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INDIVIDUAL PRACTICE SET #1
MOIRA RYAN
SOLUTION NOTES FOR INSTRUCTOR
INDIVIDUAL FEDERAL INCOME TAX RETURN
2012-2013 ANNUAL EDITION

1-2 Solutions to Individual Practice Set #1

Form 1040 Department of the Treasury—Internal Revenue Service (99) 2011		OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.
For the year Jan. 1–Dec. 31, 2011, or other tax year beginning _____, 2011, ending _____, 20			
Your first name and initial Moira S		Last name Ryan	
Your social security number 123-45-6782		Your spouse's social security number	
If a joint return, spouse's first name and initial		Last name	
Home address (number and street). If you have a P.O. box, see instructions. 1249 North Homestead Road		Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). North Platte NE 69101		Foreign country name Foreign province/country Foreign postal code	
Filing Status		Presidential Election Campaign	
1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. 4 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Qualifying widow(er) with dependent child		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. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Exemptions		Boxes checked on 6a and 6b	
6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input type="checkbox"/> Spouse		No. of children on 6c who: • lived with you _____ • did not live with you due to divorce or separation (see instructions) _____	
c Dependents: (1) First name Last name (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)		Dependents on 6c not entered above	
Oliver Ryan 123-45-6786 Son Jane Sullivan 123-45-6787 Parent		2	
d Total number of exemptions claimed		Add numbers on lines above	
3		3	
Income			
7 Wages, salaries, tips, etc. Attach Form(s) W-2		7 26,000	
8a Taxable interest. Attach Schedule B if required		8a 5,260	
b Tax-exempt interest. Do not include on line 8a		8b 0	
9a Ordinary dividends. Attach Schedule B if required		9a 9,700	
b Qualified dividends		9b 8,000	
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 16,692	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here		13 500	
14 Other gains or (losses). Attach Form 4797		14	
15a IRA distributions		15a 0	
b Taxable amount		15b 0	
16a Pensions and annuities		16a 26,000	
b Taxable amount		16b 26,000	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17 -1,754	
18 Farm income or (loss). Attach Schedule F		18 0	
19 Unemployment compensation		19	
20a Social security benefits		20a	
b Taxable amount		20b	
21 Other income. List type and amount SEE ATTACHED		21 2,092	
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income		22 84,490	
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 0	
26 Moving expenses. Attach Form 3903		26 2,072	
27 Deductible part of self-employment tax. Attach Schedule SE		27 1,179	
28 Self-employed SEP, SIMPLE, and qualified plans		28 5,000	
29 Self-employed health insurance deduction		29 3,400	
30 Penalty on early withdrawal of savings		30 0	
31a Alimony paid b Recipient's SSN		31a 0	
32 IRA deduction		32 0	
33 Student loan interest deduction		33 0	
34 Tuition and fees. Attach Form 8917		34 0	
35 Domestic production activities deduction. Attach Form 8903		35 0	
36 Add lines 23 through 35		36 11,651	
37 Subtract line 36 from line 22. This is your adjusted gross income		37 72,839	
KIA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2011)			

Form 1040 (2011)		Maira S Ryan		123-45-6782		Page 2	
Tax and Credits		38	Amount from line 37 (adjusted gross income)	38	72,839		
39a Check <input type="checkbox"/> You were born before January 2, 1947, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1947, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a <input type="checkbox"/>							
b If your spouse itemizes on a separate return, or you were a dual-status alien, check here <input type="checkbox"/> 39b <input type="checkbox"/>							
Standard Deduction for—		40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	32,647		
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.		41	Subtract line 40 from line 38	41	40,192		
• All others:		42	Exemptions. Multiply \$3,700 by the number on line 6d	42	11,100		
Single or Married filing separately, \$5,800		43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	29,092		
Married filing jointly or Qualifying widow(er), \$11,600		44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election	44	2,479		
Head of household, \$8,500		45	Alternative minimum tax (see instructions). Attach Form 6251	45	0		
		46	Add lines 44 and 45	46	2,479		
		47	Foreign tax credit. Attach Form 1116 if required	47	0		
		48	Credit for child and dependent care expenses. Attach Form 2441	48	0		
		49	Education credits from Form 8863, line 23	49	1,500		
		50	Retirement savings contributions credit. Attach Form 8880	50	0		
		51	Child tax credit (see instructions)	51	0		
		52	Residential energy credits. Attach Form 5695	52	460		
		53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	0		
		54	Add lines 47 through 53. These are your total credits	54	1,960		
		55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	519		
Other Taxes		56	Self-employment tax. Attach Schedule SE	56	2,050		
		57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	0		
		58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	0		
		59a	Household employment taxes from Schedule H	59a	0		
		59b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	0		
		60	Other taxes Enter code(s) from instructions	60	0		
		61	Add lines 55 through 60. This is your total tax	61	2,569		
Payments		62	Federal income tax withheld from Forms W-2 and 1099	62	4,560		
		63	2011 estimated tax payments and amount applied from 2010 return	63	0		
If you have a qualifying child, attach Schedule EIC.		64a	Earned income credit (EIC)	64a	0		
		64b	Nontaxable combat pay election	64b	0		
		65	Additional child tax credit. Attach Form 8812	65	0		
		66	American opportunity credit from Form 8863, line 14	66	1,000		
		67	First-time homebuyer credit from Form 5405, line 10	67	0		
		68	Amount paid with request for extension to file	68	0		
		69	Excess social security and tier 1 RRTA tax withheld	69	0		
		70	Credit for federal tax on fuels. Attach Form 4136	70	0		
		71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885.	71	0		
		72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	5,560		
Refund		73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	2,991		
Direct deposit? See instructions.		74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74a	2,991		
		b	Routing number XXXXXXXXXX	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
		d	Account number XXXXXXXXXXXXXXXXXXXX				
		75	Amount of line 73 you want applied to your 2012 estimated tax	75	0		
Amount You Owe		76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	0		
		77	Estimated tax penalty (see instructions)	77	0		
Third Party Designee		Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below <input checked="" type="checkbox"/> No					
		Designee's name	Phone no.	Personal identification number (PIN)			
Sign Here		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.					
Joint return? See instructions. Keep a copy for your records.		Your signature	Date	Your occupation	Daytime phone number		
		Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)		
Paid Preparer Use Only		Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN	
		Firm's name	Firm's EIN				
		Firm's address	Phone no.				

1-4 Solutions to Individual Practice Set #1

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040
Moirira S Ryan

Itemized Deductions

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2011
Attachment
Sequence No. **07**

Your social security number
123-45-6782

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions)	1	3,200
2	Enter amount from Form 1040, line 38	2	72,839
3	Multiply line 2 by 7.5% (.075)	3	5,463
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0
Taxes You Paid	5 State and local (check only one box):		
	a. <input checked="" type="checkbox"/> Income taxes, or	5	1,465
	b. <input type="checkbox"/> General sales taxes	6	2,868
	6 Real estate taxes (see instructions)	7	200
	7 Personal property taxes	8	0
	8 Other taxes. List type and amount ▶		
	9 Add lines 5 through 8	9	4,533
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	9,100
	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
Note. Your mortgage interest deduction may be limited (see instructions).	12 Points not reported to you on Form 1098. See instructions for special rules	12	0
	13 Mortgage insurance premiums (see instructions)	13	0
	14 Investment interest. Attach Form 4952 if required. (See instructions).	14	3,000
	15 Add lines 10 through 14	15	12,100
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	9,400
If you made a gift and got a benefit for it, see instructions.	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	9,400
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	5,516
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	700
	23 Other expenses—investment, safe deposit box, etc. List type and amount ▶ HOBBY LOSS	23	1,855
	24 Add lines 21 through 23	24	2,555
	25 Enter amount from Form 1040, line 38	25	72,839
	26 Multiply line 25 by 2% (.02)	26	1,457
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	1,098
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	32,647
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>		

SCHEDULE B
(Form 1040A or 1040)**Interest and Ordinary Dividends**

OMB No. 1545-0074

2011Attachment
Sequence No. **08**Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040A or 1040.

▶ See Instructions.

Name(s) shown on return

Maira S Ryan

Your social security number
123-45-6782**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 ▶
- First Nebraska Bank
- Cornhusker Savings Bank

(See instructions for Schedule B, and the 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.

- 2** Add the amounts on line 1
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶

Note: If line 4 is over \$1,500, you must complete Part III.**Amount**260
5,000**1****2**

5,260

3**4**

5,260

Part II**Ordinary Dividends**

- 5** List name of payer ▶
- Estate of Gerald Ryan
- Joseph Schwartz
- First national Bank

(See the instructions for Schedule B, and the 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.

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

Amount3,200
5,000
1,500**5****6**

9,700

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

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.

Part III
Foreign Accounts and Trusts
(See instructions.)

- 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 ▶
- 8** During 2011, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions.

Yes	No
	X
	X
X	

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

Schedule B (Form 1040A or 1040) 2011

1-6 Solutions to Individual Practice Set #1

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 Moira S Ryan		Social security number (SSN) 123-45-6782
A Principal business or profession, including product or service (see instructions) Catering Services		B Enter code from instructions 722300
C Business name. If no separate business name, leave blank. Moira's Magical Morsels		D Employer ID number (EIN), (see instr.) 11-1234567
E Business address (including suite or room no.) ► 3450 Chicago Street City, town or post office, state, and ZIP code North Platte NE 69101		
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 type="checkbox"/> Yes <input checked="" 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-	1a	0	
b Gross receipts or sales not entered on line 1a (see instructions)	1b	77,100	
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	1c	0	
d Total gross receipts. Add lines 1a through 1c	1d	77,100	
2 Returns and allowances plus any other adjustments (see instructions)	2		
3 Subtract line 2 from line 1d	3	77,100	
4 Cost of goods sold (from line 42)	4	0	
5 Gross profit. Subtract line 4 from line 3	5	77,100	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6		
7 Gross income. Add lines 5 and 6	7	77,100	

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8	700	18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	5,800	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	6,000	a Vehicles, machinery, & equipment	20a	0
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	25,253	21 Repairs and maintenance	21	350
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	12,000
15 Insurance (other than health)	15	320	23 Taxes and licenses	23	475
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b	650	b Deductible meals and entertainment (see instructions)	24b	1,000
17 Legal and professional services	17	1,100	25 Utilities	25	5,600
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	60,408	26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	16,692	27a Other expenses (from line 48)	27a	1,160
30 Expenses for business use of your home. Attach Form 8829 . Do not report such expenses elsewhere	30	0	b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29.	31	16,692			

• 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).
• 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.
Estates and trusts, enter on **Form 1041, line 3**.
• If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

32a ☒ All investment is at risk.
32b ☐ Some investment is not at risk.

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

Schedule C (Form 1040) 2011

Schedule C (Form 1040) 2011

Maira S Ryan

123-45-6782

Page 2

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		0
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		0

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? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

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

Veternarian Services	700
Feed for Rottweiler	400
Journal Subscription	60
48 Total other expenses. Enter here and on line 27a	48 1,160

KIA

Schedule C (Form 1040) 2011

1-8 Solutions to Individual Practice Set #1

SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

► Attach to Form 1040 or Form 1040NR. ► See instructions for Schedule D (Form 1040).
► Use Form 8949 to list your transactions for lines 1, 2, 3, 8, 9, and 10.

OMB No. 1545-0074

2011

Attachment
Sequence No. **12**

Name(s) shown on return

Moira S Ryan

Your social security number

123-45-6782

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

Complete Form 8949 before completing line 1, 2, or 3.

This form may be easier to complete if you round off cents to whole dollars.

	(e) Sales price from Form(s) 8949, line 2, column (e)	(f) Cost or other basis from Form(s) 8949, line 2, column (f)	(g) Adjustments to gain or loss from Form(s) 8949, line 2, column (g)	(h) Gain or (loss) Combine columns (e), (f), and (g)
1 Short-term totals from all Forms 8949 with box A checked in Part I	0	(0)	0	0
2 Short-term totals from all Forms 8949 with box B checked in Part I	0	(0)	0	0
3 Short-term totals from all Forms 8949 with box C checked in Part I	2,600	(11,000)	0	-8,400
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	0
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions.			6	(0)
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on next page			7	-8,400

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

Complete Form 8949 before completing line 8, 9, or 10.

This form may be easier to complete if you round off cents to whole dollars.

	(e) Sales price from Form(s) 8949, line 4, column (e)	(f) Cost or other basis from Form(s) 8949, line 4, column (f)	(g) Adjustments to gain or loss from Form(s) 8949, line 4, column (g)	(h) Gain or (loss) Combine columns (e), (f), and (g)
8 Long-term totals from all Forms 8949 with box A checked in Part II	0	(0)	0	0
9 Long-term totals from all Forms 8949 with box B checked in Part II	0	(0)	0	0
10 Long-term totals from all Forms 8949 with box C checked in Part II	75,800	(74,100)	0	1,700
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	0
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
13 Capital gain distributions. See the instructions			13	7,200
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	(0)
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (h). Then go to Part III on page 2			15	8,900

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

Schedule D (Form 1040) 2011

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	500
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
17	Are lines 15 and 16 both gains?		
	<input checked="" type="checkbox"/> Yes. Go to line 18.		
	<input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions ▶	18	0
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions ▶	19	0
20	Are lines 18 and 19 both zero or blank?		
	<input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below.		
	<input type="checkbox"/> No. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
	<ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) } 	21	()
	Note. When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
	<input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).		
	<input type="checkbox"/> No. Complete the rest of Form 1040 and Form 1040NR.		