For the year Jan. 1-Dec. 31, 2012, or other tax year			ual Income Tax Return 201			2, endi	IB No. 1545-007 ing	, 20	$\overline{}$		write or staple in this space trate 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.				<u> </u>	Apt. no.	Make sure the SSN(s) above			_
									<u> </u>		on line 6c are correct. sidential Election Campa	inr
City, town or post off	ice, state	e, and ZIP code. If you	have a foreign addr	ess, also complete spaces bet	ow (see instructions).					Che	ck here if you, or your spouseing jointly, want \$3 to go to thi	е.
Foreign country name			Foreign province/state/county			Foreign postal code				- fund	d. Checking a box below will change your tax or refund.	
Filing Status	1 2	X Single			4 Head of	house	hold (with qualify	ying person), (S	See insti	uctions	.) If	_
9	2	 -	ily (even if only one l	the qualifying person is a child but not your dep child's name here.			penden	t, enter	triis			
Check only one	3	Married filing sepa	arately. Enter spous	e's SSN above	.5 Qualifyi	ng wido	 w(er) with depe	ndent child				_
oox.		and full name here	e. >					,				
	6a	X Yourself. If	someone can	laim you as a depende	ent, do not check	box 6	a			ì	Boxes checked on 6a and 6b	1
Exemptions	_b	1 0		····						<u>. </u>	No. of children	
	C	Dependents:			(2) Dependent's (3) Dependent's			(4) chi	if Id under	on 6c who: • lived with you		
					social security number		relationship to you		for	17 qua child credit	did not live with	_
f than face		(1) First name	Las	t name	200121 00021113 111					e instr.)	you due to divorce or separation	
f more than four dependents, see							-		+	H	(see instructions)	
nstructions and					+					\vdash	- Dependents on 6c	
heck here 🕨 🗌									+	∺	not entered above	_
	d	Total number of	exemptions cla	imed	<u> </u>						Add numbers on lines above	1
	7) W-2					7		87,52	õ
ncome	8а	Taxable interes	t. Attach Sched	ule B if required					88			<u> </u>
Attach Form(s)	b	Taxable interest. Attach Schedule B if required Tax-exempt interest. Do not include on line 8a										_
N-2 here. Also	9a							9a				
ittach Forms V-2G and	b	Qualified dividends 9b										
1099-R if tax	10	Taxable refunds, credits, or offsets of state and local income taxes							10)		
vas withheld.	11	Alimony received							11			
f you did not	12	Business income or (loss). Attach Schedule C or C-EZ					•		12	<u> </u>		
jet a W-2,	13	Capital gain or (loss). Attach Schedule D if required. If not required, check h			nere ▶				13	+		
see instructions.	14	Other gains or (•						14	_		
	15a	IRA distributions		15a			le amount		15			_
	16a	Pensions and a		16a			le amount		16			_
Enclose, but do not attach, any	17 18			tnerships, S corporation					18	_		
ayment. Also,	19	I Inemployment	compensation	chedule F					19			_
blease use Form 1040-V.	20a	Unemployment compensation Social security benefits 20a			b Taxable amount				201			_
	21	Other income. List type and amount						21			_	
	22	Combine the am	nounts in the far	right column for lines	7 through 21. This	is yo	ur total inco	me ►	22		87,52	9
	23	Educator expens	ses			23			-			_
Adjusted	24	Certain business	s expenses of re	eservists, performing a	rtists, and							
3ross `				Attach Form 2106 or 2		24			_			
ncome	25	Health savings account deduction. Attach Form 8889 Moving expenses. Attach Form 3903 Deductible part of self-employment tax. Attach Schedu				25			_			
	26				 _	26			_			
	27			27		·	-		•			
	28	Self-employed S		29 30 31a			-					
	29 30	Self-employed h					-					
		Penalty on early					┪					
	31a 32	Alimony paid b Recipient's SSN ▶ IRA deduction						┧				
	33	Student loan inte	erest deduction			33		.,	┧			
	34	Tuition and fees	. Attach Form 8	917	<u> 3</u>	34			‱			
	35	Domestic produc	ction activities d	eduction. Attach Form	8903 3	35						
	36	Add lines 23 thro							36			_
	37			is is your adjusted are					37		87.52	<u>a</u>

Form 1040 (2012	2)			<u> </u>			Page 2	
Tax and	38	Amount from line 37 (adjusted gross i		<u>.</u>	<u> </u>	38	87,529	
Credits	39a	Check f You were born before		Blind. Total boxe	s			
		if: Spouse was born befo	ore January 2, 1948,	Blind. } checked ▶	· 39a			
	¬ b	If your spouse itemizes on a separate	return or you were a dua	– I-status alien, check here	▶ 39b 🗍	7		
Standard Deduction	40	Itemized deductions (from Schedule	-			40	5,950	
for—	41			41	81,579			
People who	42	Exemptions. Multiply \$3,800 by the n		42	3,800			
check any	43			77,779				
box on line 39a or 39b or	1	Taxable income. Subtract line 42 from line 41. If lin	43					
who can be claimed as a	44	Tax (see instr.). Check if any from: a Form(s, 8814	44	15,474				
dependent,	45	Alternative minimum tax (see instru	45 46	15,474				
see instructions.	46		Add lines 44 and 45					
All others:	47	Foreign tax credit. Attach Form 1116 i		47		_		
Single or	48	Credit for child and dependent care ex	penses. Attach Form 24	41 48				
Married filing separately,	49	Education credits from Form 8863, line		1 1		7		
\$5,950	50	Retirement savings contributions cred		50		1		
Married filing	51	Child tax credit. Attach Schedule 8812	if required	51		-	•	
jointly or Qualifying	52	Residential energy credits. Attach For	ECOE			-		
widow(er), \$11,900		- · · · · · · · · · · · · · · · · · · ·				-		
Head of		53 Other credits from Form: a 3800 b 8801 c 53						
household, \$8,700	54	Add lines 47 through 53. These are yo					7.5 4.5 4	
46,705	<u> </u>	Subtract line 54 from line 46. If line 54	is more than line 46, ent	<u>er -0</u>	<u></u>	55	15,474	
Other	56	Self-employment tax. Attach Schedule SE				56		
Taxes	57	Unreported social security and Medica	re tax from Form: a	4137 b 8919)	57		
IdACS	58	Additional tax on IRAs, other qualified	retirement plans, etc. Att	ach Form 5329 if require		58		
	59a	Household employment taxes from So		·		59a		
	b	First-time homebuyer credit repaymen				59b		
	60	Other taxes. Enter code(s) from instru				60		
	61	Add lines 55 through 60. This is your total to				61	15,474	
					<u>.</u>	01	10,4/4	
Daymont	62	Federal income tax withheld from Form	ns vv-2 and 1099	62				
Payments	٦	2012 estimated tax payments and amount ap				-	j	
If you have a	64a			64a		_		
qualifying child, attach	b	• • • • • • • • • • • • • • • • • • • •	64b					
Schedule EIC.	65	Additional child tax credit. Attach Sche				_		
	່ 66	American opportunity credit from Form	8863, line 8	66				
	67	Process of		A= 000,0000,000,000,000				
	68	Amount paid with request for extension	n to file	68		1		
	69	Excess social security and tier 1 RRTA				7		
	70			70		-		
	71	[500] [500]						
		- Indeed		8885 71		-		
	72	Add lines 62, 63, 64a, and 65 through 71. These are y			<u></u>	72		
Refund	73	If line 72 is more than line 61, subtract		•	oaid	73		
	74a	Amount of line 73 you want refunded	<u>to</u> you. If Form 8888 is a	ittached, check here	▶ 🔲	74a		
Direct deposit?	, ▶ b	Routing number	▶ c Type:	Checking Savings				
See instructions.	▶ d	Account number						
mon dodono.	75	Amount of line 73 you want applied to	your 2013 estimated t	ax ▶ 75				
Amount	76	Amount you owe. Subtract line 72 fro	m line 61. For details on	how to pay, see instruction	ons >	76	15,474	
You Owe	77	Estimated tax penalty (see instructions		1 · · · 1			,	
	Do you	want to allow another person to discus-			Yes. Compl	lete beli	ow. No	
Third Party	y ·	·		Personal identification nur	•		0202	
Designee	Designee	s ▶ KAREN W BARR		T Green la Green Gardine († 110)			<u>4-61</u> 6-1389	
Cian	name Under per		return and accompanying sched	ules and statements, and to the t	Phone no. Poest of my knowled			
Sign Here		alties of perjury, I declare that I have examined this ue, correct, and complete. Declaration of preparer (has any knowledg			
Joint return?	Your signa	iture	Date Your or	cupation		- 1	Daytime phone number	
See instr.)			<u></u>			7541- 100 Ld In-	
Keep a copy for your	Spouse's	signature. If a joint return, both must sign.	Date Spouse	's occupation			if the IRS sent you an Identity Protection PIN,	
records.		· · · · · · · · · · · · · · · · · · ·		<u> </u>			enter it here (see instr.)	
1	Print/Type pro	sparer's name	Preparer's signature		Date	Check	k if PTIN	
Paid 1	KAREN W	BARR			08/02/1	- 1	mployed P00145867	
	Firm's name	► INFELD BARR C.P.	A.'S, P.A.			Firm's EIN		
'	Firm's address	. FO11 & GEREE DOI	· · · · · · · · · · · · · · · · · · ·			Phone no.	 	
		DAVIE DAVIE		_33314			-616-1389	
						<u> </u>	Form 1040 (2012)	
							rorm 1 040 (2012)	