| orm 1040                  | U.S. Individual Income Tax Return <b>2010</b>  | RS yae Only 🗕                           | Do not write or staple in this space  |
|---------------------------|--|---|---|
|                           | For the year Jan 1 - Dec 31, 2010, or other tax year beginning , 2010, ending  | . 20                                    | QA/E No. 1545-0074  |
|                           | Your first, came Mi Last name  | ·····                                   | Your sectal security number   |
|                           | Dominic M Chavez   |   |   |
|                           | If a your return, spouse's first name Mi Last name   |   | Spouse's social ascertly number   |
|                           | Julie M Dunn   |   |   |
| കെ കലായിയിയ പ്            |  | ment rio                                | Make sure the SSN(s)  |
|                           | 9401 Queenswood  |   | above and on line 6c  |
| h                         | City, Iown or post office. If you have a foreign address, see instructions. State ZIP code   | *                                       | A are correct.  |
|                           | Austin TX 78748  |   | Checking a box below will not   |
| lection 🗄                 | <del></del>  |   | change ýour lax or relund.  |
| ampaign J                 | Check here if you, or your spouse if filing joinly, want \$3 to go to this lund?   |   | Yau <b>Spaus</b> e  |
| iling Status              |  | : (with qualit                          | fying persoл) (See  |
| <b>u</b>                  | 2 X Marcied filing jointly (even if only one had income) instructions.) If the but not your dependent                                      | ident enter                             | this child's  |
| neck only                 | 3 📋 Married Ring separately. Enter spouse's SSN above & full 👘 👘 name here 🔸 📃   |   |   |
| a box.                    | nante here. 🕨 5 🗍 Quelitying widow(  | er) with depe                           | andent ehrid  |
| xemptions                 | 6a 🔣 Yourself. If someone can claim you as a dependent, do not check box 6a.   |   | Boxes checked   |
| Addiptione                | b X Spouse   |   |   |
|                           | (2) Dependent's (3) Dependent's  | 5 (4)                                   | d on Sc who:  |
|                           | c Dependents: social security relationship<br>number to you  | child u<br>age                          | ngder ∎lived<br>™<br>Markav with you  |
|                           | (1) First name Last name Date 7 10 you   | age<br>quartevi<br>chito t<br>(369 ir   | av cr did not   |
|                           | i i Son  | x I                                     | dua to divorce  |
| more than four            | ( : Daughter   | · 反                                     | where we are a set of the set of |
| spendents, see            | i ibaugiicer   |   | Dependente<br>on Bc not   |
| structions and            |  |   | entered above .   |
| eck here 💷 🖿 📘            |  |   | Add numbers<br>on lines   |
|                           | d Total number of exemptions claimed   |   |   |
| солте                     | 7 Wages, salaries, tips, etc. Attach Form(s) W-2   |   | 7 106,716.  |
| Lone                      | 8 a Taxable interest. Attach Schedule B if required  | -                                       | <u>8a</u> 289.  |
|                           | b Tax-exempt interest. Do not include on line 8a   |   | a contraction of the second   |
| ach Forin(s)              | 9 a Ordinary dividends. Attach Schedule B if required  |   | <u>9a</u> 515.  |
| 2 here. Alse<br>ach Forms | b Qualified dividends  | 249.                                    |   |
| ZG and 1099-R             | 10       Taxable refunds, credits, or offsets of state and local income taxes         11       Alimony received                            |   | 10  |
| an was wîthheid.          | 11 Alimony received.   |   | 11 12   |
| ចា ឡាច 101                | <ul> <li>13 Capital gain or (loss). Att Sch D if rogd. If not regd, ck here</li> </ul>   |   | 13  |
| a W-2,<br>Grstructions,   | 14 Other gains or (Josses) Altach Form 4797  |   | 14  |
| an sé den gross           | 15 a iRA distributions   |   | 15b   |
|                           | 16a Pensions and annuities 15a b Taxable amount  |   | 16b   |
|                           | 17 Rental real estate, royalties, partnerships, 5 corporations, trusts, etc. Attach Schedul  | 17                                      |   |
| close, but do             | 18 Farm (noome or (loss). Atlach Schedule F  |   | 18  |
| altach, any               | 19 Unemployment compensation   |   | 19  |
| ment, Alsu,<br>ase usa    | Z0 a Social security benefits  |   | 20.6  |
| m 1040-V.                 | 21 Other income  | T I I I I I I I I I I I I I I I I I I I | 21  |
|                           | 21         Other income           22         Combine the amounts in the far right column for lines 7 through 21. This is your total income | , . • ·                                 | 22 107,520.   |
|                           | 23 Educator expenses   |   |   |
| djusted                   | 24 Certain business expenses of reservists, performing artists, and fee-basis  |   |   |
| oss<br>come               | government officials. Attach Ferm 2106 et 2106 EZ  |   |   |
| Jointe                    | 25     Health savings account deduction, Attach Form \$889     25       26     Moving expenses, Attach Form \$903     26                   |   |   |
|                           | 27 One-tail of self-employment tax Atlach Schedule SE 27   |   | -   |
|                           |  |   |   |
|                           |  | • ·                                     |   |
|                           | 29     Self-employed health insurance deduction     29       28     Repoly or each with draws' of emulant                                  | <u> </u>                                |   |
|                           | 30 Penalty on early withdrawal of savings  | ······                                  |   |
|                           | 31 a Almony psid b Recipient's SSN   | ·                                       |   |
|                           | 32         IRA deduction         32           33         Student loan interest deduction         33  |   |   |
|                           | 33 Sebeem loan interest deduction  | ······································  |   |
|                           | 35 Domestic production activities geduction, Attach Form 8903  |   |   |
|                           | http://www.aci/www.aci/www.aci/www.aci/www.aci/www.aci/www.aci/www.aci/www.aci/www.aci/www.aci/www.aci/www.aci/                            | ·····-                                  | 36  |
|                           | <b>36</b> Add lines 23 - 31a and 32 - 35   |   |   |

| Form 1040 (201                     | 0) Dominic M Chavez & Julie M Dunn  |  | Page 2                                 |
|------------------------------------|---|--|--|
| Tax and                            | 38 Amount from line 37 (adjusted gross income)  | . 38 1   | 07,520.                                |
| Credits                            | 39 a Check You were born before January 2, 1946, Blind. Total boxes   |  |  |
|                                    | ift 🔄 🗌 Spouse was born before January 2, 1946, 🔛 Blind. checked 🕨 39 a   |  |  |
|                                    | b If your spouse itemizes on a separate return, or you were a dual-status alien, check here 💿 💿 🕨 39 b 📗  |  |  |
|                                    | 40 Itemized deductions (from Schedule A) or your standard deduction (see instructions)  |  | 16,531.                                |
|                                    | 41 Subtract line 40 from line 38  | the second se  | 90,989.                                |
|                                    | <ul> <li>42 Exemptions, Multiply \$3,650 by the number on line 6d.</li> <li>43 Taxable income. Subtract line 42 from line 41.</li> </ul>  | . 42   | 14,600.                                |
|                                    | If the 42 is more than line 47, enter -0- ,   | 43   | 76,389.                                |
|                                    | 44 Tax (see instrs). Check if any lax is from: a Form(s) 8814   |  |  |
|                                    | b Form 4972   | . 44   | 12,431.                                |
|                                    | 45 Alternative minimum tax (see instructions). Attach Form 6251   | . 45   |  |
|                                    | 46 Add lines 44 and 45  | 46   | 11,431.                                |
|                                    | 47 Foreign tax credit. Atlach Form 1116 if required   |  |  |
|                                    | 48 Credil for claid and dependent care expenses. Alrach Form 2441   |  |  |
|                                    | 49 Education credits from Form 8863, line 23  |  |  |
|                                    | 50 Relirement savings contributions credit. Attach Form 8880 50   |  |  |
|                                    | 51 Child tax credit (see instructions)  |  |  |
|                                    | 52 Residential energy credits. Atlach Form 5695   |  |  |
|                                    | 53 Opericits from Form: a 3800 b 8801 c 53  |  |  |
|                                    | 54 Add lines 47 through 53. These are your total credits  | 54   | 2,621.                                 |
|                                    | 55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0   | day and the second s  | 8,810.                                 |
| Other                              | 56 Self-employment tax. Attach Schedule SE  | 56   | -                                      |
| Taxes                              | 57 Unreperted social security and Medicare tax from Form: a 4137 b 8919   |  | ······································ |
|                                    | 58 Additional lax on IRAs, other qualified retirement plans, etc. Atlactif Form 5329 if required  | A CONTRACTOR OF A CONTRACTOR O |  |
|                                    | 60 Add lines 55-59. This is your total tax  | 59<br>60   | 0 010                                  |
|                                    | 61 Federal income tax withheld from Forms W-2 and 1099  |  | 8,810.                                 |
| Payments                           | 62 2010 estimated lax payments and amount applied from 2009 return  |  |  |
| If you have a                      | 7 63 Making work pay credit. Atlach Schedule M  |  |  |
| qualifying                         | 64a Earned income credit (EIC).   |  |  |
| child, attach<br>Schagule EIC      | b Nor4axable combat pay election 64 b   |  |  |
|                                    | 65 Additional child tax credit, Attach Form 8812  |  |  |
|                                    | 66 American opportunity credit from Form 8863, Jine 14 66   |  |  |
|                                    | 67 First-lime homebuyer credit from Form 5405, line 10  |  |  |
|                                    | 68 Amount peld with request for extension to file   |  |  |
|                                    | 69 Excess social security and ther 1 RRTA tax withheid 69   |  |  |
|                                    | 70 Credit for federal tax on fuels, Atlach Form 4136  |  |  |
|                                    | 71 Credits from Form: a 2439 b 8839 c 8801 d 8885 71  |  |  |
|                                    | 72 Add Ins 61-63, 64a, & 65-71. These are your total prits  |  | 9,582.                                 |
| Refund                             | 73 If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid  | 73   | 772.                                   |
|                                    | 74 a Amount of fine 73 you want refunded to you. If Form 8888 is attached, check here   | 74a  | 772.                                   |
| Direct deposit?                    | b Routing number     c Type: Checking X Savings     d Account number  |  |  |
| See instructions.                  | have the second s |  |  |
| Amount                             | 75 Amount of the 73 you want applied to your 2011 estimated tax     75     76 Amount you owe. Subtract fine 72 from line 50. For details on how to pay see instructions   |  |  |
| You Owe                            |   | 76   |  |
|                                    |   | and the second   |  |
| Third Party                        | Do you want to allow another person to discuss this return with the IRS (see instructions)?   | olete below.   | X No                                   |
| Designee                           | Designae's Phone p  | ersonal idenutication  |  |
|                                    | name na na  | umber (PIN)  |  |
| Sign                               | Inder penalties of penury, I declare that I have examined this return and accompanying schedulos and statements, and to the best of my<br>baller, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer ha  | r knowledge and<br>s any knowledge.  |  |
| Here                               | Your signature Date Your occupation   | Deviane phone number   |  |
| Joint return?<br>See instructions. | Government Relations  |  |  |
| Keep a copy                        | Spouse's signature. If e joint return, both must sign. Date Spouse's occupation   |  |  |
| for your records.                  | Insurance   |  |  |
|                                    | Print/Type preparers name Preparer signature Date Onock   | d PT-N   |  |
| Paid                               | seif-extraction   |  |  |
| Preparer's                         | Penseane  Self-Prepared   |  |  |
| Use Only                           | Firm's address. > Firm's Eily   | ►  |  |
|                                    | Phone no,   |  | no management                          |

| <b>1040</b>                      |                  | nent of the Treasury—Intern                             |                  |                                     | 2         | 011                       |              | lo. 1545-0074      | LiBS Use Or    | niv—i    | Io not write or staple in this   | e space.  |
|----------------------------------|------------------|---|------------------|-------------------------------------|-----------|---------------------------|--------------|--------------------|----------------|----------|--|-----------|
| For the year Jan. 1De            |                  | 1, or other tax year beginni                            |                  |                                     | .2        | 2011, ending              |              | , 20               | 1.110 000 01   |          | e separate instruction   |           |
| Your first name and              |                  | ,   | Last na          | me                                  |           |                           |              |                    |                |          | ur social security num   |           |
| Dominic M                        |                  |   | Chav             | <i>r</i> ez                         |           |                           |              |                    |                |          |  |           |
| If a joint return, spo           | use's firs       | name and initial  | Last na          | me                                  |           |                           |              |                    |                | '  Spr   | ouse's social security n   | umber     |
| Julie M                          |                  |   | Dunr             | 1                                   |           |                           |              |                    |                |          |  |           |
| Home address (nur                | nber and         | street). If you have a P.0                              | D. box, see in   | structions.                         |           |                           |              |                    | Apt. no.       |          | Make sure the SSN(s<br>and on line 6c are co   |           |
| City, town or post               | - etate :        | and 71P code. If you have a                             | a foreign addre  | ess, also complete                  | spaces b  | elow (see inst            | ructions).   |                    |                | P        | residential Election Can   | npaign    |
| Foreign country nar              | ne               |   |                  | Foreign pr                          | ovince/ci | ounty                     |              | Foreign            | oostal oode    | - jointl | ck here if you, or your spouse<br>ly, want \$3 to go to this fund.<br>x below will not change your<br>nd. <b>You</b>   | . Checkir |
| Filing Status                    | 1                | Single  |                  |                                     |           | 4                         | 🗌 Hea        | d of household     | i (with quali  | fying    | person). (See instructio   | ns.) If   |
| -                                | 2                | Married filing joir                                     |                  | •                                   |           |                           |              |                    |                | i but i  | not your dependent, en   | ter this  |
| Check only one                   | 3                | Married filing sep                                      |                  | ter spouse's S                      | SN abov   |                           |              | d's name here.     |                |          |  |           |
| box.                             | <u> </u>         | and full name he  |                  |                                     |           | 5                         | <u> </u>     | alifying widow     | · ·            | зрел     |  |           |
| Exemptions                       | 6a               | Yourself, If so   |                  | -                                   | depend    | ient, do no               | ot checi     | k box 6a .         | < • • •        | • }      | Boxes checked<br>on 6a and 6b  | 2         |
|                                  | <u>b</u>         | Dependents:   | <u></u>          |                                     | , ,<br>Ha | (2) Bassa                 |              | <br>(4) √ if child | under sole 17  | , j      | No, of children<br>on 6c who:  |           |
|                                  | C<br>(1) First   | •   | ame              | (2) Dependent<br>social security nu | 1         | (3) Depen<br>relationship |              | qualifying for c   | hild tax credi | t        | <ul> <li>lived with you</li> </ul>   | 2         |
|                                  | <u>(1)</u> Files |   | ane              |                                     |           | Son                       |              | (see instr         |                | ·        | <ul> <li>did not live with<br/>you due to divorce</li> </ul>   |           |
| If more than four                |                  |   |                  |                                     |           | Daught                    | er           | K                  |                | ******** | or separation<br>(see instructions)  |           |
| dependents, see                  |                  |   | VII.             |                                     |           |                           |              |                    | 1              |          | Dependents on 6c   |           |
| instructions and check here ►    |                  |   |                  |                                     |           |                           |              |                    |                |          | not entered above  |           |
|                                  | d                | Total number of ex                                      | emptions c       | iaimed                              |           |                           | - , -        |                    | • • •          |          | Add numbers on lines above 🕨   | 4         |
| Income                           | 7                | Wages, salaries, tip                                    | os, etc. Atta    |                                     |           |                           |              |                    |                | 7        | 110,153.   | T         |
| moome                            | 8a               | Taxable interest. A                                     | ttach Sche       | dule B if requir                    | ed.       |                           |              |                    | [              | 8a       | 76.  |           |
|                                  | ь                | Tax-exempt intere                                       | st. Do not i     | nclude on line                      | 8a .      | 8b                        |              |                    |                |          |  |           |
| Attach Form(s)<br>W-2 here, Also | 9a               | Ordinary dividends                                      | . Attach Scl     | hedule B if req                     | uired     |                           |              |                    |                | 9a       | 680.   |           |
| attach Forms                     | Ь                | Qualified dividends                                     | <i>.</i>         |                                     | · ·       | 9b                        | l            | 340                | ·              |          |  | -         |
| W-2G and                         | 10               | Taxable refunds, cr                                     | redits, or of    | sets of state a                     | nd local  | l income ta               | ixes .       |                    |                | 10       |  |           |
| 1099-R if tax<br>was withheld.   | 11               | Alimony received  |                  |                                     |           |                           |              |                    |                | 11       | ······································   | <u> </u>  |
| was withineid,                   | 12               | Business income o                                       |                  |                                     |           |                           |              |                    |                | 12       |  | ļ         |
| lf you did not                   | 13               | Capital gain or (loss                                   | •                |                                     |           |                           | red, ch      | eok here 🕨         |                | 13       | 43.  | <u></u>   |
| get a W-2,                       | 14               | Other gains or (loss                                    | í I              | Form 4797 .                         | · ·       | 1                         | · · ·        |                    | · · ·          | 14       |  |           |
| see instructions.                | 15a              | IRA distributions                                       |                  |                                     |           |                           | axable a     |                    |                | 15b      | ·····  |           |
|                                  | 16a              | Pensions and annuit                                     |                  |                                     |           |                           |              | mount              |                | 16b      |  |           |
| Enclose, but do                  | 17<br>18         | Rental real estate, r<br>Farm income or (los            |                  | -                                   |           |                           |              |                    |                | 17       |  | +         |
| not attach, any                  | 19               | Unemployment cor  |                  |                                     |           |                           |              |                    |                | 18<br>19 |  | +         |
| payment. Also.<br>please use     | 20a              | Social security bene                                    | 1                |                                     |           |                           |              | mount , ,          |                | 206      |  | <u> </u>  |
| Form 1040-V.                     | 21               | Other income, List                                      |                  |                                     |           |                           |              |                    |                | 21       |  |           |
|                                  | 22               | Combine the amount                                      | s in the far rig | aht column for li                   | nes 7 thr | ough 21. Tr               | is is you    | r total incom      | • ►            | 22       | 110,952.   | 1         |
|                                  | 23               | Educator expenses                                       |                  |                                     |           |                           |              |                    |                |          |  |           |
| Adjusted                         | 24               | Certain business expe                                   |                  |                                     |           | · · · · · ·               | -            |                    |                |          |  |           |
| Gross                            |                  | fee-basis government                                    |                  |                                     | -         |                           |              |                    |                |          |  |           |
| Income                           | 25               | Health savings account deduction, Attach Form 8889 . 25 |                  |                                     |           |                           |              |                    |                |          |  |           |
|                                  | 26               | Moving expenses.  | Attach Form      | n 3903                              |           | . 26                      |              |                    |                |          |  | ļ         |
|                                  | 27               | Deductible part of sel                                  | f-employmer      | rt tax. Attach Sc                   | hedule S  | E. 27                     |              |                    |                |          |  |           |
|                                  | 28               | Self-employed SEP                                       |                  |                                     |           |                           |              |                    |                |          |  |           |
|                                  | 29               | Self-employed heal                                      |                  |                                     |           |                           |              |                    |                |          | a service and the service of the ser |           |
|                                  | 3 <b>0</b>       | Penalty on early wit                                    |                  | -                                   |           |                           |              |                    | - <b> </b>     |          |  |           |
|                                  | 31a              | Alimony paid <b>b</b> Re                                |                  |                                     |           |                           |              |                    | <b></b>        |          |  |           |
|                                  | 32               | IRA deduction .   |                  |                                     |           |                           |              |                    | +              |          | ver  |           |
|                                  | 33               | Student loan interes                                    |                  |                                     |           |                           |              |                    |                |          |  |           |
|                                  | 34               | Tuition and fees. At                                    |                  |                                     |           |                           |              |                    | +              |          |  |           |
|                                  | 35               | Domestic production                                     |                  |                                     |           |                           |              |                    |                |          |  | ı         |
|                                  | 36<br>37         | Add lines 23 throug<br>Subtract line 36 from            |                  |                                     |           |                           |              |                    |                | 36<br>37 | 110,952.   | ;         |
|                                  | <b>~</b> •       |   |                  | းကြင့်စွင်ကြေးများ                  | ~~~~~ 91  |                           | <del>-</del> | · · · ·            |                | ** }     | エエジ・ブラム・   |           |

| Form 1040 (2011                     | )        |   |           | Page 2           |  |  |
|-------------------------------------|----------|---|-----------|------------------|--|--|
| Tax and                             | 38       | Amount from line 37 (adjusted gross income)   | 38        | 110,952.         |  |  |
|                                     | 39a      | Check / Vou were born before January 2, 1947, Blind. Total boxes  |           |                  |  |  |
| Credits                             |          | if: Spouse was born before January 2, 1947, Blind, checked ► 39a  |           |                  |  |  |
| Standard                            | b        | If your spouse itemizes on a separate return or you were a dual-status alien, check here > 39b  |           |                  |  |  |
| Deduction                           | 40       | Itemized deductions (from Schedule A) or your standard deduction (see left margin)  | 40        | 37,732.          |  |  |
| for<br>• People who                 | 41       | Subtract line 40 from line 38   | 41        | 73,220.          |  |  |
| check any                           | 42       | Exemptions. Multiply \$3,700 by the number on line 6d.  | 42        | 14,800.          |  |  |
| box on line<br>39a or 395 <b>or</b> | 43       | <b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-  | 43        | 58,420.          |  |  |
| who can be<br>claimed as a          | 44       | Tax (see instructions). Check if any from: a 	 Form(s) 8814 b 	 Form 4972 c 	 962 election  | 44        | 7,854.           |  |  |
| dependent,                          | 45       | Alternative minimum tax (see instructions). Attach Form 6251  | 45        |                  |  |  |
| see<br>instructions.                | 46       | Add lines 44 and 45   | 46        | 7,854.           |  |  |
| <ul> <li>All others:</li> </ul>     | 47       | Foreign tax credit, Attach Form 1116 if required  |           | 7,004.           |  |  |
| Single or<br>Married filing         | 48       | Credit for child and dependent care expenses. Attach Form 2441 48 729.  | -         |                  |  |  |
| separately,                         | 49       | Education credits from Form 8863, line 23   | -         |                  |  |  |
| \$5,800<br>Married filing           | 49<br>50 | Retirement savings contributions credit, Attach Form 8880 50  | -         |                  |  |  |
| jointly or                          | 51       |   | -         |                  |  |  |
| Qualifying<br>widow(er),            | 52       | Child tax credit (see instructions)       51       1,950         Residential energy credits. Attach Form 5695       52  | -         |                  |  |  |
| \$11,600                            |          | Other credits from Form: a 3800 b 8801 c 53   | -         |                  |  |  |
| Head of<br>household,               | 53       | Add lines 47 through 53. These are your total credits   | EA        | 2,688.           |  |  |
| \$8,500                             | 54<br>55 | Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-   | 54        | 5,166.           |  |  |
| ~/                                  |          |   | 55        | 5,100.           |  |  |
| Other                               | 56       | Self-employment tax. Attach Schedule SE   | 56        |                  |  |  |
| Taxes                               | 57       | Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919  | 57        |                  |  |  |
|                                     | 58       | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required   | 58        |                  |  |  |
|                                     | 59a      | Household employment taxes from Schedule H  | 59a       |                  |  |  |
|                                     | b        | First-time homebuyer credit repayment. Attach Form 5405 if required   | 59b       |                  |  |  |
|                                     | 60       | Other taxes, Enter code(s) from instructions  | 60        |                  |  |  |
|                                     | 61       | Add lines 55 through 60. This is your total tax   | 61        | 5,166.           |  |  |
| Payments                            | 62       | Federal income tax withheld from Forms W-2 and 1099     62     10, 327.   | -         |                  |  |  |
| If you have a                       | 63       | 2011 estimated tax payments and amount applied from 2010 return 63  |           |                  |  |  |
| qualifying                          | 64a      | Earned income credit (EIC)  | -         |                  |  |  |
| child, attach                       | ъ        | Nontaxable combat pay election 64b 000  |           |                  |  |  |
| Schedule EIC.                       | 65       | Additional child tax credit. Attach Form 8812   | -         |                  |  |  |
|                                     | 66       | American opportunity credit from Form 8863, line 14 66  | -         | 2                |  |  |
|                                     | 67<br>00 | First-time homebuyer credit from Form 5405, line 10 67  |           |                  |  |  |
|                                     | 68<br>68 | Amount paid with request for extension to file  | -         |                  |  |  |
|                                     | 69       | Excess social security and tier 1 RRTA tax withheld 69  |           |                  |  |  |
|                                     | 70       | Credit for federal tax on fuels. Attach Form 4136 70  |           |                  |  |  |
|                                     | 71<br>72 | Credits from Form: a 2439 b 8839 c 8801 d 8885 71   |           |                  |  |  |
| <b>D</b> .6                         |          | Add lines 62, 63, 64a, and 65 through 71. These are your total payments   | 72        | 10,327.          |  |  |
| Refund                              | 73       | If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid   | 73        | 5,161.           |  |  |
|                                     | 74a      | Amount of line 73 you want refunded to you. If Form 8888 is attached obeck here   | 74a       | 5,161.           |  |  |
| Direct deposit?<br>Sea              | ▶ b      | Routing number  |           |                  |  |  |
| instructions.                       | ► d      | Account number  |           |                  |  |  |
| Amount                              | 75       | Amount of line 73 you want applied to your 2012 estimated tax ► 75  |           |                  |  |  |
| Amount<br>You Owe                   | 76       | Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions  | 76        |                  |  |  |
| Tou Owe                             | 77       | Estimated tax penalty (see instructions)  |           |                  |  |  |
| Third Party                         | Da       | you want to allow another person to discuss this return with the IRS (see instructions)?  | , Compi   | lete below. 🔣 No |  |  |
| Designee                            |          | signee's Personal identifi  | cation    |                  |  |  |
| Sign                                |          | ne number (PIN)   | <b>•</b>  |                  |  |  |
| Here                                |          | ier penalties of perjury. I declare that I have examined this return and accompanying schedules and statements, and to the<br>y are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepa |           |                  |  |  |
| nere                                |          |   |           |                  |  |  |
| Joint return? See                   |          |   |           |                  |  |  |
| instructions.<br>Keep a copy for    | -        | Government         Relations           Spouse's signature. If a joint return, both must sign.         Date         Spouse's occupation         If the IRS sent you an Identity Prote  |           |                  |  |  |
| your records.                       | , spo    |   | PIN, erae |                  |  |  |
|                                     | Prin     | NType preparer's name Preparer's signature Date   | here (see | PTIN             |  |  |
| Paid                                | 1.618    | N/Type preparer's name Preparer's signature Date  | Check     | Li it            |  |  |
| Preparer                            |          |   | self-em   | noyed            |  |  |
| Use Only                            |          | n's name ► SELF PREPARED Firm's EIN ►   |           |                  |  |  |
|                                     | Firm     | n's address > Phone no.   |           |                  |  |  |