

Tax Year 2010

OKLAHOMA: TEST SCENARIO # 2

	PATS	ATS
Ronald J Blackburn	400-00-5055	400-00-1059 Linked
Mary J Blackburn	400-00-5005	400-00-1067 Linked
74 Builer Dr		
Oklahoma City Ok 73194		

Taxpayer would like his Oklahoma refund direct deposited in his savings account .

Final result refund \$ 1,763.00

For the year Jan. 1-Dec. 31, 2010, or other tax year beginning _____, 2010, ending _____, 20

OMB No. 1545-0074

Label (See instructions on page 14.) Use the IRS label. Otherwise, please print or type.

Your first name and initial: **RONALD J** Last name: **BLACKBURN**

If a joint return, spouse's first name and initial: **MARY J** Last name: **BLACKBURN**

Home address (number and street). If you have a P.O. box, see page 14. Apt. no.: **74 BUILER DR**

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.: **OKLAHOMA CITY OK 73194**

Make sure the SSN(s) above and on line 6c are correct.

Checking a box below will not change your tax or refund.

Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) You Spouse

Filing Status Check only one box.

1 Single

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

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

4 Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here.

5 Qualifying widow(er) with dependent child (see page 16)

Exemptions

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

b Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see pg 17)	Boxes checked on 6a and 6b
STM	01			<input type="checkbox"/>	No. of children on 6c who: • lived with you 6 • did not live with you due to divorce or separation (see page 18)
				<input type="checkbox"/>	Dependents on 6c not entered above
				<input type="checkbox"/>	Add numbers on lines above 8

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7 28,400**

8a Taxable interest. Attach Schedule B if required **8a**

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required **9a**

b Qualified dividends (see page 22) **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) **10**

11 Alimony received **11**

12 Business income or (loss). Attach Schedule C or C-EZ **12**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here **13**

14 Other gains or (losses). Attach Form 4797 **14**

15a IRA distributions **15a** Taxable amount (see page 24) **15b**

16a Pensions and annuities **16a 40,509** Taxable amount (see page 25) **16b 30,509**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**

18 Farm income or (loss). Attach Schedule F **18**

19 Unemployment compensation (see page 27) **19**

20a Social security benefits **20a** Taxable amount (see page 27) **20b**

21 Other income **21**

22 Combine the amounts in the far right col for lines 7 through 21. This is your total income **22 58,909**

Adjusted Gross Income

23 RESERVED (see page 29) **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**

25 Health savings account deduction. Attach Form 8889 **25**

26 Moving expenses. Attach Form 3903 **26**

27 One-half of self-employment tax. Attach Schedule SE **27**

28 Self-employed SEP, SIMPLE, and qualified plans **28**

29 Self-employed health insurance deduction (see page 30) **29**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid b Recipient's SSN **31a**

32 IRA deduction (see page 31) **32**

33 Student loan interest deduction (see page 34) **33**

34 RESERVED (see page 35) **34**

35 Domestic production activities deduction. Attach Form 8903 **35**

36 Add lines 23 through 31a and 32 through 35 **36**

37 Subtract line 36 from line 22. This is your adjusted gross income **37 58,909**

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2010

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedule A (Form 1040).**

Name(s) shown on Form 1040

Your social security number

RONALD J & MARY J BLACKBURN

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see page A-1)		1	
	2	Enter amount from Form 1040, line 38	2		
	3	Multiply line 2 by 7.5% (.075)		3	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4
Taxes You Paid <small>(See page A-2.)</small>	5	State and local income taxes		5	1,763
	6	Real estate taxes (see page A-3)		6	2,500
	7	New motor vehicle taxes from line 11 of the worksheet on page 2 (for certain vehicles purchased in 2009)		7	812
	8	Other taxes. List type and amount ▶		8	
	9	Add lines 5 through 8		9	5,075
Interest You Paid <small>(See page A-4.)</small>	10	Home mortgage interest and points reported to you on Form 1098		10	7,000
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-4 and show that person's name, identifying no., and address ▶		11	
	12	Points not reported to you on Form 1098. See page A-4 for special rules		12	
	13	Mortgage insurance premiums (see page A-4)		13	
Note. Your mortgage interest deduction may be limited (see page A-4).	14	Investment interest. Attach Form 4952 if required. (See page A-5.)		14	
	15	Add lines 10 through 14		15	7,000
Gifts to Charity <small>If you made a gift and got a benefit for it, see page A-6.</small>	16	Gifts by cash or check. If you made any gift of \$250 or more, see page A-6		16	250
	17	Other than by cash or check. If any gift of \$250 or more, see page A-6. You must attach Form 8283 if over \$500		17	5,000
	18	Carryover from prior year		18	
	19	Add lines 16 through 18		19	5,250
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See page A-7.)		20	
Job Expenses and Certain Miscellaneous Deductions <small>(See page A-7.)</small>	21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-7.) ▶ Taxpayer 2106 7,317		21	7,317
	22	Tax preparation fees		22	
	23	Other expenses - investment, safe deposit box, etc. List type and amount ▶		23	
	24	Add lines 21 through 23		24	7,317
	25	Enter amount from Form 1040, line 38	25	58,909	
	26	Multiply line 25 by 2% (.02)		26	1,178
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	6,139
Other Miscellaneous Deductions	28	Other - from list on page A-8. List type and amount ▶		28	
Total Itemized Deductions	29	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40		29	23,464
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>			

For Paperwork Reduction Act Notice, see Form 1040 instructions.

EEA

Schedule A (Form 1040) 2010

**Worksheet
for Line 7-
New motor
vehicle
taxes**

Before you begin:

- You cannot take this deduction if the amount on Form 1040, line 38, is equal to or greater than \$135,000 (\$260,000 if married filing jointly).
- See the instructions for line 7 on page A-3.

Use this worksheet to figure the amount to enter on line 7.

(Keep a copy for your records.)

1 Enter the state and local sales and excise taxes you paid in 2010 for the purchase of any new motor vehicle(s) after February 16, 2009, and before January 1, 2010 (see page A-3)	1	812		
2 Enter the purchase price (before taxes) of the new motor vehicle(s)	2	35,000		
3 Is the amount on line 2 more than \$49,500? <input checked="" type="checkbox"/> No. Enter the amount from line 1. <input type="checkbox"/> Yes. Figure the portion of the tax from line 1 that is attributable to the first \$49,500 of the purchase price of each new motor vehicle and enter it here (see page A-3).			3	812
4 Enter the amount from Form 1040, line 38	4	58,909		
5 Enter the total of any- • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15, and • Exclusion of income from Puerto Rico	5			
6 Add lines 4 and 5	6	58,909		
7 Enter \$125,000 (\$250,000 if married filing jointly)	7	250,000		
8 Is the amount on line 6 more than the amount on line 7? <input checked="" type="checkbox"/> No. Enter the amount from line 3 above on Schedule A, line 7. Do not complete the rest of this worksheet. <input type="checkbox"/> Yes. Subtract line 7 from line 6	8			
9 Divide the amount on line 8 by \$10,000. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	9			
10 Multiply line 3 by line 9			10	
11 Deduction for new motor vehicle taxes. Subtract line 10 from line 3. Enter the result here and on Schedule A, line 7			11	

Form **2441**

Child and Dependent Care Expenses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

2010

Attachment
Sequence No. **21**

▶ See separate instructions.

Name(s) shown on return

Your social security number

RONALD J & MARY J BLACKBURN

Part I **Persons or Organizations Who Provided the Care -** You must complete this part.
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	KINDERCARE	12 FUN ST OKLAHOMA CITY, OK 73194	57-4322211	3,000

Did you receive dependent care benefits? No Yes

Complete only Part II below.
Complete Part III on page 2 next.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59, or Form 1040NR, line 58.

Part II **Credit for Child and Dependent Care Expenses**

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2010 for the person listed in column (a)
First	Last		
Lance	Blackburn	400-55-8005	3,000

3	Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	3,000																																																						
4	Enter your earned income . See instructions	4	28,400																																																						
5	If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	1,250																																																						
6	Enter the smallest of line 3, 4, or 5	6	1,250																																																						
7	Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	7	58,909																																																						
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	x .20																																																						
<p>If line 7 is:</p> <table border="1"> <thead> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr><td>\$0 - 15,000</td><td></td><td>.35</td></tr> <tr><td>15,000 - 17,000</td><td></td><td>.34</td></tr> <tr><td>17,000 - 19,000</td><td></td><td>.33</td></tr> <tr><td>19,000 - 21,000</td><td></td><td>.32</td></tr> <tr><td>21,000 - 23,000</td><td></td><td>.31</td></tr> <tr><td>23,000 - 25,000</td><td></td><td>.30</td></tr> <tr><td>25,000 - 27,000</td><td></td><td>.29</td></tr> <tr><td>27,000 - 29,000</td><td></td><td>.28</td></tr> </tbody> </table>		Over	But not over	Decimal amount is	\$0 - 15,000		.35	15,000 - 17,000		.34	17,000 - 19,000		.33	19,000 - 21,000		.32	21,000 - 23,000		.31	23,000 - 25,000		.30	25,000 - 27,000		.29	27,000 - 29,000		.28	<p>If line 7 is:</p> <table border="1"> <thead> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr><td>\$29,000 - 31,000</td><td></td><td>.27</td></tr> <tr><td>31,000 - 33,000</td><td></td><td>.26</td></tr> <tr><td>33,000 - 35,000</td><td></td><td>.25</td></tr> <tr><td>35,000 - 37,000</td><td></td><td>.24</td></tr> <tr><td>37,000 - 39,000</td><td></td><td>.23</td></tr> <tr><td>39,000 - 41,000</td><td></td><td>.22</td></tr> <tr><td>41,000 - 43,000</td><td></td><td>.21</td></tr> <tr><td>43,000 - No limit</td><td></td><td>.20</td></tr> </tbody> </table>		Over	But not over	Decimal amount is	\$29,000 - 31,000		.27	31,000 - 33,000		.26	33,000 - 35,000		.25	35,000 - 37,000		.24	37,000 - 39,000		.23	39,000 - 41,000		.22	41,000 - 43,000		.21	43,000 - No limit		.20
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41,000 - 43,000		.21																																																							
43,000 - No limit		.20																																																							
9	Multiply line 6 by the decimal amount on line 8. If you paid 2009 expenses in 2010, see the instructions	9	250																																																						
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	623																																																						
11	Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46	11	250																																																						

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

EEA

Form 2441 (2010)

Form **8812**

Additional Child Tax Credit

2010

Department of the Treasury
Internal Revenue Service (99)

Complete and attach to Form 1040, Form 1040A, or Form 1040NR.

Attachment
Sequence No. **47**

Name(s) shown on return

Your social security number

RONALD J & MARY J BLACKBURN

Part I All Filers

1	1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51). 1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33). 1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48). If you used Pub. 972, enter the amount from line 8 of the worksheet on page 4 of the publication.				
		1			5,000
2	Enter the amount from Form 1040, line 51, Form 1040A, line 33, or Form 1040NR, line 48	2			373
3	Subtract line 2 from line 1. If zero, stop ; you cannot take this credit	3			4,627
4 a	Earned income (see instructions)	4a		28,400	
b	Nontaxable combat pay (see instructions)	4b			
5	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result	5		25,400	
6	Multiply the amount on line 5 by 15% (.15) and enter the result Next, do you have three or more qualifying children? <input type="checkbox"/> No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part II and enter the smaller of line 3 or line 6 on line 13. <input checked="" type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.	6			3,810

Part II Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see instructions				
		7		2,172	
8	1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on the dotted line next to line 60. 1040A filers: Enter -0-. 1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 55, plus any taxes that you identified using code "UT" and entered on the dotted line next to line 59.	8		0	
9	Add lines 7 and 8	9		2,172	
10	1040 filers: Enter the total of the amounts from Form 1040, lines 64a and 69. 1040A filers: Enter the total of the amount from Form 1040A, line 41a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 44 (see instructions). 1040NR filers: Enter the amount from Form 1040NR, line 64.	10			
11	Subtract line 10 from line 9. If zero or less, enter -0-	11			2,172
12	Enter the larger of line 6 or line 11 Next, enter the smaller of line 3 or line 12 on line 13.	12			3,810

Part III Additional Child Tax Credit

13	This is your additional child tax credit				
		13			3,810

Enter this amount on
Form 1040, line 65,
Form 1040A, line 42, or
Form 1040NR, line 62.

Form **2106**

Employee Business Expenses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

2010

Attachment
Sequence No. **129**

▶ Attach to Form 1040 or Form 1040NR.

Your name

RONALD J BLACKBURN

Occupation in which you incurred expenses

CHEF

Social security number

Part I Employee Business Expenses and Reimbursements

Step 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	4,067	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	500	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	2,000	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment	250	
5 Meals and entertainment expenses (see instructions)		1,000
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6,817	1,000

Note: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

7 Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions)	7		
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Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8)	6,817	1,000
Note: If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.		
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	6,817	500
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 9). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.) ▶		7,317

For Paperwork Reduction Act Notice, see instructions.

EEA

Form **2106** (2010)

Part II Vehicle Expenses

Section A - General Information (You must complete this section if you are claiming vehicle expenses.)		(a) Vehicle 1	(b) Vehicle 2
11	Enter the date the vehicle was placed in service	11 2007-01-01	
12	Total miles the vehicle was driven during 2010	12 15,000 miles	miles
13	Business miles included on line 12	13 8,134 miles	miles
14	Percent of business use. Divide line 13 by line 12	14 54.23 %	%
15	Average daily roundtrip commuting distance	15 30 miles	miles
16	Commuting miles included on line 12	16 5,000 miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17 1,866 miles	miles
18	Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19	Do you (or your spouse) have another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
21	If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Section B - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)	
22	Multiply line 13 by 50 cents (.50). Enter the result here and on line 1 22 4,067

Section C - Actual Expenses		(a) Vehicle 1	(b) Vehicle 2
23	Gasoline, oil, repairs, vehicle insurance, etc 23		
24 a	Vehicle rentals 24a		
b	Inclusion amount (see instructions) 24b		
c	Subtract line 24b from line 24a 24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2 - see instructions) 25		
26	Add lines 23, 24c, and 25 26		
27	Multiply line 26 by the percentage on line 14 27		
28	Depreciation (see instructions) 28		
29	Add lines 27 and 28. Enter total here and on line 1 29		

Section D - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)		(a) Vehicle 1	(b) Vehicle 2
30	Enter cost or other basis (see instructions) 30		
31	Enter section 179 deduction (see instructions) 31		
32	Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance) 32		
33	Enter depreciation method and percentage (see instructions) 33		
34	Multiply line 32 by the percentage on line 33 (see instructions) 34		
35	Add lines 31 and 34 35		
36	Enter the applicable limit explained in the line 36 instructions 36		
37	Multiply line 36 by the percentage on line 14 37		
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above 38		

Noncash Charitable Contributions

▶ **Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.**

▶ **See separate instructions.**

Name(s) shown on your income tax return

RONALD J & MARY J BLACKBURN

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Certain Publicly Traded Securities - List in this section only

items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is more than \$5,000 (see instructions).

	Part I	Information on Donated Property - If you need more space, attach a statement.	
1	(a) Name and address of the donee organization	(b) Description of donated property <small>(For a donated vehicle, enter the year, make, model, condition and mileage, and attach Form 1098-C if required.)</small>	
A	SALVATION ARMY WOBURN MA 01801	MISCELLANEOUS, GOOD	
B			
C			
D			
E			

Note. If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the contribution	(d) Date acquired by donor (yr/mo.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) Fair market value (see instructions)	(h) Method used to determine the fair market value
A	2010-10-10	2000-01	PURCHASE	12,000	5,000	THRIFT STORE VALUE
B						
C						
D						
E						

Part II Partial Interests and Restricted Use Property - Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

- 2a** Enter the letter from Part I that identifies the property in which you gave less than an entire interest ▶ _____
 If Part II applies to more than one property, attach a separate statement.
- b** Total amount claimed as a deduction for the property listed in Part I:

(1) For this tax year	▶ _____
(2) For any prior tax years	▶ _____
- c** Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):
 Name of charitable organization (donee) _____
 Address (number, street, and room or suite no.) _____
 City or town, state, and ZIP code _____
- d** For tangible property, enter the place where the property is located or kept ▶ _____
- e** Name of any person, other than the donee organization, having actual possession of the property ▶ _____

3a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?		Yes	No
b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?			
c Is there a restriction limiting the donated property for a particular use?			

SCHEDULE M
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Making Work Pay Credit

D1 (06/30/10)

OMB No. 1545-0074

2010
Attachment
Sequence No. **166**

▶ **Attach to Form 1040A or 1040.**

▶ **See separate instructions.**

Name(s) shown on return

RONALD J & MARY J BLACKBURN

Your social security number

CAUTION! To take the making work pay credit, you must include your social security number (if filing a joint return, the number of either you or your spouse) on your tax return. A social security number does not include an identification number issued by the IRS. Only the Social Security Administration issues social security numbers.

CAUTION! You cannot take the making work pay credit if you can be claimed as someone else's dependent or if you are a nonresident alien.

Important: Check the "No" box on line 1a and see the instructions if:

- (a) You have a net loss from a business,
- (b) You received a taxable scholarship or fellowship grant not reported on a Form W-2,
- (c) Your wages include pay for work performed while an inmate in a penal institution,
- (d) You received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or
- (e) You are filing Form 2555 or 2555-EZ.

1a Do you (& your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?

- Yes.** Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.
- No.** Enter your earned income (see instructions)

b Nontaxable combat pay included on line 1a
(see instructions)

2 Multiply line 1a by 6.2% (.062)

3 Enter \$400 (\$800 if married filing jointly)

4 Enter the **smaller** of line 2 or line 3 (unless you checked "Yes" on line 1a)

5 Enter the amount from Form 1040, line 38*, or Form 1040A, line 22

6 Enter \$75,000 (\$150,000 if married filing jointly)

7 Is the amount on line 5 more than the amount on line 6?

- No.** Skip line 8. Enter the amount from line 4 on line 9 below.
- Yes.** Subtract line 6 from line 5

8 Multiply line 7 by 2% (.02)

9 Subtract line 8 from line 4. If zero or less, enter -0-

10 Did you (or your spouse, if filing jointly) receive an economic recovery payment in **2010**? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions).

- No.** Enter -0- on line 10 and go to line 11.
- Yes.** Enter the total of the payments you (and your spouse, if filing jointly) received in **2010**. Do not enter more than \$250 (\$500 if married filing jointly)

11 **Making work pay credit.** Subtract line 10 from line 9. If zero or less, enter -0-. Enter the result here and on Form 1040, line 63; or Form 1040A, line 40

*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

1a			
1b			
2			
3			
4		800	
5	58,909		
6	150,000		
7			
8			
9		800	
10			0
11			800

Allocation of Refund (Including Savings Bond Purchases)

Department of the Treasury
Internal Revenue Service

▶ See instructions.
▶ Attach to Form 1040, Form 1040A, Form 1040EZ, Form 1040NR,
Form 1040NR-EZ, Form 1040-SS, or Form 1040-PR.

2010
Attachment
Sequence No. **56**

Name(s) shown on return

Your social security number

Part I Direct Deposit

Complete this part if you want us to directly deposit a portion of your refund to one or more accounts.

1a Amount to be deposited in first account		1a	
b Routing number	▶ c <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d Account number			
2a Amount to be deposited in second account		2a	
b Routing number	▶ c <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d Account number			
3a Amount to be deposited in third account		3a	
b Routing number	▶ c <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d Account number			

Part II U.S. Series I Savings Bond Purchases

Complete this part if you want to buy paper bonds with a portion of your refund.

CAUTION *If a name is entered on line 5c or 6c below, co-ownership will be assumed unless the beneficiary box is checked. See instructions for more details.*

4 Amount to be used for bond purchases for yourself (and your spouse, if filing jointly)		4	
5a Amount to be used to buy bonds for yourself, your spouse, or someone else		5a	
b Enter the owner's name (First Last) for the bond registration			
c If you would like to add a co-owner or beneficiary, enter the name here (First Last). If beneficiary, also check here ▶ <input type="checkbox"/>			
6a Amount to be used to buy bonds for yourself, your spouse, or someone else		6a	
b Enter the owner's name (First Last) for the bond registration			
c If you would like to add a co-owner or beneficiary, enter the name here (First Last). If beneficiary, also check here ▶ <input type="checkbox"/>			

Part III Paper Check

Complete this part if you want a portion of your refund to be sent to you as a check.

7 Amount to be refunded by check		7	
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Part IV Total Allocation of Refund

8 Add lines 1a, 2a, 3a, 4, 5a, 6a, and 7. The total must equal the amount shown on Form 1040, line 74a; Form 1040A, line 46a; Form 1040EZ, line 12a; Form 1040NR, line 70a; Form 1040NR-EZ, line 23a; Form 1040-SS, line 12a; or Form 1040-PR, line 12a		8	
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Federal Supporting Statements

2010 PG01

Name(s) as shown on return

Your Social Security Number

RONALD J & MARY J BLACKBURN

FORM 1040 - LINE 6C - EXEMPTIONS

STM 01

FIRST NAME	LAST NAME	SSN	RELATIONSHIP	CHILD TAX CREDIT
Bill	Blackburn	400-55-3005	SON	
Bob	Blackburn	400-55-4005	SON	X
Kim	Blackburn	400-55-5005	DAUGHTER	X
Katie	Blackburn	400-55-6005	DAUGHTER	X
Leah	Blackburn	400-55-7005	DAUGHTER	X
Lance	Blackburn	400-55-8005	SON	X

a Employee's social security number		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile.	
OMB No. 1545-0008							
b Employer identification number (EIN) 80-1435678				1 Wages, tips, other compensation 28,400		2 Federal income tax withheld 4,260	
c Employer's name, address, and ZIP code JOHN WASHINGTON STEAKHOUSE 424 N WASHINGTON ST OKLAHOMA CITY OK 73194				3 Social security wages 28,400		4 Social security tax withheld 1,760	
				5 Medicare wages and tips 28,400		6 Medicare tax withheld 412	
				7 Social security tips		8 Allocated tips	
d Control number				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans	
RONALD F		BLACKBURN				12a See instructions for box 12	
74 BUILDER DR OKLAHOMA CITY OK 73194						12b	
f Employee's address and ZIP code						12c	
						12d	
15 State Employer's state ID no. OK 802345678		16 State wages, tips, etc. 28,400		17 State income tax 1,763		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2 Wage and Tax Statement** EEA 2010 Department of the Treasury-Internal Revenue Service
 Copy B - To Be Filed With Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.

The information on the Form W-2 was used to prepare the taxpayer's 2009 Federal tax return by

a Employee's social security number		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile.	
OMB No. 1545-0008							
b Employer identification number (EIN)				1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips	
d Control number				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans	
						12a See instructions for box 12	
						12b	
f Employee's address and ZIP code						12c	
						12d	
15 State Employer's state ID no.		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2 Wage and Tax Statement** EEA 2010 Department of the Treasury-Internal Revenue Service
 Copy B - To Be Filed With Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.

VOID CORRECTED

PAYER'S name, street address, city, state, and ZIP code OFFICE OF PERSONNEL MANAGEMENT 3000 N DAKOTA ST WASHINGTON DC 20006		1 Gross distribution \$ 40,509	OMB No. 1545-0119 2010 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2010 General Instructions for Certain Information Returns.	
PAYER'S federal identification number 57-8888875		2a Taxable amount \$ 30,509	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>			
RECIPIENT'S identification number	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$				
RECIPIENT'S name RONALD F BLACKBURN	5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$				
Street address (including apt. no.) 74 BUILDER DR		7 Distribution code(s) 7	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %		
City, state, and ZIP code OKLAHOMA CITY OK 73194		9a Your percentage of total distribution %		9b Total employee contributions \$		
1st year of desig. Roth contrib.		10 State tax withheld \$	11 State/Payer's state no. OK			12 State distribution \$ 30,509
Account number (see instructions) CSA4452478		13 Local tax withheld \$	14 Name of locality			15 Local distribution \$

Form **1099-R**

EEA

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page - Do Not Cut or Separate Forms on This Page

The information on the Form ~~1099-R~~ was used to ~~prepare~~ **CORRECTED** taxpayer's 2010 Federal tax return by

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution \$	OMB No. 1545-0119 2011 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2011 General Instructions for Certain Information Returns.	
PAYER'S federal identification number		2a Taxable amount \$	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>			
RECIPIENT'S identification number	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$				
RECIPIENT'S name	5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$				
Street address (including apt. no.)		7 Distribution code(s)	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %		
City, state, and ZIP code		9a Your percentage of total distribution %		9b Total employee contributions \$		
1st year of desig. Roth contrib.		10 State tax withheld \$	11 State/Payer's state no.			12 State distribution \$
Account number (see instructions)		13 Local tax withheld \$	14 Name of locality			15 Local distribution \$

Form **1099-R**

EEA

Department of the Treasury - Internal Revenue Service