

Form 1040 Department of the Treasury—Internal Revenue Service (99) 2012 U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

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

Your first name and initial Last name Your social security number

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

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

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

Foreign country name Foreign province/state/county Foreign postal code Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. [] You [] Spouse

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

Exemptions 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a 6b [] Spouse Boxes checked on 6a and 6b 1

Table with columns: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) if child under age 17 qual. for child tax credit (see instr.). Includes instructions for dependents.

d Total number of exemptions claimed Add numbers on lines above 1

Income section table with rows 7-22. Includes categories like Wages, taxable interest, dividends, business income, etc. Total income shown as 87,529.

Adjusted Gross Income section table with rows 23-37. Includes categories like educator expenses, health savings account deduction, etc. Adjusted gross income shown as 87,529.

Tax and Credits

38 Amount from line 37 (adjusted gross income) **38** 87,529

39a Check You were born before January 2, 1948, Blind. Total boxes checked **39a**

if: Spouse was born before January 2, 1948, Blind.

b If your spouse itemizes on a separate return or you were a dual-status alien, check here **39b**

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) **40** 5,950

41 Subtract line 40 from line 38 **41** 81,579

42 Exemptions. Multiply \$3,800 by the number on line 6d **42** 3,800

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43** 77,779

44 Tax (see instr.). Check if any from: a Form(s) 8814 b Form 4972 c 962 elec. **44** 15,474

45 Alternative minimum tax (see instructions). Attach Form 6251 **45**

46 Add lines 44 and 45 **46** 15,474

47 Foreign tax credit. Attach Form 1116 if required **47**

48 Credit for child and dependent care expenses. Attach Form 2441 **48**

49 Education credits from Form 8863, line 19 **49**

50 Retirement savings contributions credit. Attach Form 8880 **50**

51 Child tax credit. Attach Schedule 8812, if required **51**

52 Residential energy credits. Attach Form 5695 **52**

53 Other credits from Form: a 3800 b 8801 c **53**

54 Add lines 47 through 53. These are your total credits **54**

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- **55** 15,474

Standard Deduction for—

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

Other Taxes

56 Self-employment tax. Attach Schedule SE **56**

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

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

59a Household employment taxes from Schedule H **59a**

b First-time homebuyer credit repayment. Attach Form 5405 if required **59b**

60 Other taxes. Enter code(s) from instructions **60**

61 Add lines 55 through 60. This is your total tax **61** 15,474

Payments

If you have a qualifying child, attach Schedule EIC.

62 Federal income tax withheld from Forms W-2 and 1099 **62**

63 2012 estimated tax payments and amount applied from 2011 return **63**

64a Earned income credit (EIC) **64a**

b Nontaxable combat pay election **64b**

65 Additional child tax credit. Attach Schedule 8812 **65**

66 American opportunity credit from Form 8863, line 8 **66**

67 Reserved **67**

68 Amount paid with request for extension to file **68**

69 Excess social security and tier 1 RRTA tax withheld **69**

70 Credit for federal tax on fuels. Attach Form 4136 **70**

71 Credits from Form: a 2439 b Reserved c 8801 d 8885 **71**

72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments **72**

Refund

Direct deposit? See instructions.

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid **73**

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here **74a**

b Routing number **c** Type: Checking Savings

d Account number

75 Amount of line 73 you want applied to your 2013 estimated tax **75**

Amount You Owe

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions **76** 15,474

77 Estimated tax penalty (see instructions) **77**

Third Party Designee

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

Designee's name **KAREN W BARR** Personal identification number (PIN) **20202**

Phone no. **954-616-1389**

Sign Here

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

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

Your signature _____ Date _____ Your occupation _____ Daytime phone number _____

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

If the IRS sent you an Identify Protection PIN, enter it here (see instr.) _____

Print/Type preparer's name **KAREN W BARR** Preparer's signature _____ Date **08/02/13** Check if self-employed PTIN **P00145867**

Paid

Firm's name **INFELD BARR C.P.A.'S, P.A.** Firm's EIN **65-0269640**

Firm's address **5011 S STATE ROAD 7 STE 107 DAVIE FL 33314** Phone no. **954-616-1389**