

For the year Jan. 1–Dec. 31, 2011, or other tax year beginning _____, 2011, ending _____, 20 _____ See separate instructions.

Your first name and initial I . M .	Last name HOPEFULL	Your social security number 321-88-7777
If a joint return, spouse's first name and initial SHEEZA	Last name HOPEFULL	Spouse's social security number 321-88-7778

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.

30045 POINT ROAD

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

EREHWON NC 27695

Foreign country name	Foreign province/country	Foreign postal code
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Filing Status

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 instr.) If the qualifying person is a child but not your dependent, enter this child's name here.

5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

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

b Spouse

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
MIA	HOPEFULL	321-88-7779	Daughter	X

If more than four dependents, see instructions and check here

d Total number of exemptions claimed **3**

Boxes checked on 6a and 6b: 2
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: **3**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	52,000
8a	Taxable interest. Attach Schedule B if required	8a	250
b	Tax-exempt interest. Do not include on line 8a	8b	0
9a	Ordinary dividends. Attach Schedule B if required	9a	0
b	Qualified dividends	9b	0
10	Taxable refunds, credits, or offsets of state and local income taxes	10	0
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	-48
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	0
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	0
16a	Pensions and annuities	16a	
b	Taxable amount	16b	0
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	-6,463
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount	21	0
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	45,739

Adjusted Gross Income

23	Educator expenses	23	0
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	0
25	Health savings account deduction. Attach Form 8889	25	5,125
26	Moving expenses. Attach Form 3903	26	0
27	Deductible part of self-employment tax. Attach Schedule SE	27	340
28	Self-employed SEP, SIMPLE, and qualified plans	28	0
29	Self-employed health insurance deduction	29	0
30	Penalty on early withdrawal of savings	30	0
31a	Alimony paid	31a	
b	Recipient's SSN		
32	IRA deduction	32	0
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	0
36	Add lines 23 through 35	36	5,465
37	Subtract line 36 from line 22. This is your adjusted gross income	37	40,274

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits.

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, \$5,800
Married filing jointly or Qualifying widow(er), \$11,600
Head of household, \$8,500

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for Amount You Owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below [X] No
Designee's name, Phone no., Personal identification number (PIN)

Sign Here

Joint return? See instructions. 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 (TRUCKER/FARMER), Daytime phone number (555-123-4500)
Spouse's signature, Date, Spouse's occupation (REGISTERED NURSE), If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2011
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
I.M./SHEEZA HOPEFULL

Your social security number
321-88-7777

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1	6,250	
	2	Enter amount from Form 1040, line 38	2	40,274	
	3	Multiply line 2 by 7.5% (.075)	3	3,021	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		3,229
Taxes You Paid	5 State and local (check only one box):				
	a.	<input checked="" type="checkbox"/> Income taxes, or	5	2,800	
	b.	<input type="checkbox"/> General sales taxes }	6	1,450	
	6	Real estate taxes (see instructions)	7	260	
	7	Personal property taxes	8	0	
	8	Other taxes. List type and amount ▶			
	9	Add lines 5 through 8	9		4,510
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10	3,025	
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11	0	
	12	Points not reported to you on Form 1098. See instructions for special rules	12	0	
	13	Mortgage insurance premiums (see instructions)	13	600	
	14	Investment interest. Attach Form 4952 if required. (See instructions)	14		
	15	Add lines 10 through 14	15		3,625
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	1,150	
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	0	
	18	Carryover from prior year	18	0	
	19	Add lines 16 through 18	19		1,150
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20		0
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21	0	
	22	Tax preparation fees	22		
	23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23	0	
	24	Add lines 21 through 23	24	0	
	25	Enter amount from Form 1040, line 38	25	40,274	
	26	Multiply line 25 by 2% (.02)	26	805	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27		0
Other Miscellaneous Deductions	28	Other—from list in the instructions. List type and amount ▶	28		0
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		12,514
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here			<input type="checkbox"/>

KIA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2011

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ For information on Schedule C and its instructions, go to www.irs.gov/schedulec
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2011
Attachment
Sequence No. **09**

Name of proprietor I. M. HOPEFULL	Social security number (SSN) 321-88-7777
A Principal business or profession, including product or service (see instructions) RETAIL SALES OF MEAT	B Enter code from instructions ▶ 445210
C Business name. If no separate business name, leave blank. NATURE 'S WAY MEAT	D Employer ID number (EIN), (see instr.)
E Business address (including suite or room no.) ▶ 30045 POINT ROAD City, town or post office, state, and ZIP code EREHWON NC 27600	
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶	
G Did you "materially participate" in the operation of this business during 2011? If "No," see instructions for limit on losses . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2011, check here . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions) . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file all required Forms 1099? . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part I Income	
1a Merchant card and third party payments. For 2011, enter -0-	0
b Gross receipts or sales not entered on line 1a (see instructions)	8,913
c Income reported to you on Form W-2 if the "Statutory Employee" box on that form was checked. Caution. See instr. before completing this line	0
d Total gross receipts. Add lines 1a through 1c	8,913
2 Returns and allowances plus any other adjustments (see instructions)	2
3 Subtract line 2 from line 1d	8,913
4 Cost of goods sold (from line 42)	3,275
5 Gross profit. Subtract line 4 from line 3	5,638
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	178
7 Gross income. Add lines 5 and 6	5,816

Part II Expenses.		Enter expenses for business use of your home only on line 30.	
8 Advertising	350	18 Office expense (see instructions)	18
9 Car and truck expenses (see instructions)	0	19 Pension and profit-sharing plans	19
10 Commissions and fees	10	20 Rent or lease (see instructions):	20a
11 Contract labor (see instructions)	11	a Vehicles, machinery, & equipment	0
12 Depletion	12	b Other business property	20b
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	3,000	21 Repairs and maintenance	21
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22
15 Insurance (other than health)	250	23 Taxes and licenses	250
16 Interest:	16a	24 Travel, meals, and entertainment:	24a
a Mortgage (paid to banks, etc.)	16b	a Travel	24a
b Other	16b	b Deductible meals and entertainment (see instructions)	24b
17 Legal and professional services	350	25 Utilities	60
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	26 Wages (less employment credits)	26
29 Tentative profit or (loss). Subtract line 28 from line 7	-48	27a Other expenses (from line 48)	1,604
30 Expenses for business use of your home. Attach Form 8829 . Do not report such expenses elsewhere	0	27b Reserved for future use	27b
31 Net profit or (loss). Subtract line 30 from line 29.	-48		
• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . If you entered an amount on line 1c, see instr. Estates and trusts, enter on Form 1041, line 3 .			
• If a loss, you must go to line 32.			
32 If you have a loss, check the box that describes your investment in this activity (see instructions).		32a <input checked="" type="checkbox"/> All investment is at risk.	
• If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . If you entered an amount on line 1c, see the instructions for line 31.		32b <input type="checkbox"/> Some investment is not at risk.	
Estates and trusts, enter on Form 1041, line 3 .			
• If you checked 32b, you must attach Form 6198 . Your loss may be limited.			

KIA For Paperwork Reduction Act Notice, see your tax return instructions. Schedule C (Form 1040) 2011

Part III Cost of Goods Sold (see instructions)

Table with 3 columns: Description, Line Number, Amount. Rows include: 33 Method(s) used to value closing inventory; 34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?; 35 Inventory at beginning of year; 36 Purchases less cost of items withdrawn for personal use; 37 Cost of labor; 38 Materials and supplies; 39 Other costs; 40 Add lines 35 through 39; 41 Inventory at end of year; 42 Cost of goods sold.

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

- 43 When did you place your vehicle in service for business purposes? (month, day, year)
44 Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:
a Business b Commuting (see instructions) c Other
45 Was your vehicle available for personal use during off-duty hours?
46 Do you (or your spouse) have another vehicle available for personal use?
47a Do you have evidence to support your deduction?
b If "Yes," is the evidence written?

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Table with 2 columns: Description, Amount. Rows include: MEAT PROCESSING (1,426); SALES TAXES REMITTED (178); 48 Total other expenses. Enter here and on line 27a (1,604)

**SCHEDULE F
(Form 1040)**

Profit or Loss From Farming

OMB No. 1545-0074

2011
Attachment
Sequence No. **14**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.**
▶ **See Instructions for Schedule F (Form 1040).**

Name of proprietor I. M. HOPEFULL		Social security number (SSN) 321-88-7777
A Principal crop or activity VEGETABLES AND CUT FLOWERS	B Enter code from Part IV ▶ 111210	C Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
E Did you "materially participate" in the operation of this business during 2011? If "No," see instructions for limit on passive losses. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		D Employer ID number (EIN), if any
F Did you make any payments in 2011 that would require you to file Form(s) 1099 (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
G If "Yes," did you or will you file all required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Farm Income—Cash Method. Complete Parts I and II (Accrual method. Complete Parts II and III, and Part I, line 9.)

1a Specified sales of livestock and other resale items (see instructions)	1a		
b Sale of livestock and other resale items not reported on line 1a	1b	3,125	
c Total of lines 1a and 1b (see instructions)	1c	3,125	
d Cost or other basis of livestock or other items reported on line 1c	1d	1,700	
e Subtract line 1d from line 1c	1e		1,425
2a Specified sales of products you raised (see instructions)	2a		0
b Sales of products you raised not reported on line 2a	2b		24,500
3a Cooperative distributions (Form(s) 1099-PATR)	3a	100	3b Taxable amount
4a Agricultural program payments (see instructions)	4a		4b Taxable amount
5a Commodity Credit Corporation (CCC) loans reported under election	5a		5c Taxable amount
b CCC loans forfeited	5b		5c Taxable amount
6 Crop insurance proceeds and federal crop disaster payments (see instructions):			
a Amount received in 2011	6a	0	6b Taxable amount
c If election to defer to 2012 is attached, check here <input type="checkbox"/> 6d Amount deferred from 2010	6d		
7a Specified custom hire (machine work) income (see instructions)	7a		
b Custom hire income not reported on line 7a	7b		
8a Specified other income (see instructions)	8a		
b Other income not reported on line 8a (see instructions)	8b		0
9 Gross income. Add amounts in the right column (lines 1e, 2a, 2b, 3b, 4b, 5a, 5c, 6b, 6d, 7a, 7b, 8a, and 8b). If you use the accrual method, enter the amount from Part III, line 50 (see instructions) ▶	9		26,025

Part II Farm Expenses—Cash and Accrual Method. Do not include personal or living expenses (see instructions).

10 Car and truck expenses (see instructions). Also attach Form 4562	10	9,115	23 Pension and profit-sharing plans	23	
11 Chemicals	11	350	24 Rent or lease (see instructions):		
12 Conservation expenses (see instructions)	12		a Vehicles, machinery, equipment	24a	
13 Custom hire (machine work)	13		b Other (land, animals, etc.)	24b	
14 Depreciation and section 179 expense (see instructions)	14	2,078	25 Repairs and maintenance	25	3,500
15 Employee benefit programs other than on line 23	15		26 Seeds and plants	26	3,500
16 Feed	16	1,000	27 Storage and warehousing	27	
17 Fertilizers and lime	17	650	28 Supplies	28	1,500
18 Freight and trucking	18		29 Taxes	29	450
19 Gasoline, fuel, and oil	19	2,000	30 Utilities	30	600
20 Insurance (other than health)	20	650	31 Veterinary, breeding, and medicine	31	500
21 Interest:			32 Other expenses (specify):		
a Mortgage (paid to banks, etc.)	21a	3,850	a <u>MARKETING & DUES</u>	32a	1,000
b Other	21b	1,200	b <u>START-UP COSTS</u>	32b	5,000
22 Labor hired (less employment credits)	22		c <u>PRE PROD. EXPENSE</u>	32c	-4,455
			d _____	32d	
			e _____	32e	
			f _____	32f	
33 Total expenses. Add lines 10 through 32f. If line 32f is negative, see instructions ▶	33			33	32,488
34 Net farm profit or (loss). Subtract line 33 from line 9.	34			34	-6,463

If a profit, stop here and see instructions for where to report. If a loss, complete lines 35 and 36.

35 Did you receive a subsidy in 2011? (see instructions) Yes No

36 Check the box that describes your investment in this activity and see instructions for where to report your loss.

a All investment is at risk. **b** Some investment is not at risk.

Name of person with self-employment income (as shown on Form 1040) I.M. HOPEFULL	Social security number of person with self-employment income ▶	321-88-7777
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Section B—Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for the definition of church employee income.

A	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I	▶	<input type="checkbox"/>
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b	(0)
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note. Skip this line if you use the nonfarm optional method (see instructions)	2	-48
3	Combine lines 1a, 1b, and 2.	3	-48
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3. Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions	4a	-48
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	4,480
c	Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue	4c	4,432
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	0
b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b	0
6	Add lines 4c and 5b	6	4,432
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 4.2% portion of the 5.65% railroad retirement (tier 1) tax for 2011	7	106,800.00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$106,800 or more, skip lines 8b through 10, and go to line 11	8a	7,000
b	Unreported tips subject to social security tax (from Form 4137, line 10)	8b	0
c	Wages subject to social security tax (from Form 8919, line 10)	8c	
d	Add lines 8a, 8b and 8c	8d	7,000
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	99,800
10	Multiply the smaller of line 6 or line 9 by 10.4% (.104)	10	461
11	Multiply line 6 by 2.9% (.029)	11	129
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56, or Form 1040NR, line 54	12	590
13	Deduction for employer-equivalent portion of self-employment tax. Add the two following amounts. • 59.6% (.596) of line 10. 275 • One-half of line 11. 65 Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	13	340

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income ¹ was not more than \$6,720 or (b) your net farm profits ² were less than \$4,851.			
14	Maximum income for optional methods	14	4,480.00
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$4,480. Also, include this amount on line 4b above	15	4,480
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$4,851 and also less than 72.189% of your gross nonfarm income ⁴ , and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.			
16	Subtract line 15 from line 14	16	0
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	0

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

⁴ From Sch. C, line 7; Sch. C-EZ, line 1d; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Child and Dependent Care Expenses

1040A
1040
1040NR

2011

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

▶ See separate instructions.

2441

Attachment
Sequence No. **21**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

I. M. / SHEEZA HOPEFULL

Your social security number

321-88-7777

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)
	LOVING ARMS, LLC	123 COZY WAY EREHWON NC 27660	48-1234560	1,800

Did you receive dependent care benefits?

No —————> Complete only Part II below.

Yes —————> Complete Part III next on the next page.

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 59a, or Form 1040NR, line 58a.

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 2011 for the person listed in column (a)
First	Last		
MIA	HOPEFULL	321-88-7779	1,800

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	1,800																																																												
4	Enter your earned income . See instructions	4	11,092																																																												
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	45,000																																																												
6	Enter the smallest of line 3, 4, or 5	6	1,800																																																												
7	Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	7	40,274																																																												
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	x 0.22																																																												
	<table border="0"> <tr> <td colspan="3">If line 7 is:</td> <td colspan="3">If line 7 is:</td> </tr> <tr> <td>Over</td> <td>But not over</td> <td>Decimal amount is</td> <td>Over</td> <td>But not over</td> <td>Decimal amount is</td> </tr> <tr> <td>\$0—15,000</td> <td></td> <td>.35</td> <td>\$29,000—31,000</td> <td></td> <td>.27</td> </tr> <tr> <td>15,000—17,000</td> <td></td> <td>.34</td> <td>31,000—33,000</td> <td></td> <td>.26</td> </tr> <tr> <td>17,000—19,000</td> <td></td> <td>.33</td> <td>33,000—35,000</td> <td></td> <td>.25</td> </tr> <tr> <td>19,000—21,000</td> <td></td> <td>.32</td> <td>35,000—37,000</td> <td></td> <td>.24</td> </tr> <tr> <td>21,000—23,000</td> <td></td> <td>.31</td> <td>37,000—39,000</td> <td></td> <td>.23</td> </tr> <tr> <td>23,000—25,000</td> <td></td> <td>.30</td> <td>39,000—41,000</td> <td></td> <td>.22</td> </tr> <tr> <td>25,000—27,000</td> <td></td> <td>.29</td> <td>41,000—43,000</td> <td></td> <td>.21</td> </tr> <tr> <td>27,000—29,000</td> <td></td> <td>.28</td> <td>43,000—No limit</td> <td></td> <td>.20</td> </tr> </table>	If line 7 is:			If line 7 is:			Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	\$0—15,000		.35	\$29,000—31,000		.27	15,000—17,000		.34	31,000—33,000		.26	17,000—19,000		.33	33,000—35,000		.25	19,000—21,000		.32	35,000—37,000		.24	21,000—23,000		.31	37,000—39,000		.23	23,000—25,000		.30	39,000—41,000		.22	25,000—27,000		.29	41,000—43,000		.21	27,000—29,000		.28	43,000—No limit		.20		
If line 7 is:			If line 7 is:																																																												
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17,000—19,000		.33	33,000—35,000		.25																																																										
19,000—21,000		.32	35,000—37,000		.24																																																										
21,000—23,000		.31	37,000—39,000		.23																																																										
23,000—25,000		.30	39,000—41,000		.22																																																										
25,000—27,000		.29	41,000—43,000		.21																																																										
27,000—29,000		.28	43,000—No limit		.20																																																										
9	Multiply line 6 by the decimal amount on line 8. If you paid 2010 expenses in 2011, see the instructions	9	396																																																												
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions.	10	1,668																																																												
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	396																																																												

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Form **2441** (2011)

Part III Dependent Care Benefits

12	Enter the total amount of dependent care benefits you received in 2011. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	0
13	Enter the amount, if any, you carried over from 2010 and used in 2011 during the grace period. See instructions	13	
14	Enter the amount, if any, you forfeited or carried forward to 2012. See instructions	14	(0)
15	Combine lines 12 through 14. See instructions	15	0
16	Enter the total amount of qualified expenses incurred in 2011 for the care of the qualifying person(s)	16	1,800
17	Enter the smaller of line 15 or 16	17	0
18	Enter your earned income . See instructions	18	11,092
19	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. 	19	45,000
20	Enter the smallest of line 17, 18, or 19	20	0
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19)	21	5,000
22	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input checked="" type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22	0
23	Subtract line 22 from line 15	23	0
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	0
25	Excluded benefits. Form 1040 and 1040NR filers: If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. Form 1040A filers: Enter the smaller of line 20 or line 21	25	0
26	Taxable benefits. Form 1040 and 1040NR filers: Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7; or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7; or Form 1040NR, line 8, enter "DCB." Form 1040A filers: Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB"	26	0

To claim the child and dependent care credit, complete lines 27 through 31 below.

27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	3,000
28	Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25	28	0
29	Subtract line 28 from line 27. If zero or less, stop . You cannot take the credit. Exception. If you paid 2010 expenses in 2011, see the instructions for line 9	29	3,000
30	Complete line 2 on page 1 of this form. Do not include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30	1,800
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	1,800

KIA

Form 2441 (2011)

Health Savings Account (HSAs)

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040 or Form 1040NR.** ▶ **See separate instructions.**

Attachment
Sequence No. **53**

Name(s) shown on Form 1040 or Form 1040NR

I . M . / SHEEZA HOPEFULL

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

321-88-7777

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1 Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2011 (see instructions) ▶			<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2 HSA contributions you made for 2011 (or those made on your behalf), including those made from January 1, 2012, through April 17, 2012, that were for 2011. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2			5,125
3 If you were under age 55 at the end of 2011, and on the first day of every month during 2011, you were, or were considered, an eligible individual with the same coverage, enter \$3,050 (\$6,150 for family coverage). All others , see the instructions for the amount to enter	3			6,150
4 Enter the amount you and your employer contributed to your Archer MSAs for 2011 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2011, also include any amount contributed to your spouse's Archer MSAs	4			0
5 Subtract line 4 from line 3. If zero or less, enter -0-	5			6,150
6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2011, see the instructions for the amount to enter	6			6,150
7 If you were age 55 or older at the end of 2011, married, and you or your spouse had family coverage under an HDHP at any time during 2011, enter your additional contribution amount (see instructions)	7			
8 Add lines 6 and 7	8			6,150
9 Employer contributions made to your HSAs for 2011	9	0		
10 Qualified HSA funding distributions	10	0		
11 Add lines 9 and 10	11			0
12 Subtract line 11 from line 8. If zero or less, enter -0-	12			6,150
13 HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25	13			5,125

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a Total distributions you received in 2011 from all HSAs (see instructions)				1,200
b Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b			
c Subtract line 14b from line 14a	14c			1,200
15 Unreimbursed qualified medical expenses (see instructions)	15			1,200
16 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16			0
17a If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>	17a			
b Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 60, or Form 1040NR, line 59. On the dotted line next to Form 1040, line 60, or Form 1040NR, line 59, enter "HSA" and the amount	17b			0

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

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Qualified HSA distribution	18	
19	Last-month rule	19	
20	Qualified HSA funding distribution	20	
21	Total income. Add lines 18, 19, and 20. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount	21	0
22	Additional tax. Multiply line 21 by 10% (.10). Include this amount in the total on Form 1040, line 60, or Form 1040NR, line 59. On the dotted line next to Form 1040, line 60, or Form 1040NR, line 59, enter "HDHP" and the amount	22	0

KIA

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return I. M. HOPEFULL	Business or activity to which this form relates SCHEDULE F (FORM 1040)	Identifying number 321-88-7777
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Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	0
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	500,000
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	0
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		11,000	7.00	HY	150DB	1,178
d 10-year property						
e 15-year property		3,000	15.00	HY	150DB	150
f 20-year property		20,000	20.00	HY	150DB	750
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	0
22	Total. Add amounts from line 12, lines 14 through 17, line 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2,078
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

In cooperation with the participating land-grant universities, this project is supported by USDA-Risk Management Agency grant 11-E-53102-092. The information reflects the views of the author(s) and not USDA-RMA. This return was prepared for RuralTax.org.

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [] No 24b If "Yes," is the evidence written? [X] Yes [] No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Includes rows 30-36.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table with 2 columns: Yes, No. Includes rows 37-41.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

I . M . HOPEFULL

Business or activity to which this form relates

SCHEDULE C (FORM 1040)

Identifying number

321-88-7777

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	0
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	500,000
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	0
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		15,000	5.00	HY	200DB	3,000
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	0
22	Total. Add amounts from line 12, lines 14 through 17, line 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,000
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	