

For the year Jan. 1-Dec. 31, 2011, or other tax year beginning , 2011, ending , 20

Your first name and initial: GEORGE Last name: JETSON Your social security number: 400-00-1064

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. 555 NORTH WOODLAWN Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Waco TX 76714

Foreign country name Foreign province/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 Single 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above

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

| c Dependents: | | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) If child under age 17 qualifying for child tax credit (see instructions) |
|----------------|-----------|--|-------------------------------------|--|
| (1) First name | Last name | | | |
| ROBBIE | JETSON | 400-55-3009 | Son | <input checked="" type="checkbox"/> |

Boxes checked on 6a and 6b: 1
No. of children on 6c who:
• lived with you: 1
• did not live with you due to divorce or separation (see instructions):
Dependents on 6c not entered above:
Add numbers on lines above: 2

d Total number of exemptions claimed: 2

| Income | 7 | 8a | 8b | 9a | 9b | 10 | 11 | 12 | 13 | 14 | 15a | 15b | 16a | 16b | 17 | 18 | 19 | 20a | 20b | 21 | 22 | |
|---|--------|----|----|----|----|-------|----|----|----|----|-----|-----|-----|-----|----|----|----|-----|-----|----|----|--------|
| Wages, salaries, tips, etc. Attach Form(s) W-2 | 34,240 | | | | | | | | | | | | | | | | | | | | | |
| Taxable interest. Attach Schedule B if required | 120 | | | | | | | | | | | | | | | | | | | | | |
| Tax-exempt interest. Do not include on line 8a | | | 80 | | | | | | | | | | | | | | | | | | | |
| Ordinary dividends. Attach Schedule B if required | | | | | | | | | | | | | | | | | | | | | | |
| Qualified dividends | | | | | | | | | | | | | | | | | | | | | | |
| Taxable refunds, credits, or offsets of state and local income taxes | | | | | | 160 | | | | | | | | | | | | | | | | |
| Alimony received | | | | | | | | | | | | | | | | | | | | | | |
| Business income or (loss). Attach Schedule C or C-EZ | | | | | | | | | | | | | | | | | | | | | | |
| Capital gain or (loss). Attach Schedule D if required. If not required, check here | | | | | | | | | | | | | | | | | | | | | | |
| Other gains or (losses). Attach Form 4797 | | | | | | | | | | | | | | | | | | | | | | |
| IRA distributions | | | | | | | | | | | | | | | | | | | | | | |
| Pensions and annuities | | | | | | | | | | | | | | | | | | | | | | |
| Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | | | | | 2,805 | | | | | | | | | | | | | | | | |
| Farm income or (loss). Attach Schedule F | | | | | | | | | | | | | | | | | | | | | | |
| Unemployment compensation | | | | | | | | | | | | | | | | | | | | | | |
| Social security benefits | | | | | | | | | | | | | | | | | | | | | | |
| Other income | | | | | | | | | | | | | | | | | | | | | | |
| Combine the amounts in the far right col for lines 7 through 21. This is your total income | | | | | | | | | | | | | | | | | | | | | | 37,325 |

| Adjusted Gross Income | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31a | 32 | 33 | 34 | 35 | 36 | 37 |
|--|----|----|----|----|----|----|----|----|-----|----|----|----|----|----|--------|
| Educator expenses | | | | | | | | | | | | | | | |
| Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | | | | | | | | | | | | | | | |
| Health savings account deduction. Attach Form 8889 | | | | | | | | | | | | | | | |
| Moving expenses. Attach Form 3903 | | | | | | | | | | | | | | | |
| Deductible part of self-employment tax. Attach Schedule SE | | | | | | | | | | | | | | | |
| Self-employed SEP, SIMPLE, and qualified plans | | | | | | | | | | | | | | | |
| Self-employed health insurance deduction | | | | | | | | | | | | | | | |
| Penalty on early withdrawal of savings | | | | | | | | | | | | | | | |
| Alimony paid b Recipient's SSN | | | | | | | | | | | | | | | |
| IRA deduction | | | | | | | | | | | | | | | |
| Student loan interest deduction | | | | | | | | | | | | | | | |
| Tuition and fees. Attach Form 8917 | | | | | | | | | | | | | | | |
| Domestic production activities deduction. Attach Form 8903 | | | | | | | | | | | | | | | |
| Add lines 23 through 35 | | | | | | | | | | | | | | | |
| Subtract line 36 from line 22. This is your adjusted gross income | | | | | | | | | | | | | | | 37,325 |

SCHEDULE B
(Form 1040A or 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2011

Attachment
Sequence No. **08**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040A or 1040.

▶ See instructions.

Name(s) shown on return
GEORGE JETSON

Your social security number
400-00-1064

**Part I
Interest**

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address ▶

(See instructions for Form 1040A, or Form 1040, line 8a.)

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 form.

RIDGECREST SAVINGS BANK

120

2 Add the amounts on line 1 **2** 120

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 **3**

4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶ **4** 120

Note. If line 4 is over \$1,500, you must complete Part III.

**Part II
Ordinary
Dividends**

(See instructions for Form 1040A, or Form 1040, line 9a.)

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 dividends shown on that form.

5 List name of payer ▶

6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶ **6**

Note. If line 6 is over \$1,500, you must complete Part III.

**Part III
Foreign
Accounts
and Trusts**

(See instructions.)

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

7a At any time during 2011, did you have a financial interest in or signature authority over a financial account, such as a bank account, securities account, or brokerage account located in a foreign country? See instructions

If "Yes," are you required to file Form TD F 90-22.1 to report that financial interest or signature authority? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements

b If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the financial account is located ▶

| | Yes | No |
|--|-----|----|
| 7a | | |
| If "Yes," are you required to file Form TD F 90-22.1 to report that financial interest or signature authority? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements | | X |
| b | | X |

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships,
S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2011

Attachment
Sequence No. **13**

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ See Instructions for Schedule E (Form 1040).

Name(s) shown on return

Your social security number

GEORGE JETSON

400-00-1064

Part I **Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see page E-3). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

| 1 | List the type and address of each rental real estate property: | 2 | | Yes | No |
|---|--|--|--|-----|----|
| | | For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: | | | |
| A | OIL GAS PROPERTY A 1800 S MAPLE ST Oklahoma City OK 73126 | | | | |
| B | OIL GAS PROPERTY B 1802 S MAPLE ST Seymour TX 76380 | | | | |
| C | OIL PROPERTY C 1804 S MAPLE ST Seymour TX 76380 | | | | |

| Income: | Properties | | | Totals | |
|---|------------|-------|-------|----------------------------|---------|
| | A | B | C | (Add columns A, B, and C.) | |
| 3 Rents received | 3 | | | 3 | |
| 4 Royalties received | 4 | 1,200 | 1,300 | 800 | 4 3,300 |
| Expenses: | | | | | |
| 5 Advertising | 5 | | | | |
| 6 Auto and travel (see page E-5) . . . | 6 | | | | |
| 7 Cleaning and maintenance | 7 | | | | |
| 8 Commissions | 8 | | | | |
| 9 Insurance | 9 | | | | |
| 10 Legal and other professional fees . . . | 10 | | | | |
| 11 Management fees | 11 | | | | |
| 12 Mortgage interest paid to banks, etc. (see page E-5) | 12 | | | | 12 |
| 13 Other interest | 13 | | | | |
| 14 Repairs | 14 | | | | |
| 15 Supplies | 15 | | | | |
| 16 Taxes | 16 | | | | |
| 17 Utilities | 17 | | | | |
| 18 Other (list) ▶ | 18 | | | | |
| 19 Add lines 5 through 18 | 19 | | | | 19 |
| 20 Depreciation expense or depletion (see page E-5) | 20 | 180 | 195 | 120 | 20 495 |
| 21 Total expenses. Add lines 19 and 20 . . | 21 | 180 | 195 | 120 | |
| 22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-6 to find out if you must file Form 6198 | 22 | 1,020 | 1,105 | 680 | |
| 23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-6 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2 | 23 | () | () | () | |
| 24 Income. Add positive amounts shown on line 22. Do not include any losses | 24 | | | | 2,805 |
| 25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here | 25 | () | () | () | () |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 | 26 | | | | 2,805 |

| | | | | | | | | | | |
|---|--|---|--|---|--|--|--|--|--|-------------------------|
| | | a Employee's social security number 400-00-1064 | | Safe, accurate, FASTI Use | | IRS e-file | | Visit the IRS website at www.irs.gov/efile. | | |
| b Employer identification number (EIN) 99-1236541 | | | | 1 Wages, tips, other compensation 7,640 | | 2 Federal income tax withheld 1,200 | | | | |
| c Employer's name, address, and ZIP code US MILITARY 1100 MILITARY AVE WASHINGTON DC 20222-1643 | | | | 3 Social security wages 7,640 | | 4 Social security tax withheld 474 | | | | |
| | | | | 5 Medicare wages and tips 7,640 | | 6 Medicare tax withheld 111 | | | | |
| | | | | 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 GEORGE | | Last name JETSON | | Suff. | | 11 Nonqualified plans | | 12a See instructions for box 12 | | |
| 555 NORTH WOODLAWN Waco | | TX 76714 | | | | 13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 12b | | |
| f Employee's address and ZIP code | | | | 14 Other | | 12c | | 12d | | |
| 15 State Employer's state ID no. OK VA56124022 | | 16 State wages, tips, etc. 7,640 | | 17 State income tax 618 | | 18 Local wages, tips, etc. | | 19 Local income tax | | 20 Locality name |
| | | | | | | | | | | |
| | | | | | | | | | | |

Form **W-2 Wage and Tax Statement** EEA **2011** 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 2011 Federal tax return by

| | | | | | | | |
|---|--|------------------------------|--|---|--|--|--|
| a Employee's social security number 400-00-1064 | | Safe, accurate, FASTI Use | | IRS e-file | | Visit the IRS website at www.irs.gov/efile. | |
| b Employer identification number (EIN) 72-5668924 | | | | 1 Wages, tips, other compensation 26,600 | | 2 Federal income tax withheld 3,260 | |
| c Employer's name, address, and ZIP code AMERICAN AIRLINES 2410 FLY AVENUE Waco TX 76701 | | | | 3 Social security wages 26,600 | | 4 Social security tax withheld 1,649 | |
| | | | | 5 Medicare wages and tips 26,600 | | 6 Medicare tax withheld 386 | |
| | | | | 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 GEORGE | | Last name JETSON | | Suff. | | 11 Nonqualified plans | |
| 555 NORTH WOODLAWN Waco TX 76714 | | | | 13 Statutory employee Retmnt. plan Third-party sick pay | | 12a See instructions for box 12 | |
| | | | | 14 Other | | 12b | |
| | | | | | | 12c | |
| | | | | | | 12d | |
| f Employee's address and ZIP code | | | | 15 State Employer's state ID no. TX 56420214 | | 16 State wages, tips, etc. 26,600 | |
| | | | | 17 State income tax | | 18 Local wages, tips, etc. | |
| | | | | | | 19 Local income tax | |
| | | | | | | 20 Locality name | |

Form **W-2** Wage and Tax Statement

EEA

2011

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 2011 Federal tax return by