>30</u> 31 | (| | |
| 32 | Total partnership and S corporation | income or (loss)Comb | ine lines 30 and 3 | 1. Enter th | 9 | | • • • • • | | | | | ł |
| | result here and include in the total on lin | | | <u>1 </u> | والمراجع وا | | ant caluse | | 32 | | | |
| P | art III Income or Loss From | Estates and Trusts | i | | | | | | 1 | | | |
| 33 | | (a) Name | | | | | | | | identifical | nployer ion numbe | |
| <u>A</u> | ELMER H BR | UNSTING DECE | DENTS TR | DTD | | | | | | 27-64 | 5310 | 0 |
| B | Passive Incom | e and i oss | | | | Nonn | assiv | /e Incon | l 1e and | 1.055 | | |
| | (c) Passive deduction or loss allowed (attach Form 8582 if required) | (d) Passive inc from Schedule | · 1 | | (e) Deduct | tion or lo | SS | | (f) Other income from Schedule K-1 | | | n |
| A | 0 | | 41,938 | | | | | | | | | |
| В | | | | | | | | | | | | |
| 34a b | Totals Totals | | 41,938 | | | | | | | | | |
| 35 | Add columns (d) and (f) of line 34a | | | | | <i></i> | <i>.</i> . | <i>.</i> | 35 | | 41 | ,938 |
| 36 37 | Add columns (c) and (e) of line 34b Total estate and trust income or (los | e) Combine lines 25 and | 36. Enter the rec | ult here an | 4 | | | | 36 | L | |) |
| 51 | include in the total on line 41 below | • | | | , | | | | 37 | | 41 | ,938 |
| P | art IV Income or Loss From | | | | uits (RE | MICs | ;)—I | Residu | | lder | | - f |
| 38 | (a) Name | (b) Employer identification number | (c) Excess inclu Schedules Q (see instruc | line 2c | | xable inc Schedu | | | | • • | me from s Q, line 3t |) |
| | | | | | | | | | | | | |
| <u>39</u> | Combine columns (d) and (e) only. Ente art V Summary | r the result here and inclu | ide in the total on | line 41 del | ow | <u></u> | | <u></u> | 39 | | | |
| 40 | Net farm rental income or (loss) from Fo | orm 4835. Also, complete | line 42 below | | ······ | | | | 40 | | | |
| 41 | Total income or (loss).Combine lines 26, 3 | | •• | 1040, lin <u>e 17</u> | or Form 1 | 040NR, | line 1 | 8 | 41 | | 41 | ,938 |
| 42 | Reconciliation of farming and fishin | | | | | | | | | | | |
| | farming and fishing income reported on (Form 1065), box 14, code B; Schedule | • • | | | | | | | | | | |
| | U; and Schedule K-1 (Form 1041), line | · · | | 4 | 2 | | <u></u> | <u></u> | 1 | | | |
| 43 | Reconciliation for real estate profes | sionals.If you were a rea | estate | | | | | | | | | |
| | professional (see instructions), enter the anywhere on Form 1040 or Form 1040N | | | | | | | | | | | |
| | in which you materially participated under | | | 4 | 3 | | | | | | | |

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VICTORIA

Statement of Person Claiming **Refund Due a Deceased Taxpayer**

OMB No. 1545-0074

San instructions below and on back

| Internal Revenue Service | | | see instructions below and on baci | Sequence No. Of | | |
|--------------------------|-----------------------------|---|------------------------------------|-----------------|----------------------|------------|
| Tax yea | r decedent was due a | refund: | | | <u> </u> | |
| Calenda | ryear 2011 | , or other tax year beginning | , 20 | , and endi | <u>Client Copy</u> | , 20 |
| | Name of decedent | | | Date of death | Decedent's social se | curity no. |
| | NELVA E BR | UNSTING | | 11/11/11 | 481-30-4685 | |
| Please | Name of person claiming | efund | | | Your social security | number |
| print | ANITA BRUN | ISTING | | | 457-25-1860 | |
| or | Home address (number a | nd street). If you have a P.O. box, see instruc | lions. | | | Apt. no. |
| type | 203 BLOOMI | NGDALE CIRCLE | | | | |
| | City town or post office st | ate and ZIP code. If you have a foreign addr | ess see instructions | | | |

77904

Part I Check the box that applies to you. Check only one box. Be sure to complete Part III below.

| | E E | | |
|----------|-----|--|---------------------------------------|
| Л | | Cumulting agains regulating releases | af a valued chaoly (and instructions) |
| ~ | | Surviving spouse requesting reissuance | OF & FEHIND CRECK, (SEE INSINICADINS) |
| | | | |

В Court-appointed or certified personal representative (defined below). Attach a court certificate showing your appointment, unless previously filed (see instructions).

C X Person, other than A or B, claiming refund for the decedent's estate (see instructions). Also, complete Part II.

TX

Part II Complete this part only if you checked the box on line C above.

| | | Yes | No |
|-----|--|-----|----|
| 1 | Did the decedent leave a will? | X | |
| 2a | Has a court appointed a personal representative for the estate of the decedent? | | Х |
| b | If you answered "No" to 2a, will one be appointed? | | X |
| | If you answered "Yes" to 2a or 2b, the personal representative must file for the refund. | | |
| 3 | As the person claiming the refund for the decedent's estate, will you pay out the refund according to the laws | | |
| | of the state where the decedent was a legal resident? | X | |
| | If you answered "No" to 3, a refund cannot be made until you submit a court certificate showing your appointment | | |
| | as personal representative or other evidence that you are entitled under state law to receive the refund. | | |
| 200 | | | |

Signature and verification. All filers must complete this part. Part III

I request a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund

Date 🕨

BRUNSTING003663

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000065 BRUNSTING, NELVA E 481-30-4685

Federal Statements

| | | | <u>8b - Tax-exem</u> | | | nt Co | ру |
|-------------------------|----------------|---------|--|-----------|------------------------------|-------|--|
| EDWARD JONES | Payer | | | \$ | 38 | | |
| TOTAL | | | | \$ | 38 | | |
| <u></u> | Form | 1040 | , Dividend Inco | ome | | | |
| | Payer | | | C Di | rdinary vidends | | Qualified ividends |
| ELMER H BRUNSTING DECE | |) | | \$ | 8,092 | \$ | 4,24 |
| CHEVRON CORPORATION | | | | | 609 70 | | 609 |
| METLIFE EXXON MOBILE | | | | | ,756 | | 7(1,750 |
| EDWARD JONES | | | | | 2,697 | | 1,51 |
| DEERE & COMPANY | | | | | 15 | - | 1 |
| TOTAL | | | | \$ | 13,239 | \$ | 8,208 |
| | <u>Capi</u> | tal G | ain Distributio | <u>ns</u> | | | |
| | Payer | | | | Capital Gain Distribution | | |
| EDWARD JONES | | | •••••••••••••••••••••••••••••••••••••• | \$ | | 1 | |
| TOTAL | | | | \$ | | 1 | |
| Sci | nedule A, Line | 1-1 | Medical and De | ental Exp | enses | | ······································ |
| Description | | <u></u> | Amount | | | | |
| MEDICAL/DENTAL EXPENSE | S | \$ | 117,831 | | | | |
| MEDICARE PREMIUMS | | | 1,062 | | | | |
| TOTAL | | \$ | 118,893 | | | | |

Federal Statements

| Schedule | A, Line 5 - | State and Loc | al Ta |
|---|-------------|--------------------|-------|
| Description | A | mount | |
| 2010 ESTIMATES PAID IN 2011 STATE TAX PAYMENTS '10 IA INCOME TAX REFUND | \$ | 330 690 -251 | |
| TOTAL INCOME TAXES | | 769 | |
| GENERAL SALES TAX | | 1,137 | |
| TOTAL SALES TAXES* | | 1,137 | |

<u>ıl Taxes</u> **n**1-1

*SALES TAXES ARE BEING DEDUCTED

Client Copy

BRUNSTING003666

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| Form 1040 | Carryover Report |
|------------------|------------------|
| | |

23,526

23,526

Name

Taxpayer Identification Number 481-30-4685 Client Copy Carryover to 2012 NELVA E BRUNSTING Available to 2011 2011 Amounts Investment interest - AMT

-23,526

-23,526

| D.C. first-time homebuyer credit | ······································ |
|---|---|
| Nonrecaptured Section 1231 Losses - Line 8, Form 4797 | AMT Nonrecaptured Section 1231 Losses - Line 8, Form 4797 |
| 2006 Amounts | 2006 Amounts |
| 2007 Amounts | 2007 Amounts |
| 2008 Amounts | 2008 Amounts |
| 2009 Amounts | 2009 Amounts |
| 2010 Amounts | 2010 Amounts |
| Available to 2011 | Available to 2011 |
| 2011 Amounts | 2011 Amounts |
| Carryover to 2012 | Carryover to 2012 |

UTILIZED

UTILIZED

2011

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Carryover Item

Excess section 179 Minimum tax credit Investment interest

Short-term capital loss Short-term capital loss - AMT

Long-term capital loss Long-term capital loss - AMT

Residential energy efficient property

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BRUNSTING003669

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Tax Return History Report - Page 1

NELVA E BRUNSTING

Taxpayer Identification Noticent Copy-30-4685

2011

| | 2007 2008 | 2009 | 2010 | 2011 | 2012 (Projected) | | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 (Projected) |
|-----------------------|-------------------------------|--|------------|-----------|--|--------------------|--------------|------------------|--------------|----------|--|--|
| \$46,000 \$0 | | | | | ny Herbersen Congel March Congel March Congel March | \$45,000 | | | | | | |
| \$ \$92,000 | | | | | | \$82,000 | - | | | | | |
| \$138,000 \$92,000 | iteinizea of | JLANNAL V V | CANCLIN | LANSII | | \$119,000 | | | I ANAVIC III | ~~!!!@ | | aga ya mana a ta ƙasar a sa s |
| <u>*</u> | ltemized or | etandard d | Auction | taken | | | | | Taxable in | | | |
| | 2007 2008 | 2009 | 2010 | 2011 | 2012 (Projected) | | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 (Projected) |
| \$97,000 \$60,000 | | | | | | \$97,000 | | | | | | |
| \$134,000 | | ad ad ad ad a sha fa | | | | \$134,000 | | | | | - 1990 (1990) (1990) - 1990 (1990) (1990) - 1990 (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) | |
| \$171,000 | | Total inco | me | | N8397777927777927777777777777777777777777 | \$171,000 | [| Adju | sted gros | s income | **** | |
| 1 Combine | d with Interest income on the | | | rksheet 2 | Combined with I | Rent, royalty, fam | n rental inc | ome on the Feder | | | as Schedule | E income/loss |
| Taxable inco | ome | 100, | | | ,303 | 67,27 | | 55,66 | | <u> </u> | | 27,122 |
| Exemptions | | 6, | 800 | | ,000 | 3,65 | | 3,65 | | 3,70 | 0 | 3,800 |
| | standard deduction taken | 12, | ····· | | ,000 | 7,60 | | 31,36 | | 110,88 | | 111,607 |
| | duction | | 800 | | ,000 | 7,60 | | 7,10 | | 7,25 | | 5,950 |
| | emized deductions | 6 | 391 | | ,631 | 2,41 | | 31,36 | | 110,88 | | 111,607 |
| | nents oss income | 119, | 926 | 104 | ,303 | 78,52 | 6 | 90,68 | 1 | 152,14 | 2 | 142,529 |
| Total adjusts | e | 119, | <u>320</u> | 104 | ,303 | 78,52 | 40 | 90,68 | <u>) T</u> | 152,14 | <u> </u> | 142,529 |
| Other income | e/loss | | 448 | | ,110 | 21,96 | | 19,14 | | 18,03 | | 18,177 |
| Farm income | e/loss | <u> </u> | 110 | 20 | 110 | 21 00 | | 10 14 | | 10 02 | 1 | 10 177 |
| | st income | | | | | | | 24,01 | .3 | 41,93 | 8 🔬 | |
| | S corp income | | | | | | | | | | - 2 | |
| | , farm rental income | 25, | 335 | 30 | ,399 | 27,83 | 6 | -1,00 | 0 | | | 41,938 |
| IRA distributi | ons, pensions, annuities | | | | ,942 | 14,30 | | 14,00 | 6 | 68,71 | 2 | 68,712 |
| | osses | | | | | | | | | | | |
| | losses | | 406 | -3 | ,000 | -3,00 | 00 | -3,00 | 0 | 9,75 | 6 | |
| Business inc | ome/loss | | | <u></u> | <u>, 2 + / </u> | | | 21,00 | | 20,20 | 2 | |
| Dividend inco | ne ome | | | | ,317 | 16,57 | | <u> </u> | | 13,23 | | |
| | wages | 19, | 504 | 6 | ,535 | 84 | 12 | 15,83 | 7 | 46 | 2 | 13,702 |
| Filing Status | - | MFJ | <u>-</u> | MFJ | | SGL | | SGL | | SGL | | SGL |
| 1997 11 A | - | 2007 | | 2008 | | 2009 | | 2010 | | 2011 | | 12 PROJECTED |

Form **1040**

Name

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Tax Return History Report - Page 2

Name NELVA E BRUNSTING

Taxpayer Identification Taxpay

| | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 PROJECTED |
|--|---------|--------|--------|--------|--------|----------------|
| Taxable income | 100,326 | 83,303 | 67,276 | 55,665 | 37,556 | 27,122 |
| Tax on taxable income | 15,853 | 11,971 | 11,387 | 8,393 | 4,432 | 2,402 |
| Alternative minimum tax | | | | | | |
| Total credits | 7 | 31 | 19 | | | |
| Net tax liability | 15,846 | 11,940 | 11,368 | 8,393 | 4,432 | 2,402 |
| Self-employment taxes | | | | | | |
| Other taxes | | | | | | |
| l otal tax | 15,846 | 11,940 | 11,368 | 8,393 | 4,432 | 2,402 |
| Income tax withheld | | 24 | 25 | | | |
| Estimated tax payments | 14,160 | 15,880 | 11,920 | 11,360 | 9,340 | |
| Other payments | | | | | | |
| Total payments | 14,160 | 15,904 | 11,945 | 11,360 | 9,340 | |
| Total due/-refund | 1,686 | -3,964 | -577 | -2,967 | -4,908 | 2,402 |
| Penalties and interest | | | | | | |
| Net tax due/-refund | 1,686 | -3,964 | -577 | -2,967 | -4,908 | 2,402 |
| Refund applied to estimated tax payments | | 3,964 | 577 | | | |
| Refund received | | | | -2,967 | -4,908 | |
| Marginal tax rate | 25.0% | 25.0% | 25.0% | 25.0% | 25.0% | 15.0% |
| Effective tax rate | 16% | 14% | 17% | 15% | 12% | 9% |



Form 1040

2011

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| | | | | DE | CEASED | | | | | | |
|-------------------------|------------------|--|--|---------------------|------------------------|----------|---------------------------------------|--------------|--------------------------|----------------------|-----------|
| 2011 | A | 1040 Iowa Indiv | vidual Income | Tax F | orm | | 時外現的確認 | | | | かた 日 |
| or fiscal yea | ar bec | inning / 2011 n all spaces. You MUST fill | and ending / | / | | | | 顶顶 | | | |
| Your last nam | | rai spaces, rou moor in | Your first name/middle initi | | <u>iber (55N).</u> | | HALDALISTING AL BRANCH BURGER HAN STU | HER HER FA | NA BASY BUTTER SAMARAY M | 1,25170111,18572,185 | |
| BRU | NS | TING | NELVA E | | | | | | | | |
| Spouse's last | name | ; | Spouse's first name/middle | initial | | | | \sim | liont Co | nv | |
| Current mailin | g ado | Iress (number and street, apartment, i | ot, or suite number) or PO Bo | × | | | | | lient Co | ЧY | |
| | | OOMINGDALE CIR | | | | | | | | | |
| City, State, ZI | | | | | | | | | | | |
| VICT | | IA | TX 77904 | | | | | | | | |
| Spouse SSN | | | | 81-3 | 0-4685 | | X Check this box | k if you or | your spouse were 65 | or older as of | 12/31/11. |
| | | Status: Mark one box only | | | | | F | Residence | on 12/31/11 | | |
| 1 X 8 | Single | : Were you claimed as a dependent on a | nother person's lowa retum? | YES | X NO 🔺 | | County Number | 00 | School District Nun | | 0000 |
| 2 1 | Marri | ed filing a joint return. (Two-incom | e families may benefit by | using stat | us 3 or 4.) | | How many have health care | e coverage | | | :3 • |
| | | d filing separately on this combined return | n. Spouse use column B. | • | | | How many do not have | e health ca | re coverage? | • | |
| 4 | Spous | ed filing separate returns. e's name: | | | SSI | | - | | Income: \$ | | |
| 5 H | lead | of household with qualifying person. If | qualifying person is not clain | ned as a de | pendent on this return | n, enter | r the person's name and SS | N below. | | | |
| | | ifying widow(er) with depende | ent child. Name: | | | | | SSN: | | 1 | |
| a. Perso | | | 00 010100 0 21- 0-1 D- E | | | | e (Filing Status 3 O X \$ 40 = \$ | NLY) | A.You ▲ 1 X\$4 | or Joint | 40 |
| | | Credit: Col. A: Enter 1 (enter 2 if filin | | | | | | | · | | |
| b. Enter | i iUi anda | each person who is 65 or older | anaror i nor each person \ fent | VIIO IS DIII | ₩ ▲ | | X\$20=\$ | | | | 20 |
| | | ents: Enter 1 for each depend t names of dependents here: | | • • • • • • • • • • | | | X\$40=\$ | | ▲ X\$4 | ¢≕⊅ | 60 |
| E | 145 | chames of dependents nefe. | | | B. Spouse/Status | 3 | A. You ar Joint | B . § | Spouse/Status 3 | ⊅ A. You or | |
| STEP 4 | 1. | Wages, salaries, tips, etc. | | . 1. | - | | | _ | | | |
| Gross | 2. | Taxable interest income. If more that | an \$1,500, complete Sch. B. | | | | 850 | - | | | |
| mcome | 3. | Ordinary dividend income. If more than | \$1,500, complete Sch. B. | 3. | | | | - | | | |
| | | ••• | | | | | | _ | ····· | | _ |
| | 5. | , | | | | | | - | NOTE: Us | o only | |
| | 6. | · · · · · · · · · · · · · · · · · · · | | | | | | - | | - | |
| ø | 7. | Other gains/(losses) from federal for | rm 4797 | | | | | - | blue or bla | | |
| | 8. | Taxable IRA distributions | | . 8. | | | 58,792 | ~ | no pencils o | |] |
| then | 9. | Taxable pensions and annuities | | . 9. | | | 9,920 | | | | |
| a B | 10. | Rents, royalties, partnerships, estate | es, etc. | . 10. | | | | - | | | |
| SIA | 11. | | hedule F | | | | | - | | | |
| DO NOT STAPLE them here | 12. | Unemployment compensation. See | | | | | | _ | | | |
| <u>s</u> | 13. | Taxable Social Security benefits | | | | | 3,406 | - | | | |
| 1 | | Other income, gambling income, bonus | | | | | | - | | | |
| return | 15. | GROSS INCOME. ADD lines 1-14. | Aug. 4 | - | | | 15. | | A | 137 | ,901 |
| STEP 5 | 16. | Payments to an IRA, Keogh, or SEP | • | . 16. | | | | - | | | |
| Adjust- | 17. | Deductible part of self-employment i | tax | | | | | _ | | | |
| ŧ to | 18. | Health insurance deduction | | 18. | | | | - | | | |
| 🛓 Income | 19. | Penalty on early withdrawal of savin | gs | 19. | | | | - | | | |
| 9 2 | | Alimony paid | | 20. | | | | _ | | | |
| 87 | 21, | Pension/retirement income exclusion | n | 21. | | | 6,000 | - | | | |
| 3 | 22. | Moving expense deduction from fed | eral form 3903 | | | | | - | | | |
| 03 | 23. | lowa capital gain deduction certain ass | | | | | | | | | |
| 5 | 24. | Other adjustments | , | 24. | | | | - | | | |
| | 25. | | | | | | | | A | 7 | ,062 |
| | 26. | | ······································ | | | | 26. | | | 130 | ,839 |
| STEP 6 | 27. | Federal income tax refund / overpay | ment received in 2011 | 27. | | | 2,967 | - | | | |
| Federal | 28. | Self-employment/household employ | ment taxes | | | | | | | | |
| Additio | n ^{29.} | | , | | | | | | | 2 | ,967 |
| and | | Total. ADD lines 26 and 29. | | | | | | | | 133 | ,806 |
| ↑ Deduc- | 31. | Federal tax withheld | | 31. | | | L | | | | |
| ' tion | 32. | | de in 2011 | 32. | | | | - | | | |
| | 33. | Additional federal tax paid in 2011 fo | | | | | | - | | | |
| | 34. | Deduction for federal taxes. ADD lin | es 31, 32, and 33. | | | | 34. | | | 12 | ,180 |
| | 35. | BALANCE, SUBTRACT line 34 from | line 30. Enter here and on li | ne 36, side | 2, | | 35. | | A | 121 | ,626 |



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| | | NELVA E BRUNSTING | | | | | 481- | 30-4685 |
|---------------------------------------|------------|--|-------------|-----------------------|---|--------------|---------------------------------|-----------------|
| 2011 IA | 1 | 040, page 2 | в. | Spouse/Status 3 | A. You or | Joint I | B. Spouse/Status 3 A. | You or Joint |
| STEP 7 | 36. | BALANCE. From side 1, line 35 | | | | 36. | | 121,626 |
| Taxable Income | | Total itemized deductions from federal Schedule A | 37 | | 109 | 824 | - | |
| | | 39. BALANCE, Subtract line 38 from line 37 or enter the | 38. | | 100 | 024 | Complete lines 37-40 | J |
| | | amount of itemized deductions from the Iowa Schedule A | 39. | ····· | | 024 | Lient Copy | , |
| | | 40. Other deductions 4 | 40. | | | | | |
| | 41. | Deduction. Check one box. 🔺 X Itemized. Add lines 39 and 40. | | Standard | | | <u> </u> | 109,824 |
| | <u>42.</u> | TAXABLE INCOME.SUBTRACT line 41 from line 36. | | | | . 42. | | 11,802 |
| STEP 8 | 43. | | | | A | 359 | | |
| Tax, Credits | 44. | lowa lump-sum tax. 25% of federal tax from form 4972 4 | | | | | | |
| and | 45. | Iowa minimum tax. Attach IA 6251. | 45 | | A | | | |
| Checkoff | 46. | Total tax. ADD lines 43, 44, and 45. | | | | | | 359 |
| Contribu- | 47. | •••••• | | | | | | |
| 10115 | 48. | Tuition and textbook credit for dependents K-12 4 | 48 | | A | | | |
| | 49. | Total credits. ADD lines 47 and 48. | | | | | | 60 |
| | 50. | BALANCE. SUBTRACT line 49 from line 46. If less than zero, enter zero | ro. | | | 50. | 0 | 299 |
| | 51. | Credit for nonresident or part-year resident. Attach IA 126 and federal n | | | | | A | 299 |
| | 52. | BALANCE. SUBTRACT line 51 from 50. If less than or equal to zero, er | | | | | 0 | |
| | 53. | Other nonrefundable lowa credits. Attach IA 148 Tax Credits Schedule. | | | | | | |
| | 54. | BALANCE. SUBTRACT line 53 from line 52. | | | | | | |
| | 55. | School district surtax/EMS surtax. Take percentage from table; multiply | | | | | 0 | ĺ |
| | 56. | Total Tax, ADD lines 54 and 55. | | | | | | |
| | 57. | Total tax before contributions. ADD columns A & B on line 56 and enter | r here. | | • | , | 57. | (|
| | 58. | Contributions. Contributions will reduce your refund or add to the amou | int you ow | e. Amounts must be in | whole dollars. | | | |
| | | Fish/Wildlife State Fair i8a: 58b: 58b: | | ers/Veterans | | | | |
| | 59. | 88: 58b: TOTAL TAX AND CONTRIBUTIONSADD lines 57 and 58. | | | | | | |
| TEP 9 | 60. | | | | | ***** | | |
| redits | | | | | | 690 | | |
| reuns | 61. | | | | | 090 | | |
| | 62. | | | | Α | | | |
| | 63. | ······ | 33. | | A | | | |
| | 64. | Check One: Child and dependent care creditOR | | | | | | |
| | | | | | | | | |
| | 65. | | | | | | | |
| | 66. | | | | | | | |
| | 67. | TOTAL. ADD lines 60 - 66 | 57. | | | 690 | | |
| | 68. | TOTAL CREDITS.ADD columns A and B on line 67 and enter here | <u></u> | ****** | | | | 690 |
| TEP 10 | 69. | If line 68 is more than line 59, SUBTRACT line 59 from line 68. This is t | the amoun | t you overpaid. | | | 69. 🔺 | 690 |
| Refund Fr Amount | | For a faster refund file electronically. Go to www.iowa.gov/tax for o lowa Income Tax - Refund Processing, Hoover State Office Bldg, D | details or | | • • • • • • • • • • • • • • • • • • • | | REFUND 70. | 690 |
| ou Owe | 71. | | 71. | | A | | | |
| | 72. | If line 68 is less than line 59, SUBTRACT line 68 from line 59. This is th | ie AMOUN | • | · • • • • • • • • • • • • • • • • • • • | | | |
| | 73. | Penalty for underpayment of estimated tax from IA 2210 or IA 2210F | 🔺 🛦 🛛 | Check if annualiz | ed income method | | | |
| | 74, | Penalty and interest | 🔺 | 74b. Interest | | 🔺 AI | DD Enter total 74. | |
| | 75. | TOTAL AMOUNT DUE.ADD lines 72, 73, and 74, and enter here You can pay online at www.iowa.gov/tax or pay by mail to lowa Inc PO Box 9187, Des Moines IA 50306-9187. Make Check payable to T | come Tax | - Document Process | | PAY 1 | THIS AMOUNT 75. 🔺 | |
| | | ICAL CHECKOFF. This checkoff does not increase the | | \$1.50 to Democration | Party | | \$1.50 to Democratic Par | ty |
| a | mour | t of tax you owe or decrease your refund. | ISE: | \$1.50 to Republican | Party | 🔺 YOU | RSELF: \$1.50 to Republican Par | ty |
| | | | | \$1.50 to Campaign | Fund | | \$1.50 to Campaign Fund | ± 🗍 . |
| TEP 12 | 1 | (We), the undersigned, declare under penalty of perjury | that I (w | e) have examine | d this return in | chudipa a | Il accompanying schedules | |
| | | and statements, and, to the best of my (our) knowledge a | - | - | | - | | |
| ***** | | other than taxpayer) is based on all information of which | | | | | | |
| PLEASE | * * | | uie prei | | medge. | | | |
| IGN HER | ε_ | | | K <u>11/11/11</u> | |) K RI | KKERS CPA | 04/05/1 |
| | Ŷ | our Signature Date | Check if [| Deceased Date of Dea | th Preparer's Sig | nature | | Date |
| IGN HER | Е | | A | | 42-127 | /139 | | |
| | s | pouse's Signature Date C | Check if De | eceased Date of Dea | th Preparer's SS | , FEIN, or I | PTIN | |
| | | | | | | | 712- | -722-3375 |
| | | | Dayti | ne Telephone Number | , | | | elephone Number |
| | | This rate | ırn ie A | 10 Anril 30 201 | 2 Pleses einn | enclos | e W-2s, and verify SSNs. | |
| | | NING TINGTE NINGSE NINGSE NIE FENIS ANNES I DEMINISTI DEMINISTRI SEMIEN FANNE FANNE FANNE | | ESSES: See lin | - | • | e trea, and verify adits. | |
| | | MAILING cs | | 20020, 066 IIII | | | BRUNSTING003676 | 41-001b (09/2 |
| · · · · · · · · · · · · · · · · · · · | | nne einer westt mattet tratt maten statt flatt Ratin state ftet feel | | | | | | |

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BRUNSTING003677

| | | | le | owa Individua | l Income Tax D | eclaration fo | or an E-File Re |
|--|--|---|---|---|---|---|-----------------|
| ur first name | e, middle initial | Last name | | Your Se | cial Security Number | | |
| ELVA | E | BRUNSTIN | 1G | 481 | -30-4685 | -Client | Conv |
| ouse's first i | name, middle initial | Last name | | Spouse | Social Security Number | Onorm | CODY |
| | (number and street) or PC | | | | ····· | | |
| v, state, and | LOOMINGDALI | <u>s cir</u> | | | | | |
| ICTO | | TX 7' | 7904 | | | | |
| | | rmation - Tax yea | | | B. Spouse (filing status 3) | A. | You or Joint |
| <mark>1. Iowa</mark> | Net Income (IA 1040 | I <mark>, line 26 A & B)</mark> | | <mark>1B</mark> | | _ 1A | 130,839 |
| 2. Total | Tax (IA 1040, line 46 | 5A&B) | | ^{2B} | | _ 2A | 359 |
| | | d (IA 1040, line 60 A & | | | | _ 3A | |
| 4. Amol | unt to be Refunded (I | A 1040, line 70) | , . , | | ••••••••••••••••••••••••••••••••••••••• | ' 4 | 690 |
| | | | | | | 5 | |
| cart II | Declaration of T | axpayer (Be sure | to keep a copy | or your return) | | | |
| 6. | | deposit or direct debit | | | | | |
| 7. X | | fund be directly depose ment of the other spou | | | a joint return, this is a | ו | |
| | | artment of Revenue (IDR) an | - | | nic funds | | |
| L | | entry to the financial institution | • | - | | | |
| | | the financial institution to del | | | (the payment/sett | lement | |
| | | financial institution involved ecessary to answer inquiries | | | s to receive | | |
| | NOTE: This electron | ic withdrawal from you | r bank account will b | e identified with the A | CH Company ID 44260 | | |
| ~ | | debit block on this acc bank account by this A | | your financial institu | tion to request that they | allow a | |
| | a. Name of financia | • | NK OF AMER | RICA | | | |
| | b. Routing Number | · · · · · · · · · · · · · | | | through 12 or 21 through 32. | | |
| | c. Account Number | •••••••••••••••••••••••••••••••••••••• | | 1 | | | |
| | d. Type of Account | : Savings | X Checking | | | | |
| | e. Will this refund g | o to (or payment com | e from) an account o | outside the United S | tates? Yes | X No | |
| | | | | | the amounts shown in Part I | | |
| with the error | | onding lines of the electroni | ic portion of my lowa incor | | of my knowledge and belief r | | |
| s true, corre | ect, and complete. I consen | t that my return, including ar | ny accompanying schedul | es and statements, be ser | t to the Internal Revenue Se | rvice | |
| s true, corre IRS) by my | ERO and retrieved by the | lowa Department of Revenu | ny accompanying schedul e (IDR). If I have filed a ba | es and statements, be ser alance due return, I under | stand that if the IDR does not | rvice receive | |
| s true, corre IRS) by my ull and time leposited as | ERO and retrieved by the ily payment of my tax liabilit s designated in Part II and | lowa Department of Revenu ty I will remain liable for the t declare that the information | ny accompanying schedul e (IDR). If I have filed a ba tax liability and all applicat shown in Part II is correct. | es and statements, be ser alance due return, I under ble penalties and interest. . If I have filed a joint or co | stand that if the IDR does not I consent that my refund be o mbined state return and elec | rvice receive lirectly ted | |
| s true, corre IRS) by my ull and time leposited as lirect depos eturn will be | ERO and retrieved by the ly payment of my tax liabilit s designated in Part II and sit, there is an irrevocable a e rejected. If the processing | towa Department of Revenu- ty I will remain liable for the t declare that the information of ppointment of the other spou of my return, refund, or direct | ny accompanying schedul le (IDR). If I have filed a ba tax liability and all applicat shown in Part II is correct. use to receive the refund. ect debit is delayed, I auth | es and statements, be ser alance due return, I under ble penalties and interest. . If I have filed a joint or co if there is an error on my i orize the IDR to disclose t | stand that if the IDR does not I consent that my refund be of mbined state return and elect Federal return, I understand of o my ERO and/or transmitter | vice receive lirectly ted ny state the | |
| s true, corre IRS) by my all and time eposited as irrect depos eturn will be eason(s) fo ransmissior | ERO and retrieved by the hy payment of my tax liabilities is designated in Part II and sit, there is an irrevocable a e rejected. If the processing or the delay or when the refu- n and indication of whether | lowa Department of Revenu y I will remain liable for the t declare that the information : ppointment of the other spot of my return, refund, or dire und was sent. I also consent or not my return is accepted | ny accompanying schedul le (IDR). If I have filed a tax liability and all applicat shown in Part II is correct. use to receive the refund. ect debit is delayed, I auth to the IDR sending to my | es and statements, be ser aiance due return, I undern ble penalties and interest. If I have filed a joint or co If there is an error on my I orize the IDR to disclose t ERO and/or transmitter a | stand that if the IDR does not I consent that my refund be o mbined state return and elec Federal return, I understand (| vice receive lirectly ted ny state the of | |
| s true, corre IRS) by my ull and time leposited as lirect depos eturn will be eason(s) fo ransmission equired atta | ERO and retrieved by the hy payment of my tax liabilities is designated in Part II and sit, there is an irrevocable a e rejected. If the processing or the delay or when the refu- n and indication of whether | towa Department of Revenu- ty I will remain liable for the t declare that the information a ppointment of the other spou of my return, refund, or dire and was sent. I also consent | ny accompanying schedul le (IDR). If I have filed a tax liability and all applicat shown in Part II is correct. use to receive the refund. ect debit is delayed, I auth to the IDR sending to my | es and statements, be ser aiance due return, I undern ble penalties and interest. If I have filed a joint or co If there is an error on my I orize the IDR to disclose t ERO and/or transmitter a | stand that if the IDR does not I consent that my refund be of mbined state return and elec Federal return, I understand is o my ERO and/or transmitter n acknowledgment of receipt | vice receive lirectly ted ny state the of | |
| s true, corre IRS) by my ull and time leposited as lirect depose eturn will be eason(s) fo ransmissior equired atta Sign | ERO and retrieved by the hy payment of my tax liabilities is designated in Part II and sit, there is an irrevocable a e rejected. If the processing or the delay or when the refu- n and indication of whether | lowa Department of Revenu y I will remain liable for the t declare that the information : ppointment of the other spot of my return, refund, or dire und was sent. I also consent or not my return is accepted | ny accompanying schedul le (IDR). If I have filed a tax liability and all applicat shown in Part II is correct. use to receive the refund. ect debit is delayed, I auth to the IDR sending to my | es and statements, be ser alance due return, I under ble penalties and interest. If I have filed a joint or co If there is an error on my I orize the IDR to disclose t ERO and/or transmitter a on(s) for the rejection. I un | stand that if the IDR does not I consent that my refund be or mbined state return and elec Federal return, I understand i o my ERO and/or transmitter n acknowledgment of receipt derstand that this declaration | vice receive irectly ted my state the of with | te |
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| s true, corre IRS) by my ull and time leposited as lirect depose eturn will be eason(s) fo equired atta Sign lere | ERO and retrieved by the ely payment of my tax liability is designated in Part II and is sit, there is an irrevocable a e rejected. If the processing in the delay or when the refi- n and indication of whether achments must be forwards Your Signature Declaration of E | towa Department of Revenu by I will remain liable for the declare that the information is ppointment of the other spou of my return, refund, or dire und was sent. I also consent or not my return is accepted ad upon request to the IDR. | ny accompanying schedul le (IDR). If I have filed a bi- tax liability and all applicat shown in Part II is correct. use to receive the refund. ect debit is delayed, I auth to the IDR sending to my d, and, if rejected the reason Date Originator (ERO) | es and statements, be ser alarce due return, I under ble penalties and interest. If I have filed a joint or co If there is an error on my I orize the IDR to disclose t ERO and/or transmitter a on(s) for the rejection. I un spot | stand that if the IDR does not I consent that my refund be of mbined state return and elec Federal return, I understand i o my ERO and/or transmitter a ceknowledgment of receipt iderstand that this declaration | vice receive inectly ted ny state the of with , both must sign. Da | te |
| s true, corre IRS) by my IRS) by my leposited as irrect depose eturn will be eason(s) for ransmission equired atta Sign Fart III i declare that am only a c | ERO and retrieved by the ely payment of my tax liability is designated in Part II and i st, there is an irrevocable a e rejected. If the processing or the delay or when the refi- n and indication of whether achments must be forwarded Your Signature Declaration of E at I have reviewed the abov- collector, I am not responsiti | towa Department of Revenu ty I will remain liable for the t declare that the information : ppointment of the other spou of my return, refund, or dire and was sent. I also consent or not my return is accepted ad upon request to the IDR. Electronic Return (re taxpayer's return and that he for reviewing the return and | ny accompanying schedul le (IDR). If I have filed a ba tax liability and all applicat shown in Part II is correct. use to receive the refund, et debit is delayed, I auth to the IDR sending to my i, and, if rejected the reaso Date Originator (ERO) t entries on form IA 8453-I nd only declare that this fo | es and statements, be ser alance due return, I under ole penalties and interest. If I have filed a joint or co if there is an error on my i ERO and/or transmitter a on(s) for the rejection. I un spot and Paid Prepa IND are complete and corr orm accurately reflects the | stand that if the IDR does not I consent that my refund be or mbined state return and elec Federal return, I understand i o my ERO and/or transmitter n acknowledgment of receipt iderstand that this declaration see Signature. If a joint return ITER ect to the best of my knowled data on the return. The taxp | vice receive irectly ted by state the of with , both must sign. Da ige. ff I ayer will | te |
| s true, corres IRS) by my IRS) by my land time leposited as lirect depose etum will be eason(s) fo ransmissior equired atta Sign lere Part III declare tha am only a c nave signet | ERO and rebrieved by the ely payment of my tax liabiliti s designated in Part II and is sit, there is an irrevocable a e rejected. If the processing or the delay or when the refi- n and indication of whether achments must be forwards Your Signature Declaration of E at I have reviewed the abovi- collector, I am not responsited this return before submitti | towa Department of Revenue ty I will remain liable for the t declare that the information i ppointment of the other spou of my return, refund, or dire ind was sent. I also consent or not my return is accepted d upon request to the IDR. Electronic Return (ve taxpayer's return and that lef for reviewing the return an ng to the IRS. I have provide | ny accompanying schedul le (IDR). If I have filed a br tax liability and all applicat shown in Part II is correct. use to receive the refund. et debit is delayed, I auth to the IDR sending to my d, and, if rejected the reaso Date Originator (ERO) t entries on form IA 8453-1 nd only declare that this for ad the taxpayer with a cop | es and statements, be ser alance due return, I under ale penalties and interest. If I have filed a joint or co if there is an error on my ERO and/or transmitter a on(s) for the rejection. I un on(s) for the rejection. I un on (s) for the rejectio | stand that if the IDR does not I consent that my refund be or mbined state return and elec Federal return, I understand i o my ERO and/or transmitter a coknowledgment of receipt iderstand that this declaration see Signature. If a joint return rer ect to the best of my knowlet data on the return. The taxp ion to be filed with the IDR a | vice receive irectly ted ny state the of . with , both must sign. Da lige. If I ayer will d have | te |
| true, corre RS) by my III and time eposited as irect deposited as irect deposited as asson(s) for ansmissior aquired atta ign declare this monly a c ave signer ollowed all 453-IND, v 453-IND, v | ERO and retrieved by the aly payment of my tax liability is designated in Part II and is e rejected. If the processing or the delay or when the refi- n and indication of whether achments must be forwarded Your Signature Declaration of E at I have reviewed the abox collector, I am not responsite d this return before submitti- other requirements describ with attachments, on file for | towa Department of Revenue ty I will remain liable for the t declare that the information : ppointment of the other spou of my return, refund, or dire and was sent. I also consent or not my return is accepted ad upon request to the IDR. Electronic Return (we taxpayer's return and that the for reviewing the return and ng to the IRS. I have provide ued in the Iowa Electronic Fill three years from the due da | ny accompanying schedul le (IDR). If I have filed a ba tax liability and all applicat shown in Part II is correct. use to receive the refund. et debit is delayed, I auth to the IDR sending to my i, and, if rejected the reaso Date Originator (ERO) t entries on form IA 8453-1 nd only declare that this for ed the taxpayer with a cop ing Handbook and the low ate of the return or the filin | es and statements, be ser alance due return, l undern ole penalties and interest. . If I have filed a joint or co if there is an error on my l orize the IDR to disclose t ERO and/or transmitter a on(s) for the rejection. I un on | stand that if the IDR does not I consent that my refund be or mbined state return and elec Federal return, I understand i o my ERO and/or transmitter n acknowledgment of receipt iderstand that this declaration see Signature. If a joint return reer ect to the best of my knowled data on the return. The taxp tion to be filed with the IDR a) developer guide. I will keep and I will make a copy availit | vice receive irectly ted ny state the of , with , both must sign. Da lige. If I ayer will nd have form IA bible to | te |
| true, corre (RS) by my III and time eposited as irect deposed asum will be eason(s) for ansmissior equired atta ign fere Part III declare the m only a c declare the m only a c ave signer clowed all 2453-IND, v he IDR upc | ERO and rebrieved by the ely payment of my tax liability is designated in Part II and is st, there is an irrevocable a e rejected. If the processing or the delay or when the refi- n and indication of whether achments must be forwards Your Signature Declaration of E at I have reviewed the abov collector, I am not responsite other requirements describ- with attachments, on file for on request. If I am a paid pr and statements, and to the | towa Department of Revenue ty I will remain liable for the t declare that the information is ppointment of the other spou of my return, refund, or dire and was sent. I also consent or not my return is accepted ed upon request to the IDR. Electronic Return (we taxpayer's return and that le for reviewing the return and ing to the IRS. I have provide red in the Iowa Electronic Fill three years from the due da eparer, under penalties of pr | ny accompanying schedul le (IDR). If I have filed a battar liability and all applicat shown in Part II is correct. use to receive the refund. et debit is delayed, I auth to the IDR sending to my i, and, if rejected the reaso Date Originator (ERO) t entries on form IA 8453-I nd only declare that this fe ad the taxpayer with a cop ing Handbook and the low alte of the return or the filin erjury. I declare that I hav | es and statements, be ser alance due return, I under ole penalties and interest. If I have filed a joint or co if there is an error on my i ERO and/or transmitter a on(s) for the rejection. I un on(s) for the rejecti | stand that if the IDR does not I consent that my refund be of mbined state return and elec Federal return, I understand i o my ERO and/or transmitter a cknowledgment of receipt derstand that this declaration see Signature. If a joint return IFER ect to the best of my knowled data on the return. The taxp ion to be filed with the IDR a) developer guide. I will keep | vice receive irectly ted by state the of . with , both must sign. Da ige. If I ayer will ad have form IA bible to ying | te |
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| true, correst rue, correst rue, correst rue, correst rue sense rue | ERO and rebrieved by the ely payment of my tax liability is designated in Part II and is st, there is an irrevocable a e rejected. If the processing or the delay or when the refi- n and indication of whether achments must be forwards Your Signature Declaration of E at I have reviewed the abov collector, I am not responsite other requirements describ- with attachments, on file for on request. If I am a paid pr and statements, and to the | towa Department of Revenue ty I will remain liable for the t declare that the information is ppointment of the other spou of my return, refund, or dire and was sent. I also consent or not my return is accepted ed upon request to the IDR. Electronic Return (we taxpayer's return and that le for reviewing the return and ing to the IRS. I have provide red in the Iowa Electronic Fill three years from the due da eparer, under penalties of pr | ny accompanying schedul le (IDR). If I have filed a battar liability and all applicat shown in Part II is correct. use to receive the refund. et debit is delayed, I auth to the IDR sending to my i, and, if rejected the reaso Date Originator (ERO) t entries on form IA 8453-I nd only declare that this fe ad the taxpayer with a cop ing Handbook and the low alte of the return or the filin erjury. I declare that I hav | es and statements, be ser alance due return, I under ole penalties and interest. If I have filed a joint or co if there is an error on my i ERO and/or transmitter a on(s) for the rejection. I un on(s) for the rejecti | stand that if the IDR does not I consent that my refund be of mbined state return and elec Federal return, I understand i o my ERO and/or transmitter a coknowledgment of receipt iderstand that this declaration use Signature. If a joint return rer ect to the best of my knowlet data on the return. The taxp ition to be filed with the IDR a) developer guide. I will keep and I will make a copy avails payer's return and accompar aration is based on all inform | vice receive irectly ted by state the of . with , both must sign. Da ige. If I ayer will ad have form IA bible to ying | |
| s true, corre IRS) by my III and time leposited as lirect depose learne will be asson(s) for ransmissior equired atta Sign declare this am only a c have signed ollowed all 3453-IND, v he IDR upc schedules a vhich I have ERO Jse | ERO BRO by payment of my tax liability designated in Part II and is st, there is an irrevocable a e rejected. If the processing or the delay or when the refi- n and indication of whether achments must be forwards Your Signature Declaration of E at 1 have reviewed the abov sollector, I am not responsite other requirements describ- with attachments, on file for on request. If I am a paid pri- e any knowledge. ERO Signature | towa Department of Revenue ty I will remain liable for the t declare that the information is ppointment of the other spou of my return, refund, or dire ind was sent. I also consent or not my return is accepted d upon request to the IDR. Electronic Return (we taxpayer's return and that le for reviewing the return and ng to the IRS. I have provide ued in the Iowa Electronic Fill three years from the due da eparer, under penalties of pr best of my knowledge and b | ny accompanying schedul e (IDR). If I have filed a ba tax liability and all applicat shown in Part II is correct. use to receive the refund. act dabit is delayed, I auth to the IDR sending to my d, and, if rejected the reaso Date Originator (ERO) t entries on form IA 8453-I nd only declare that this fo ad the taxpayer with a cop ing Handbook and the lov ate of the return or the film erjury, I declare that I hav relief, they are true, correct Date | es and statements, be ser alance due return, l unders ole penalities and interest. If I have filed a joint or co if there is an error on my I ERO and/or transmitter a on(s) for the rejection. I un and Paid Prepa ND are complete and corr orm accurately reflects the ny of all forms and informa y Modernized eFile (MeF ng date, whichever is later, e examined the above tax d, and complete. This deck | stand that if the IDR does not I consent that my refund be of mbined state return and elec Federal return, I understand i o my ERO and/or transmitter an acknowledgment of receipt iderstand that this declaration receipt and that this declaration receipt and that this declaration return retronal that this declaration return the best of my knowlet data on the return. The taxp ion to be filed with the IDR a) developer guide. I will keep and I will make a copy avails payer's return and accompara aration is based on all inform Check if self-employed | vice receive irective ted ny state the of , with , both must sign. Da lige. If I ayer will nd have form IA uble to ying ation of ERO's SSN o | r PTIN |
| s true, corre IRS) by my III and time leposited as lirect depose learne will be asson(s) for ransmissior equired atta Sign declare this am only a c have signed ollowed all 3453-IND, v he IDR upc schedules a vhich I have ERO Jse | ERO BRO Brough and retrieved by the payment of my tax liability s designated in Part II and i sit, there is an irrevocable a rejected. If the processing or the delay or when the refi- n and indication of whether achments must be forwards Vour Signature Declaration of E at I have reviewed the abor- collector, I am not responsit d this return before submitti other requirements descrit- with attachments, and to the e any knowledge. ERO Signature RICHARD K RI | towa Department of Revenue by I will remain liable for the t declare that the information is ppointment of the other spou of my return, refund, or dire ind was sent. I also consent or not my return is accepted d upon request to the IDR. Electronic Return (re taxpayer's return and that le for reviewing the return an ng to the IRS. I have provide red in the Iowa Electronic Fill three years from the due da reparer, under penalies of pi best of my knowledge and b IKKERS CPA | ny accompanying schedul le (IDR). If I have filed a bit tax liability and all applicat shown in Part II is correct. use to receive the refund. to the IDR sending to my i, and, if rejected the reason Date Originator (ERO) t entries on form IA 8453-1 nd only declare that this for ed the taxpayer with a cop ing Handbook and the low ate of the return or the filin erjury, I declare that I have bate Date Date Date Date Date Job Date Jo | es and statements, be ser alance due return, l under alance due return, l under alance due return, l under be penalties and interest. If I have filed a joint or co if there is an error on my l teres an error on my l ERO and/or transmitter a on(s) for the rejection. I un and Paid Prepa ND are complete and corror maccurately reflects the by of all forms and informa va Modernized eFile (MeF ig date, whichever is later, g date, whichever is later, g date, whichever is later, g date, the above tax at, and complete. This decl Check if paid preparel | stand that if the IDR does not I consent that my refund be of mbined state return and elec Federal return, I understand i o my ERO and/or transmitter a coknowledgment of receipt iderstand that this declaration use Signature. If a joint return rer ect to the best of my knowlet data on the return. The taxp ition to be filed with the IDR a) developer guide. I will keep and I will make a copy avails payer's return and accompar aration is based on all inform | vice receive irective ted ny state the of , with , both must sign. Da lige. If I ayer will nd have form IA uble to ying ation of ERO's SSN o PO014 | 4154 |
| s true, corre IRS) by my ull and time leposited as lirect depose etum will be eason(s) fo ransmissior equired atta Sign declare this am only a c nave signec followed all 8453-IND, v the IDR upc schedules a which I have ERO Jse | ERO BRO by payment of my tax liability designated in Part II and is st, there is an irrevocable a e rejected. If the processing or the delay or when the refi- n and indication of whether achments must be forwards Your Signature Declaration of E at 1 have reviewed the abov sollector, I am not responsite other requirements describ- with attachments, on file for on request. If I am a paid pri- e any knowledge. ERO Signature | towa Department of Revenue by I will remain liable for the t declare that the information is ppointment of the other spon of my return, refund, or dire and was sent. I also consent or not my return is accepted ad upon request to the IDR. Electronic Return (we taxpayer's return and that le for reviewing the return and ng to the IRS. I have provide red in the Iowa Electronic Fill three years from the due da eparer, under penalties of pr best of my knowledge and b IKKERS CPA KROESE & | ny accompanying schedul le (IDR). If I have filed a bit tax liability and all applicat shown in Part II is correct. use to receive the refund. to the IDR sending to my i, and, if rejected the reason Date Originator (ERO) t entries on form IA 8453-1 nd only declare that this fo ed the taxpayer with a cop ing Handbook and the low le of the return or the film erjury, I declare that I hav lelief, they are true, correct Date 04 / 05 KROESE P.0 | es and statements, be ser alance due return, I under alance due return, I under ole penalties and interest. If I have filed a joint or co if there is an error on my if ERO and/or transmitter a on(s) for the rejection. I un and Paid Prepa IND are complete and corr orm accurately reflects the by of all forms and informa va Modernized eFile (MeF g date, whichever is later, g date, whichever is later, g examined the above tax d, and complete. This decl 5/12 C. | stand that if the IDR does not I consent that my refund be of mbined state return and elec Federal return, I understand i o my ERO and/or transmitter an acknowledgment of receipt iderstand that this declaration receipt and that this declaration receipt and that this declaration return retronal that this declaration return the best of my knowlet data on the return. The taxp ion to be filed with the IDR a) developer guide. I will keep and I will make a copy avails payer's return and accompara aration is based on all inform Check if self-employed | vice receive irective irective ted ny state the of , with , both must sign. Da ige. If I ayer will ad have form IA bible to ying ation of ERO's SSN o P0014 FEIN 42-1 | 4154 |
| s true, corre IRS) by my ull and time leposited as lirect depose etum will be eason(s) fo ransmissior equired atta Sign declare this am only a c nave signec followed all 8453-IND, v the IDR upc schedules a which I have ERO Jse | ERO and retrieved by the ely payment of my tax liability is designated in Part II and is st, there is an irrevocable a e rejected. If the processing or the delay or when the refi- n and indication of whether achinents must be forwards Vour Signature Declaration of E at 1 have reviewed the abor- oblector, 1 am not responsit d this return before submitti other requirements describ- with attachments, and to the e any knowledge. ERO Signature <u>RICHARD K R:</u> Firm's name (or yours | towa Department of Revenue ty I will remain liable for the t declare that the information : ppointment of the other spou of my return, refund, or dire and was sent. I also consent or not my return is accepted ed upon request to the IDR. Electronic Return (re taxpayer's return and that le for reviewing the return an ing to the IRS. I have provide red in the Iowa Electronic Fil three years from the due da reparer, under penalties of pr best of my knowledge and b IKKERS CPA <u>KROESE &</u> 540 NORTH | ny accompanying schedul le (IDR). If I have filed a ba tax liability and all applicat shown in Part II is correct. use to receive the refund. to the IDR sending to my i, and, if rejected the reason Date Originator (ERO) t entries on form IA 8453-1 nd only declare that this for ded the taxpayer with a cop ing Handbook and the low ate of the return or the filin erjury, I declare that I have left, they are true, correct Date 04 / 05 KROESE P.C I MAIN AVEI | es and statements, be ser alance due return, l undern oble penalties and interest. . If I have filed a joint or co if there is an error on my l Droize the IDR to disclose to ERO and/or transmitter a on(s) for the rejection. I un on the rejection. I un | stand that if the IDR does not I consent that my refund be of mbined state return and elec Federal return, I understand i o my ERO and/or transmitter n acknowledgment of receipt iderstand that this declaration see Signature. If a joint return rect to the best of my knowled data on the return. The taxp tion to be filed with the IDR a) developer guide. I will keep and I will make a copy avails payer's return and accompar aration is based on all inform Check if self-employed | vice receive irective ted ny state the of , both must sign. Da ige. If I ayer will ayer will ahave form IA bible to ying ation of ERO's SSN o <u>P0014</u> FEIN 42-1 Phone Number | 4154 277139 |
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Sec. 14

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Iowa Itemized Deductions

If you itemize deductions, enclose a copy of this schedule or a copy of the federal Schedule A with your return.

| | Client Conv |
|---|------------------------|
| Name(s) as shown on page 1 of the IA 1040 | Social Security Number |
| NELVA E BRUNSTING | 481-30-4685 |

NOTE: If you have federal bonus depreciation/section 179, please see the 2011 Expanded Instructions on our Web site.

| Medical and | | Do not include health insurance premiums deducted on IA 1040, line 18. | | | |
|-------------------|-----|---|-------------------|-----|---------|
| Dental | 1. | Medical and dental expenses 1 | 117,831 | | |
| Expenses | 2. | Multiply the amount on federal form 1040*, line 38 as adjusted for disallowance of bonus | | | |
| | | depreciation/section 179, from line 14 of the IA 1040 by 7.5% (.075). Enter result here 2. | | | 100 100 |
| | 3. | Subtract line 2 from line 1. If less than zero, enter zero. | | 3. | 106,420 |
| Taxes | 4. | State and Local (Check only one box): | | | |
| You | | a Other state and local income taxes, Do not include Iowa Income Tax | 1,137 | | |
| Paid | | Include School District Surtax and EMS Surtax paid in 2011 OR | | | |
| | | b X General sales taxes only from line 5b of the Federal Schedule A. | | | |
| | 5. | Real estate taxes 5 | 2,027 | | |
| | 6. | | 57 | | |
| | 7. | Other taxes. List the type and | | | |
| | | amount. FOREIGN TAXES - 1041-GT 7. | 123 | | |
| | 8. | Add amounts on lines 4, 5, 6, and 7. Enter the total here. | | | 3,344 |
| Interest | 9a | Home mortgage interest and points reported on federal form 1098 9a. | | | |
| You | 9b | Home mortgage interest not reported on federal form 1098 | | | |
| Paid | 10. | Points not reported on federal form 1098 10. | | | |
| | 11. | Qualified mortgage insurance premiums 11. | | | |
| | 12. | Investment interest. Attach federal form 4952 if required 12 | | | |
| | 13. | Add lines 9a-12. Enter total here. | | | |
| Gifts | 14. | Contributions by cash or check | | | |
| to | 15. | Other than by cash or check, You must attach federal form 8283 if more than \$500, | | | |
| | 16. | Carryover from prior year as adjusted for disallowance of bonus depreciation 16. | | | |
| , | 17. | Add lines 14 through 16. Enter total here. | | | 60 |
| sualty/Theft Loss | 18. | Casualty or theft loss(es). Attach federal form 4684. | | | |
| ob Expenses | 19. | Unreimbursed employee expenses. Attach federal form 2106 or 2106-EZ if required | | | |
| and | 20. | Tax preparation fees 20. | | | |
| Misc. | 21. | Other expenses. List type and | | | |
| Deductions | | amount 21 | | | |
| | 22. | Add the amounts on lines 19, 20, and 21. Enter the total here | | | |
| | 23. | Multiply the amount of federal form 1040*, line 38 as adjusted for disallowance of bonus | | · | |
| | | depreciation/section 179, from line 14 of the IA 1040* by 2% (.02). Enter the result here 23. | | | |
| | 24. | Subtract line 23 from line 22. Enter the total. If less than zero, enter zero. | | 24. | 0 |
| Other Misc. | 25. | Other miscellaneous deductions not subject to 2% AGI Limit. List type | | | |
| Deductions | | and amount. | | 25. | |
| Totai | 26. | Add lines 3, 8, 13, 17, 18, 24, and 25, and enter the total here | | 26. | 109,824 |
| Itemized | | | | | |
| Deductions | | If using filing statuses 1, 2, 5, or 6, enter the amount on Step 7, line 3 | 9 of the IA 1040. | | |
| | | | | | 2011 |
| Proration | _ | Complete lines 27 through 31 ONLY if you are using filing status 3 or 4. | | 07. | YOU |
| | 27. | Enter the lowa net income of both spouses from IA 1040, line 26 27b. | | 27a | |
| | 28. | Total lowa net income, add columns 27a and 27b. Enter the total here. | | | |
| | 29. | Divide the amount on line 27a by the amount on line 28. Enter the percentage here | | 29 | g |
| | 30. | Multiply line 26 by the percentage on line 29. Enter here and on IA 1040, line 39, co | NUMITIA, (YOU) | JU | |
| • | 31. | Subtract line 30 from line 26. Enter here and on IA 1040, line 39, column B. If you a | | | |

*If you filed federal 1040A, see line 21; if federal 1040EZ, see line 4.



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Iowa Department of Revenue www.iowa.gov/tax

2011 IA 1040 Schedule B

Interest and Dividend Income

| Name(s) as shown on page 1 of the IA 1040 | Social Security Number | | | | |
|---|------------------------|--|--|--|--|
| NELVA E BRUNSTING | social Security Number | | | | |
| NOTE: You must report all taxable interest and dividends on IA 1040, even if you are not required to complete Schedule B. | | | | | |

- PART I:You must complete this part if you received more than \$1,500 in interest in 2011. Interest income which
should be reported includes earnings from savings and loan associations, mutual savings banks, cooperative
banks, credit unions, and bank deposits; state and municipal bonds (see instructions for IA 1040, line 2,
- **INCOME** Taxable Interest Income), and interest from tax refunds. Do not report interest from federal securities.

For each payer, indicate the type of account. If the interest was earned by you, check the column labeled "Taxpayer." If the interest was earned by your spouse, check "Spouse." If the interest was earned jointly, check "Joint." Check only one for each payer.

Interest Income. List Names of All Payers.

| | | e for each | payer | |
|---|----------|------------|-------|--------|
| Name of Payer | Taxpayer | Spouse | Joint | AMOUNT |
| EDWARD JONES | X | | | 463 |
| EDWARD JONES | X | | | 387 |
| ······································ | | | | |
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| | | | | |
| | | | | |
| Total Taxable Interest Income. | | | | |
| Add the amounts. Enter here and on IA 1040, line 2. | | | | 850 |

PART II: You must complete this part if you received more than \$1,500 in gross dividends in 2011. Deduct that portion of any net dividend from mutual funds that is attributable to federal securities.

DIVIDENDFor each payer, indicate the type of account. If the dividends were earned by you, check the column labeled
"Taxpayer." If the dividends were earned by your spouse, check "Spouse." If the dividends were earned jointly,
check "Joint." Check only one for each payer.

Dividend Income. List Names of All Payers.

| | | ne for each | payer | |
|--|----------|--|-------|--------|
| Name of Payer | Taxpayer | Spouse | Joint | AMOUNT |
| CHEVRON CORPORATION | X | | | 609 |
| METLIFE | X | | | 70 |
| EXXON MOBILE | X | | | 1,756 |
| EDWARD JONES | X | | | 2,697 |
| DEERE & COMPANY | X | | | 15 |
| FROM BENEFICIARY'S SCHEDULE K-1 | X | | | 8,092 |
| | ····· | | | ······ |
| | | | | |
| | | | | ····· |
| Total Taxable Dividend Income. | | <u> </u> | I | |
| Add the amounts. Enter here and on IA 1040, line 3 | | | | 13,239 |



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2011 IA 126

| Iowa Nonresident and Part-year Resider | t Credi |
|--|---------|
|--|---------|

| | Name(s) as shown on page 1 of the IA 1040 NELVA E BRUNSTING | | social Security Number |
|----------|---|---|--------------------------------|
| | | U MUST FILE THI | |
| | You are a nonresident of Iowa | You are a nonres from lowa source | sident of Iowa with income |
| | You are a part-year resident of Iowa | • You are a part-ye | - |
| | | Enclose this form a | and a copy of your federal |
| | | | wa return. (IA 1040) |
| | | | ource income on the IA 126. |
| | | | y using filing status 3 or 4. |
| | Your spouse is a part-year resident of Iowa | IOWA- | SOURCE INCOME |
| | Date moved into lowa: | B. SPOUSE | A. YOU OR JOINT |
| | and/or | 1 | |
| | Date moved out of Iowa: | Filing Status 3 Only | / |
| 1. | Wages, salaries, tips, etc. | 1 | |
| 2 | Taxable interest income | | |
| 3 | Ordinary dividend income | 2 | |
| 4 | Alimony received | 3. | |
| 5 | Alimony received | 4 | |
| 6 | Business income or (loss) | 5 | |
| 7 | Capital gain or (loss) | 6. 7 | |
| ۰. م | Other gains or (losses) Taxable IRA distributions | 7 | |
| | Terrebia penainen and empilias | 8 | |
| 9. 10 | Parte reveltion partnershipe estates etc. | 9 | |
| 10. | Rents, royalties, partnerships, estates, etc. | 10. | |
| 11. | Farm income or (loss) | 11. | |
| 12. | Unemployment compensation | 12. | |
| 13. | Taxable Social Security benefits. | 13. | |
| | Other income, gambling income, bonus depreciation/section 179 adjustment | 14. | |
| | GROSS INCOME. ADD lines 1-14. | 15 | |
| 16. | Payments to an IRA, Keogh, or SEP while an Iowa resident | 16. | · |
| 17. | Deduction for self-employment tax | 17 | |
| | Health insurance deduction | 18. | |
| 19. | Penalty on early withdrawal of savings | 19 | |
| | Alimony paid | 20 | |
| | Pension/retirement income exclusion | 21 | |
| 22. | Moving expense deduction into Iowa only | 22. | |
| 23. | Iowa capital gain deduction | 23 | |
| | Other adjustments | 24. | |
| | Total adjustments. ADD lines 16-24. | 25 | |
| | IOWA NET INCOME.SUBTRACT line 25 from line 15. LOW INCOME EXEMPTION | 26. | |
| 27. | All-source net income from line 26, IA 1040 | 27. | 100.0% 100.0% |
| 28. | lowa income percentage: Divide line 26 by line 27 and enter percentage rounded to | I | 100.0% 100.0% |
| | the nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0%. | 28. | % |
| 29. | Nonresident/part-year resident credit percentage: | | |
| | Subtract the percentage on line 28 from 100.0%. | 29. | % 100.0% |
| 30. | Iowa tax on total income from line 43, IA 1040 | 30. | |
| | Total credits from line 49, IA 1040 | 31. | |
| | Tax after credits. Subtract line 31 from line 30. | 32. | 299 |
| 33. | Nonresident/part-year resident tax credit. Multiply line 32 by the percentage on line 29. | 33. | 299 |
| | · · · · · · · · · · · · · · · · · · · | | HIS AMOUNT ON LINE 51, IA 1040 |



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| Iowa Department of Revenue |
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Iowa Minimum Tax Computation

| Name(s) as shown on IA 1040 or IA 1041 | SSN or FEIN Client Co | ру |
|---|--------------------------|----------|
| NELVA E BRUNSTING | 481-30-4685 | |
| PART I: Adjustments and Preferences. See instructions. | | |
| If you itemized deductions on Schedule A, start on line 1. If you did not itemize on y | | |
| 1. Medical and dental from line 2, federal form 6251 | | 3,804 |
| 2. Taxes from line 3, federal form 6251, less any lowa income tax included on that line | | 3,344 |
| 3. Certain interest on a home mortgage not used to build, buy, or improve your home, from line 4, feder | | |
| 4. Miscellaneous itemized deductions from line 5, federal form 6251 | | |
| 5. Refund of taxes from line 7, federal form 6251, less any lowa income tax included on that line | | |
| 6. Investment interest from line 8, federal form 6251, less interest and expense related to private | <u>^</u> | 0 |
| activity bonds issued after 08/07/86 | | 0 |
| 7. Post - 1986 depreciation from line 18, federal form 6251 | | |
| 8. Adjusted gain or loss from line 17, federal form 6251 | | |
| 9. Incentive stock options from line 14, federal form 6251 | | |
| 10. Passive activities from line 19, federal form 6251 | | |
| Beneficiaries of estates and trusts from line 15, federal form 6251 Enter the amount for each corresponding item from federal form 6251. Enter total on line 12. | | |
| · • | | |
| a. Circulation expenditures (line 21) a. h. Patron's adjustment h. | | |
| b. Depreciation (pre-1987) b. i. Pollution control facilities i. | | |
| C. Installment sales (line 25) C. j. Research and experimental (line 24) j. | | |
| d. Large partnerships (line 16), d. k. Section 1202 exclusion (line 13) k. e. Long-term contracts (line 22) e. I. Tax shelter farm activities l. | | |
| | | |
| f. Loss limitations (line 20) f. g. Mining costs (line 23) g. | 12. | |
| 13. Total Adjustments and Preferences.Combine lines 1 through 12. | | 7,148 |
| PART II: Alternative Minimum Taxable Income | 10 | //140 |
| | | 11 000 |
| 14. Taxable income from IA 1040, line 42; or IA 1041, line 22 | | |
| 15. Net operating loss deduction. Do not enter as a negative amount. | | |
| 16. Combine lines 14 and 15. | 47 | |
| 17. Add lines 13 and 16. | | |
| 18. Alternative tax net operating loss deduction. See instructions. | | |
| 19. Alternative Minimum Taxable Income. Subtract line 18 from line 17. | | 10,950 |
| PART III: Exemption Amount and Alternative Minimum Tax | | |
| 20. Enter \$35,000 (*\$17,500 if filing status 3 or 4; \$26,000 if single, head of household or qualifying wido | | 26,000 |
| 21. Enter \$150,000 (*\$75,000 if filing status 3 or 4; \$112,500 if single, head of household or qualifying with | | 112,500 |
| 22. Subtract line 21 from line 19. If the result is zero or less, enter zero. | | 0 |
| 23. Multiply line 22 by 25% (0.25). | 23 | |
| 24. Subtract line 23 from line 20. If the result is zero or less, enter zero. | | 26,000 |
| 25. Subtract line 24 from line 19. If the result is zero or less, enter zero. | | |
| 26. Multiply line 25 by 6.7% (0.067). | | |
| 27. Regular tax after credits. See instructions. | | 299 |
| 28. Iowa Minimum Tax. Subtract line 27 from line 26, enter here and on IA 1040, line 45, or IA 1041, | 00 | Ο |
| line 25. See instructions for Minimum Tax Limited to Net Worth. If less than zero, enter zero. | | <u> </u> |
| PART IV: NONRESIDENTS AND PART-YEAR RESIDENTS ONLY - Complete lines 29 | | |
| 29. Enter lowa net income plus lowa adjustments and preferences. See instructions. If less than zero, er | nter zero 29 | 0 |
| 30. Total net income plus total adjustments and preferences. See instructions. | | 137,987 |
| 31. Divide line 29 by line 30 and enter the result to three (3) decimal places. | | |
| 32. Iowa Minimum Tax. Multiply line 28 by line 31. Enter here and on IA 1040, line 45, or IA 1041, | | |
| line 25. See instructions for Minimum Tax Limited to Net Worth. If less than zero, enter zero. | | 0 |

*Exemption levels of \$17,500 and \$75,000 on lines 20 and 21,

respectively, also apply to an estate or trust.



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