

For the year Jan 1 - Dec 31, 2012, or other tax year beginning , 2012, ending , 20

Your first name and initial Guy Last name Focal Your social security number 444-55-6666

If a joint return, spouse's first name and initial Mary Last name Focal Spouse's social security number 555-66-7777

Home address (number and street). If you have a P.O. box, see instructions. Camp Place Apartment no. ▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). New Orleans LA 70130

Foreign country name Foreign province/state/country Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? Checking a box below will not change your tax or refund. You Spouse

Filing Status

1 Single

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

3 Married filing separately. Enter spouse's SSN above & full name here . . . ▶

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ▶

5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

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

b Spouse

Boxes checked on 6a and 6b 2

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax cr (see instrs)	<input type="checkbox"/> if child under age 17	<input type="checkbox"/> if child under age 17	<input type="checkbox"/> if child under age 17

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

Dependents on 6c not entered above

Add numbers on lines above 2

d Total number of exemptions claimed **2**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	89,632.
8 a	Taxable interest. Attach Schedule B if required	8 a	147.
	b Tax-exempt interest. Do not include on line 8a	8 b	
9 a	Ordinary dividends. Attach Schedule B if required	9 a	89.
	b Qualified dividends.	9 b	71.
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received.	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	2,427.
13	Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here <input checked="" type="checkbox"/>	13	44.
14	Other gains or (losses). Attach Form 4797	14	
15 a	IRA distributions	15 a	
	b Taxable amount	15 b	
16 a	Pensions and annuities	16 a	
	b Taxable amount	16 b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20 a	Social security benefits	20 a	
	b Taxable amount	20 b	
21	Other income	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	92,339.

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

23	Educator expenses	23	250.
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	171.
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31 a	Alimony paid b Recipient's SSN ▶	31 a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	421.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	91,918.

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 91,918.
39 a Check [] You were born before January 2, 1948, [] Blind. Total boxes
if: [] Spouse was born before January 2, 1948, [] Blind. checked > 39 a []
b If your spouse itemizes on a separate return or you were a dual-status alien, check here > 39 b []

Standard Deduction for -

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others:

Single or Married filing separately, \$5,950

Married filing jointly or Qualifying widow(er), \$11,900

Head of household, \$8,700

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 13,599.
41 Subtract line 40 from line 38. 41 78,319.
42 Exemptions. Multiply \$3,800 by the number on line 6d 42 7,600.
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 70,719.
44 Tax (see instrs). Check if any from: a [] Form(s) 8814 c [] 962 election
b [] Form 4972. 44 9,727.
45 Alternative minimum tax (see instructions). Attach Form 6251 45
46 Add lines 44 and 45. 46 9,727.
47 Foreign tax credit. Attach Form 1116 if required 47
48 Credit for child and dependent care expenses. Attach Form 2441 48
49 Education credits from Form 8863, line 19. 49
50 Retirement savings contributions credit. Attach Form 8880 50
51 Child tax credit. Attach Schedule 8812, if required 51
52 Residential energy credits. Attach Form 5695 52
53 Other crs from Form: a [] 3800 b [] 8801 c [] 53
54 Add lines 47 through 53. These are your total credits 54
55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 9,727.

Other Taxes

56 Self-employment tax. Attach Schedule SE 56 298.
57 Unreported social security and Medicare tax from Form: a [] 4137 b [] 8919 57
58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58
59 a Household employment taxes from Schedule H 59 a
b First-time homebuyer credit repayment. Attach Form 5405 if required 59 b
60 Other taxes. Enter code(s) from instructions 60
61 Add lines 55-60. This is your total tax 61 10,025.

Payments

If you have a qualifying child, attach Schedule EIC.

62 Federal income tax withheld from Forms W-2 and 1099 62 12,310.
63 2012 estimated tax payments and amount applied from 2011 return 63
64 a Earned income credit (EIC) 64 a
b Nontaxable combat pay election > 64 b
65 Additional child tax credit. Attach Schedule 8812 65
66 American opportunity credit from Form 8863, line 8 66
67 Reserved 67
68 Amount paid with request for extension to file 68
69 Excess social security and tier 1 RRTA tax withheld 69
70 Credit for federal tax on fuels. Attach Form 4136 70
71 Credits from Form: a [] 2439 b [] Reserved c [] 8801 d [] 8885 71
72 Add lns 62, 63, 64a, & 65-71. These are your total pmts 72 12,310.

Refund

Direct deposit? See instructions.

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 73 2,285.
74 a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here > [] 74 a 2,285.
b Routing number XXXXXXXXXXXX c Type: [] Checking [] Savings
d Account number XXXXXXXXXXXXXXXXXXXX
75 Amount of line 73 you want applied to your 2013 estimated tax > 75

Amount You Owe

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions 76
77 Estimated tax penalty (see instructions) 77

Third Party Designee

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

Sign Here

Joint return? See instructions.

Keep a copy for your records.

Your signature Date Your occupation Daytime phone number
Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see instrs)

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check [] if PTIN
Peter Jason Riley CPA Peter Jason Riley CPA self-employed P00413102
Firm's name RILEY & ASSOCIATES, P.C. Firm's EIN 04-3577120
Firm's address 5 PERRY WAY - P O BOX 157 NEWBURYPORT MA 01950 Phone no. (978) 463-9350

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2012

Department of the Treasury
Internal Revenue Service (99)

► Information about Schedule A and its separate instructions is at www.irs.gov/form1040.
► Attach to Form 1040.

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

Guy & Mary Focal

444-55-6666

		1	2	3	4	
Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.					
	1 Medical and dental expenses (see instructions)	1				
	2 Enter amount from Form 1040, line 38	2				
	3 Multiply line 2 by 7.5% (.075)	3				
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				4		
Taxes You Paid	5 State and local (check only one box):					
	a <input checked="" type="checkbox"/> Income taxes, or	5	4,422.			
	b <input type="checkbox"/> General sales taxes					
	6 Real estate taxes (see instructions)	6	2,704.			
	7 Personal property taxes	7				
	8 Other taxes. List type and amount ►	8				
	9 Add lines 5 through 8	9			7,126.	
	Interest You Paid	10 Home mtg interest and points reported to you on Form 1098	10	5,515.		
		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 number, and address ►	11			
12 Points not reported to you on Form 1098. See instrs for spl rules		12				
13 Mortgage insurance premiums (see instructions)		13				
14 Investment interest. Attach Form 4952 if required. (See instrs.)		14				
15 Add lines 10 through 14		15			5,515.	
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instrs	16	580.		
	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	250.			
	18 Carryover from prior year	18				
	19 Add lines 16 through 18	19			830.	
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20				
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	21	1,966.			
	See Line 21 statement - Unreimbursed employee expenses					
	22 Tax preparation fees	22				
	23 Other expenses — investment, safe deposit box, etc. List type and amount ►	23				
	24 Add lines 21 through 23	24	1,966.			
	25 Enter amount from Form 1040, line 38	25	91,918.			
	26 Multiply line 25 by 2% (.02)	26	1,838.			
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27			128.		
Other Miscellaneous Deductions	28 Other — from list in instructions. List type and amount ►	28				
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			13,599.	
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here			<input type="checkbox"/>		

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2012

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **09**

Name of proprietor Guy Focal		Social security number (SSN) 444-55-6666
A Principal business or profession, including product or service (see instructions) Writer	B Enter code from instructions ► 711510	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN), (see instrs)	
E Business address (including suite or room no.) ► Camp Place		
City, town or post office, state, and ZIP code New Orleans, LA 70130		
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 2012? 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 2012, check here <input type="checkbox"/>		
I Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
J If 'Yes,' did you or will you file all required Forms 1099? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 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. <input type="checkbox"/>	1	22,744.
2 Returns and allowances (see instructions)	2	
3 Subtract line 2 from line 1.	3	22,744.
4 Cost of goods sold (from line 42)	4	2,757.
5 Gross profit. Subtract line 4 from line 3	5	19,987.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	350.
7 Gross income. Add lines 5 and 6	7	20,337.

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

8 Advertising	8		18 Office expense (see instructions)	18	187.
9 Car and truck expenses (see instructions)	9	1,170.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	1,520.	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20 a	
12 Depletion	12		b Other business property	20 b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	3,463.	21 Repairs and maintenance	21	120.
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	288.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc)	16 a		a Travel	24 a	3,940.
b Other	16 b		b Deductible meals and entertainment (see instructions)	24 b	393.
17 Legal & professional services	17	300.	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27 a Other expenses (from line 48)	27 a	3,106.
30 Expenses for business use of your home. Attach Form 8829 . Do not report such expenses elsewhere	30		b Reserved for future use	27 b	
31 Net profit or (loss). Subtract line 30 from line 29.					
• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 .				31	2,427.
• If a loss, you must go to line 32.					
32 If you have a loss, check the box that describes your investment in this activity (see instructions).					
• If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the instructions for line 31). Estates and trusts, enter on Form 1041, line 3 .				32 a	<input type="checkbox"/> All investment is at risk.
• If you checked 32b, you must attach Form 6198 . Your loss may be limited.				32 b	<input type="checkbox"/> Some investment is not at risk.

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

Schedule C (Form 1040) 2012

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	1,450.
38 Materials and supplies	38	
39 Other costs	39	1,307.
40 Add lines 35 through 39	40	2,757.
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	2,757.

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

43 When did you place your vehicle in service for business purposes? (month, day, year)	
44 Of the total number of miles you drove your vehicle during 2012, enter the number of miles you used your vehicle for:	
a Business	b Commuting (see instructions)
c Other	
45 Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46 Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47 a Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

AMORTIZATION	308.
Merchant/PayPal Fees	143.
Image Scanning	395.
ISP	205.
Publications	877.
Research - Streaming Video/DVD	204.
Dues and Subscriptions	305.
Communications	287.
Postage	382.
48 Total other expenses. Enter here and on line 27a	48 3,106.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► **Information about Schedule SE and its separate instructions is at www.irs.gov/form1040**
► **Attach to Form 1040 or Form 1040NR.**

OMB No. 1545-0074

2012

Attachment
Sequence No. **17**

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

Guy Focal

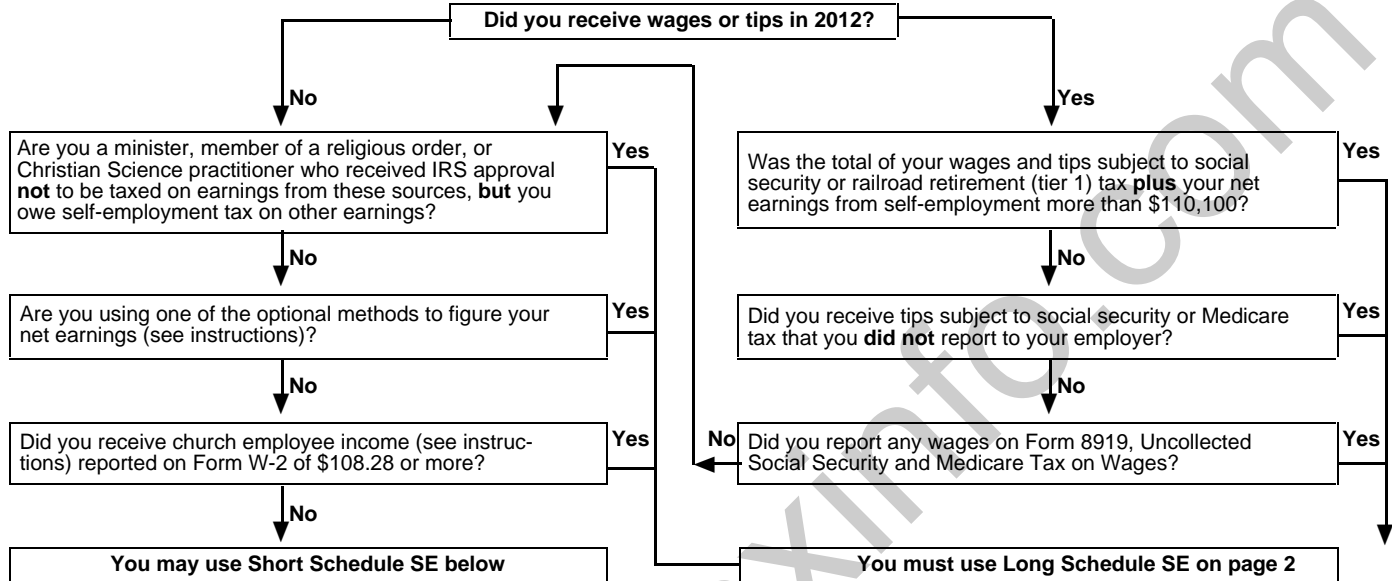
Social security number of person
with **self-employment** income ►

444-55-6666

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

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*, in the instructions.



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

1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1 a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1 b	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	2,427.
3 Combine lines 1a, 1b, and 2	3	2,427.
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	2,241.
Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 Self-employment tax. If the amount on line 4 is: • \$110,100 or less, multiply line 4 by 13.3% (.133). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54. • More than \$110,100, multiply line 4 by 2.9% (.029). Then, add \$11,450.40 to the result. Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54	5	298.
6 Deduction for employer-equivalent portion of self-employment tax. If the amount on line 5 is: • \$14,643.30 or less, multiply line 5 by 57.51% (.5751) • More than \$14,643.30, multiply line 5 by 50% (.50) and add \$1,100 to the result. Enter the result here and on Form 1040, line 27 or Form 1040NR, line 27	6	171.

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

Schedule **SE** (Form 1040) 2012

Unreimbursed Employee Business Expenses

Department of the Treasury Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Form 2106 and its separate instructions is available at www.irs.gov/form2106.

2012

Attachment Sequence No. **129A**

Your name Guy Focal	Occupation in which you incurred expenses Staff Writer	Social security number 444-55-6666
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You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You **do not** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2012.

Caution: You can use the standard mileage rate for 2012 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997

Part I Figure Your Expenses

1	Complete Part II. Multiply line 8a by 55.5¢ (.555). Enter the result here	1	
2	Parking fees, tolls, and transportation, including train, bus, etc, that did not involve overnight travel or commuting to and from work	2	386.
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	1,178.
4	Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4	295.
5	Meals and entertainment expenses: \$ <u>213.</u> × 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.)	5	107.
6	Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7) (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	1,966.

Part II Information on Your Vehicle. Complete this part **only** if you are claiming vehicle expense on line 1.

7 When did you place your vehicle in service for business use? (month, day, year) ▶ _____

8 Of the total number of miles you drove your vehicle during 2012, enter the number of miles you used your vehicle for:

a Business _____ b Commuting (see instr) _____ c Other _____

9 Was your vehicle available for personal use during off-duty hours? Yes No

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

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

b If 'Yes,' is the evidence written? Yes No

Expenses for Business Use of Your Home

► **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**

2012

Department of the Treasury
Internal Revenue Service (99)

► **Information about Form 8829 and its separate instructions is at www.irs.gov/form8829**

Attachment
Sequence No. **176**

Name(s) of proprietor(s)

Your social security number

Guy Focal

444-55-6666

Part I Part of Your Home Used for Business		Writer	
1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	236
2	Total area of home	2	1,688
3	Divide line 1 by line 2. Enter the result as a percentage	3	13.98 %
For daycare facilities not used exclusively for business go to line 4. All others go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr
5	Total hours available for use during the year (366 days x 24 hours) (see instructions)	5	8,784 hr
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	13.98 %

Part II Figure Your Allowable Deduction			
8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home and shown on Schedule D or Form 4797, minus any loss from the trade or business not derived from the business use of your home and shown on Schedule D or Form 4797. See instructions	8	5,850.
See instrs for columns (a) and (b) before completing lines 9-21.			
		(a) Direct expenses	(b) Indirect expenses
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	6,411.
11	Real estate taxes (see instructions)	11	3,144.
12	Add lines 9, 10, and 11	12	9,555.
13	Multiply line 12, column (b) by line 7	13	1,336.
14	Add line 12, column (a) and line 13	14	1,336.
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	4,514.
16	Excess mortgage interest (see instructions)	16	
17	Insurance	17	2,966.
18	Rent	18	
19	Repairs and maintenance	19	841.
20	Utilities	20	3,188.
21	Other expenses (see instrs)	21	
22	Add lines 16 through 21	22	6,995.
23	Multiply line 22, column (b) by line 7	23	978.
24	Carryover of operating expenses from 2011 Form 8829, line 42.	24	
25	Add line 22 column (a), line 23, and line 24	25	978.
26	Allowable operating expenses. Enter the smaller of line 15 or line 25	26	978.
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	3,536.
28	Excess casualty losses (see instructions)	28	
29	Depreciation of your home from line 41 below.	29	1,109.
30	Carryover of excess casualty losses and depreciation from 2011 Form 8829, line 43	30	
31	Add lines 28 through 30	31	1,109.
32	Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	32	1,109.
33	Add lines 14, 26, and 32	33	3,423.
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions)	34	
35	Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	35	3,423.

Part III Depreciation of Your Home			
36	Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	36	370,000.
37	Value of land included on line 36	37	65,000.
38	Basis of building. Subtract line 37 from line 36	38	305,000.
39	Business basis of building. Multiply line 38 by line 7.	39	42,639.
40	Depreciation percentage (see instructions)	40	2.5641 %
41	Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41	1,109.

Part IV Carryover of Unallowed Expenses to 2013			
42	Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	0.
43	Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	0.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

**Depreciation and Amortization
(Including Information on Listed Property)**

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

OMB No. 1545-0172

2012

Attachment
Sequence No. **179**

Name(s) shown on return

Guy & Mary Focal

Identifying number

444-55-6666

Business or activity to which this form relates

Sch C Writer

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	11,625.
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
	iMac	1,699.	1,699.
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	1,699.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	1,699.
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	93,758.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12	1,699.
13	Carryover of disallowed deduction to 2013. 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	
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 2012.	17	1,535.
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 2012 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
19 a 3-year property						
b 5-year property		9,926.	5.0 yrs	HY	Various	1,338.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C – Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20 a 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	
22	Total. Add amounts from line 12, lines 14 through 17, lines 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	4,572.
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	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812 08/19/12

Form **4562** (2012)

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

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

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

24 a Do you have evidence to support the business/investment use claimed? **Yes** **No** **24b** If 'Yes,' is the evidence written? . . . **Yes** **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	
26 Property used more than 50% in a qualified business use:								
27 Property used 50% or less in a qualified business use:								
Vehicle	01/01/11	12.10						
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B – Information on Use of Vehicles

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

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)		2,108										
31 Total commuting miles driven during the year		3,500										
32 Total other personal (noncommuting) miles driven		11,813										
33 Total miles driven during the year. Add lines 30 through 32		17,421										
34 Was the vehicle available for personal use during off-duty hours?	X											
35 Was the vehicle used primarily by a more than 5% owner or related person?	X											
36 Is another vehicle available for personal use?	X											

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

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

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions):					
Website Costs	07/01/12	1,850.	197	3.00 yrs	308.
43 Amortization of costs that began before your 2012 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44 308.

Guy & Mary Focal 444-55-6666

Schedule C - Other Income

Stipend \$350

Schedule C - Other Costs of Goods Sold

Illustrator \$1,450

Books Sold \$1,307

Travel Detail - Form 2106 - line 3

NYC Airfare \$489

NYC Hotel \$689

\$1,178

Other Business Expenses Form 2106 Line 4

Conference Fee \$195

PEN Membership \$100

\$295

Meals Detail - Form 2106 - line 5

NYC - 3 days @ \$71 (per deim) \$213

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