		PE	RSC	N	IAL	DATA					
Taxpay	er (or singl	e)					Sp	ouse			
Name (Last, First, Initial)	o. (o. og.	-			Name (Last, First, Initial)	-		NO COLO		
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Mailing Address	address is new	v			Mailing A	ddress	ck if ac	idress is nev	v		
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Name (First Initial or			(D.O.B.)	T		ving with you		No. of mos			T
(First, Initial ar	nd Last)			V	Soci	al Security No).	Heia	tions	nip	V
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If more lines needed ab	ove, list two	onal	ine. Soc	cial	Security	Numbers are	requ	lired for a	ll dep	endents.	
If married but filing sepa	arately, list n	name o	f spouse	e an	d Soc. S	Sec. No. at top	of p	age.		endents.	
If married but filing sepa If filing Head of Househ	arately, list noold and qua	name o	f spouse	e an	d Soc. S	Sec. No. at top	of p	age.		endents.	
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		J.	COME				
	WAGES/SALA	RIES/W	2 FORM	/IS			
		Taxable	Withheld		Other Taxe	s Withhel	d
T/S	Name of Employer	Wages	Fed. Tax	Soc. Sec.	Medicare	State	Local
						XII_V/V	
-				-			-
		Enclose all W-2	wage and tax s	statements.			

TS	MISCE	LANEOUS IN	COME (Show Losses	in Bra	cket	s)
J		Source of Incon	ne		V	Amount
	Alimony (N	ot Child Support) (If you pa	ay Alimony - list on page 9)			
	Jury Duty	(Or Other Public Service)				
	Tips/Gratuities	(Not Reported on W-2)				
	Contest/Award	ds/Gambling Winnings (At	tach 1099-MISC, W2G or Exp	olain)		
	Commissions/	Bonuses (Not Reported	on W-2)			
	Pensions/Anni	uities (Furnish 1099-R F	orms or Detail)			
	IRA/Keogh	(Attach Form 1099-R)				
	Profit Sharing	Distributions (Attach Fo	rm 1099-R)	-	1	
+ 11	Unemploymen	nt Compensation (Attach 10	99-G Form)			
	Partnerships/E	Estates/Trusts (Furnish F	(-1 Forms or Details)	*		
	Small Busines	s Corporations/Sub Chapte	er S (Furnish K-1 Forms)	*		
	Business/Self-	-Employed (Furnish Sch	edule or Details)	*		
	Farm (Furn	nish Schedule or Details)		*		
	Rental (Fu	rnish Schedule or Details)		*		
Ale-	Forgiven Debt	Check if due to forec	losure			
25025	Other (Exp	lain)				
* f	you did not activ	ely or materially participate	in earning the income (or loss)	listed	A	✓ this box
	NON-TA	AXABLE INCO	ME (Important to li	st eve	en i	f not taxable)
- 1	Child Support	/Payments/Assistance (I	Not Alimony)			
	Veterans Bene	efits/Disability Income				
	Workmen's Co	ompensation/Loss of Time I	Payments			
	Other (Explain	1):				
	Other (Explain	1):				
	Code	SOCIAL SE	CURITY (Form SSA -	1099)		Benefits (from box 5)
	T — Taxpayer S — Spouse	IMPORTANT: provide all	Taxpayer			
	J — Joint se these codes if	SSA-1099 statements	Spouse			
	arried filing jointly	Note any Federal tax with	held			

Γ 3	INI	EREST II	ACOMI				000
J	Name of Payer (always use payer name	listed on the 1099)		~	Interest Amount	Exempt	DE
	Penalty for early withdrawal of savin	gs			()	
Atta Do with	interest income reported on all 1099-INT and 1 tch all 1099 forms reporting Tax Withheld. not list IRA or Retirement Plan reported interest drawn and not redeposited in another Retirementals. if 1099 forms attached	MI IN t unless US	B MUNICIPA INSTALLM U.S. BOND TAX EXEM MORTGAG	L BO ENT OS IPT (e	SALES	LIST CODE HERE	1
T	DIV	/IDEND II	NCOM!	E			
S	Name of Payer (payer name from 1099)	Total Ordinary Dividends	Qualified Dividends		Capital Gains*	Non Taxable	V
_							
					The second secon	No. 20. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	
	Gross Dividends above as reported on 1099-D				mounts listed on 1		A
rec	eived. Dividends under \$10 do not require a 109 Related to mutual funds.		tach the 1099 are tach the information	nd an	y explanation ma sted above please	iled with it.	A
reci	eived. Dividends under \$10 do not require a 109 Related to mutual funds.	eg. at vif this 1099 DIV	has information	nd an not lis	y explanation ma sted above please	iled with it. e check here	9-5
T	eived. Dividends under \$10 do not require a 109 Related to mutual funds. CAPITAI	eg. at vif this 1099 DIV	AND Loale of Properior Date Sold	nd an not lis	y explanation ma sted above please	iled with it. e check here	9-S)
TS	Related to mutual funds. CAPITAI Stocks, Bonds and Mutual Funds (Atta	at if this 1099 DIV I L GAINS ch Form 1099-B) S Date Acquired	AND Loale of Properior Date Sold	nd an not lis	y explanation ma sted above please SSES Id Real Estate Sale	(Attach Form 109 Cost or Basis (Include Sale	COD
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T S J	CAPITAL Stocks, Bonds and Mutual Funds (Atta Description 1. 2. 3. 4. 5. 6. DTE: Record ALL fund transactions including mutual funds. List line # if items sold on installment ba • Note interest above.	Date Acquired MO/DAYR Use These A 1 B 1 B 1 C N asis.*	ale of Properior Date Sold MO/DA/YR Codes below if 1 099-B Received 099-B Received 0 1099-B Received	os ty an	y explanation ma sted above please SSES Id Real Estate Sale Price Indicated sources (3 basis (cost) Box 3 basis (cost) Box 3 basis (cost)	(Attach Form 109 Cost or Basis (Include Sale Expense)*	CODDE
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SALE OF PERSONA	L RESIDE	NCE		
Date Old Residence Acquired	Cost or Basis			
Improvements (Additions, Landscaping, Driveway, Nev	v Roof, etc.)	25,000		
Fixing-Up Expenses (Painting, Repairs, etc., To Prepar	e for Sale)			
Date Old Residence Sold	Selling Price			
Expenses of Sale (Commissions, Legal Fees, Points, Sta	amps, etc.)			
1. Was any part of residence rented during the year?		Y	es 🗆	No 🗆
2. Did you own and use the home as your principal resi at least 2 of the last five years?		Spouse: Y	'es □ 'es □	No □ No □
Was the sale of residence due to a job transfer, medical	al or unforeseen cir	cumstance? Y	es 🗆	No 🗆
 Have you deferred a gain from the sale of a personal If so, please provide Form 2119 from tax return for you 	I residence into the ear prior home sol	e home sold? Y d.	'es 🗆	No 🗆
5. Was the residence used as a home office?		Y	es 🗌	No 🗌
6. Have you or spouse sold a principal residence within	the last two years	? Y	es 🖂	No 🗆
7. Has either spouse died in the past two years?		Y	'es □	No 🗆
NEW RESID	ENCE			
Date New Residence Acquired (Or Construction Began	1)			
Date You Occupied New Residence	Cost of New	Residence		
 If married, do you and your spouse have the same pr interest in the new residence as in the old? Special Note: Capital Gains Tax laws allow exclusion of up to \$500. 			es 🗆	No 🗆
Did either you or your spouse have NO ownership int				
residence in the past three years prior to this purcha-	se?		es 🗌	No 🗆
Attach Copy of Real Estate Closing Papers	for both the sale	and purchase.		1
Note: Many higher education expenses qualify for special qualify as exclusions from income for tax-free and/or pensavings accounts. Please provide information for each stress accounts.	I tax credits and dealty-free withdrawa	eductions. Other	k deferr	ed
Note: "✓" If student is attending less than 1/2 Time	1st Student	2nd Student	3rd	Student
Code (T=Taxpayer, S=Spouse, D1= Dependent 1, D2=Dependent 2)				
Attach any 1098-T's received	Amount	Amount	Arr	12.
Tuition (Tuition paid during year for at least half-time enrollment)				nunt
Fees				ount
				ount
Books and Supplies (purchased from institution)				ount
Books and Supplies (purchased from institution) Other Expenses (Enter amounts as these expenses may qualify for twithdrawals, student loan interest deduction, or U.S. Savings Bond Interest				ount
Other Expenses (Enter amounts as these expenses may qualify for t				ount
Other Expenses (Enter amounts as these expenses may qualify for twithdrawals, student loan interest deduction, or U.S. Savings Bond Interest				ount
Other Expenses (Enter amounts as these expenses may qualify for t withdrawals, student loan interest deduction, or U.S. Savings Bond Intere Room and Board Amount of any Grants, Scholarships or other tax free educational Funds received JOB RELATED	st Income Exclusion)			iount
Other Expenses (Enter amounts as these expenses may qualify for t withdrawals, student loan interest deduction, or U.S. Savings Bond Intere Room and Board Amount of any Grants, Scholarships or other tax free educational Funds received	st Income Exclusion)			ount
Other Expenses (Enter amounts as these expenses may qualify for twithdrawals, student loan interest deduction, or U.S. Savings Bond Interest Room and Board Amount of any Grants, Scholarships or other tax free educational Funds received JOB RELATED (Enter amounts only if job/career-related a Room and Board	st Income Exclusion)			ount
Other Expenses (Enter amounts as these expenses may qualify for t withdrawals, student loan interest deduction, or U.S. Savings Bond Intere Room and Board Amount of any Grants, Scholarships or other tax free educational Funds received JOBRELATED (Enter amounts only if job/career-related as	st Income Exclusion)			ount

Travel (# of Miles)

DEDUCTIONS

List only amounts that have actually been paid during the year. Save all cancelled checks and receipts for a period of at least 3 years. You may round off to the nearest dollar. DO NOT DUPLICATE ANY ENTRY.

T/S	Drugs and Medicines					Amount
	Prescriptions & Drugs	([Ooctor Prescrib	ed Or	nly)	~~~
	Insulin					
r/s	Medical Insurance Pi	ease s	pecify if paid	Pre	Tax After Tax Unsure	Amount
	Insurance — Paid by	You	(If Paid Th	rough	a Health Insurance Exchange ()	
	Group Health Plans	(Ded	ucted from Sal	ary; p	rovide final year pay stub)	
	Medicare Premiums	From	Social Securi	ty Ber	nefits	
		From	Supplementa	Insur	rance	
	Long-term Health Care	e Insun	ance			
	HSA, Other					
T/S	*Doctors, Dentists, Clinic Hospitals, Nurses, Etc.	S,	Amount Paid By You	T/S	Other Medical Expenses	Amount Paid By You
					Eye Glasses/Contact Lenses	
	W7				Hearing Aids & Supplies	
					X-Ray/Lab Fees	
					Ambulance, Paramedics	
					Nurses (Board & Room)	
					Medical Aid Rental	
					Artificial Teeth	
					Equipment (Prescribed)	
					Nursing Home Medical Care	
					Medicare Part B Service Payments	
					Smoking Cessation Program	
					Parking / Transportation Fees	
	*Summary Total (Optiona	1)				
	Lodging: While away fro	m hom	e (per day per	perso	n maximums apply)	
	Transportation: Total nur	nber o	f miles driven f	or med	dical reasons or actual cost	
	Above amounts reimburs	sed by	insurance			
	NEW! Note any Health I	nsuran	ce Premium Cr	edits F	Received during the year.	
C	omments or explanations:				2	

		TAXES				
	Description of Tax			State Located	Amo of T	
Real Estate Taxe	es (include whether you plan to	itemize or ne	ot)			
Real Estate Taxe	es (Other) (Exclude if included	on a Rental	Schedule)			
Property Tax Re	bates (If Any)				(
Personal Proper	ty Tax (If Any)					
Auto Licenses (N	Not a Deduction in All States)	Number of Licenses		Total Cost		
State or Local In	come Taxes (If Not Listed Els	sewhere or o	n W-2) (Des	cribe Below)		
Sales Tax*:						
Other:						
	sales tax support documents fo					
INTERE Mortgage	(Amounts, names, and social		rs must match F	form 1098 issued	by financial inst	itutions.)
Interest	Paid to an Individual (List no	ame, addres	s. Soc. Sec.	no, below)		
Principal Residence	Name	Addre			So. Sec. 1	No.
Mortgage	Paid to Financial Institution	(Form 1098)				
Interest	Paid to an Individual (List n	ame, addres	s, Soc. Sec.	no. below)		
Second Home	Name	Addre	SS		So. Sec.	No.
(provide closing sett If yes, what	a new mortgage or borrow on a lement papers - pages 1 & 2) is your combined mortgage deb surance premiums paid (new ins	t?			Yes \$	No
Points paid to a	cquire new mortgage (if not inc	cluded above)			and the University of the Control of	
Home Equity Lo	an Interest (Form	1098)				
Home Improver	nent Loan Interest (Form	1098)				
Student Loan In	terest (Attach details of loan: wh	no for, date o	f loan, purpo	se of loan)		
Other:						
Deductible Inve	stment Interest (explain below)	ie: Margin In	terest			
Comments or E	xplanations:					

	C	ONTRI	BU	TIONS) (MISC	EL	LANE	ous	DEDUC	TIONS		
T/S Church and Religious				lf.	No Receipt	X	Amount	T/	S	ONLY THE TOTA	AL AMOU	Amount	EDS 2% OF	ADJUSTED GROSS I	NCOME IS ALLOWE	ED	Amount
Church (Name)									-	Tax Preparation Fees			/3	Safe Deposit	Box		Timodile
Church (Other)						1				Union Dues				Professional			
Other Religious (Name)						-			-	Subs. & Trade Journals				Tools/Shoes/	Glasses		
Other heligious (Name)										Uniforms and Upkeep				Job Hunting		etail)	
									-	Second Job Mileage	aucemen	#		IRA/Keogh F	und Fees		
Other Charitable Organization	("You mus	st have a cancelle	d check	k, a bank record or receipt	from donee for	all cas	sh contributions)] -		Telephone (Explain re Investment Exp.: (Describe)	quaemen	n)		*			
T/s If No Rec	eipt* X	Amount	T/S	lf.	No Receipt*	X	Amount			Alimony Paid (Not subject to	2% limit)	Paid to: (Na	me)		SSN		
Cancer				Heart Fund				1		Gambling Losses (Not sub	ject to 25	6 limit but limited	to Gambling	(Winnings)			
Easter Seals				Christmas Seals				1 , _		Coope	t	o (10) for A	la and Fu	enlava a Divisiona	-		
Red Cross				United Way					_	See ne	ext page	e (10) for Au	to and En	nployee Business		6	
Scouts			8	YMCA/YWCA					MIV	CASUALTY, THE TOTAL NET RESULT THAT EXCE	TH	EFT	LOSS	SES	if loss is declared dis		
Blind				Educational TV/Ra	idio			Fi	rom	Fire, Storm, Theft and Au					The second second second		
Muscular Dystrophy								Ki	ind	of Property or Item			ate Acqu	000001			
Arthritis Foundation								D	esc	ribe How or What Happene	d·	Г	ate of Lo	Insurance	ce Paid ket Value — I	Defere	
Veteran's Organization (N	ame)						1-7						ato 01 20	I all Ivial	ket Value —		
Schools (Name & Describ	e)					\Box											WAS DEC
Misc. Door-to-Door				-			*	(ca	re e	CHILD AND D xpenses must be for child under 1	3 or ind	ENDE lividual physica	NT C	tally incapacitated)	vided depend		
Other:						\vdash		If	rec	uired to be gainfully emplo		OF THE WHITE TO SHOW	Carlotte Control	Charles of the second section in		n your	home (Nanny) -
Summary Total Optional (See note	helow)				++				Name of Provider	So	oc. Sec. or I	D Numb	er	Address		Paid
Note: A summary total for cash o	check co	entributions may	be us	sed above. Political con	ntributions are	e not	deductible.		*					_			
Non-Cash Contribution (List th						d othe	r property).	E/	odo	ral ID number if required	#		Tot	al Child Care P	oid During Vo	0.5	S
Name of Organizatio				onated	Date		Value			IRS wage reports.	#		-	of Children Un		di	#
			and the same of th			-		F	orm	W-10 should be used to obtain provid	ler details	s. Expenses mu				needed, a	attach list with details
				•		+									ALEMAN, SE		
						T					N	MIVON	IG E	XPENSE			
Note: If non-cash donations have	total valu	ue of \$500 or mo	ore, att	tach a detailed list of ite	ems donated,	the na	ime			from old home to old job	d la	#		iles from old ho	me to new job	b	#
and address of donee organization over \$5,000 require appraisal). If you	, the purc	nase date, cost	and the	e method used to arrive	at fair marke	t value	Charity cells			to pack & ship household				The second secon	\$		
the vehicle, your deduction value is	generally	limited to the ar	mount	of the sale proceeds. D	onated clothir	ng and	I household			of travel and lodging from	old to	new reside	ence (no	meals)	S		
items must be in good or better co								- Timerin	the	AREA STATE OF THE					\$	-	
Volunteer Work — Mileage (Ch						-			Am	ount (if any) reimbursed b	y emp	oloyer			\$		
Name of Organizatio	1	Activ	rity Pe	erformed	Parking	N	Miles Driven			RET	TIRE	EMEN	ГСО	NTRIBU	TIONS		
			-		1							Dat	e	Traditional IRA	Roth IRA	Keo	gh/SEP/SIMPL
Meals, lodging and other expe	nse mai	also be allow	red -	- list full details					_	le or Taxpayer		1	/				
Comments or explanations:	noo, may	CIGO DE AIION	ou -	not full details.		-			-	use		/	/				
- Compidiations								a	mo	u want the maximum allow unt to deposit.	vable o			AX in money co	umn(s). You v	will be	informed of
					-				Lis	t total value of ALL IRAs of	n 12-3	31 Single Taxpay	or er		Spouse		

Keogh/SEP/SIMPLE

W

	MPLO'	YEE B	USI	NESS	EXPEN:	SES		
Vehicle Mileage Detail		Odomete				Vehic	All the Party of t	Vehicle 2
X if another vehicle is available f	or	A. End	of Year		+			
Subtract B from A for (1), Total Mile		B. Begir						
List Business Mile (2), from driving 2 from 1 to get personal miles (3). I	log. Subtract Divide line 2	1. Total	Miles Dr	riven	=			
by line 1 for percent of business us	е.	2. Busin	ess Mile	es				
Number of round-trip miles from home to work?		3. Perso	nal Mile	S			-	
Number of days worked		4. Other	Miles		以 多 从 是 则 也 , 应			
last year?		% Bu	siness L	Jse (Line 2	÷ Line 1) =		%	%
Vehicle Expenses (If bo	th taxpayer			deductions,	use vehicle 1 fo	or taxpa	yer, 2	for spouse)
0.00	Vehicle	1 Vehi	icle 2			Vehic	le 1	Vehicle 2
Gas & Oil				Licenses				
Washing/Lube				Lease Pa	yments			
Repairs/Maint.				Other				
Tires/Accessories				Other				
Insurance		-						
	Date Placed in Service	Make	Year	Model	Cost or Basis	~		New This Year
Vehicle 1	1 /						Furnis acquir	h details on newly ed vehicles and
Vehicle 2	/ /						trade-i	n or disposition of
Travel Expenses — Awa		THE RESERVE AND ADDRESS OF THE PARTY OF THE	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	rnight)			
(non-reimbursed)	Taxpaye	r Spo	use			Taxpa	ayer	Spouse
Transportation				Auto Ren	tals			
Lodging				Cabs, Bu	s, etc.			
Other Business Expense	(If more li	nes needed	continu	e on back	page.)			
Postage/Cards				Commiss	ions			SCHOOL SOLUTION AND AND AND AND AND AND AND AND AND AN
Office Supplies				Other				
Parking/Tolls		<u> </u>		Other				
Reimbursement for All E								
Meals & Entertainment (Must have	supportive	records					Establish (
Meals & Tips				Tickets &	Events			
Entertainment				Gifts				
Reimbursement for Meal	s & Entertai	nment only	— if not	reported or	n W-2			
Did you purchase any b If yes, list on back cover	usiness equ	ipment aur	ing the	year? Ye	s No 🗆			
have adequate records	. date body	in, cost, de	SCHOULD	and trade	-in details.			
have adequate records (Please Sign)	and Summerer	it written er	ridence t	o support L	ise of venicles at	nd dedu	ctions	listed above.
(1) (0.000 0.311)								
The Company		HO	ME	OFFIC	a second	i kata		
Type of Business		110	MIL	JEFIC	<u></u>		of car	
If Justified for Busin	acc or Brof	occional I le	o for	Townsup	C	7 n	ar 1	
Date Acquired Home	less of Fior	ESSIDITAT US	The second second		Spouse [7 RC	oth 🖂	MESSERVA
Cost of Land				Itilities				
		-			rtgage, home ed	quity lo	an)	
Cost of Home				axes				
Cost of Improvements			-	nsurance				
Sq. footage of living are	THE RESERVE OF THE PARTY OF THE				Maintenance			
Sq. ft. of office area (in si	cl. inventory & ample storage)		0	ther:				

AND RESIDENCE OF THE RE			
	ONS	(you or spouse)	ĸ
~~~~ = =	OLEO !	vou or shouse	ı

	que l'elle (you or spouse)		
For	yes answers, supply details on the next page or on a separate sheet:		
1.		Yes 🗌	No 🗆
2.	Are any of your claimed dependents not residents or citizens of the U.S.?	Yes 🗆	No 🗆
3.	Did you make any gifts of over \$14,000 to any individual	100	140
	(no tax advantage to you)?	Yes 🗌	No 🖂
4.		Yes 🗆	No 🗆
5.	Did you have living expenses in a foreign country as a result of	h-rasi	
	income earned abroad?	Yes 🗌	No 🗆
6.	יום ביום ביום ביום ביום ביום ביום ביום ב		
-	victim of a ponzi scheme?	Yes 🗌	No 🗆
7.	Did you become disabled during the year?	Yes 🗌	No 🗆
8.	Are you a handicapped employee?	Yes 🗌	No [
9.	Did you receive any distribution from an IRA, Profit Sharing or Pension Plan?	Yes 🗌	No 🗆
10.	Have you used bartering to exchange any goods or services?	Yes 🗌	No 1
11.	Did you live in a presidentally declared disaster area or incur a loss due		
	to conditions in a Presidentially declared disaster relief area?	Yes	No 🗌
12.			
	year casualty, theft loss or medical deduction?	Yes	No 🗌
13.	Did you start a new business during the year or do you expect to	and the same	
1.4	start one this coming year?	Yes 🗌	No 🗆
14.	Do you expect any significant changes in income, withholding taxes		
4=	or your tax liability for the coming year?	Yes 🗌	No 🗆
15.	Did you receive any source of income that is not listed in this booklet (lottery, awards, etc.)?		
16.		Yes [	No 🗆
10.	Do you have children under age 19 with investment income (age 24 if dependent student)?	V ===	
17.		Yes [	No 🗆
11.	Did you pay anyone (over 18) \$1,900 or more to work at your home (housecleaning, yard work or other domestic help) during the calendar		
	year? If yes, submit details.	Van 🗔	Ne 🖂
18.		Yes [	No 🗆
	Campaign Fund (no cost to you)? You Yes \( \subseteq \text{No } \subseteq \)	Yes 🗌	No FT
19.			No 🗆
20.	Did you donate a partial interest in any goods to charitable organizations?	Yes 🗌	No 🗌
21.	Do you have a Medical or Health Savings Account (MSA or HSA)?	Yes 🗌	No [
22.	If you reached the age of 70½, have you begun your mandatory	Yes 🗌	No 🗆
	retirement saving withdrawais?	Van III	Ma Pro
23.		Yes	No 🗌
	Did you receive employer-provided: commuter transportation benefits? educational assistance?	Yes 🗌	No 🗌
24.	Did you pay long term healthcare insurance premiums or receive benefits?		No 🗆
25.	Are you paying off a student loan?	Yes 🗌	No 🗆
26.	Are you a school teacher who paid for classroom materials without	Yes 🗌	No 🗆
٠.	reimbursement? Please provide a recap of expenses for potential deduction.	Von 🗔	No IT
7.	Have you or your dependents taken a distribution from a Qualified	Yes []	No 🗆
	Tuition Program (QTP) of an educational institution during this year?	Yes 🗀	No 🗆
28.	Did you roll funds into a Roth IRA or recharacterize a Roth IRA?		United to the latest
9.	Did you purchase any energy efficient equipment during the year (hybrid	Yes 🗌	No 🗆
	car, air conditioner, furnace, windows, doors, water heater, etc.)?	Von I	No [7
30.	Did you have qualified military combat pay?	Yes []	No 🗆
31.	Do you own bonds that qualify for the Gulf Bond, Renewable Energy or	ies []	No 🗆
	Build America bond credits?	Yes 🗆	No 🗆
12.	If over age 70½, did you make a direct contribution to a charity from an IRA?	Yes 🗆	III DELIVERDE LE
3.	Do all your family members have health insurance?		No []
34.	Did you receive any premium health insurance credits during the year?	Yes 🗌	No 🗆
	or you receive any premium neally insurance credits during the year?	Yes	No 🗌