

**Name,
Address,
and SSN**

(See separate instructions.)

PRINT
CLEARLY

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

Your first name and initial

Paige

Last name

Turner

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.

523 Essex Street

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see instructions.

Bangor

ME 04401

Your social security number

007-16-4727

Spouse's social security number

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

Checking a box below will not change your tax or refund

Presidential

Election Campaign

► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund

☒ **You**

☐ **Spouse**

Filing Status

1 ☒ **Single**

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. ►

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

3 ☐ **Married filing separately**. Enter spouse's SSN above and full 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:**

(1) First name Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) Check if child under age 17 qualifying for child tax credit (see page 15)

Boxes checked on 6a and 6b

1

No. of children on 6c who:

• lived with you
• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above

1

d Total number of exemptions claimed

If more than four dependents, see instructions and check here ☐

Income

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

7 67,097

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

8a 1,200

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

8b 0

9a Ordinary dividends. Attach Schedule B if required

9a 300

b Qualified dividends

9b 300

10 Taxable refunds, credits, or offsets of state and local income taxes

10 60

11 Alimony received

11

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

12 11,933

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

13 -1,435

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 1,120

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

Punitive damages from

21 1,000

22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income**

22 81,275

**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 0

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

27 843

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 b Recipient's SSN ► 006-45-6333

31a 4,800

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 31a and 32 through 35

36 5,643

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

37 75,632

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	75,632
39a	Check <input type="checkbox"/> You were born before January 2, 1946, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked 39a 0 if: <input type="checkbox"/> Spouse was born before January 2, 1946, <input type="checkbox"/> Blind. 39b		
b	If your spouse itemizes on a separate return, or you were a dual-status alien, check here		
40	Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	19,265
41	Subtract line 40 from line 38	41	56,367
42	Exemptions. Multiply \$3,650 by the number on line 6d	42	3,650
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	52,717
44	Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	9,333
45	Alternative minimum tax (see instructions). Attach Form 6251	45	0
46	Add lines 44 and 45	46	9,333
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	0
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	0
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	0
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	9,333

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	1,686
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
59	a <input type="checkbox"/> Form(s) W-2, box 9 b <input type="checkbox"/> Schedule H c <input type="checkbox"/> Form 5405, line 16	59	0
60	Add lines 55 through 59. This is your total tax	60	11,019

Payments

If you have a qualifying child, attach Schedule EIC.

61	Federal income tax withheld from Forms W-2 and 1099	61	7,230
62	2010 estimated tax payments and amount applied from 2009 return	62	700
63	Making work pay credit. Attach Schedule M	63	387
64a	Earned income credit (EIC)	64a	
b	Nontaxable combat pay election 64b		
65	Additional child tax credit. Attach Form 8812	65	
66	American opportunity credit from Form 8863, line 14	66	
67	First-time homebuyer credit from Form 5405, line 10	67	0
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	0
70	Credit for federal tax on fuels. Attach Form 4136	70	
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 61, 62, 63, 64a, and 65 through 71. These are your total payments	72	8,317

Refund

Direct deposit? See instructions.

73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	73	
74a	Amount of line 73 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	74a	
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 2011 estimated tax	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 60. For details on how to pay, see instructions	76	2,741
77	Estimated tax penalty (see instructions)	77	39

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

Joint return? See page 12. 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	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
Firm's name	Firm's EIN			
Firm's address	Phone no.			

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions**

OMB No. 1545-0074

2010Attachment
Sequence No. **07**▶ **Attach to Form 1040.**▶ **See Instructions for Schedule A (Form 1040).**

Name(s) shown on Form 1040

Paige Turner

Your social security number

007-16-4727

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1	3,745	
2	Enter amount from Form 1040, line 38	2	75,632	
3	Multiply line 2 by 7.5% (.075)	3	5,672	
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	5,587	
	b. <input type="checkbox"/> General sales taxes	6	2,050	
6	Real estate taxes (see instructions)	6		
7	New motor vehicle taxes from line 11 of the worksheet on next page (for certain vehicles purchased in 2009). Skip this line if you checked box 5b	7		
8	Other taxes. List type and amount ▶ Personal property tax	8	168	
9	Add lines 5 through 8	9		7,805
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	9,035	
Note. Your mortgage interest deduction may be limited (see instructions).	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	0	
	14 Investment interest. Attach Form 4952 if required. (See instructions)	14		
	15 Add lines 10 through 14	15		9,035
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	2,065	
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	360	
	18 Carryover from prior year	18	0	
	19 Add lines 16 through 18	19		2,425
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.) ▶ Form 2106 ----- -----	21	295	
	22 Tax preparation fees	22	325	
	23 Other expenses—investment, safe deposit box, etc. List type and amount ▶ ----- -----	23	0	
	24 Add lines 21 through 23	24	620	
	25 Enter amount from Form 1040, line 38	25	75,632	
	26 Multiply line 25 by 2% (.02)	26	1,513	
	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		19,265
	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)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

► **Attach to Form 1040A or 1040.**

► **See Instructions.**

OMB No. 1545-0074

2010
Attachment
Sequence No. **08**

Name(s) shown on return
Paige

Turner

Your social security number
007-16-4727

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 ►
Broker

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

Note: If you
received a Form
1099-INT, Form
1099-OID, or
substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the total interest
shown on that
form.

- 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.

Part II
**Ordinary
Dividends**

(See 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.

- 5** List name of payer ►
General Dynamics
- 6** Add the amounts on line 5. Enter the total here and on Form 1040A, or Form
1040, line 9a ►

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

Part III
**Foreign
Accounts
and Trusts**

(See
instructions.)

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

- 7a** At any time during 2010, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1
- b** If "Yes," enter the name of the foreign country ►
- 8** During 2010, 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.

Amount

1,200

1

2

1,200

3

4

1,200

Amount

300

5

6

300

Yes No

X

X

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

► **Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.**
► **Attach to Form 1040, 1040NR, or 1041.** ► **See Instructions for Schedule C (Form 1040).**

OMB No. 1545-0074

2010

Attachment
Sequence No. **09**

Name of proprietor Paige Turner		Social security number (SSN) 007-16-4727
A Principal business or profession, including product or service (see instructions) Realtor		B Enter code from pages C-9, 10, & 11 531210
C Business name. If no separate business name, leave blank. Turner Real Estate		D Employer ID number (EIN), if any 05-8799561
E Business address (including suite or room no.) City, town or post office, state, and ZIP code 692 River Rd Bangor ME 04401		
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 2010? 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 2010, check here . . . <input type="checkbox"/>		

Part I Income

1 Gross receipts or sales. Caution. See instructions and check the box if: • This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or • You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also, see instructions for limit on losses.		1	21,250
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	21,250
4 Cost of goods sold (from line 42 on page 2)		4	0
5 Gross profit. Subtract line 4 from line 3		5	21,250
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	21,250

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

8 Advertising	8	2,200	18 Office expense	18	95
9 Car and truck expenses (see instructions)	9	112	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, & equipment	20a	0
12 Depletion	12		b Other business property	20b	6,000
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	0	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)	15		23 Taxes and licenses	23	130
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	180
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	0
17 Legal and professional services	17		25 Utilities	25	600
			26 Wages (less employment credits)	26	
			27 Other expenses (from line 48 on page 2)	27	0
28 Total expenses before expenses for business use of home. Add lines 8 through 27			28	9,317	
29 Tentative profit or (loss). Subtract line 28 from line 7			29	11,933	
30 Expenses for business use of your home. Attach Form 8829			30	0	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 , and Schedule SE, line 2 , or on Form 1040NR, line 13 (if you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.			31	11,933	
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 , and Schedule SE, line 2 , or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.					
			32a	<input type="checkbox"/> All investment is at risk.	
			32b	<input type="checkbox"/> Some investment is not at risk.	

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 page 1, 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) ▶ 1/1/2009

44 Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for:

a Business 6,000 **b** Commuting (see instructions) 200 **c** Other 8,800

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.

48 Total other expenses. Enter here and on page 1, line 27	48 0

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 Schedule D-1 to list additional transactions for lines 1 and 8.**

OMB No. 1545-0074

2010

Attachment
Sequence No. **12**

Name(s) shown on return

Paige

Turner

Your social security number

007-16-4727

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo. day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1 Cassill Corp	2/19/10	10/20/10	8,075	9,760	-1,685
2 Enter your short-term totals, if any, from Schedule D-1, line 2	2	0			0
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)	3	8,075			
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 10 of your Capital Loss Carryover Worksheet of page D-7 of the instructions.	6	(0)			
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)	7	-1,685			

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo. day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
8 Nebraska bonds	10/22/05	3/14/10	2,140	1,890	250
9 Enter your long-term totals, if any, from Schedule D-1, line 9	9	0			0
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)	10	2,140			
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 page D-2 of the instructions	13				0
14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet on page D-7 of the instructions	14	(0)			
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2	15	250			

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-1,435
	<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 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 on page D-8 of the instructions ▶	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-9 of the instructions ▶	19	
20	Are lines 18 and 19 both zero or blank? <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). 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 on page D-10 of 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) } <p>Note. When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	(1,435)
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <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). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

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

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

▶ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

2010

Attachment
Sequence No. **13**

Name(s) shown on return

Paige Turner

Your social security number

007-16-4727

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

1	List the type and location of each rental real estate property:	2	For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: <ul style="list-style-type: none">• 14 days or• 10% of the total days rented at fair rental value? (See page E-3.)	Yes	No
A	Rental House 100.0% 35 Harvest Street Orono ME 04473			A	X
B				B	
C				C	

Income:

		Properties			Totals (Add columns A, B, and C.)
		A	B	C	
3	Rents received	2,400			2,400
4	Royalties received	0	0	0	0

Expenses:

5	Advertising	0			
6	Auto and travel (see page E-4)	0			
7	Cleaning and maintenance	0			
8	Commissions	0			
9	Insurance	495			
10	Legal and other professional fees	0			
11	Management fees	350			
12	Mortgage interest paid to banks, etc. (see page E-5)	0			0
13	Other interest	0			
14	Repairs	585			
15	Supplies	0			
16	Taxes	770			
17	Utilities	0			
18	Other (list) ▶ _____ _____ _____ _____	0 0 0 0			

19	Add lines 5 through 18	2,200	0	0	2,200
20	Depreciation expense or depletion (see page E-5)	1,080			1,080
21	Total expenses. Add lines 19 and 20	3,280	0	0	
22	Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file Form 6198	-880	0	0	
23	Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 8582 . Real estate professionals must complete line 43 on page 2	(880)	()	()	
24	Income. Add positive amounts shown on line 22. Do not include any losses				0
25	Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here.				(880)
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2				-880

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Paige Turner

Your social security number

007-16-4727

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations** **Note.** If you report a loss from an at-risk activity for which any amount is **not** at risk, you **must** check the box in column (e) on line 28 and attach **Form 6198**. See page E-1.

- 27** Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see page E-7 before completing this section. ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	Grubstake	S		45-4567890	
B					
C					
D					

Passive Income and Loss			Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1	
A	2,000				
B					
C					
D					
29a Totals	2,000			0	
b Totals	0	0	0		
30 Add columns (g) and (j) of line 29a					2,000
31 Add columns (f), (h), and (i) of line 29b					(0)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below					2,000

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		
Passive Income and Loss		Nonpassive Income and Loss
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1
A		
B		
34a Totals	0	0
b Totals	0	0
35 Add columns (d) and (f) of line 34a		0
36 Add columns (c) and (e) of line 34b		(0)
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below		0

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q , line 2c (see page E-8)	(d) Taxable income (net loss) from Schedules Q , line 1b	(e) Income from Schedules Q , line 3b
			0	0	0
39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below					0

Part V Summary

40 Net farm rental income or (loss) from Form 4835 . Also, complete line 42 below	40	0
41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	1,120
42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), line 14, code F (see page E-8)	42	
43 Reconciliation for real estate professionals. If you were a real estate professional (see page E-2), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	0

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

OMB No. 1545-0074

2010
Attachment
Sequence No. **17**

▶ **Attach to Form 1040 or Form 1040NR.** ▶ **See Instructions for Schedule SE (Form 1040).**

Name of person with **self-employment** income (as shown on Form 1040)

Paige Turner

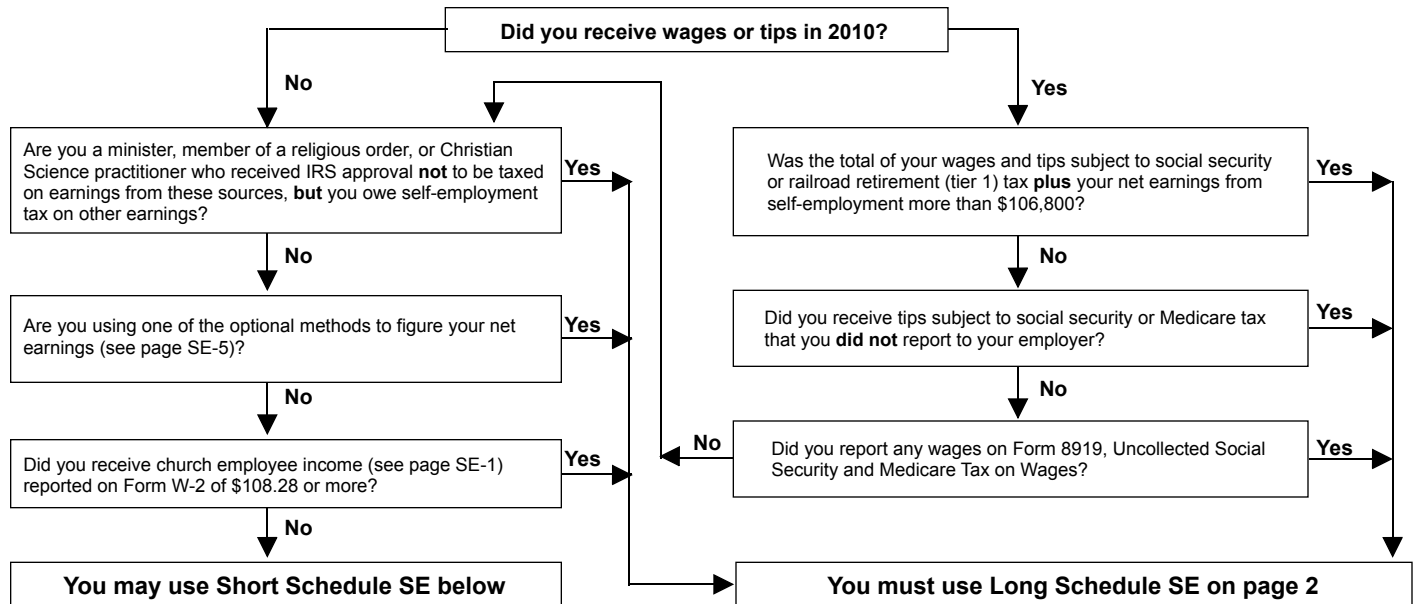
Social security number of person
with **self-employment** income ▶

007-16-4727

Before you begin: To determine if you must file Schedule SE, see the instructions on page SE-1.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE*, on page SE-1.



Section A—Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A.	1a	0
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, 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; and 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 page SE-1 for types of income to report on this line. See page SE-3 for other income to report	2	11,933
3 Combine lines 1a, 1b, and 2. Subtract from that total the amount on Form 1040, line 29, or Form 1040NR, line 29, and enter the result (see page SE-3)	3	11,933
4 Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b ▶	4	11,020
Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see page SE-3.		
5 Self-employment tax. If the amount on line 4 is: • \$106,800 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56 , or Form 1040NR, line 54 . • More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$13,243.20 to the result. Enter the total here and on Form 1040, line 56 , or Form 1040NR, line 54 .	5	1,686
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27 , or Form 1040NR, line 27	6	843

Form **2106**Department of the Treasury
Internal Revenue Service (99)**Employee Business Expenses**

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2010Attachment
Sequence No. 129

Your name

Paige

Turner

Occupation in which you incurred expenses

Nuclear Engineer

Social security number

007-16-4727

Part I Employee Business Expenses and Reimbursements**Step 1 Enter Your Expenses**

	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	0	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work . . .	0	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment . .		
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment	295	
5 Meals and entertainment expenses (see instructions)		
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	295	

Note: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.**Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1**

7 Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions)	7	0	
---	---	---	--

Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8)	8	295	0
Note: If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.			
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	9	295	0
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 9). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.) ▶	10		295

KIA For Paperwork Reduction Act Notice, see your tax return instructions.Form **2106** (2010)

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No. 1545-0172

2010Attachment
Sequence No. **67**

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

Name(s) shown on return

Paige Turner

Business or activity to which this form relates

Rental Royalty 1

Identifying number

007-16-4727

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 2009 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 2011. 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 2010	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 2010 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						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	8/1/2010	79,200	27.5 yrs.	MM	S/L	1,080
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 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	1,080
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	

KIA For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2010)

Name(s) shown on your income tax return

Identifying number

Section B. Donated Property over \$5,000 (Except Certain Publicly Traded Securities)—List in this section only items (or groups of similar items) for which you claimed a deduction of more than \$5,000 per item or group (except contributions of certain publicly traded securities reported in Section A). An appraisal is generally required for property listed in Section B (see instructions).**Part I Information on Donated Property**—To be completed by the taxpayer and/or the appraiser.**4** Check the box that describes the type of property donated:

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Art* (contribution of \$20,000 or more) | <input type="checkbox"/> Qualified Conservation Contribution | <input type="checkbox"/> Equipment |
| <input type="checkbox"/> Art* (contribution of less than \$20,000) | <input type="checkbox"/> Other Real Estate | <input type="checkbox"/> Securities |
| <input type="checkbox"/> Collectibles** | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Other |

*Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antiques, decorative arts, textiles, carpets, silver, rare manuscripts, historical memorabilia, and other similar objects.

** Collectibles include coins, stamps, books, gems, jewelry, sports memorabilia, dolls, etc., but not art as defined above.

Note: In certain cases, you must attach a qualified appraisal of the property. See instructions.

5	(a) Description of donated property (if you need more space, attach a separate statement)	(b) If tangible property was donated, give a brief summary of the overall physical condition of the property at the time of the gift	(c) Appraised fair market value
A			
B			
C			
D			

	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received	See instructions	
					(h) Amount claimed as a deduction	(i) Average trading price of securities
A						
B						
C						
D						

Part II Taxpayer (Donor) Statement— List each item included in Part I above that the appraisal identifies as having a value of \$500 or less. See instructions.

I declare that the following item(s) included in Part I above has to the best of my knowledge and belief an appraised value of not more than \$500 (per item). Enter identifying letter from Part I and describe the specific item. See instructions. ▶

Signature of taxpayer (donor) ▶

Date ▶

Part III Declaration of Appraiser

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to any person who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed the majority of my appraisals during my tax year for other persons.

Also, I declare that I hold myself out to the public as an appraiser or perform appraisals on a regular basis; and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued. I certify that the appraisal fees were not based on a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal or this Form 8283 may subject me to the penalty under section 6701(a) (aiding and abetting the understatement of tax liability). In addition, I understand that a substantial or gross valuation misstatement resulting from the appraisal of the value of the property that I know, or reasonably should know, would be used in connection with a return or claim for refund, may subject me to the penalty under section 6695A. I affirm that I have not been barred from presenting evidence or testimony by the Office of Professional Responsibility.

Sign**Here**

Signature ▶

Title ▶

Date ▶

Business address (including room or suite no.)

Identifying number

City or town, state, and ZIP code

Part IV Donee Acknowledgment—To be completed by the charitable organization.

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on the following date ▶

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any portion thereof) within 3 years after the date of receipt, it will file **Form 8282**, Donee Information Return, with the IRS and give the donor a copy of that form. This acknowledgment does not represent agreement with the claimed fair market value.Does the organization intend to use the property for an unrelated use? ▶ ☐ Yes ☐ No

Name of charitable organization (donee)

Employer identification number

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

Authorized signature

Title

Date

Casualties and Thefts

- ▶ See separate instructions.
▶ Attach to your tax return.
▶ Use a separate Form 4684 for each casualty or theft.

Name(s) shown on tax return

Paige Turner

Identifying number

007-16-4727

SECTION A—Personal Use Property (Use this section to report casualties and thefts of property **not** used in a trade or business or for income-producing purposes.)

- 1 Description of properties (show type, location, and date acquired for each property). Use a separate line for each property lost or damaged from the same casualty or theft.

Property A	Brooch	Home	6/12/03
Property B	Cash	Home	
Property C			
Property D			

		Properties			
		A	B	C	D
2	Cost or other basis of each property	6,000	300		
3	Insurance or other reimbursement (whether or not you filed a claim) (see instructions)	500	100		
Note: If line 2 is more than line 3, skip line 4.					
4	Gain from casualty or theft. If line 3 is more than line 2, enter the difference here and skip lines 5 through 9 for that column. See instructions if line 3 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year	0	0	0	0
5	Fair market value before casualty or theft	7,500	300		
6	Fair market value after casualty or theft	0	0		
7	Subtract line 6 from line 5	7,500	300	0	0
8	Enter the smaller of line 2 or line 7	6,000	300	0	0
9	Subtract line 3 from line 8. If zero or less, enter -0-	5,500	200	0	0
10	Casualty or theft loss. Add the amounts on line 9 in columns A through D	5,700			
11	Enter the smaller of line 10 or \$100	100			
12	Subtract line 11 from line 10	5,600			
Caution: Use only one Form 4684 for lines 13 through 21.					
13	Add the amounts on line 12 of all Forms 4684	5,600			
14	Add the amounts on line 4 of all Forms 4684	0			
15	<ul style="list-style-type: none"> • If line 14 is more than line 13, enter the difference here and on Schedule D. Do not complete the rest of this section (see instructions). • If line 14 is less than line 13, enter -0- here and go to line 16. • If line 14 is equal to line 13, enter -0- here. Do not complete the rest of this section. 	0			
16	If line 14 is less than line 13, enter the difference	5,600			
17	Does the amount on line 12 include a loss from a disaster declared a federal disaster in tax years beginning after 2007 that occurred before 2010? <input type="checkbox"/> Yes. Enter the amount from line 3 of the Worksheet for Line 17, in the instructions. If you are filing Schedule A (Form 1040), go to line 18. Otherwise, enter this amount on Schedule L (Form 1040A or 1040). Do not complete the rest of Section A. Form 1040NR filers, see instructions. <input checked="" type="checkbox"/> No. Enter -0- and go to line 18	0			
18	Subtract line 17 from line 16	5,600			
19	Enter 10% of your adjusted gross income from Form 1040, line 38, or Form 1040NR, line 36. Estates and trusts, see instructions	7,563			
20	Subtract line 19 from line 18. If zero or less, enter -0-	0			
21	Add lines 17 and 20. Also enter the result on Schedule A (Form 1040), line 20, or Form 1040NR, Schedule A, line 8. Estates and trusts, enter the result on the "Other deductions" line of your tax return	0			

Name(s) shown on tax return. Do not enter name and identifying number if shown on first page of this form.

Paige Turner

Identifying number
007-16-4727**SECTION B—Business and Income-Producing Property****Part I Casualty or Theft Gain or Loss (Use a separate Part I for each casualty or theft.)****22** Description of properties (show type, location, and date acquired for each property). Use a separate line for each property lost or damaged from the same casualty or theft.

Property A _____

Property B _____

Property C _____

Property D _____

		Properties			
		A	B	C	D
23	Cost or adjusted basis of each property	23			
24	Insurance or other reimbursement (whether or not you filed a claim). See the instructions for line 3	24			
Note: If line 23 is more than line 24, skip line 25.					
25	Gain from casualty or theft. If line 24 is more than line 23, enter the difference here and on line 32 or line 37, column (c), except as provided in the instructions for line 36. Also, skip lines 26 through 30 for that column. See the instructions for line 4 if line 24 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year	25	0	0	0
26	Fair market value before casualty or theft	26			
27	Fair market value after casualty or theft	27			
28	Subtract line 27 from line 26	28	0	0	0
29	Enter the smaller of line 23 or line 28	29	0	0	0
Note: If the property was totally destroyed by casualty or lost from theft, enter on line 29 the amount from line 23.					
30	Subtract line 24 from line 29. If zero or less, enter -0-	30	0	0	0
31	Casualty or theft loss. Add the amounts on line 30. Enter the total here and on line 32 or line 37 (see instructions).	31	0		

Part II Summary of Gains and Losses (from separate Parts I)

(a) Identify casualty or theft	(b) Losses from casualties or thefts		(c) Gains from casualties or thefts includible in income
	(i) Trade, business, rental or royalty property	(ii) Income-producing and employee property	

Casualty or Theft of Property Held One Year or Less

32		(0)	(0)	0	
33	Totals. Add the amounts on line 32	33	(0)	(0)	0
34	Combine line 33, columns (b)(i) and (c). Enter the net gain or (loss) here and on Form 4797, line 14. If Form 4797 is not otherwise required, see instructions	34	0		
35	Enter the amount from line 33, column (b)(ii) here. Individuals, enter the amount from income-producing property on Schedule A (Form 1040), line 28, or Form 1040NR, Schedule A, line 16, and enter the amount from property used as an employee on Schedule A (Form 1040), line 23, or Form 1040NR, Schedule A, line 11. Estates and trusts, partnerships, and S corporations, see instructions	35	0		

Casualty or Theft of Property Held More Than One Year

36	Casualty or theft gains from Form 4797, line 32	36	0			
37		(0)	(0)	0		
38	Total losses. Add amounts on line 37, columns (b)(i) and (b)(ii)	38	(0)	(0)		
39	Total gains. Add lines 36 and 37, column (c)	39	0			
40	Add amounts on line 38, columns (b)(i) and (b)(ii)	41	0			
41	If the loss on line 40 is more than the gain on line 39:					
a	Combine line 38, column (b)(i) and line 39, and enter the net gain or (loss) here. Partnerships (except electing large partnerships) and S corporations, see the note below. All others, enter this amount on Form 4797, line 14. If Form 4797 is not otherwise required, see instructions	41a	0			
b	Enter the amount from line 38, column (b)(ii) here. Individuals, enter the amount from income-producing property on Schedule A (Form 1040), line 28, or Form 1040NR, Schedule A, line 16, and enter the amount from property used as an employee on Schedule A (Form 1040), line 23, or Form 1040NR, Schedule A, line 11. Estates and trusts, enter on the "Other deductions" line of your tax return. Partnerships (except electing large partnerships) and S corporations, see the note below. Electing large partnerships, enter on Form 1065-B, Part II, line 11	41b	0			
42	If the loss on line 40 is less than or equal to the gain on line 39, combine lines 39 and 40 and enter here. Partnerships (except electing large partnerships), see the note below. All others, enter this amount on Form 4797, line 3	42	0			
Note: Partnerships, enter the amount from line 41a, 41b, or line 42 on Form 1065, Schedule K, line 11. S corporations, enter the amount from line 41a or 41b on Form 1120S, Schedule K, line 10.						

Paige Turner

SSN: 007-16-4727

Note: You should attach this form to your tax return if you claimed a total deduction of over \$500 for all donated property. See IRS instructions for more information.

Section A. Donated Prop. of \$5000 or Less & Certain Publicly Traded Securities

Include in Section A **only** items (or groups of similar items) for which you claimed a deduction of \$5,000 or less per item or group. Also list certain publicly traded securities even if the deduction is over \$5,000. (See IRS Instructions.)

Part I Information on Donated Property

If you need more space, attach a statement.

1(a) Name/address of donee organization **(b)** Description of donated property
(For a donated vehicle, enter year make, model, condition and mileage, and attach Form 1098-C if required)

A Salvation Army
350 Stone Ridge Rd.

Clothing

B

C

D

E

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

	(c) Date of Contribtn	(d) Date acq'd	(e) How acqd by donor	(f) Donor's adj. basis	(g) FMV (see inst.)	(h) Method used to figure FMV
A	05/14/10	—	—	—	360	Thrift shop value
B	—	—	—	—	—	—
C	—	—	—	—	—	—
D	—	—	—	—	—	—
E	—	—	—	—	—	—

Part II Partial Interests and Restricted Use Property

Note: If you gave less than an entire interest in property listed in Part I complete lines 2a-2e. If restrictions were placed on a contribution listed in Part I, complete lines 3a-3c. Also attach the required statement (see instructions).

2a Enter the letter from Part I that identifies the property ▶

b Total claimed ded for prop in Pt I: (1) For this yr
(2) For any prior tax years

Complete question 2c only if different from the donee organization above.

c Name and address of organizations to which contribution made in prior year.
Organization (donee) name
Number and street
City/town,State,Zip code

d Where tangible property is located or kept ▶▶

e Name of any person, other than donee organization, having actual possession of the property ▶

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

KIA

Paige Turner
Section B

SSN: 007-16-4727

Donated Prop. over \$5000 (Except Certain Publicly Traded Securities)

Note: Include in Section B only items (or groups of similar items) for which you claimed a deduction of more than \$5,000 per item or group.

Exception: Report contributions of certain publicly traded securities only in Section A.

If you donated art, you may have to attach a complete appraisal.

Part I Information on Donated Property--To be completed by you or appraiser.**4. Check type of property:**

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Art* (\$20,000 or more) | <input type="checkbox"/> Qual'd Conserv. Contrib. | <input type="checkbox"/> Equipment |
| <input type="checkbox"/> Art* (under \$20,000) | <input type="checkbox"/> Other Real Estate | <input type="checkbox"/> Securities |
| <input type="checkbox"/> Collectibles** | <input type="checkbox"/> Intel. Prop. (patent, etc.) | <input type="checkbox"/> Other |

* Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antiques, decorative arts, textiles, carpets, silver, rare manuscripts, historical memorabilia, and other similar objects.

** Collectibles include coins, stamps, books, gems, jewelry, sports memorabilia, dolls, etc., but not art as defined above.

Note: In certain cases, you must attach a qualified appraisal of the property. See IRS instructions.

5. (a) Description (b) If tangible, physical condition (c) Appraised FMVA
B
C
D

(d) Date acquired	(e) How acq'd by donor	(f) Donor's adj. basis	(g) Bargain sales--enter amt rec'd	(h) Dedctn claimed	(i) Avg trade pr.
A					
B					
C					
D					

In column (i), enter the avg. trading price of securities. See IRS instr.

Part II Taxpayer (Donor) Statement

List each item included in Part I above that the appraisal identifies as having a value of \$500 or less. Enter the identifying letter from Part I and describe the specific item.

I declare that the following item(s) included in Part I above has to the best of my knowledge and belief an appraised value of not more than \$500

(per item): Letter(s) Description Date

Signature of taxpayer(donor) Date

Part III Declaration of Appraiser

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to any person who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed the majority of my appraisals during my tax year for other persons.

Also, I declare that I hold myself out to the public as an appraiser or perform appraisals on a regular basis; and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued. I certify the appraisal fees were not based on a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal or this Form 8283 may subject me to the penalty under section 6701(a) (aiding and abetting the understatement of tax liability). In addition, I understand that a substantial or gross valuation misstatement resulting from the appraisal of the value of the property that I know, or reasonably should know, would be used in connection with a return or claim for refund, may subject me to the penalty under section 6695A.

I affirm that I have not been barred from presenting evidence or testimony by the Office of Professional Responsibility.

Signature: _____ Title: _____ Date: _____

Address: _____ Identifying number: _____
City/town: _____ State: _____ ZIP Code: _____

Part IV Donee Acknowledgment--To be completed by the charitable organization

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on the following date

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any

**Not
for
Filing**

portion thereof) within 3 years after the date of receipt, it will file Form 8282, Donee Information Return, with the IRS and give the donor a copy of that form. This acknowledgment does not represent agreement with the claimed fair market value.

Does the org'n intend to use the prop for an unrelated use? ☐ Yes ☐ No
Charitable organization: Emplr ID:

Number and street:
City, state, zip: , Title: Date:
Authorized signature:

**Not
for
Filing**

SCHEDULE M
(Form 1040A or 1040)

Making Work Pay Credit

OMB No. 1545-0074

2010

Attachment
Sequence No. **166**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040A or 1040.**

▶ **See separate instructions.**

Name(s) shown on return

Paige Turner

Your social security number

007-16-4727

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

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

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

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

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

☒ **Yes.** Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.

☐ **No.** Enter your earned income (see instructions)

1a

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

1b

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

2

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

3

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

4

400

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

5

75,632

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

6

75,000

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

☐ **No.** Skip line 8. Enter the amount from line 4 on line 9 below.

☒ **Yes.** Subtract line 6 from line 5

7

632

8 Multiply line 7 by 2% (.02)

8

13

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

9

387

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

☒ **No.** Enter -0- on line 10 and go to line 11.

☐ **Yes.** Enter the total of the payments you (and your spouse, if filing jointly) received in **2010**. Do not enter more than \$250 (\$500 if married filing jointly)

10

0

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

11

387

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

▼ Detach Here and Mail With Your Payment and Return ▼

Form **1040-V** (2010)

**Department of the Treasury
Internal Revenue Service**

2010

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the "United States Treasury."
- ▶ Write your social security number (SSN) on your check or money order.

Amount you are paying by
check or money order ▶

2,741

007-16-4727

KIA 1017

Paige Turner

523 Essex Street
Bangor

ME 04401

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