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This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: BRUNSTING, NELVA E

Tax Documents

- [IA Tax Return \(12/31/06\) - IA Form 1040 P1](#)
- [IA Tax Return \(12/31/06\) - IA Form 1040 P2](#)
- [IA Tax Return \(12/31/06\) - IA Schedule A](#)
- [IA Tax Return \(12/31/06\) - IA Schedule B](#)
- [IA Tax Return \(12/31/06\) - IA Form 126](#)
- [IA Tax Return \(12/31/06\) - IA Form 6251](#)

2006 IA 1040 Iowa Individual Income Tax Long Form

or fiscal year beginning 2006 and ending 2006
STEP 1: Fill in all spaces. You MUST fill in your Social Security Number.

| | | |
|---|--|--|
| Last name A. BRUNSTING | Your first name/middle initial ELMER H | Social Security Number 282-32-8905 |
| Spouse's last name B. BRUNSTING | Spouse's first name/middle initial NELVA E | Social Security Number 481-30-4685 |

Current mailing address (number and street, apartment, lot or suite number) or PO Box
13630 PINEROCK LN

City, State, ZIP
HOUSTON TX 77079-5914

Are your name, your spouse's name, if applicable, and your address the same as on last year's return?
 YES NO

| |
|--|
| Your Occupation RETIRED |
| Spouse's Occupation RETIRED |
| Residence on 12/31/06 County No. 00 Sch. Dist. No. 0000 |
| School District Name |

STEP 2 Filing Status: Mark one box only.

| | | | | |
|---|--|-----|-------------|--------------------|
| 1 | Single: Were you claimed as a dependent on another person's Iowa return? | YES | NO | ▲ |
| 2 | Married filing a joint return. (Two-income families may benefit by using status 3 or 4) | | | |
| 3 | <input checked="" type="checkbox"/> Married filing separately on this combined return. Spouse use column B. | | | |
| 4 | Married filing separate returns. Spouse's name: _____ | | SSN: _____ | ▲ Income: \$ _____ |
| 5 | Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and Social Security Number below. | | | |
| 6 | Qualifying widow(er) with dependent child. | | Name: _____ | SSN: _____ |

STEP 3 Exemptions

YOU
(& spouse IF filing jointly)

a. Personal Credit: Enter 1 (Enter 2 if filing joint or head of household) **1** x \$ **40** = \$ **40**
 b. Enter 1 for each spouse who is **65 or older** and/or 1 for each spouse who is **blind** **1** x \$ **20** = \$ **20**
 c. Dependents: Enter 1 for each dependent **1** x \$ **40** = \$ _____
 d. Enter first names of dependents here: _____ e. TOTAL \$ **60**

SPOUSE
(IF filing status 3)

a. Personal Credit: Enter 1 **1** x \$ **40** = \$ **40**
 b. Enter 1 if **65 or older** and/or 1 if **blind** **1** x \$ **20** = \$ **20**
 c. Dependents: Enter 1 for each dependent **1** x \$ **40** = \$ _____
 d. Enter first names of dependents here: _____ e. TOTAL \$ **60**

| | | B. Spouse/Status 3 | A. You or Joint | B. Spouse/Status 3 | A. You or Joint |
|-----------------|--|---------------------|-----------------|--------------------|-----------------|
| STEP 4 | 1. Wages, salaries, tips, etc. | 1. _____ | 1. _____ | | |
| | 2. Taxable interest income. If more than \$1,500, complete Sch. B | 2. <u>2,979</u> | <u>2,981</u> | | |
| Figure | 3. Ordinary dividend income. If more than \$1,500, complete Sch. B | 3. <u>10,047</u> | <u>10,270</u> | | |
| your | 4. Alimony received | 4. _____ | _____ | | |
| gross | 5. Business income/(loss) from Federal Schedule C or C-EZ | 5. _____ | _____ | | |
| income | 6. Capital gain/(loss) from Federal Schedule D | 6. <u>9,781</u> | <u>9,781</u> | | |
| | 7. Other gains/(losses) from Federal form 4797 | 7. _____ | _____ | | |
| | 8. Taxable IRA distributions | 8. <u>1,103</u> | <u>2,163</u> | | |
| | 9. Taxable pensions and annuities | 9. _____ | <u>20,694</u> | | |
| | 10. Rents, royalties, partnerships, estates, etc. | 10. _____ | <u>23,638</u> | | |
| | 11. Farm income/(loss) from Federal Schedule F | 11. _____ | _____ | | |
| | 12. Unemployment compensation | 12. _____ | _____ | | |
| | 13. Taxable Social Security benefits | 13. <u>4,463</u> | <u>10,075</u> | | |
| | 14. Other income, gambling income, bonus depreciation adjustment | 14. _____ | _____ | | |
| | 15. GROSS INCOME. ADD lines 1-14 | 15. <u>28,373</u> ▲ | <u>79,602</u> | | |
| STEP 5 | 16. Payments to an IRA, KEOGH or SEP | 16. _____ | _____ | | |
| | 17. One-half of self-employment tax | 17. _____ | _____ | | |
| Figure | 18. Health insurance deduction | 18. <u>1,062</u> | <u>1,062</u> | | |
| your | 19. Penalty on early withdrawal of savings | 19. _____ | _____ | | |
| adjust- | 20. Alimony paid | 20. _____ | _____ | | |
| ments | 21. Pension/retirement income exclusion | 21. <u>552</u> ▲ | <u>11,448</u> | | |
| to | 22. Moving expense deduction from Federal form 3903 | 22. _____ | _____ | | |
| income | 23. Iowa capital gains deduction | 23. _____ | _____ | | |
| | 24. Other adjustments | 24. _____ | _____ | | |
| | 25. Total adjustments. ADD lines 16-24 | 25. <u>1,614</u> ▲ | <u>12,510</u> | | |
| | 26. NET INCOME. SUBTRACT line 25 from line 15 | 26. <u>26,759</u> ▲ | <u>67,092</u> | | |
| STEP 6 | 27. Federal income tax refund / overpayment received in 2006 | 27. _____ | _____ | | |
| Figure | 28. Self-employment/household employment taxes | 28. _____ | _____ | | |
| your | 29. Addition for Federal taxes. ADD lines 27 and 28 | 29. _____ | _____ | | |
| Federal | 30. Total. ADD lines 26 and 29 | 30. <u>26,759</u> | <u>67,092</u> | | |
| tax | 31. Federal tax withheld | 31. _____ | _____ | | |
| addition | 32. Federal estimated tax payments made in 2006 | 32. <u>3,554</u> ▲ | <u>9,446</u> | | |
| and | 33. Additional Federal tax paid in 2006 for 2005 and prior years | 33. <u>1,692</u> ▲ | <u>11,004</u> | | |
| deduc- | 34. Deduction for Federal taxes. ADD lines 31, 32, and 33 | 34. <u>5,246</u> | <u>20,450</u> | | |
| tion | 35. BALANCE. SUBTRACT line 34 from line 30. Enter here and on line 36, side 2 | 35. <u>21,513</u> | <u>46,642</u> | | |

Staple W-2's, payment, and voucher here.

2006 IA 1040, page 2

B. Spouse/Status 3

A. You or Joint

B. Spouse/Status 3

A. You or Joint

STEP 7 36. BALANCE. From side 1, line 35. 36. 21,513 46,642

Figure your taxable income

37. Total itemized deductions from Federal Schedule A... 37.
38. Iowa income tax if included in line 5 of Federal Schedule A... 38.
39. BALANCE. Subtract line 38 from line 37 or enter the amount of itemized deductions from the Iowa Schedule A... 39. 1,454 3,645
40. Other deductions... 40.
41. Deduction. Check one box. [X] Itemized. Add lines 39 and 40. [] Standard. 41. 1,454 3,645
42. TAXABLE INCOME. SUBTRACT line 41 from line 36. 42. 20,059 42,997

Complete lines 37-40 ONLY if you itemize.

STEP 8

Figure your tax,

credits and

checkoff

contributions

43. Tax from tables or alternate tax 43. 884 2,467
44. Iowa lump-sum tax. 25% of Federal tax from form 4972. 44.
45. Iowa minimum tax. Attach IA 6251. 45.
46. Total tax. ADD lines 43, 44 and 45. 46. 884 2,467
47. Total exemption credit amount(s) from Step 3, side 1 47. 60 60
48. Iowa earned income credit: 6.5% (.065) of Federal credit 48.
49. Tuition and textbook credit. 49.
50. Total credits. ADD lines 47, 48 and 49. 50. 60 60
51. BALANCE. SUBTRACT line 50 from line 46. If less than zero, enter zero. 51. 824 2,407
52. Credit for nonresident or part-year resident. Attach IA 126 and Federal return. 52. 824 1,560
53. BALANCE. SUBTRACT line 52 from line 51. If less than or equal to zero, enter zero. 53. 0 847
54. Other Iowa credits. Attach IA 148 Tax Credits Schedule. 54.
55. BALANCE. SUBTRACT line 54 from line 53. 55. 847
56. School district surtax/EMS surtax. (take percentage from table, multiply by line 55). 56. 0 0
57. Total Tax. ADD lines 55 and 56. 57. 847
58. Total tax before contributions. ADD Columns A & B on line 57 and enter here. 58. 847
59. Contributions. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars.
59a: Fish/Wildlife 59b: State Fair 59c: Firefighters/Keoplowa 59d: Veterans ADD Enter total. 59.
60. TOTAL TAX AND CONTRIBUTIONS. ADD lines 58 and 59. 60. 847

STEP 9

Figure your credits

61. Iowa income tax withheld. 61.
62. Estimate and voucher payments made for tax year 2006 62. 2,000
63. Out-of-state tax credit. Attach IA 130. 63.
64. Motor vehicle fuel tax credit. Attach IA 4136. 64.
65. Check One: [] Child and dependent care credit OR [] Early childhood development credit 65.
66. Other refundable credits. Attach IA 148 Tax Credits Schedule. 66.
67. TOTAL. ADD lines 61-66. 67. 2,000
68. TOTAL CREDITS. ADD columns A and B on line 67 and enter here. 68. 2,000

STEP 10

Figure your refund

or amount you owe

69. If line 68 is more than line 60, SUBTRACT line 60 from line 68. This is the amount you overpaid. 69. 1,153
70. Amount of line 69 to be REFUNDED REFUND 70. 305
Mail return to Iowa Income Tax - Refund Processing, Hoover State Office Bldg, Des Moines IA 50319-0120
71. Amount of line 69 to be applied to your 2007 estimated tax 71. 242 606
72. If line 68 is less than line 60, SUBTRACT line 68 from line 60. This is the AMOUNT OF TAX YOU OWE. 72.
73. Penalty for underpayment of estimated tax. From IA 2210 or IA 2210F. [] Check if annualized income method is used 73.
74. Penalty and interest. 74a. Penalty. 74b. Interest ADD Enter total 74.
75. TOTAL AMOUNT DUE. ADD lines 72, 73 and 74, and enter here. PAY THIS AMOUNT 75.

STEP 11

POLITICAL CHECKOFF. This checkoff does not increase the amount of tax you owe or decrease your refund.

SPOUSE YOURSELF
\$1.50 to Republican Party
\$1.50 to Democratic Party
\$1.50 to Campaign Fund

STEP 12

NEXT YEAR,
Would you like to receive a booklet? This option is not available to electronic filers.
0. Yes
1. No

STEP 13

COW-CALF REFUND Attach IA 132.
Do NOT use these amounts to increase your overpayment (line 69) or reduce the amount you owe (line 72).
Spouse: \$
You: \$

STEP 14

PLEASE SIGN HERE
Verify your SSN(s)
Recheck your math
Attach all W-2s

I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

RICHARD K RIKKERS CPA 4/03/07

Your Signature Date
Spouse's Signature Date
Daytime Telephone Number

Preparer's Signature Date
KROESE & KROESE P.C.
540 NORTH MAIN AVENUE
SIOUX CENTER IA 51250-1824
Address
712-722-3375 42-1277139
Daytime Telephone Number Identification Number

This return is due April 30, 2007.

Mailing Addresses: See lines 70 and 75 above.

Iowa Itemized Deductions

If you itemize deductions, attach a copy of this schedule or a copy of the Federal Schedule A to your return.

| | |
|---|--|
| Name(s) as shown on page 1 of the IA 1040 ELMER H & NELVA E BRUNSTING | Social Security Number 282-32-8905 |
|---|--|

NOTE: If you have Federal Bonus Depreciation, please see the 2006 Expanded Instructions on our Web site.
Do not include health insurance premiums deducted on IA 1040, line 18.

| | | | | |
|--|-----|--|-----|-------|
| Medical and Dental Expenses | 1. | Medical and dental expenses | 1. | |
| | 2. | Multiply the amount on Federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation, from line 14 of the IA 1040 by 7.5% (.075). Enter result here. | 2. | |
| | 3. | Subtract line 2 from line 1. If less than zero, enter zero. | 3. | 0 |
| Taxes You Paid | 4. | Other state and local income taxes. DO NOT INCLUDE IOWA INCOME TAX. Include School District Surtax and EMS Surtax paid in 2006. | 4. | |
| | 5. | Real estate taxes | 5. | 1,003 |
| | 6. | Personal property taxes, including vehicle registration | 6. | |
| | 7. | Other taxes. List the type and amount. | 7. | |
| | 8. | Add amounts on lines 4, 5, 6, and 7. Enter the total here. | 8. | 1,003 |
| Interest You Paid | 9a. | Home mortgage interest and points reported on Federal form 1098 | 9a. | |
| | 9b. | Home mortgage interest not reported on Federal form 1098 | 9b. | |
| | 10. | Points not reported on Federal form 1098 | 10. | |
| | 11. | Investment interest. Attach Federal form 4952 if required. | 11. | |
| | 12. | Add lines 9a-11. Enter total here. | 12. | |
| Gifts to Charity | 13. | Contributions by cash or check. Do not include contributions to Injured Veterans Grant Program (IA 1040 line 24) or School Tuition Organization Tax Credit (IA 1040 line 54). | 13. | 4,096 |
| | 14. | Other than by cash or check. You must attach Federal form 8283 if more than \$500. | 14. | |
| | 15. | Carryover from prior year (as adjusted for disallowance of Bonus Depreciation) | 15. | |
| | 16. | Add lines 13 through 15. Enter total here. | 16. | 4,096 |
| Casualty/Theft Loss | 17. | Casualty or theft loss(es). Attach Federal form 4684. | 17. | |
| Job Expenses and Misc. Deductions | 18. | Unreimbursed employee expenses. Attach Fed. form 2106 or 2106-EZ if required. ... | 18. | |
| | 19. | Tax preparation fees | 19. | |
| | 20. | Other expenses. List type and amount. | 20. | |
| | 21. | Add the amounts on lines 18, 19, and 20. Enter the total here. | 21. | |
| | 22. | Multiply the amount of Federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation, from line 14 of the IA 1040* by 2% (.02). Enter the result here. | 22. | |
| | 23. | Subtract line 22 from line 21. Enter the total. If less than zero, enter zero. | 23. | 0 |
| Other Misc. Deductions | 24. | Other miscellaneous deductions not subject to 2% AGI Limit. List type and amount. | 24. | |
| Total Itemized Deductions | 25. | If the amount on Federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation, from line 14 of the IA 1040 is \$150,500 or less (\$75,250 or less if married filing separately for Federal tax purposes), add lines 3, 8, 12, 16, 17, 23, and 24, and enter the total here | 25. | 5,099 |
| | | If the amount on Federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation, from line 14 of the IA 1040* is more than \$150,500 (\$75,250 if married filing separately for Federal tax purposes), you must complete the Iowa Itemized Deductions Worksheet, 41-104, to calculate your total deductions. If using filing statuses 1, 2, 5, or 6, enter the amount on Step 7, line 39 of the IA 1040. | | |

| | | | | |
|--|---|---|---------------|------------|
| Proration of Deductions Between Spouses | Complete lines 26 through 30 ONLY if you are using filing status 3 or 4. | | SPOUSE | YOU |
| | 26. | Enter the Iowa net income of both spouses from IA 1040, line 26. | 26,759 | 67,092 |
| | 27. | Total Iowa net income, add columns 26a and 26b. Enter the total here. | | 93,851 |
| | 28. | Divide the amount on line 26a by the amount on line 27. Enter the percentage here. | | 71.488% |
| | 29. | Multiply line 25 by the percentage on line 28. Enter here and on IA 1040, line 39, Col. A | (YOU) | 3,645 |
| | 30. | Subtract line 29 from line 25. Enter here and on IA 1040, line 39, Col. B. If you are using filing status 4, enter this amount on line 39, Col. A of your spouse's return. | (SPOUSE) | 1,454 |

* If you filed Federal 1040A, see line 21; if Federal 1040EZ, see line 4.

2006 IA 1040 Schedule B

Interest and Dividend Income

| | |
|---|--|
| Name(s) as shown on page 1 of the IA 1040 ELMER H & NELVA E BRUNSTING | Social Security Number 282-32-8905 |
|---|--|

NOTE: You must report all taxable interest and dividends on IA 1040, even if you are not required to complete Schedule B.

PART I: You must complete this part if you received more than \$1,500 in interest in 2006. Interest income which should be reported includes earnings from savings and loan associations, mutual savings banks, cooperative banks, credit unions, and bank deposits; State and municipal bonds (see instructions for IA 1040, line 2, Taxable interest Income), and interest from tax refunds. Do not report interest from Federal securities.

INTEREST

INCOME For each payer, indicate the type of account. If the interest was earned by you, check the column labeled "Taxpayer." If the interest was earned by your spouse, check "Spouse." If the interest was earned jointly, check "Joint." Check only one for each payer.

Interest Income. List Names of All Payers.

| Name of Payer | Check one for each payer | | | AMOUNT |
|--|--------------------------|--------|-------|--------|
| | Taxpayer | Spouse | Joint | |
| BANK OF AMERICA | | | X | 601 |
| EDWARD JONES | | | X | 4,115 |
| EDWARD JONES | | | X | 1,244 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Taxable Interest Income. | | | | |
| Add the amounts; enter here and on IA 1040, line 2 | | | | 5,960 |

PART II: You must complete this part if you received more than \$1,500 in gross dividends in 2006. Deduct that portion of any net dividend from mutual funds that is attributable to Federal securities.

DIVIDEND

INCOME For each payer, indicate the type of account. If the dividends were earned by you, check the column labeled "Taxpayer." If the dividends were earned by your spouse, check "Spouse." If the dividends were earned jointly, check "Joint." Check only one for each payer.

Dividend Income. List Names of All Payers.

| Name of Payer | Check one for each payer | | | AMOUNT |
|--|--------------------------|--------|-------|--------|
| | Taxpayer | Spouse | Joint | |
| DEERE & CO | | | X | 895 |
| EDWARD JONES | | | X | 14,150 |
| EXXON MOBIL | | | X | 4,633 |
| FRANKLIN TEMPLETON | | | X | 418 |
| METLIFE | X | | | 221 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Taxable Dividend Income. | | | | |
| Add the amounts; enter here and on IA 1040, line 3 | | | | 20,317 |

Iowa Nonresident and Part-year Resident Credit

Name(s) as shown on page 1 of the IA 1040

Social Security Number

ELMER H & NELVA E BRUNSTING

282-32-8905

MARK THE APPROPRIATE BOX FOR YOU AND YOUR SPOUSE

You are a nonresident of Iowa ▲

You are a part-year resident of Iowa ▲

Date moved into Iowa: _____

and/or

Date moved out of Iowa: _____

Your spouse is a nonresident of Iowa ▲

Your spouse is a part-year resident of Iowa ▲

Date moved into Iowa: _____

and/or

Date moved out of Iowa: _____

YOU MUST FILE THIS FORM IF...

- You are a nonresident of Iowa with income from Iowa sources, or
- You are a part-year Iowa resident
- Attach this form and a copy of your Federal return to your Iowa return. (IA 1040)
- Report only Iowa-source income on the IA 126.
- You may benefit by using filing status 3 or 4.

| IOWA-SOURCE INCOME | |
|-----------------------------------|-----------------|
| B. SPOUSE Filing Status 3 Only | A. YOU OR JOINT |

- Wages, salaries, tips, etc.
- Taxable interest income
- Ordinary dividend income
- Alimony received
- Business income or (loss)
- Capital gain or (loss)
- Other gains or (losses)
- Taxable IRA distributions
- Taxable pensions and annuities
- Rents, royalties, partnerships, estates, etc.
- Farm income or (loss)
- Unemployment compensation
- Taxable Social Security benefits.
- Other income, gambling income, bonus depreciation adjustment
- GROSS INCOME.** ADD lines 1-14.
- Payments to an IRA, KEOGH or SEP while an Iowa resident
- Deduction for self-employment tax
- Health insurance deduction
- Penalty on early withdrawal of savings
- Alimony paid
- Pension/retirement income exclusion
- Moving expense deduction into Iowa only
- Iowa capital gains deduction
- Other adjustments
- Total adjustments. ADD lines 16-24.
- IOWA NET INCOME.** SUBTRACT line 25 from line 15.
- All-source net income from line 26, IA 1040
- Iowa income percentage: Divide line 26 by line 27 and enter percentage.
- Nonresident/part-year resident credit percentage:
Subtract the percentage on line 28 from 100.0%.
- Iowa tax on total income from line 43, IA 1040
- Total credits from line 50, IA 1040
- Tax after credits. Subtract line 31 from line 30.
- Nonresident/part-year resident tax credit. Multiply line 32 by the percentage on line 29.

| | | |
|-----|--------|--------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | 23,638 |
| 11. | | |
| 12. | | |
| 13. | | |
| 14. | | |
| 15. | | 23,638 |
| 16. | | |
| 17. | | |
| 18. | | |
| 19. | | |
| 20. | | |
| 21. | | |
| 22. | | |
| 23. | | |
| 24. | | |
| 25. | | |
| 26. | | 23,638 |
| 27. | 26,759 | 67,092 |
| | 100.0% | 100.0% |
| 28. | % | 35.2% |
| 29. | 100.0% | 64.8% |
| 30. | 884 | 2,467 |
| 31. | 60 | 60 |
| 32. | 824 | 2,407 |
| 33. | 824 | 1,560 |

ENTER THIS AMOUNT ON LINE 52 OF IA 1040

Iowa Department of Revenue

www.state.ia.us/tax

IA 6251 2006

Iowa Minimum Tax Computation

Name(s) as shown on IA 1040 (or IA 1041):

Social Security No.

ELMER H BRUNSTING

282-32-8905

PART I: Adjustments and Preferences, see instructions

If you itemized deductions on Schedule A, start on line 1. If you did not itemize on your IA 1040, start on line 7.

| | | |
|--|--|-------|
| 1. Medical and dental (line 2, federal form 6251) | 1. | |
| 2. Taxes (line 3, federal form 6251 less any Iowa income tax) | 2. | 1,003 |
| 3. Certain interest on a home mortgage not used to build, buy, or improve your home (line 4, federal form 6251) | 3. | |
| 4. Miscellaneous itemized deductions (line 5, federal form 6251) | 4. | |
| 5. Refund of taxes (line 7, federal form 6251 less any Iowa income tax) | 5. | |
| 6. Investment interest (line 8, federal form 6251 less interest and expense related to private activity bonds issued after 8/7/86) | 6. | 0 |
| 7. Post - 1986 depreciation (line 17, federal form 6251) | 7. | |
| 8. Adjusted gain or loss (line 16, federal form 6251) | 8. | |
| 9. Incentive stock options (line 13, federal form 6251) | 9. | |
| 10. Passive activities (line 18, federal form 6251) | 10. | |
| 11. Beneficiaries of estates and trusts (line 14, federal form 6251) | 11. | |
| 12. Enter the amount for each corresponding item from federal form 6251. Enter total on line 12. | | |
| a. Circulation expenditures (ln. 20) a. | h. Patron's adjustment | h. |
| b. Depreciation (pre-1987) b. | i. Pollution control facilities | i. |
| c. Installment sales (line 24) c. | j. Research and experimental (line 23) j. | |
| d. Large partnerships (line 15) d. | k. Section 1202 exclusion (line 12) k. | |
| e. Long-term contracts (line 21) e. | l. Tax shelter farm activities l. | |
| f. Loss limitations (line 19) f. | m. Related adjustments (see instr.) (line 26) m. | 0 |
| g. Mining costs (line 22) g. | 12. | |
| 13. Total Adjustments and Preferences. Combine lines 1 through 12 | 13. | 1,003 |

PART II: Alternative Minimum Taxable Income

| | | |
|--|---------|--------|
| 14. Taxable income (from IA 1040, line 42; or IA 1041, line 22) | 14. | 42,997 |
| 15. Net operating loss deduction. Do not enter as a negative amount | 15. | |
| 16. If federal AGI, plus any IA Bonus Depreciation adjustment is more than \$150,500 (more than \$75,250 if married filing separately for federal purposes), see instructions for amount to enter on this line | 16. () | |
| 17. Combine lines 14, 15 and 16 | 17. | 42,997 |
| 18. Add lines 13 and 17 | 18. | 44,000 |
| 19. Alternative tax net operating loss deduction (see instructions) | 19. | |
| 20. Alternative Minimum Taxable Income. Subtract line 19 from line 18 | 20. | 44,000 |

PART III: Exemption Amount and Alternative Minimum Tax

| | | |
|---|-----|--------|
| 21. Enter \$35,000 (*\$17,500 if filing status 3 or 4; \$26,000 if single, head of household or qualifying widow(er)) | 21. | 17,500 |
| 22. Enter \$150,000 (*\$75,000 if filing status 3 or 4; \$112,500 if single, head of household or qualifying widow(er)) | 22. | 75,000 |
| 23. Subtract line 22 from line 20. If the result is zero or less, enter zero | 23. | 0 |
| 24. Multiply line 23 by 25% (0.25) | 24. | |
| 25. Subtract line 24 from line 21. If result is zero or less, enter zero | 25. | 17,500 |
| 26. Subtract line 25 from line 20 | 26. | 26,500 |
| 27. Multiply line 26 by 6.7% (0.067) | 27. | 1,776 |
| 28. Regular tax after credits. See instructions. | 28. | 2,407 |
| 29. Iowa Minimum Tax. Subtract line 28 from line 27, enter here and on IA 1040, line 45 (or IA 1041, line 25.) See instructions for Minimum Tax Limited to Net Worth. If less than zero, enter zero | 29. | 0 |

PART IV: NONRESIDENTS AND PART-YEAR RESIDENTS ONLY - Complete lines 30 - 33.

| | | |
|---|-----|--------|
| 30. Enter Iowa net income plus Iowa adjustments and preferences (see instructions). If less than zero, enter zero. | 30. | 23,638 |
| 31. Total net income plus total adjustments and preferences (see instructions) | 31. | 68,095 |
| 32. Divide line 30 by line 31 and enter the result to three (3) decimal places | 32. | 0.347 |
| 33. Iowa Minimum Tax. Multiply line 29 by line 32. Enter here and on IA 1040, line 45 (or IA 1041, line 25). See instruction for Minimum Tax Limited to Net Worth. If less than zero, enter zero. | 33. | 0 |

* Exemption levels of \$17,500 and \$75,000 on lines 21 and 22, respectively, also apply to an estate or trust.

41-131a (08/09/06)

Kroese & Kroese P.C.
540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: BRUNSTING, NELVA E

Tax Documents

- [US Tax Return \(12/31/06\) - Form 1040 Page 1](#)
- [US Tax Return \(12/31/06\) - Form 1040 Page 2](#)
- [US Tax Return \(12/31/06\) - Schedule B](#)
- [US Tax Return \(12/31/06\) - Schedule D Page 1](#)
- [US Tax Return \(12/31/06\) - Schedule D Page 2](#)
- [US Tax Return \(12/31/06\) - Schedule E Page 2](#)
- [US Tax Return \(12/31/06\) - Form 6251 Page 1](#)
- [US Tax Return \(12/31/06\) - Form 6251 Page 2](#)
- [US Tax Return \(12/31/06\) - Form 4835 - SHARE CROP](#)
- [US Tax Return \(12/31/06\) - Cap Gain Tax Wrk](#)

Form 1040

Department of the Treasury - Internal Revenue Service U.S. Individual Income Tax Return 2006

(99) IRS Use Only - Do not write or staple in this space.

Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type.

Header section containing personal information: For the year Jan. 1-Dec. 31, 2006, ending 2006, ending 20. OMB No. 1545-0074. Your first name and initial: ELMER H, Last name: BRUNSTING. Your social security number: 282-32-8905. If a joint return, spouse's first name and initial: NELVA E, Last name: BRUNSTING. Spouse's social security number: 481-30-4685. Home address: 13630 PINEROCK LN, Apt. no. City, town or post office, state, and ZIP code: HOUSTON TX 77079-5914.

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) 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 and full name here. 4 Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 Qualifying widow(er) with dependent child (see page 17)

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. 6b Spouse. 6c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if qual. child for child tax cr. (see page 19) Total number of exemptions claimed d 2

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 8a Taxable interest. Attach Schedule B if required 8a 4,796 b Tax-exempt interest. Do not include on line 8a 8b 1,244 9a Ordinary dividends. Attach Schedule B if required 9a 20,317 b Qualified dividends (see page 23) 9b 15,420 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24) 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 19,562 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a 15b Taxable amount (see page 25) 15b 3,266 16a Pensions and annuities 16a 16b Taxable amount (see page 26) 16b 20,694 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 23,638 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a 29,076 20b Taxable amount (see page 27) 20b 24,715 21 Other income. List type and amount (see page 29) 21 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 116,988

Adjusted Gross Income 23 Archer MSA deduction. Attach Form 8853 23 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 One-half of self-employment tax. Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction (see page 29) 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction (see page 31) 32 33 Student loan interest deduction (see page 33) 33 34 Jury duty pay you gave to your employer 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 31a and 32 through 35 36 37 Subtract line 36 from line 22. This is your adjusted gross income 37 116,988

| | | | | |
|---|--|--|---|---------|
| Tax and Credits | 38 | Amount from line 37 (adjusted gross income) | 38 | 116,988 |
| | 39a | Check <input checked="" type="checkbox"/> You were born before January 2, 1942, <input type="checkbox"/> Blind. <input checked="" type="checkbox"/> Spouse was born before January 2, 1942, <input type="checkbox"/> Blind. Total boxes checked 39a 2 | | |
| Standard Deduction for- * People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 34. * All others: Single or Married filing separately, \$5,150 Married filing jointly or Qualifying widow(er), \$10,300 Head of household, \$7,550 | b | If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here 39b <input type="checkbox"/> | | |
| | 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 12,300 |
| | 41 | Subtract line 40 from line 38 | 41 | 104,688 |
| | 42 | If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d | 42 | 6,600 |
| | 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 98,088 |
| | 44 | Tax (see page 36). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 | 44 | 14,143 |
| | 45 | Alternative minimum tax (see page 39). Attach Form 6251 | 45 | |
| | 46 | Add lines 44 and 45 | 46 | 14,143 |
| | 47 | Foreign tax credit. Attach Form 1116 if required | 47 | |
| | 48 | Credit for child and dependent care expenses. Attach Form 2441 | 48 | |
| | 49 | Credit for the elderly or the disabled. Attach Schedule R | 49 | |
| | 50 | Education credits. Attach Form 8863 | 50 | |
| | 51 | Retirement savings contributions credit. Attach Form 8880 | 51 | |
| | 52 | Residential energy credits. Attach Form 5695 | 52 | |
| | 53 | Child tax credit (see page 42). Attach Form 8901 if required | 53 | |
| 54 | Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8839 c <input type="checkbox"/> Form 8859 | 54 | | |
| 55 | Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form | 55 | | |
| 56 | Add lines 47 through 55. These are your total credits | 56 | | |
| 57 | Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- | 57 | 14,143 | |
| Other Taxes | 58 | Self-employment tax. Attach Schedule SE | 58 | |
| | 59 | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 | 59 | |
| | 60 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 60 | |
| | 61 | Advance earned income credit payments from Form(s) W-2, box 9 | 61 | |
| | 62 | Household employment taxes. Attach Schedule H | 62 | |
| | 63 | Add lines 57 through 62. This is your total tax | 63 | 14,143 |
| | Payments If you have a qualifying child, attach Schedule EIC. | 64 | Federal income tax withheld from Forms W-2 and 1099 | 64 |
| 65 | | 2006 estimated tax payments and amount applied from 2005 return | 65 | 16,000 |
| 66a | | Earned income credit (EIC) | 66a | |
| b | | Nontaxable combat pay election 66b <input type="checkbox"/> | | |
| 67 | | Excess social security and tier 1 RRTA tax withheld (see page 60) | 67 | |
| 68 | | Additional child tax credit. Attach Form 8812 | 68 | |
| 69 | | Amount paid with request for extension to file (see page 60) | 69 | |
| 70 | | Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885 | 70 | |
| 71 | Credit for federal telephone excise tax paid. Attach Form 8913 if required | 71 | 40 | |
| 72 | Add ln. 64, 65, 66a, & 67 - 71. These are your total payments | 72 | 16,040 | |
| Refund Direct deposit? See page 61 and fill in 74b, 74c, and 74d, or Form 8888. | 73 | If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid | 73 | 1,897 |
| | 74a | Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> | 74a | |
| | b | Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number <input type="text"/> | | | |
| 75 | Amount of line 73 you want applied to your 2007 estimated tax | 75 | 1,897 | |
| Amount You Owe | 76 | Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62 | 76 | |
| | 77 | Estimated tax penalty (see page 62) | 77 | |

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see page 63)? Yes. Complete the following. No

Designee's name **PREPARER** Personal identification number (PIN) Phone no.

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date Your occupation **RETIRED** Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation **RETIRED**

Paid Preparer's Use Only

Preparer's signature **RICHARD K RIKKERS CPA** Date **4/03/07** Check if self-employed Preparer's SSN or PTIN **P00144154**

Firm's name (or yours if self-employed), address, and ZIP code **KROESE & KROESE P.C. 540 NORTH MAIN AVENUE SIOUX CENTER IA 51250-1824** EIN **42-1277139** Phone no. **712-722-3375**

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side.

Your social security number

ELMER H & NELVA E BRUNSTING

282-32-8905

Schedule B—Interest and Ordinary Dividends

Attachment Sequence No. 08

Part I Interest

(See page B-1 and the instructions for 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.

Table with 1 column for description and 2 columns for amount. Includes entries for BANK OF AMERICA, DEPT OF TREASURY H BONDS, EDWARD JONES, TAXABLE INTEREST INCOME, TAX-EXEMPT INTEREST, and SUBTOTAL.

Table with 1 column for amount. Includes values 601, 80, 4,115, 1,244, 6,040, -1,244, 4,796, and 4,796.

Part II Ordinary Dividends

(See page B-1 and the instructions for 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.

Table with 1 column for description and 2 columns for amount. Includes entries for DEERE & CO, EDWARD JONES, EXXON MOBIL, FRANKLIN TEMPLETON, and METLIFE.

Table with 1 column for amount. Includes values 895, 14,150, 4,633, 418, 221, and 20,317.

Part III Foreign Accounts and Trusts

(See page B-2.)

Table with 1 column for question and 2 columns for Yes/No. Includes questions 7a and 8 regarding foreign accounts and trusts.

Table with 2 columns for Yes/No. Includes checked boxes for 'No' in both questions.

For Paperwork Reduction Act Notice, see Form 1040 instructions.

**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

2006

Attachment
Sequence No. **12**

Name(s) shown on return

Your social security number

ELMER H & NELVA E BRUNSTING

282-32-8905

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-6 of the instructions) | (e) Cost or other basis (see page D-7 of the instructions) | (f) Gain or (loss) Subtract (e) from (d) |
|---|--------------------------------------|----------------------------------|--|--|---|
| 1 | | | | | |
| 2 Enter your short-term totals, if any, from Schedule D-1, line 2 | | | 2 | | |
| 3 Total short-term sales price amounts. Add lines 1 and 2 in column (d) | | | 3 | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | | 4 |
| 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 on page D-7 of the instructions | | | | | 6 |
| 7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f) | | | | | 7 0 |

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-6 of the instructions) | (e) Cost or other basis (see page D-7 of the instructions) | (f) Gain or (loss) Subtract (e) from (d) |
|---|--------------------------------------|----------------------------------|--|--|---|
| 8 FRANKLIN HIGH INCOME FUND | VARIOUS | 4/12/06 | 17,460 | 19,047 | -1,587 |
| 420 SHARES CITIGROUP | 8/17/87 | 1/03/06 | 19,956 | 1,028 | 18,928 |
| 27000 SHARES HOUSEHOLD FINANCE | VARIOUS | 8/02/06 | 27,144 | 27,000 | 144 |
| 9 Enter your long-term totals, if any, from Schedule D-1, line 9 | | | 9 | | |
| 10 Total long-term sales price amounts. Add lines 8 and 9 in column (d) | | | 10 64,560 | | |
| 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 |
| 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-1 of the instructions | | | | | 13 2,077 |
| 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 |
| 15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on the back | | | | | 15 19,562 |

For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.

Schedule D (Form 1040) 2006

Part III Summary

| | | |
|--|-----------|--------|
| <p>16 Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below</p> | 16 | 19,562 |
| <p>17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> | | |
| <p>18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-8 of the instructions</p> | 18 | |
| <p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-9 of the instructions</p> | 19 | |
| <p>20 Are lines 18 and 19 both zero or blank? <input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Schedule D Tax Worksheet on page D-10 of the instructions. Do not complete lines 21 and 22 below.</p> | | |
| <p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> ● The loss on line 16 or ● (\$3,000), or if married filing separately, (\$1,500) | 21 | |
| <p>Note. When figuring which amount is smaller, treat both amounts as positive numbers.</p> | | |
| <p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p> | | |

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

Your social security number

ELMER H & NELVA E BRUNSTING

282-32-8905

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? [] Yes [X] No

Table with 5 columns: (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. Rows A, B, C, D.

Table with 5 columns: (f) Passive loss allowed, (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. Includes Totals rows and summary lines 30-32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A, B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes Totals rows and summary lines 35-37.

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Includes summary line 39.

Part V Summary

Summary table with 2 columns: Description, Amount. Rows 40-43. Row 42 shows 32,957.

Alternative Minimum Tax-Individuals

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1040NR.

Attachment
Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR
ELMER H & NELVA E BRUNSTING

Your social security number
282-32-8905

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

| | | |
|----|---|---------|
| 1 | If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 6), and go to line 7. (If less than zero, enter as a negative amount.) | 116,988 |
| 2 | Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2 1/2% of Form 1040, line 38 | |
| 3 | Taxes from Schedule A (Form 1040), line 9 | |
| 4 | Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions | |
| 5 | Miscellaneous deductions from Schedule A (Form 1040), line 26 | |
| 6 | If Form 1040, line 38, is over \$150,500 (over \$75,250 if married filing separately), enter the amount from line 11 of the Itemized Deductions Worksheet on page A-7 of the Instructions for Schedule A (Form 1040) | |
| 7 | Tax refund from Form 1040, line 10 or line 21 | |
| 8 | Investment interest expense (difference between regular tax and AMT) | |
| 9 | Depletion (difference between regular tax and AMT) | |
| 10 | Net operating loss deduction from Form 1040, line 21. Enter as a positive amount | |
| 11 | Interest from specified private activity bonds exempt from the regular tax | 984 |
| 12 | Qualified small business stock (7% of gain excluded under section 1202) | |
| 13 | Exercise of incentive stock options (excess of AMT income over regular tax income) | |
| 14 | Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) | |
| 15 | Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) | |
| 16 | Disposition of property (difference between AMT and regular tax gain or loss) | |
| 17 | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) | |
| 18 | Passive activities (difference between AMT and regular tax income or loss) | 0 |
| 19 | Loss limitations (difference between AMT and regular tax income or loss) | 0 |
| 20 | Circulation costs (difference between regular tax and AMT) | |
| 21 | Long-term contracts (difference between AMT and regular tax income) | |
| 22 | Mining costs (difference between regular tax and AMT) | |
| 23 | Research and experimental costs (difference between regular tax and AMT) | |
| 24 | Income from certain installment sales before January 1, 1987 | |
| 25 | Intangible drilling costs preference | |
| 26 | Other adjustments, including income-based related adjustments | |
| 27 | Alternative tax net operating loss deduction | |
| 28 | Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$200,100, see page 7 of the instructions.) | 117,972 |

Part II Alternative Minimum Tax

| | | | |
|----|---|-------------|--|
| 29 | Exemption. (If this form is for a child under age 18, see page 7 of the instructions.) | | |
| | IF your filing status is . . . AND line 28 is not over... THEN enter on line 29... | | |
| | Single or head of household \$112,500 \$42,500 | } | |
| | Married filing jointly or qualifying widow(er) 150,000 62,550 | | |
| | Married filing separately 75,000 31,275 | | |
| | If line 28 is over the amount shown above for your filing status, see page 7 of the instructions. | | |
| 30 | Subtract line 29 from line 28. If more than zero or you are filing Form 2555 or 2555-EZ, go to line 31. If zero or less and you are not filing Form 2555 or 2555-EZ, enter -0- on lines 33 and 35 and skip the rest of Part II | 55,422 | |
| 31 | <ul style="list-style-type: none"> If you are filing Form 2555 or 2555-EZ, see page 8 of the instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 55 here. All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. | 10,561 | |
| 32 | Alternative minimum tax foreign tax credit (see page 8 of the instructions) | | |
| 33 | Tentative minimum tax. Subtract line 32 from line 31 | 10,561 | |
| 34 | Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount for line 44 of Form 1040 must be refigured without using Schedule J (see page 9 of the instructions) | 14,143 | |
| 35 | Alternative minimum tax. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45 | 0 | |

Part III Tax Computation Using Maximum Capital Gains Rates

| | | | | |
|--|--|--------|----|--------|
| 36 | Enter the amount from Form 6251, line 30 | | 36 | 55,422 |
| 37 | Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see page 10 of the instructions) | 34,982 | 37 | |
| 38 | Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see page 10 of the instructions) | | 38 | |
| 39 | If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). | 34,982 | 39 | |
| 40 | Enter the smaller of line 36 or line 39 | | 40 | 34,982 |
| 41 | Subtract line 40 from line 36 | | 41 | 20,440 |
| 42 | If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result | | 42 | 5,314 |
| 43 | Enter: <ul style="list-style-type: none"> ● \$61,300 if married filing jointly or qualifying widow(er), ● \$30,650 if single or married filing separately, or ● \$41,050 if head of household. | 61,300 | 43 | |
| 44 | Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0- | 63,106 | 44 | |
| 45 | Subtract line 44 from line 43. If zero or less, enter -0- | 0 | 45 | |
| 46 | Enter the smaller of line 36 or line 37 | 34,982 | 46 | |
| 47 | Enter the smaller of line 45 or line 46 | | 47 | |
| 48 | Multiply line 47 by 5% (.05) | | 48 | |
| 49 | Subtract line 47 from line 46 | 34,982 | 49 | |
| 50 | Multiply line 49 by 15% (.15) | | 50 | 5,247 |
| If line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51. | | | | |
| 51 | Subtract line 46 from line 40 | | 51 | |
| 52 | Multiply line 51 by 25% (.25) | | 52 | |
| 53 | Add lines 42, 48, 50, and 52 | | 53 | 10,561 |
| 54 | If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result | | 54 | 14,410 |
| 55 | Enter the smaller of line 53 or line 54 here and on line 31 | | 55 | 10,561 |

Form **4835**

Farm Rental Income and Expenses
 (Crop and Livestock Shares (Not Cash) Received by Landowner (or Sub-Lessor))
 (Income not subject to self-employment tax)

OMB No. 1545-0074

2006

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or Form 1040NR. ▶ See instructions on back.

Attachment Sequence No. **37**

Name(s) shown on tax return

Your social security number

282-32-8905

Employer ID number (EIN), if any

ELMER H & NELVA E BRUNSTING

A Did you actively participate in the operation of this farm during 2006 (see instructions)? Yes No

Part I Gross Farm Rental Income-Based on Production. Include amounts converted to cash or the equivalent.

| | | | | |
|----|---|----|-------|------------------------------|
| 1 | Income from production of livestock, produce, grains, and other crops | | 1 | 30,084 |
| 2a | Cooperative distributions (Form(s) 1099-PATR) | 2a | 499 | 2b Taxable amount |
| 3a | Agricultural program payments (see instructions) | 3a | 2,374 | 3b Taxable amount |
| 4 | Commodity Credit Corporation (CCC) loans (see instructions): | | | |
| a | CCC loans reported under election | | | 4a |
| b | CCC loans forfeited | 4b | | 4c Taxable amount |
| 5 | Crop insurance proceeds and federal crop disaster payments (see instructions): | | | |
| a | Amount received in 2006 | 5a | | 5b Taxable amount |
| c | If election to defer to 2007 is attached, check here <input type="checkbox"/> | | | 5d Amount deferred from 2005 |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | | | 6 |
| 7 | Gross farm rental income. Add amounts in the right column for lines 1 through 6. Enter the total here and on Schedule E (Form 1040), line 42 | | 7 | 32,957 |

Part II Expenses-Farm Rental Property. Do not include personal or living expenses.

| | | | | | | | |
|----|--|-----|-------|-----|---|-----|--------|
| 8 | Car and truck expenses (see Schedule F instructions). Also attach Form 4562 | 8 | | 21 | Pension and profit-sharing plans | 21 | |
| 9 | Chemicals | 9 | 1,748 | 22 | Rent or lease: | | |
| 10 | Conservation expenses (see instructions) | 10 | | a | Vehicles, machinery, and equipment (see instructions) | 22a | |
| 11 | Custom hire (machine work) | 11 | | b | Other (land, animals, etc.) | 22b | |
| 12 | Depreciation and section 179 expense deduction not claimed elsewhere | 12 | | 23 | Repairs and maintenance | 23 | |
| 13 | Employee benefit programs other than on line 21 (see Schedule F instructions) | 13 | | 24 | Seeds and plants | 24 | 3,057 |
| 14 | Feed | 14 | | 25 | Storage and warehousing | 25 | 1,226 |
| 15 | Fertilizers and lime | 15 | 792 | 26 | Supplies | 26 | |
| 16 | Freight and trucking | 16 | | 27 | Taxes | 27 | 2,496 |
| 17 | Gasoline, fuel, and oil | 17 | | 28 | Utilities | 28 | |
| 18 | Insurance (other than health) | 18 | | 29 | Veterinary, breeding, and medicine | 29 | |
| 19 | Interest: | | | 30 | Other expenses (specify): | | |
| a | Mortgage (paid to banks, etc.) | 19a | | a | | 30a | |
| b | Other | 19b | | b | | 30b | |
| 20 | Labor hired (less employment credits) (see Schedule F instructions) | 20 | | c | | 30c | |
| | | | | d | | 30d | |
| | | | | e | | 30e | |
| | | | | f | | 30f | |
| | | | | g | | 30g | |
| 31 | Total expenses. Add lines 8 through 30g (see instructions) | | | 31 | | 31 | 9,319 |
| 32 | Net farm rental income or (loss). Subtract line 31 from line 7. If the result is income, enter it here and on Schedule E, line 40. If the result is a loss, you must go on to line 33 | | | 32 | | 32 | 23,638 |
| 33 | If line 32 is a loss, check the box that describes your investment in this activity (see instructions) | | | 33a | All investment is at risk. | | |
| | You may have to complete Form 8582 to determine your deductible loss, regardless of which box you checked (see instructions). If you checked box 33b, you must complete Form 6198 before going to Form 8582. In either case, enter the deductible loss here and on Schedule E, line 40 | | | 33b | Some invest. is not at risk. | | |
| | | | | 33c | | | |

For Paperwork Reduction Act Notice, see instructions on back.

Form **4835** (2006)

Form **1040****Qualified Dividends and Capital Gain Tax Worksheet****2006**

Name ELMER H & NELVA E BRUNSTING Taxpayer Identification Number 282-32-8905

If you do not have to use the Schedule D Tax Worksheet use this worksheet to figure your tax if any of the following applies:

- You reported qualified dividends on Form 1040, line 9b (or Form 1040NR, line 10b)
 - You do not have to file Schedule D and you reported capital gain distributions on Form 1040, line 13 (or Form 1040NR, line 14)
- You do not have to file Schedule D if **both** of the following apply:
- The only amounts you have to report on Schedule D are capital gain distributions from Form(s) 1099-DIV, box 2a, or substitute statement(s)
 - None of the Forms 1099-DIV or substitute statements have an amount in box 2b (unrecaptured section 1250 gain), box 2c (section 1202 gain), or box 2d (collectibles (28%) gain).
- You are filing Schedule D and Schedule D, lines 15 and 16, are both more than zero.

Qualified Dividends and Capital Gain Tax Worksheet - Form 1040, Line 44

| | | | |
|---|-----|--------|-----|
| 1. Enter the amount from Form 1040, line 43 | 1. | 98,088 | |
| 2. Enter the amount from Form 1040, line 9b | 2. | 15,420 | |
| 3. Are you filing Schedule D? <input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D, but do not enter less than -0- <input type="checkbox"/> No. Enter the amount from Form 1040, line 13 | 3. | 19,562 | |
| 4. Add lines 2 and 3 | 4. | 34,982 | |
| 5. If you are claiming investment interest expense on Form 4952, enter the amount from line 4g of that form. Otherwise, enter -0- | 5. | | |
| 6. Subtract line 5 from line 4. If zero or less, enter -0- | 6. | 34,982 | |
| 7. Subtract line 6 from line 1. If zero or less, enter -0- | 7. | 63,106 | |
| 8. Enter the smaller of: <ul style="list-style-type: none"> ● The amount on line 1, or ● \$30,650 if single or married filing separately ● \$61,300 if married filing jointly or qualifying widow(er), or ● \$41,050 if head of household | 8 | 61,300 | |
| 9. Is the amount on line 7 equal to or more than the amount on line 8? <input checked="" type="checkbox"/> Yes. Skip lines 9 through 11; go to line 12 and check the "No" box <input type="checkbox"/> No. Enter the amount from line 7 | 9. | | |
| 10. Subtract line 9 from line 8 | 10. | | |
| 11. Multiply line 10 by 5% (.05) | | | 11. |
| 12. Are the amounts on lines 6 and 10 the same? <input type="checkbox"/> Yes. Skip lines 12 through 15; go to line 16 <input checked="" type="checkbox"/> No. Enter the smaller of line 1 or line 6 | 12. | 34,982 | |
| 13. Enter the amount from line 10 (if line 10 is blank, enter -0-) | 13. | | |
| 14. Subtract line 13 from line 12 | 14. | 34,982 | |
| 15. Multiply line 14 by 15% (.15) | 15. | 5,247 | |
| 16. Figure the tax on the amount on line 7. Use the Tax Table or Tax Computation Worksheet, whichever applies | 16. | 8,896 | |
| 17. Add lines 11, 15, and 16 | 17. | 14,143 | |
| 18. Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Worksheet, whichever applies | 18. | 17,634 | |
| 19. Tax on all taxable income. Enter the smaller of line 17 or line 18. Also include this amount on Form 1040, line 44 | 19. | 14,143 | |

Kroese & Kroese P.C.
540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: BRUNSTING, NELVA E

Tax Documents

- [IA Tax Return \(12/31/07\) - IA Form 1040 Page 1](#)
- [IA Tax Return \(12/31/07\) - IA Form 1040 Page 2](#)
- [IA Tax Return \(12/31/07\) - IA Schedule A](#)
- [IA Tax Return \(12/31/07\) - IA Schedule B](#)
- [IA Tax Return \(12/31/07\) - IA Form 126](#)
- [IA Tax Return \(12/31/07\) - IA Form 6251](#)
- [IA Tax Return \(12/31/07\) - IA Required Statements](#)

IA 1040 Iowa Individual Income Tax Long Form 2007

or fiscal year beginning 2007 and ending 2007
STEP 1: Fill in all spaces. You MUST fill in your Social Security Number.

| | | | |
|---|--|---|---|
| Your last name A. BRUNSTING | Your first name/middle initial ELMER H | Your Social Security Number 282-32-8905 | <input checked="" type="checkbox"/> Check this box if you or your spouse were 65 or older as of 12/31/07. |
| Spouse's last name B. BRUNSTING | Spouse's first name/middle initial NELVA E | Spouse's Social Security Number 481-30-4685 | |

| | | |
|---|--|---------------------------------------|
| Current mailing address (number and street, apartment, lot or suite number) or PO Box 13630 PINEROCK LN | Are your name, your spouse's name, if applicable, and your address the same as on last year's return? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | Your Occupation RETIRED |
| City, State, ZIP HOUSTON TX 77079-5914 | | Spouse's Occupation RETIRED |

STEP 2 Filing Status: Mark one box only.

| | |
|---|--|
| 1 <input type="checkbox"/> Single: Were you claimed as a dependent on another person's Iowa return? <input type="checkbox"/> YES <input type="checkbox"/> NO ▲ | Residence on 12/31/07 County No. 00 Sch. Dist. No. 0000 |
| 2 <input type="checkbox"/> Married filing a joint return. (Two-income families may benefit by using status 3 or 4) | |
| 3 <input checked="" type="checkbox"/> Married filing separately on this combined return. Spouse use column B. | School District Name |
| 4 <input type="checkbox"/> Married filing separate returns. Spouse's name: _____ SSN: _____ ▲ Income: \$ _____ | |
| 5 <input type="checkbox"/> Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and Social Security Number below. | |
| 6 <input type="checkbox"/> Qualifying widow(er) with dependent child. Name: _____ SSN: _____ | |

STEP 3 Exemptions

| | |
|---|---|
| <input checked="" type="checkbox"/> YOU (& spouse IF filing jointly) | a. Personal Credit: Enter 1 (Enter 2 if filing joint or head of household) ▲ <u>1</u> x \$ <u>40</u> = \$ <u>40</u> |
| | b. Enter 1 for each spouse who is 65 or older and/or 1 for each spouse who is blind ▲ <u>1</u> x \$ <u>20</u> = \$ <u>20</u> |
| | c. Dependents: Enter 1 for each dependent ▲ _____ x \$ <u>40</u> = \$ _____ |
| | d. Enter first names of dependents here: _____ e. TOTAL \$ <u>60</u> |
| <input type="checkbox"/> SPOUSE (IF filing status 3) | a. Personal Credit: Enter 1 ▲ <u>1</u> x \$ <u>40</u> = \$ <u>40</u> |
| | b. Enter 1 if 65 or older and/or 1 if blind ▲ <u>1</u> x \$ <u>20</u> = \$ <u>20</u> |
| | c. Dependents: Enter 1 for each dependent ▲ _____ x \$ <u>40</u> = \$ _____ |
| | d. Enter first names of dependents here: _____ e. TOTAL \$ <u>60</u> |

| | | B. Spouse/Status 3 | A. You or Joint | B. Spouse/Status 3 | A. You or Joint |
|-----------------|--|----------------------------|-------------------|--------------------|-----------------|
| STEP 4 | 1. Wages, salaries, tips, etc. | 1. _____ | 1. _____ | | |
| Figure | 2. Taxable interest income. If more than \$1,500, complete Sch. B | 2. <u>2,699</u> | 2. <u>2,701</u> | | |
| your | 3. Ordinary dividend income. If more than \$1,500, complete Sch. B | 3. <u>10,709</u> | 3. <u>10,712</u> | | |
| gross | 4. Alimony received | 4. _____ | 4. _____ | | |
| income | 5. Business income/(loss) from Federal Schedule C or C-EZ | 5. _____ | 5. _____ | | |
| | 6. Capital gain/(loss) from Federal Schedule D | 6. <u>2,203</u> | 6. <u>2,203</u> | | |
| | 7. Other gains/(losses) from Federal form 4797 | 7. _____ | 7. _____ | | |
| | 8. Taxable IRA distributions | 8. <u>1,416</u> | 8. <u>2,700</u> | | |
| | 9. Taxable pensions and annuities | 9. _____ | 9. <u>20,696</u> | | |
| | 10. Rents, royalties, partnerships, estates, etc. | 10. _____ | 10. <u>25,335</u> | | |
| | 11. Farm income/(loss) from Federal Schedule F | 11. _____ | 11. _____ | | |
| | 12. Unemployment compensation | 12. _____ | 12. _____ | | |
| | 13. Taxable Social Security benefits | 13. <u>2,709</u> | 13. <u>7,070</u> | | |
| | 14. Other income, gambling income, bonus depreciation adjustment | 14. _____ | 14. _____ | | |
| | 15. GROSS INCOME. ADD lines 1-14 | 15. <u>19,736</u> ▲ | 15. <u>71,417</u> | | |
| STEP 5 | 16. Payments to an IRA, KEOGH or SEP | 16. _____ | 16. _____ | | |
| Figure | 17. One-half of self-employment tax | 17. _____ | 17. _____ | | |
| your | 18. Health insurance deduction | 18. <u>1,270</u> | 18. <u>1,270</u> | | |
| adjust- | 19. Penalty on early withdrawal of savings | 19. _____ | 19. _____ | | |
| ments | 20. Alimony paid | 20. _____ | 20. _____ | | |
| to | 21. Pension/retirement income exclusion | 21. <u>685</u> ▲ | 21. <u>11,315</u> | | |
| income | 22. Moving expense deduction from Federal form 3903 | 22. _____ | 22. _____ | | |
| | 23. Iowa capital gains deduction | 23. ▲ | 23. _____ | | |
| | 24. Other adjustments | 24. _____ | 24. _____ | | |
| | 25. Total adjustments. ADD lines 16-24 | 25. <u>1,955</u> ▲ | 25. <u>12,585</u> | | |
| | 26. NET INCOME. SUBTRACT line 25 from line 15 | 26. <u>17,781</u> ▲ | 26. <u>58,832</u> | | |
| STEP 6 | 27. Federal income tax refund / overpayment received in 2007 | 27. <u>541</u> ▲ | 27. <u>1,316</u> | | |
| Figure | 28. Self-employment/household employment taxes | 28. ▲ | 28. _____ | | |
| your | 29. Addition for Federal taxes. ADD lines 27 and 28 | 29. <u>541</u> | 29. <u>1,316</u> | | |
| Federal | 30. Total. ADD lines 26 and 29 | 30. <u>18,322</u> | 30. <u>60,148</u> | | |
| tax | 31. Federal tax withheld | 31. ▲ | 31. _____ | | |
| addition | 32. Federal estimated tax payments made in 2007 | 32. <u>3,605</u> ▲ | 32. <u>11,015</u> | | |
| and | 33. Additional Federal tax paid in 2007 for 2006 and prior years | 33. ▲ | 33. _____ | | |
| deduc- | 34. Deduction for Federal taxes. ADD lines 31, 32, and 33 | 34. <u>3,605</u> | 34. <u>11,015</u> | | |
| tion | 35. BALANCE. SUBTRACT line 34 from line 30. Enter here and on line 36, side 2 | 35. <u>14,717</u> | 35. <u>49,133</u> | | |

Staple W-2's, payment, and voucher here.

2007 IA 1040, page 2

B. Spouse/Status 3

A. You or Joint

B. Spouse/Status 3

A. You or Joint

STEP 7 36. BALANCE. From side 1, line 35. 36. 14,717 49,133

37. Total itemized deductions from Federal Schedule A. Taxpayers with bonus depreciation must use Iowa Schedule A 37. _____

38. Iowa income tax if included in line 5 of Federal Schedule A 38. _____

39. BALANCE. Subtract line 38 from line 37 or enter the amount of itemized deductions from the Iowa Schedule A 39. 1,170 3,873

40. Other deductions. 40. _____

41. Deduction. Check one box. Itemized. Add lines 39 and 40. Standard. 41. 1,170 3,873

42. TAXABLE INCOME. SUBTRACT line 41 from line 36. 42. 13,547 45,260

STEP 8 43. Tax from tables or alternate tax 43. 470 2,618

44. Iowa lump-sum tax. 25% of Federal tax from form 4972. 44. _____

45. Iowa minimum tax. Attach IA 6251. 45. _____

46. Total tax. ADD lines 43, 44 and 45. 46. 470 2,618

47. Total exemption credit amount(s) from Step 3, side 1 47. 60 60

48. Tuition and textbook credit. 48. _____

49. Total credits. ADD lines 47 and 48. 49. 60 60

50. BALANCE. SUBTRACT line 49 from line 46. If less than zero, enter zero. 50. 410 2,558

51. Credit for nonresident or part-year resident. Attach IA 126 and Federal return. 51. 410 1,457

52. BALANCE. SUBTRACT line 51 from 50. If less than or equal to zero, enter zero. 52. 0 1,101

53. Other nonrefundable Iowa credits. Attach IA 148 Tax Credits Schedule. 53. _____

54. BALANCE. SUBTRACT line 53 from line 52. 54. _____ 1,101

55. School district surtax/EMS surtax. (take percentage from table, multiply by line 54). 55. 0 0

56. Total Tax. ADD lines 54 and 55. 56. _____ 1,101

57. Total tax before contributions. ADD Columns A & B on line 56 and enter here. 57. _____ 1,101

58. Contributions. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars.

Fish/Wildlife State Fair Firefighters/Keep Iowa Beautiful Veterans

58a: _____ 58b: _____ 58c: _____ 58d: _____ Enter total. 58. _____

59. TOTAL TAX AND CONTRIBUTIONS. ADD lines 57 and 58. 59. _____ 1,101

STEP 9 60. Iowa income tax withheld. 60. _____

61. Estimate and voucher payments made for tax year 2007 61. 242 606

62. Out-of-state tax credit. Attach IA 130. 62. _____

63. Motor fuel tax credit. Attach IA 4136. 63. _____

64. Check One: Child and dependent care credit OR Early childhood development credit 64. _____

65. Iowa earned income credit: 7.0% (.07) of Federal credit 65. _____

66. Other refundable credits. Attach IA 148 Tax Credits Schedule. 66. _____

67. TOTAL. ADD lines 60-66. 67. 242 606

68. TOTAL CREDITS. ADD columns A and B on line 67 and enter here. 68. _____ 848

STEP 10 69. If line 68 is more than line 59, SUBTRACT line 59 from line 68. This is the amount you overpaid. 69. _____

70. Amount of line 69 to be REFUNDED REFUND 70. _____

71. Amount of line 69 to be applied to your 2008 estimated tax 71. _____

72. If line 68 is less than line 59, SUBTRACT line 68 from line 59. This is the AMOUNT OF TAX YOU OWE. 72. _____ 253

73. Penalty for underpayment of estimated tax. From IA 2210 or IA 2210F. Check if annualized income method is used 73. _____

74. Penalty and interest. 74a. Penalty. _____ 74b. Interest. _____ ADD Enter total 74. _____

75. TOTAL AMOUNT DUE. ADD lines 72, 73 and 74, and enter here. PAY THIS AMOUNT 75. _____ 253

ePay by credit card or direct debit. Go to www.state.ia.us/tax.
To pay by mail: Iowa Income Tax - Document Processing, PO Box 9187, Des Moines IA 50306-9187. Make check payable to Treasurer, State of Iowa

STEP 11 POLITICAL CHECKOFF. This checkoff does not increase the amount of tax you owe or decrease your refund.

| | |
|---|---|
| SPOUSE | YOURSELF |
| \$1.50 to Democratic Party <input type="checkbox"/> | \$1.50 to Democratic Party <input type="checkbox"/> |
| \$1.50 to Republican Party <input type="checkbox"/> | \$1.50 to Republican Party <input type="checkbox"/> |
| \$1.50 to Campaign Fund <input type="checkbox"/> | \$1.50 to Campaign Fund <input type="checkbox"/> |

STEP 12 NEXT YEAR, Would you like to receive a booklet? This option is not available to electronic filers.

0. Yes
 1. No

STEP 13 COW-CALF REFUND Attach IA 132. Do NOT use these amounts to increase your overpayment (line 69) or reduce the amount you owe (line 72).

Spouse: \$ _____
 You: \$ _____

STEP 14 PLEASE SIGN HERE

- Verify your SSN(s)
- Recheck your math
- Attach all W-2s

I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

RICHARD K RIKKERS CPA 4/01/08

Preparer's Signature Date

KROESE & KROESE P.C.
 540 NORTH MAIN AVENUE
 SIOUX CENTER IA 51250-1824

Address 712-722-3375 42-1277139

Daytime Telephone Number Identification Number 41-001b (8/22/07)

Your Signature _____ Date _____

Spouse's Signature _____ Date _____

Daytime Telephone Number _____

This return is due April 30, 2008.

If you itemize deductions, attach a copy of this schedule or a copy of the Federal Schedule A to your return.

| | |
|---|--|
| Name(s) as shown on page 1 of the IA 1040 ELMER H & NELVA E BRUNSTING | Social Security Number 282-32-8905 |
|---|--|

NOTE: If you have Federal Bonus Depreciation, please see the 2007 Expanded Instructions on our Web site.

Do not include health insurance premiums deducted on IA 1040, line 18.

| | | | | |
|--|------|--|---------------|---------|
| Medical and Dental Expenses | 1. | Medical and dental expenses | 1. | |
| | 2. | Multiply the amount on Federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation, from line 14 of the IA 1040 by 7.5% (.075). Enter result here. | 2. | |
| | 3. | Subtract line 2 from line 1. If less than zero, enter zero. | 3. | 0 |
| Taxes You Paid | 4. | State and Local (Check only one box): a <input type="checkbox"/> Other state and local income taxes. Do not include Iowa Income Tax. Include School District Surtax and EMS Surtax paid in 2007 OR b <input type="checkbox"/> General sales taxes only from line 5b of the Federal Schedule A. | 4. | |
| | 5. | Real estate taxes | 5. | 1,003 |
| | 6. | Personal property taxes, including vehicle registration | 6. | 55 |
| | 7. | Other taxes. List the type and amount. | 7. | |
| | 8. | Add amounts on lines 4, 5, 6, and 7. Enter the total here. | 8. | 1,058 |
| Interest You Paid | 9a. | Home mortgage interest and points reported on Federal form 1098 | 9a. | |
| | 9b. | Home mortgage interest not reported on Federal form 1098 | 9b. | |
| | 10. | Points not reported on Federal form 1098 | 10. | |
| | 11. | Qualified mortgage insurance premiums | 11. | |
| | 12. | Investment interest. Attach Federal form 4952 if required. | 12. | |
| | 13. | Add lines 9a-12. Enter total here. | 13. | |
| Gifts to Charity | 14. | Contributions by cash or check. Do not include contributions to Injured Veterans Grant Program (IA 1040 line 24) or School Tuition Organization Tax Credit (IA 1040 line 53) | 14. | 3,985 |
| | 15. | Other than by cash or check. You must attach Federal form 8283 if more than \$500. | 15. | |
| | 16. | Carryover from prior year (as adjusted for disallowance of Bonus Depreciation) | 16. | |
| | 17. | Add lines 14 through 16. Enter total here. | 17. | 3,985 |
| Casualty/Theft Loss | 18. | Casualty or theft loss(es). Attach Federal form 4684. | 18. | |
| Job Expenses and Misc. Deductions | 19. | Unreimbursed employee expenses. Attach Fed. form 2106 or 2106-EZ if required. | 19. | |
| | 20. | Tax preparation fees | 20. | |
| | 21. | Other expenses. List type and amount. SEE STATEMENT 1 | 21. | 140 |
| | 22. | Add the amounts on lines 19, 20, and 21. Enter the total here. | 22. | 140 |
| | 23. | Multiply the amount of Federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation, from line 14 of the IA 1040* by 2% (.02). Enter the result here. | 23. | 2,399 |
| | 24. | Subtract line 23 from line 22. Enter the total. If less than zero, enter zero. | 24. | 0 |
| Other Misc. Deductions | 25. | Other miscellaneous deductions not subject to 2% AGI Limit. List type and amount. | 25. | |
| Total Itemized Deductions | 26. | If the amount on Federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation, from line 14 of the IA 1040 is \$156,400 or less (\$78,200 or less if married filing separately for Federal tax purposes), add lines 3, 8, 13, 17, 18, 24, and 25, and enter the total here If the amount on Federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation, from line 14 of the IA 1040* is more than \$156,400 (\$78,200 if married filing separately for Federal tax purposes), you must complete the Iowa Itemized Deductions Worksheet, IA 104, to calculate your total deductions. If using filing statuses 1, 2, 5, or 6, enter the amount on Step 7, line 39 of the IA 1040. | 26. | 5,043 |
| Proration of Deductions Between Spouses | 27. | Complete lines 27 through 31 ONLY if you are using filing status 3 or 4. | SPOUSE | |
| | 27a. | Enter the Iowa net income of both spouses from IA 1040, line 26. | 17,781 | 58,832 |
| | 28. | Total Iowa net income, add columns 27a and 27b. Enter the total here. | | 76,613 |
| | 29. | Divide the amount on line 27a by the amount on line 28. Enter the percentage here. | | 76.791% |
| | 30. | Multiply line 26 by the percentage on line 29. Enter here and on IA 1040, line 39, Col. A | (YOU) | 3,873 |
| | 31. | Subtract line 30 from line 26. Enter here and on IA 1040, line 39, Col. B. If you are using filing status 4, enter this amount on line 39, Col. A of your spouse's return. | (SPOUSE) | 1,170 |

*If you filed Federal 1040A, see line 21; if Federal 1040EZ, see line 4.

2007 IA 1040 Schedule B

Interest and Dividend Income

| | |
|---|--|
| Name(s) as shown on page 1 of the IA 1040 ELMER H & NELVA E BRUNSTING | Social Security Number 282-32-8905 |
|---|--|

NOTE: You must report all taxable interest and dividends on IA 1040, even if you are not required to complete Schedule B.

PART I: You must complete this part if you received more than \$1,500 in interest in 2007. Interest income which should be reported includes earnings from savings and loan associations, mutual savings banks, cooperative banks, credit unions, and bank deposits; State and municipal bonds (see instructions for IA 1040, line 2, Taxable interest Income), and interest from tax refunds. Do not report interest from Federal securities.

INTEREST

INCOME For each payer, indicate the type of account. If the interest was earned by you, check the column labeled "Taxpayer." If the interest was earned by your spouse, check "Spouse." If the interest was earned jointly, check "Joint." Check only one for each payer.

Interest Income. List Names of All Payers.

| Name of Payer | Check one for each payer | | | AMOUNT |
|---|--------------------------|--------|-------|--------------|
| | Taxpayer | Spouse | Joint | |
| EDWARD JONES | | | X | 2,471 |
| EDWARD JONES | | | X | 2,929 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Taxable Interest Income. Add the amounts; enter here and on IA 1040, line 2 | | | | 5,400 |

PART II: You must complete this part if you received more than \$1,500 in gross dividends in 2007. Deduct that portion of any net dividend from mutual funds that is attributable to Federal securities.

DIVIDEND For each payer, indicate the type of account. If the dividends were earned by you, check the column labeled "Taxpayer." If the dividends were earned by your spouse, check "Spouse." If the dividends were earned jointly, check "Joint." Check only one for each payer.

INCOME

Dividend Income. List Names of All Payers.

| Name of Payer | Check one for each payer | | | AMOUNT |
|---|--------------------------|--------|-------|---------------|
| | Taxpayer | Spouse | Joint | |
| CHEVRON CORPORATION | | | X | 3,851 |
| DEERE & CO | | | X | 1,063 |
| EDWARD JONES | | | X | 16,507 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Taxable Dividend Income. Add the amounts; enter here and on IA 1040, line 3 | | | | 21,421 |

Iowa Nonresident and Part-year Resident Credit

Name(s) as shown on page 1 of the IA 1040

ELMER H & NELVA E BRUNSTING

Social Security Number

282-32-8905

MARK THE APPROPRIATE BOX FOR YOU AND YOUR SPOUSE

You are a nonresident of Iowa ▲

You are a part-year resident of Iowa ▲

Date moved into Iowa: _____

and/or

Date moved out of Iowa: _____

Your spouse is a nonresident of Iowa ▲

Your spouse is a part-year resident of Iowa ▲

Date moved into Iowa: _____

and/or

Date moved out of Iowa: _____

YOU MUST FILE THIS FORM IF...

- You are a nonresident of Iowa with income from Iowa sources, or
- You are a part-year Iowa resident
- Attach this form and a copy of your Federal return to your Iowa return. (IA 1040)
- Report only Iowa-source income on the IA 126.
- You may benefit by using filing status 3 or 4.

- Wages, salaries, tips, etc.
- Taxable interest income
- Ordinary dividend income
- Alimony received
- Business income or (loss)
- Capital gain or (loss)
- Other gains or (losses)
- Taxable IRA distributions
- Taxable pensions and annuities
- Rents, royalties, partnerships, estates, etc.
- Farm income or (loss)
- Unemployment compensation
- Taxable Social Security benefits.
- Other income, gambling income, bonus depreciation adjustment
- GROSS INCOME.** ADD lines 1-14.
- Payments to an IRA, KEOGH or SEP while an Iowa resident
- Deduction for self-employment tax
- Health insurance deduction
- Penalty on early withdrawal of savings
- Alimony paid
- Pension/retirement income exclusion
- Moving expense deduction into Iowa only
- Iowa capital gains deduction
- Other adjustments
- Total adjustments. ADD lines 16-24.
- IOWA NET INCOME.** SUBTRACT line 25 from line 15.
- All-source net income from line 26, IA 1040
- Iowa income percentage: Divide line 26 by line 27 and enter percentage.
- Nonresident/part-year resident credit percentage:
Subtract the percentage on line 28 from 100.0%.
- Iowa tax on total income from line 43, IA 1040
- Total credits from line 49, IA 1040
- Tax after credits. Subtract line 31 from line 30.
- Nonresident/part-year resident tax credit. Multiply line 32 by the percentage on line 29.

IOWA-SOURCE INCOME

| B. SPOUSE Filing Status 3 Only | A. YOU OR JOINT |
|-----------------------------------|-----------------|
|-----------------------------------|-----------------|

| | |
|-----|----------------|
| 1. | _____ |
| 2. | _____ |
| 3. | _____ |
| 4. | _____ |
| 5. | _____ |
| 6. | _____ |
| 7. | _____ |
| 8. | _____ |
| 9. | _____ |
| 10. | 25,335 |
| 11. | _____ |
| 12. | _____ |
| 13. | _____ |
| 14. | _____ |
| 15. | ▲ 25,335 |
| 16. | _____ |
| 17. | _____ |
| 18. | _____ |
| 19. | _____ |
| 20. | _____ |
| 21. | _____ |
| 22. | _____ |
| 23. | _____ |
| 24. | _____ |
| 25. | ▲ _____ |
| 26. | 25,335 |
| 27. | 17,781 58,832 |
| | 100.0% 100.0% |
| 28. | % 43.06% |
| 29. | 100.00% 56.94% |
| 30. | 470 2,618 |
| 31. | 60 60 |
| 32. | 410 2,558 |
| 33. | 410 1,457 |

ENTER THIS AMOUNT ON LINE 51 OF IA 1040

Iowa Minimum Tax Computation

| | |
|---|---------------------|
| Name(s) as shown on IA 1040 (or IA 1041): | Social Security No. |
| ELMER H BRUNSTING | 282-32-8905 |

PART I: Adjustments and Preferences, see instructions

If you itemized deductions on Schedule A, start on line 1. If you did not itemize on your IA 1040, start on line 7.

| | | |
|--|--|-------|
| 1. Medical and dental (line 2, federal form 6251) | 1. | |
| 2. Taxes (line 3, federal form 6251 less any Iowa income tax included on that line) | 2. | 1,058 |
| 3. Certain interest on a home mortgage not used to build, buy, or improve your home (line 4, federal form 6251) | 3. | |
| 4. Miscellaneous itemized deductions (line 5, federal form 6251) | 4. | |
| 5. Refund of taxes (line 7, federal form 6251 less any Iowa income tax included on that line) | 5. | |
| 6. Investment interest (line 8, federal form 6251 less interest and expense related to private activity bonds issued after 8/7/86) | 6. | 0 |
| 7. Post - 1986 depreciation (line 17, federal form 6251) | 7. | |
| 8. Adjusted gain or loss (line 16, federal form 6251) | 8. | |
| 9. Incentive stock options (line 13, federal form 6251) | 9. | |
| 10. Passive activities (line 18, federal form 6251) | 10. | |
| 11. Beneficiaries of estates and trusts (line 14, federal form 6251) | 11. | |
| 12. Enter the amount for each corresponding item from federal form 6251. Enter total on line 12. | | |
| a. Circulation expenditures (ln. 20) a. | h. Patron's adjustment | h. |
| b. Depreciation (pre-1987) b. | i. Pollution control facilities i. | |
| c. Installment sales (line 24) c. | j. Research and experimental (line 23) j. | |
| d. Large partnerships (line 15) d. | k. Section 1202 exclusion (line 12) k. | |
| e. Long-term contracts (line 21) e. | l. Tax shelter farm activities l. | |
| f. Loss limitations (line 19) f. | m. Related adjustments (see instr.) (line 26) m. | 0 |
| g. Mining costs (line 22) g. | | |
| 13. Total Adjustments and Preferences. Combine lines 1 through 12 | 13. | 1,058 |

PART II: Alternative Minimum Taxable Income

| | | |
|--|---------|--------|
| 14. Taxable income (from IA 1040, line 42; or IA 1041, line 22) | 14. | 45,260 |
| 15. Net operating loss deduction. Do not enter as a negative amount | 15. | |
| 16. If federal AGI, plus any IA Bonus Depreciation adjustment is more than \$156,400 (more than \$78,200 if married filing separately for federal purposes), see instructions for amount to enter on this line | 16. () | |
| 17. Combine lines 14, 15 and 16 | 17. | 45,260 |
| 18. Add lines 13 and 17 | 18. | 46,318 |
| 19. Alternative tax net operating loss deduction (see instructions) | 19. | |
| 20. Alternative Minimum Taxable Income. Subtract line 19 from line 18 | 20. | 46,318 |

PART III: Exemption Amount and Alternative Minimum Tax

| | | |
|---|-----|--------|
| 21. Enter \$35,000 (*\$17,500 if filing status 3 or 4; \$26,000 if single, head of household or qualifying widow(er)) | 21. | 17,500 |
| 22. Enter \$150,000 (*\$75,000 if filing status 3 or 4; \$112,500 if single, head of household or qualifying widow(er)) | 22. | 75,000 |
| 23. Subtract line 22 from line 20. If the result is zero or less, enter zero | 23. | 0 |
| 24. Multiply line 23 by 25% (0.25) | 24. | |
| 25. Subtract line 24 from line 21. If result is zero or less, enter zero | 25. | 17,500 |
| 26. Subtract line 25 from line 20 | 26. | 28,818 |
| 27. Multiply line 26 by 6.7% (0.067) | 27. | 1,931 |
| 28. Regular tax after credits. See instructions. | 28. | 2,558 |
| 29. Iowa Minimum Tax. Subtract line 28 from line 27, enter here and on IA 1040, line 45 (or IA 1041, line 25.) See instructions for Minimum Tax Limited to Net Worth. If less than zero, enter zero | 29. | 0 |

PART IV: NONRESIDENTS AND PART-YEAR RESIDENTS ONLY - Complete lines 30 - 33.

| | | |
|---|-----|--------|
| 30. Enter Iowa net income plus Iowa adjustments and preferences (see instructions). If less than zero, enter zero. | 30. | 25,335 |
| 31. Total net income plus total adjustments and preferences (see instructions) | 31. | 59,890 |
| 32. Divide line 30 by line 31 and enter the result to three (3) decimal places | 32. | 0.423 |
| 33. Iowa Minimum Tax. Multiply line 29 by line 32. Enter here and on IA 1040, line 45 (or IA 1041, line 25). See instruction for Minimum Tax Limited to Net Worth. If less than zero, enter zero. | 33. | 0 |

* Exemption levels of \$17,500 and \$75,000 on lines 21 and 22, respectively, also apply to an estate or trust.

Iowa Statements

Statement 1 - Schedule A. Other Expenses Subject to 2% AGI Limit

| <u>Description</u> | <u>Amount</u> |
|--------------------------|---------------|
| OTHER INVESTMENT EXPENSE | \$ 40 |
| SAFE DEPOSIT BOX | 100 |
| TOTAL | <u>\$ 140</u> |

Kroese & Kroese P.C.
540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: BRUNSTING, NELVA E

Tax Documents

- [US Tax Return \(12/31/07\) - Form 1040 Page 1](#)
- [US Tax Return \(12/31/07\) - Form 1040 Page 2](#)
- [US Tax Return \(12/31/07\) - Schedule B](#)
- [US Tax Return \(12/31/07\) - Schedule D Page 1](#)
- [US Tax Return \(12/31/07\) - Schedule D Page 2](#)
- [US Tax Return \(12/31/07\) - Schedule E Page 2](#)
- [US Tax Return \(12/31/07\) - Form 6251 Page 1](#)
- [US Tax Return \(12/31/07\) - Form 6251 Page 2](#)
- [US Tax Return \(12/31/07\) - Form 4835 - SHARE CROP](#)
- [US Tax Return \(12/31/07\) - Capital Gain Tax Worksheet](#)

Form 1040

Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return 2007

(99) IRS Use Only—Do not write or staple in this space.

Label (See instructions on page 12.) Use the IRS label. Otherwise, please print or type. Presidential

Form header section containing taxpayer information: For the year Jan. 1-Dec. 31, 2007, or other tax year beginning, 2007, ending, 20. OMB No. 1545-0074. Your first name and initial: ELMER H, Last name: BRUNSTING, Your social security number: 282-32-8905. If a joint return, spouse's first name and initial: NELVA E, Last name: BRUNSTING, Spouse's social security number: 481-30-4685. Home address: 13630 PINEROCK LN, Apt. no., City, town or post office, state, and ZIP code: HOUSTON TX 77079-5914. Checking a box below will not change your tax or refund.

Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 12) 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 and full name here., 4 Head of household (with qualifying person). (See page 13.) If the qualifying person is a child but not your dependent, enter this child's name here., 5 Qualifying widow(er) with dependent child (see page 14)

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. 6b Spouse. 6c Dependents: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) if qual. child for child tax cr. (see page 15). 6d Total number of exemptions claimed. Add numbers on lines above.

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2. 8a Taxable interest. Attach Schedule B if required. 8b Tax-exempt interest. Do not include on line 8a. 9a Ordinary dividends. Attach Schedule B if required. 9b Qualified dividends (see page 19). 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20). 11 Alimony received. 12 Business income or (loss). Attach Schedule C or C-EZ. 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 14 Other gains or (losses). Attach Form 4797. 15a IRA distributions, 15b Taxable amount (see page 21). 16a Pensions and annuities, 16b Taxable amount (see page 22). 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 18 Farm income or (loss). Attach Schedule F. 19 Unemployment compensation. 20a Social security benefits, 20b Taxable amount (see page 24). 21 Other income. List type and amount (see page 24). 22 Add the amounts in the far right column for lines 7 through 21. This is your total income.

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

Tax and Credits

Standard Deduction for-
 • People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 31.
 • All others:
 Single or Married filing separately, \$5,350
 Married filing jointly or Qualifying widow(er), \$10,700
 Head of household, \$7,850

| | | | |
|-----|--|----|---------|
| 38 | Amount from line 37 (adjusted gross income) | 38 | 119,926 |
| 39a | Check <input checked="" type="checkbox"/> You were born before January 2, 1943, <input type="checkbox"/> Blind. <input checked="" type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind. Total boxes checked 39a 2 | | |
| b | If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here 39b <input type="checkbox"/> | | |
| 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 12,800 |
| 41 | Subtract line 40 from line 38 | 41 | 107,126 |
| 42 | If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page 33 | 42 | 6,800 |
| 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 100,326 |
| 44 | Tax (see page 33). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> Form(s) 8889 | 44 | 15,853 |
| 45 | Alternative minimum tax (see page 36). Attach Form 6251 | 45 | |
| 46 | Add lines 44 and 45 | 46 | 15,853 |
| 47 | Credit for child and dependent care expenses. Attach Form 2441 | 47 | |
| 48 | Credit for the elderly or the disabled. Attach Schedule R | 48 | |
| 49 | Education credits. Attach Form 8863 | 49 | |
| 50 | Residential energy credits. Attach Form 5695 | 50 | |
| 51 | Foreign tax credit. Attach Form 1116 if required | 51 | 7 |
| 52 | Child tax credit (see page 39). Attach Form 8901 if required | 52 | |
| 53 | Retirement savings contributions credit. Attach Form 8880 | 53 | |
| 54 | Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 c <input type="checkbox"/> Form 8839 | 54 | |
| 55 | Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form _____ | 55 | |
| 56 | Add lines 47 through 55. These are your total credits | 56 | 7 |
| 57 | Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- | 57 | 15,846 |

Other Taxes

| | | | |
|----|---|----|--------|
| 58 | Self-employment tax. Attach Schedule SE | 58 | |
| 59 | Unreported social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 8919 | 59 | |
| 60 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 60 | |
| 61 | Advance earned income credit payments from Form(s) W-2, box 9 | 61 | |
| 62 | Household employment taxes. Attach Schedule H | 62 | |
| 63 | Add lines 57 through 62. This is your total tax | 63 | 15,846 |

Payments

If you have a qualifying child, attach Schedule EIC.

| | | | |
|-----|---|-----|--------|
| 64 | Federal income tax withheld from Forms W-2 and 1099 | 64 | |
| 65 | 2007 estimated tax payments and amount applied from 2006 return | 65 | 14,160 |
| 66a | Earned income credit (EIC) | 66a | |
| b | Nontaxable combat pay election 66b <input type="checkbox"/> | | |
| 67 | Excess social security and tier 1 RRTA tax withheld (see page 59) | 67 | |
| 68 | Additional child tax credit. Attach Form 8812 | 68 | |
| 69 | Amount paid with request for extension to file (see page 59) | 69 | |
| 70 | Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885 | 70 | |
| 71 | Refundable credit for prior year minimum tax from Form 8801, line 27 | 71 | |
| 72 | Add lines 64, 65, 66a, and 67 through 71. These are your total payments | 72 | 14,160 |

Refund

Direct deposit? See page 59 and fill in 74b, 74c, and 74d, or Form 8888.

| | | | |
|-----|---|-----|--|
| 73 | If line 72 is more than line 63, subtract line 63 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 <u>111000025</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number <u>008519001143</u> | | |
| 75 | Amount of line 73 you want applied to your 2008 estimated tax | 75 | |

Amount You Owe

| | | | |
|----|---|----|-------|
| 76 | Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60 | 76 | 1,686 |
| 77 | Estimated tax penalty (see page 61) | 77 | |

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 61)? Yes. Complete the following. No
 Designee's name **PREPARER** Personal identification number (PIN) Phone no.

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See page 13. Keep a copy for your records.

| | | | |
|--|----------------------|---------------------|----------------------|
| Your signature | Date | Your occupation | Daytime phone number |
| <input type="text"/> | <input type="text"/> | RETIRED | <input type="text"/> |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | |
| <input type="text"/> | <input type="text"/> | RETIRED | |

Paid

| | | | |
|---|---------------------|---|---|
| Preparer's signature RICHARD K RIKKERS CPA | Date 4/01/08 | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN P00144154 |
|---|---------------------|---|---|

Preparer's Use Only

| | | |
|---|-----------------------|-------------------------------|
| Firm's name (or yours if self-employed), address, and ZIP code KROESE & KROESE P.C. 540 NORTH MAIN AVENUE SIOUX CENTER IA 51250-1824 | EIN 42-1277139 | Phone no. 712-722-3375 |
|---|-----------------------|-------------------------------|

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side.

Your social security number

ELMER H & NELVA E BRUNSTING

282-32-8905

Schedule B—Interest and Ordinary Dividends

Attachment Sequence No. 08

| | | Amount |
|---|---|--------|
| 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 page B-1 and list this interest first. Also, show that buyer's social security number and address ▶ | |
| | BANK OF AMERICA | 16,953 |
| | DEPT OF TREASURY H BONDS | 80 |
| | EDWARD JONES | 2,471 |
| | 2 Add the amounts on line 1 | 19,504 |
| | 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 1040, line 8a ▶ | 19,504 |
| Note. If line 4 is over \$1,500, you must complete Part III. | | |
| Part II Ordinary Dividends | 5 List name of payer ▶ | |
| | CHEVRON CORPORATION | 3,851 |
| | DEERE & CO | 1,063 |
| | EDWARD JONES | 16,507 |
| | 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a ▶ | 21,421 |

Part III Foreign Accounts and Trusts

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 2007, 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 page B-2 for exceptions and filing requirements for Form TD F 90-22.1

b If "Yes," enter the name of the foreign country ▶

8 During 2007, 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 page B-2

| Yes | No |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule B (Form 1040) 2007

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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

2007

Attachment
Sequence No. **12**

Name(s) shown on return

ELMER H & NELVA E BRUNSTING

Your social security number

282-32-8905

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 REGENT BK DAVIE FLA | 1/11/07 | 7/16/07 | 19,000 | 19,000 | |
| 2 Enter your short-term totals, if any, from Schedule D-1, line 2 | | | | | 2 |
| 3 Total short-term sales price amounts. Add lines 1 and 2 in column (d) | | | | | 3 19,000 |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | | 4 |
| 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 on page D-7 of the instructions | | | | | 6 |
| 7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f) | | | | | 7 0 |

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 29000 SH HOUSEHOLD FINANCE CORP VARIOUS | | 6/15/07 | 29,000 | 29,000 | |
| 9 Enter your long-term totals, if any, from Schedule D-1, line 9 | | | | | 9 |
| 10 Total long-term sales price amounts. Add lines 8 and 9 in column (d) | | | | | 10 29,000 |
| 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 |
| 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 4,406 |
| 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 |
| 15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on the back | | | | | 15 4,406 |

For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.

Schedule D (Form 1040) 2007

Part III Summary

| | | |
|---|------|-------|
| <p>16 Combine lines 7 and 15 and enter the result</p> | 16 | 4,406 |
| <p>If line 16 is:</p> <ul style="list-style-type: none"> ● A gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. ● A loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. ● 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. | | |
| <p>17 Are lines 15 and 16 both gains?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> | | |
| <p>18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-8 of the instructions</p> | ▶ 18 | |
| <p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-9 of the instructions</p> | ▶ 19 | |
| <p>20 Are lines 18 and 19 both zero or blank?</p> <p><input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 35 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Schedule D Tax Worksheet on page D-10 of the instructions. Do not complete lines 21 and 22 below.</p> | | |
| <p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:</p> <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 | |
| <p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 35 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR).</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p> | | |

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

Your social security number

ELMER H & NELVA E BRUNSTING

282-32-8905

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? [] Yes [X] No If you answered "Yes," see page E-6 before completing this section.

Table with 5 columns: (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. Rows A, B, C, D.

Table with 5 columns: (f) Passive loss allowed, (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. Rows A, B, C, D, 29a Totals, b Totals, 30, 31, 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A, B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Rows A, B, 34a Totals, b Totals, 35, 36, 37.

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 39.

Part V Summary

Summary table with 2 columns: Description, Amount. Rows 40 (25,335), 41 (25,335), 42 (36,761), 43.

Form **6251**

Alternative Minimum Tax—Individuals

OMB No. 1545-0074

▶ See separate instructions.

2007

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

Attachment
Sequence No. **32**

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

Your social security number

ELMER H & NELVA E BRUNSTING

282-32-8905

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

| | | |
|----|--|---------|
| 1 | If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.) | 119,926 |
| 2 | Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0- | |
| 3 | Taxes from Schedule A (Form 1040), line 9 | |
| 4 | Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions | |
| 5 | Miscellaneous deductions from Schedule A (Form 1040), line 27 | |
| 6 | If Form 1040, line 38, is over \$156,400 (over \$78,200 if married filing separately), enter the amount from line 11 of the Itemized Deductions Worksheet on page A-10 of the instructions for Schedule A (Form 1040) | |
| 7 | Tax refund from Form 1040, line 10 or line 21 | |
| 8 | Investment interest expense (difference between regular tax and AMT) | |
| 9 | Depletion (difference between regular tax and AMT) | |
| 10 | Net operating loss deduction from Form 1040, line 21. Enter as a positive amount | |
| 11 | Interest from specified private activity bonds exempt from the regular tax | 684 |
| 12 | Qualified small business stock (7% of gain excluded under section 1202) | |
| 13 | Exercise of incentive stock options (excess of AMT income over regular tax income) | |
| 14 | Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) | |
| 15 | Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) | |
| 16 | Disposition of property (difference between AMT and regular tax gain or loss) | |
| 17 | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) | |
| 18 | Passive activities (difference between AMT and regular tax income or loss) | 0 |
| 19 | Loss limitations (difference between AMT and regular tax income or loss) | 0 |
| 20 | Circulation costs (difference between regular tax and AMT) | |
| 21 | Long-term contracts (difference between AMT and regular tax income) | |
| 22 | Mining costs (difference between regular tax and AMT) | |
| 23 | Research and experimental costs (difference between regular tax and AMT) | |
| 24 | Income from certain installment sales before January 1, 1987 | |
| 25 | Intangible drilling costs preference | |
| 26 | Other adjustments, including income-based related adjustments | |
| 27 | Alternative tax net operating loss deduction | |
| 28 | Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$207,500, see page 7 of the instructions.) | 120,610 |

Part II Alternative Minimum Tax

| | | |
|----|---|--------|
| 29 | Exemption. (If this form is for a child under age 18, see page 7 of the instructions.) | |
| | IF your filing status is . . . AND line 28 is not over... THEN enter on line 29... | |
| | Single or head of household . . . \$112,500 . . . \$44,350 | } |
| | Married filing jointly or qualifying widow(er) . . . 150,000 . . . 66,250 | |
| | Married filing separately . . . 75,000 . . . 33,125 | |
| 29 | If line 28 is over the amount shown above for your filing status, see page 7 of the instructions. | 66,250 |
| 30 | Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 33 and 35 and skip the rest of Part II | 54,360 |
| 31 | <ul style="list-style-type: none"> If you are filing Form 2555 or 2555-EZ, see page 8 of the instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 55 here. All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. | 11,843 |
| 32 | Alternative minimum tax foreign tax credit (see page 8 of the instructions) | 7 |
| 33 | Tentative minimum tax. Subtract line 32 from line 31 | 11,836 |
| 34 | Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 51). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see page 9 of the instructions) | 15,846 |
| 35 | Alternative minimum tax. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45 | 0 |

For Paperwork Reduction Act Notice, see page 10 of the instructions.

Form **6251** (2007)

Part III Tax Computation Using Maximum Capital Gains Rates

| | | | | |
|----|---|----|--------|--------|
| 36 | Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet on page 8 of the instructions | | 36 | 54,360 |
| 37 | Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see page 9 of the instructions). If you are filing Form 2555 or 2555-EZ, see page 10 of the instructions for the amount to enter | 37 | 20,826 | |
| 38 | Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see page 9 of the instructions). If you are filing Form 2555 or 2555-EZ, see page 10 of the instructions for the amount to enter | 38 | | |
| 39 | If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see page 10 of the instructions for the amount to enter | 39 | 20,826 | |
| 40 | Enter the smaller of line 36 or line 39 | | 40 | 20,826 |
| 41 | Subtract line 40 from line 36 | | 41 | 33,534 |
| 42 | If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result | | 42 | 8,719 |
| 43 | Enter: <ul style="list-style-type: none"> • \$63,700 if married filing jointly or qualifying widow(er), • \$31,850 if single or married filing separately, or • \$42,650 if head of household. | 43 | 63,700 | |
| 44 | Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0- | 44 | 79,500 | |
| 45 | Subtract line 44 from line 43. If zero or less, enter -0- | 45 | 0 | |
| 46 | Enter the smaller of line 36 or line 37 | 46 | 20,826 | |
| 47 | Enter the smaller of line 45 or line 46 | 47 | | |
| 48 | Multiply line 47 by 5% (.05) | | 48 | |
| 49 | Subtract line 47 from line 46 | 49 | 20,826 | |
| 50 | Multiply line 49 by 15% (.15) If line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51. | | 50 | 3,124 |
| 51 | Subtract line 46 from line 40 | 51 | | |
| 52 | Multiply line 51 by 25% (.25) | | 52 | |
| 53 | Add lines 42, 48, 50, and 52 | | 53 | 11,843 |
| 54 | If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result | | 54 | 14,134 |
| 55 | Enter the smaller of line 53 or line 54 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet on page 8 of the instructions | | 55 | 11,843 |

Form **4835**

Farm Rental Income and Expenses
(Crop and Livestock Shares (Not Cash) Received by Landowner (or Sub-Lessor))
(Income not subject to self-employment tax)

OMB No. 1545-0074

2007

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or Form 1040NR. ▶ See instructions on back.

Attachment Sequence No. **37**

Name(s) shown on tax return

Your social security number
282-32-8905

Employer ID number (EIN), if any

ELMER H & NELVA E BRUNSTING

A Did you actively participate in the operation of this farm during 2007 (see instructions)? Yes No

Part I Gross Farm Rental Income—Based on Production. Include amounts converted to cash or the equivalent.

| | | | | |
|----|---|----------|----|---------------------------|
| 1 | Income from production of livestock, produce, grains, and other crops | | 1 | 34,588 |
| 2a | Cooperative distributions (Form(s) 1099-PATR) | 2a 728 | 2b | 728 |
| 3a | Agricultural program payments (see instructions) | 3a 1,445 | 3b | 1,445 |
| 4 | Commodity Credit Corporation (CCC) loans (see instructions): | | | |
| a | CCC loans reported under election | | 4a | |
| b | CCC loans forfeited | 4b | 4c | Taxable amount |
| 5 | Crop insurance proceeds and federal crop disaster payments (see instructions): | | | |
| a | Amount received in 2007 | 5a | 5b | Taxable amount |
| c | If election to defer to 2008 is attached, check here <input type="checkbox"/> | | 5d | Amount deferred from 2006 |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | | 6 | |
| 7 | Gross farm rental income. Add amounts in the right column for lines 1 through 6. Enter the total here and on Schedule E (Form 1040), line 42 | | 7 | 36,761 |

Part II Expenses—Farm Rental Property. Do not include personal or living expenses.

| | | | | | | | |
|----|---|-----|-------|----|---|-----|-------|
| 8 | Car and truck expenses (see Schedule F instructions). Also attach Form 4562 | 8 | | 21 | Pension and profit-sharing plans | 21 | |
| 9 | Chemicals | 9 | 1,718 | 22 | Rent or lease: | | |
| 10 | Conservation expenses (see instructions) | 10 | | a | Vehicles, machinery, and equipment (see instructions) | 22a | |
| 11 | Custom hire (machine work) | 11 | | b | Other (land, animals, etc.) | 22b | |
| 12 | Depreciation and section 179 expense deduction not claimed elsewhere | 12 | | 23 | Repairs and maintenance | 23 | |
| 13 | Employee benefit programs other than on line 21 (see Schedule F instructions) | 13 | | 24 | Seeds and plants | 24 | 3,535 |
| 14 | Feed | 14 | | 25 | Storage and warehousing | 25 | |
| 15 | Fertilizers and lime | 15 | 3,644 | 26 | Supplies | 26 | |
| 16 | Freight and trucking | 16 | | 27 | Taxes | 27 | 2,529 |
| 17 | Gasoline, fuel, and oil | 17 | | 28 | Utilities | 28 | |
| 18 | Insurance (other than health) | 18 | | 29 | Veterinary, breeding, and medicine | 29 | |
| 19 | Interest: | | | 30 | Other expenses (specify): | | |
| a | Mortgage (paid to banks, etc.) | 19a | | a | | 30a | |
| b | Other | 19b | | b | | 30b | |
| 20 | Labor hired (less employment credits) (see Schedule F instructions) | 20 | | c | | 30c | |
| | | | | d | | 30d | |
| | | | | e | | 30e | |
| | | | | f | | 30f | |
| | | | | g | | 30g | |

| | | | |
|----|--|-----|---------------------------------|
| 31 | Total expenses. Add lines 8 through 30g (see instructions) | 31 | 11,426 |
| 32 | Net farm rental income or (loss). Subtract line 31 from line 7. If the result is income, enter it here and on Schedule E, line 40. If the result is a loss, you must go on to line 33 | 32 | 25,335 |
| 33 | If line 32 is a loss, check the box that describes your investment in this activity (see instructions) | 33a | All investment is at risk. |
| | You may have to complete Form 8582 to determine your deductible loss, regardless of which box you checked (see instructions). If you checked box 33b, you must complete Form 6198 before going to Form 8582. In either case, enter the deductible loss here and on Schedule E, line 40 | 33b | Some investment is not at risk. |
| | | 33c | |

For Paperwork Reduction Act Notice, see instructions on back.

Form **4835** (2007)

Form **1040****Qualified Dividends and Capital Gain Tax Worksheet****2007**

Name ELMER H & NELVA E BRUNSTING Taxpayer Identification Number 282-32-8905

If you do not have to use the Schedule D Tax Worksheet use this worksheet to figure your tax if any of the following applies:

- You reported qualified dividends on Form 1040, line 9b (or Form 1040NR, line 10b)
 - You do not have to file Schedule D and you reported capital gain distributions on Form 1040, line 13 (or Form 1040NR, line 14)
- You do not have to file Schedule D if **both** of the following apply:
- The only amounts you have to report on Schedule D are capital gain distributions from Form(s) 1099-DIV, box 2a, or substitute statement(s)
 - None of the Forms 1099-DIV or substitute statements have an amount in box 2b (unrecaptured section 1250 gain), box 2c (section 1202 gain), or box 2d (collectibles (28%) gain).
- You are filing Schedule D and Schedule D, lines 15 and 16, are both more than zero.

Qualified Dividends and Capital Gain Tax Worksheet - Form 1040, Line 44

| | | |
|---|-----|---------|
| 1. Enter the amount from Form 1040, line 43 | 1. | 100,326 |
| 2. Enter the amount from Form 1040, line 9b | 2. | 16,420 |
| 3. Are you filing Schedule D? <input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D, but do not enter less than -0- <input type="checkbox"/> No. Enter the amount from Form 1040, line 13 | 3. | 4,406 |
| 4. Add lines 2 and 3 | 4. | 20,826 |
| 5. If you are claiming investment interest expense on Form 4952, enter the amount from line 4g of that form. Otherwise, enter -0- | 5. | |
| 6. Subtract line 5 from line 4. If zero or less, enter -0- | 6. | 20,826 |
| 7. Subtract line 6 from line 1. If zero or less, enter -0- | 7. | 79,500 |
| 8. Enter the smaller of: <ul style="list-style-type: none"> ● The amount on line 1, or ● \$31,850 if single or married filing separately ● \$63,700 if married filing jointly or qualifying widow(er), or ● \$42,650 if head of household | 8. | 63,700 |
| 9. Is the amount on line 7 equal to or more than the amount on line 8? <input checked="" type="checkbox"/> Yes. Skip lines 9 through 11; go to line 12 and check the "No" box <input type="checkbox"/> No. Enter the amount from line 7 | 9. | |
| 10. Subtract line 9 from line 8 | 10. | |
| 11. Multiply line 10 by 5% (.05) | 11. | |
| 12. Are the amounts on lines 6 and 10 the same? <input type="checkbox"/> Yes. Skip lines 12 through 15; go to line 16 <input checked="" type="checkbox"/> No. Enter the smaller of line 1 or line 6 | 12. | 20,826 |
| 13. Enter the amount from line 10 (if line 10 is blank, enter -0-) | 13. | |
| 14. Subtract line 13 from line 12 | 14. | 20,826 |
| 15. Multiply line 14 by 15% (.15) | 15. | 3,124 |
| 16. Figure the tax on the amount on line 7. Use the Tax Table or Tax Computation Worksheet, whichever applies | 16. | 12,729 |
| 17. Add lines 11, 15, and 16 | 17. | 15,853 |
| 18. Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Worksheet, whichever applies | 18. | 17,929 |
| 19. Tax on all taxable income. Enter the smaller of line 17 or line 18. Also include this amount on Form 1040, line 44 | 19. | 15,853 |

Kroese & Kroese P.C.
540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: BRUNSTING, NELVA E

Tax Documents

[IA Tax Return \(12/31/08\) - IA Form 1040 Page 1](#)

[IA Tax Return \(12/31/08\) - IA Form 1040 Page 2](#)

[IA Tax Return \(12/31/08\) - IA Schedule A](#)

[IA Tax Return \(12/31/08\) - IA Schedule B](#)

[IA Tax Return \(12/31/08\) - IA Form 126](#)

[IA Tax Return \(12/31/08\) - IA Form 6251](#)

[IA Tax Return \(12/31/08\) - IA Carryover Summary Report](#)

DECEASED

2008 Iowa Individual Income Tax Long Form IA 1040

or fiscal year beginning 2008 and ending 2008
STEP 1: Fill in all spaces. You MUST fill in your Social Security Number.

Your last name: **BRUNSTING** Your first name/middle initial: **ELMER H**

Spouse's last name: **BRUNSTING** Spouse's first name/middle initial: **NELVA E**

Current mailing address (number and street, apartment, lot or suite number) or PO Box: **13630 PINEROCK LN**

City, State, ZIP: **HOUSTON TX 77079-5914**

STEP 2 Filing Status: Mark one box only.

- 1 Single: Were you claimed as a dependent on another person's Iowa return? YES NO
- 2 Married filing a joint return. (Two-income families may benefit by using status 3 or 4)
- 3 Married filing separately on this combined return. Spouse use column B.
- 4 Married filing separate returns. Spouse's name: _____ SSN: _____ Income: \$ _____
- 5 Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and Social Security Number below.
- 6 Qualifying widow(er) with dependent child. Name: _____ SSN: _____

| | |
|---|---|
| <input checked="" type="checkbox"/> Check this box if you or your spouse were 65 or older as of 12/31/08. | |
| Your Social Security Number 282-32-8905 | Spouse Social Security Number 481-30-4685 |
| Are your name, your spouse's name, if applicable, and your address the same as on last year's return? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | Residence on 12/31/08 County No. 00 School District No. 0000 |
| Dependent children for whom an exemption is claimed in Step 3 | |
| How many have health care coverage? _____ | |
| How many do not have health care coverage? _____ | |

STEP 3 Exemptions

YOU
(and spouse if filing jointly)

- a. Personal Credit: Enter 1 (Enter 2 if filing joint or head of household) **1** X \$ **40** = \$ **40**
- b. Enter 1 for each spouse who is **65 or older** and/or 1 for each spouse who is **blind** **1** X \$ **20** = \$ **20**
- c. Dependents: Enter 1 for each dependent _____ X \$ **40** = \$ _____
- d. Enter first names of dependents here: _____ e. TOTAL \$ **60**
- a. Personal Credit: Enter 1 **1** X \$ **40** = \$ **40**
- b. Enter 1 if **65 or older** and/or 1 if **blind** **1** X \$ **20** = \$ **20**
- c. Dependents: Enter 1 for each dependent _____ X \$ **40** = \$ _____
- d. Enter first names of dependents here: _____ e. TOTAL \$ **60**

SPOUSE
(if filing status 3)

STEP 4

Figure your gross income

| | B. Spouse/Status 3 | A. You or Joint | B. Spouse/Status 3 | A. You or Joint |
|---|--------------------|-----------------|--------------------|-----------------|
| 1. Wages, salaries, tips, etc. | | | | |
| 2. Taxable interest income. If more than \$1,500, complete Sch. B | 1,655 | 1,656 | | |
| 3. Ordinary dividend income. If more than \$1,500, complete Sch. B | 9,622 | 9,695 | | |
| 4. Alimony received | | | | |
| 5. Business income/(loss) from federal Schedule C or C-EZ | | | | |
| 6. Capital gain/(loss) from federal Schedule D if required for federal purposes | -1,500 | -1,500 | | |
| 7. Other gains/(losses) from federal form 4797 | | | | |
| 8. Taxable IRA distributions | 1,795 | 2,431 | | |
| 9. Taxable pensions and annuities | | 20,716 | | |
| 10. Rents, royalties, partnerships, estates, etc. | | 30,399 | | |
| 11. Farm income/(loss) from federal Schedule F | | | | |
| 12. Unemployment compensation | | | | |
| 13. Taxable Social Security benefits | 3,206 | 7,238 | | |
| 14. Other income, gambling income, bonus depreciation adjustment | | | | |
| 15. GROSS INCOME. ADD lines 1-14 | | | 14,778 | 70,635 |

STEP 5

Figure your adjustments to income

| | | | | |
|--|--------------|---------------|---------------|---------------|
| 16. Payments to an IRA, KEOGH or SEP | | | | |
| 17. One-half of self-employment tax | | | | |
| 18. Health insurance deduction | 1,157 | 1,157 | | |
| 19. Penalty on early withdrawal of savings | | | | |
| 20. Alimony paid | | | | |
| 21. Pension/retirement income exclusion | 864 | 11,136 | | |
| 22. Moving expense deduction from federal form 3903 | | | | |
| 23. Iowa capital gains deduction | | | | |
| 24. Other adjustments | | | | |
| 25. Total adjustments. ADD lines 16-24 | | | 2,021 | 12,293 |
| 26. NET INCOME. SUBTRACT line 25 from line 15 | | | 12,757 | 58,342 |

STEP 6

Figure your federal tax addition and deduction

| | | | | |
|--|--------------|---------------|---------------|---------------|
| 27. Federal income tax refund / overpayment received in 2008 | | | | |
| 28. Self-employment/household employment taxes | | | | |
| 29. Addition for federal taxes. ADD lines 27 and 28 | | | | |
| 30. Total. ADD lines 26 and 29 | | | 12,757 | 58,342 |
| 31. Federal tax withheld | | 24 | | |
| 32. Federal estimated tax payments made in 2008 | 2,959 | 12,491 | | |
| 33. Additional federal tax paid in 2008 for 2007 and prior years | 392 | 1,294 | | |
| 34. Deduction for federal taxes. ADD lines 31, 32, and 33 | | | 3,351 | 13,809 |
| 35. BALANCE. SUBTRACT line 34 from line 30. Enter here and on line 36, side 2 | | | 9,406 | 44,533 |

2008 IA 1040, page 2

B. Spouse/Status 3 A. You or Joint B. Spouse/Status 3 A. You or Joint

STEP 7 36. BALANCE. From side 1, line 35. 36. 9,406 44,533

Figure your taxable income

37. Total itemized deductions from federal Schedule A
38. Iowa income tax if included in line 5 of federal Schedule A
39. BALANCE. Subtract line 38 from line 37 or enter the amount of itemized deductions from the Iowa Schedule A
40. Other deductions.
41. Deduction. Check one box. [X] Itemized. Add lines 39 and 40. [] Standard.

Complete lines 37-40 ONLY if you itemize.

STEP 8

Figure your tax, credits and checkoff contributions

43. Tax from tables or alternate tax
44. Iowa lump-sum tax. 25% of federal tax from form 4972.
45. Iowa minimum tax. Attach IA 6251.
46. Total tax. ADD lines 43, 44 and 45.
47. Total exemption credit amount(s) from Step 3, side 1
48. Tuition and textbook credit for dependents K-12.
49. Total credits. ADD lines 47 and 48.
50. BALANCE. SUBTRACT line 49 from line 46. If less than zero, enter zero.
51. Credit for nonresident or part-year resident. Attach IA 126 and federal return.
52. BALANCE. SUBTRACT line 51 from line 50. If less than or equal to zero, enter zero.
53. Other nonrefundable Iowa credits. Attach IA 148 Tax Credits Schedule.
54. BALANCE. SUBTRACT line 53 from line 52.
55. School district surtax/EMS surtax. (take percentage from table, multiply by line 54).
56. Total Tax. ADD lines 54 and 55.
57. Total tax before contributions. ADD Columns A & B on line 56 and enter here.
58. Contributions. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars.

STEP 9

Figure your credits

60. Iowa income tax withheld.
61. Estimate and voucher payments made for tax year 2008
62. Out-of-state tax credit. Attach IA 130.
63. Motor fuel tax credit. Attach IA 4136.
64. Check One: [] Child and dependent care credit OR [] Early childhood development credit
65. Iowa earned income credit: 7.0% (.07) of federal credit
66. Other refundable credits. Attach IA 148 Tax Credits Schedule.
67. TOTAL. ADD lines 60 - 66.
68. TOTAL CREDITS. ADD columns A and B on line 67 and enter here.

STEP 10

Figure your refund or amount you owe

69. If line 68 is more than line 59, SUBTRACT line 59 from line 68. This is the amount you overpaid.
70. Amount of line 69 to be REFUNDED
71. Amount of line 69 to be applied to your 2009 estimated tax
72. If line 68 is less than line 59, SUBTRACT line 68 from line 59. This is the AMOUNT OF TAX YOU OWE.
73. Penalty for underpayment of estimated tax. From IA 2210 or IA 2210F.
74. Penalty and interest.
75. TOTAL AMOUNT DUE. ADD lines 72, 73 and 74, and enter here.

STEP 11 POLITICAL CHECKOFF. This checkoff does not increase the amount of tax you owe or decrease your refund.

SPOUSE YOURSELF
\$1.50 to Republican Party
\$1.50 to Democratic Party
\$1.50 to Campaign Fund

STEP 12 NEXT YEAR, Would you like to receive a booklet? This option is not available to electronic filers.

0. Yes
1. No

STEP 13 COW-CALF REFUND Attach IA 132.

Do NOT use these amounts to increase your overpayment (line 69) or reduce the amount you owe (line 72). Spouse: \$ You: \$

PLEASE SIGN HERE
Verify your SSN(s)
Recheck your math
Attach all W-2s

I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

RICHARD K RIKKERS CPA 4/02/09

FILING AS SURVIVING SPOUSE 4/01/08
Your Signature Date
Spouse's Signature Date
Daytime Telephone Number

Preparer's Signature Date
KROESE & KROESE P.C.
540 NORTH MAIN AVENUE
SIOUX CENTER IA 51250-1824
Address
712-722-3375 42-1277139
Daytime Telephone Number Identification Number

If you itemize deductions, attach a copy of this schedule or a copy of the federal Schedule A to your return.

| | |
|---|--|
| Name(s) as shown on page 1 of the IA 1040 ELMER H & NELVA E BRUNSTING | Social Security Number 282-32-8905 |
|---|--|

NOTE: If you have federal Bonus Depreciation, please see the 2008 Expanded Instructions on our Web site.

Do not include health insurance premiums deducted on IA 1040, line 18.

| | | | | |
|--|---|--|---------------|------------|
| Medical and Dental Expenses | 1. | Medical and dental expenses | 1. | |
| | 2. | Multiply the amount on federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation, from line 14 of the IA 1040 by 7.5% (.075). Enter result here. | 2. | |
| | 3. | Subtract line 2 from line 1. If less than zero, enter zero. | 3. | 0 |
| Taxes You Paid | 4. | State and Local (Check only one box): a <input type="checkbox"/> Other state and local income taxes. Do not include Iowa Income Tax. Include School District Surtax and EMS Surtax paid in 2008 OR b <input type="checkbox"/> General sales taxes only from line 5b of the federal Schedule A. | 4. | |
| | 5. | Real estate taxes | 5. | 1,067 |
| | 6. | Personal property taxes, including vehicle registration | 6. | 55 |
| | 7. | Other taxes. List the type and amount. | 7. | |
| | 8. | Add amounts on lines 4, 5, 6, and 7. Enter the total here. | 8. | 1,122 |
| | 9a. | Home mortgage interest and points reported on federal form 1098 | 9a. | |
| | 9b. | Home mortgage interest not reported on federal form 1098 | 9b. | |
| | 10. | Points not reported on federal form 1098 | 10. | |
| Interest You Paid | 11. | Qualified mortgage insurance premiums | 11. | |
| | 12. | Investment interest. Attach federal form 4952 if required. | 12. | |
| | 13. | Add lines 9a-12. Enter total here. | 13. | |
| | 14. | Contributions by cash or check. | 14. | 2,400 |
| Gifts to Charity | 15. | Other than by cash or check. You must attach federal form 8283 if more than \$500. | 15. | |
| | 16. | Carryover from prior year (as adjusted for disallowance of Bonus Depreciation) | 16. | |
| | 17. | Add lines 14 through 16. Enter total here. | 17. | 2,400 |
| Casualty/Theft Loss | 18. | Casualty or theft loss(es). Attach federal form 4684. | 18. | |
| Job Expenses and Misc. Deductions | 19. | Unreimbursed employee expenses. Attach fed. form 2106 or 2106-EZ if required. | 19. | |
| | 20. | Tax preparation fees | 20. | |
| | 21. | Other expenses. List type and amount. | 21. | |
| | 22. | Add the amounts on lines 19, 20, and 21. Enter the total here. | 22. | |
| | 23. | Multiply the amount of federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation, from line 14 of the IA 1040* by 2% (.02). Enter the result here. | 23. | |
| | 24. | Subtract line 23 from line 22. Enter the total. If less than zero, enter zero. | 24. | 0 |
| Other Misc. Deductions | 25. | Other miscellaneous deductions not subject to 2% AGI Limit. List type and amount. | 25. | |
| Total Itemized Deductions | 26. | If the amount on federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation, from line 14 of the IA 1040 is \$159,950 or less (\$79,975 or less if married filing separately for federal tax purposes), add lines 3, 8, 13, 17, 18, 24, and 25, and enter the total here If the amount on federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation, from line 14 of the IA 1040* is more than \$159,950 (\$79,975 if married filing separately for federal tax purposes), you must complete the Iowa Itemized Deductions Worksheet, IA 104, to calculate your total deductions. If using filing statuses 1, 2, 5, or 6, enter the amount on Step 7, line 39 of the IA 1040. | 26. | 3,522 |
| Proration of Deductions Between Spouses | Complete lines 27 through 31 ONLY if you are using filing status 3 or 4. | | SPOUSE | YOU |
| | 27. | Enter the Iowa net income of both spouses from IA 1040, line 26. | 12,757 | 58,342 |
| | 28. | Total Iowa net income, add columns 27a and 27b. Enter the total here. | | 71,099 |
| | 29. | Divide the amount on line 27a by the amount on line 28. Enter the percentage here. | | 82.1% |
| | 30. | Multiply line 26 by the percentage on line 29. Enter here and on IA 1040, line 39, Col. A | (YOU) | 2,892 |
| | 31. | Subtract line 30 from line 26. Enter here and on IA 1040, line 39, Col. B. If you are using filing status 4, enter this amount on line 39, Col. A of your spouse's return. | (SPOUSE) | 630 |

*If you filed federal 1040A, see line 21; if federal 1040EZ, see line 4.

2008 IA 1040 Schedule B

Interest and Dividend Income

Name(s) as shown on page 1 of the IA 1040

Social Security Number

ELMER H & NELVA E BRUNSTING

282-32-8905

NOTE: You must report all taxable interest and dividends on IA 1040, even if you are not required to complete Schedule B.

PART I: You must complete this part if you received more than \$1,500 in interest in 2008. Interest income which should be reported includes earnings from savings and loan associations, mutual savings banks, cooperative banks, credit unions, and bank deposits; State and municipal bonds (see instructions for IA 1040, line 2, Taxable Interest Income), and interest from tax refunds. Do not report interest from federal securities.

INTEREST
INCOME For each payer, indicate the type of account. If the interest was earned by you, check the column labeled "Taxpayer." If the interest was earned by your spouse, check "Spouse." If the interest was earned jointly, check "Joint." Check only one for each payer.

Interest Income. List Names of All Payers.

| Name of Payer | Check one for each payer | | | AMOUNT |
|--|--------------------------|--------|-------|--------|
| | Taxpayer | Spouse | Joint | |
| EDWARD JONES | | | X | 1,535 |
| EDWARD JONES | | | X | 1,776 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Taxable Interest Income. | | | | |
| Add the amounts; enter here and on IA 1040, line 2 | | | | 3,311 |

PART II: You must complete this part if you received more than \$1,500 in gross dividends in 2008. Deduct that portion of any net dividend from mutual funds that is attributable to federal securities.

DIVIDEND
INCOME For each payer, indicate the type of account. If the dividends were earned by you, check the column labeled "Taxpayer." If the dividends were earned by your spouse, check "Spouse." If the dividends were earned jointly, check "Joint." Check only one for each payer.

Dividend Income. List Names of All Payers.

| Name of Payer | Check one for each payer | | | AMOUNT |
|--|--------------------------|--------|-------|--------|
| | Taxpayer | Spouse | Joint | |
| DEERE & CO | | | X | 1,255 |
| EDWARD JONES | | | X | 13,563 |
| METLIFE | X | | | 70 |
| CHEVRON CORPORATION | | | X | 4,429 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Taxable Dividend Income. | | | | |
| Add the amounts; enter here and on IA 1040, line 3 | | | | 19,317 |

Iowa Nonresident and Part-year Resident Credit

Name(s) as shown on page 1 of the IA 1040

ELMER H & NELVA E BRUNSTING

Social Security Number

282-32-8905

MARK THE APPROPRIATE BOX FOR YOU AND YOUR SPOUSE

You are a nonresident of Iowa ▲

You are a part-year resident of Iowa ▲

Date moved into Iowa: _____

and/or

Date moved out of Iowa: _____

Your spouse is a nonresident of Iowa ▲

Your spouse is a part-year resident of Iowa ▲

Date moved into Iowa: _____

and/or

Date moved out of Iowa: _____

YOU MUST FILE THIS FORM IF...

- You are a nonresident of Iowa with income from Iowa sources, or
- You are a part-year Iowa resident
- Attach this form and a copy of your federal return to your Iowa return. (IA 1040)
- Report only Iowa-source income on the IA 126.
- You may benefit by using filing status 3 or 4.

| IOWA-SOURCE INCOME | |
|-----------------------------------|-----------------|
| B. SPOUSE Filing Status 3 Only | A. YOU OR JOINT |

| | | |
|-----|--------|--------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | 30,399 |
| 11. | | |
| 12. | | |
| 13. | | |
| 14. | | |
| 15. | | 30,399 |
| 16. | | |
| 17. | | |
| 18. | | |
| 19. | | |
| 20. | | |
| 21. | | |
| 22. | | |
| 23. | | |
| 24. | | |
| 25. | | |
| 26. | | 30,399 |
| 27. | 12,757 | 58,342 |
| | 100.0% | 100.0% |
| 28. | % | 52.1% |
| 29. | 100.0% | 47.9% |
| 30. | 229 | 2,303 |
| 31. | 60 | 60 |
| 32. | 169 | 2,243 |
| 33. | 169 | 1,074 |

- Wages, salaries, tips, etc.
- Taxable interest income
- Ordinary dividend income
- Alimony received
- Business income or (loss)
- Capital gain or (loss)
- Other gains or (losses)
- Taxable IRA distributions
- Taxable pensions and annuities
- Rents, royalties, partnerships, estates, etc.
- Farm income or (loss)
- Unemployment compensation
- Taxable Social Security benefits.
- Other income, gambling income, bonus depreciation adjustment
- GROSS INCOME.** ADD lines 1-14.
- Payments to an IRA, KEOGH or SEP while an Iowa resident
- Deduction for self-employment tax
- Health insurance deduction
- Penalty on early withdrawal of savings
- Alimony paid
- Pension/retirement income exclusion
- Moving expense deduction into Iowa only
- Iowa capital gains deduction
- Other adjustments
- Total adjustments. ADD lines 16-24.
- IOWA NET INCOME.** SUBTRACT line 25 from line 15.
- All-source net income from line 26, IA 1040
- Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to the nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0%.
- Nonresident/part-year resident credit percentage: Subtract the percentage on line 28 from 100.0%.
- Iowa tax on total income from line 43, IA 1040
- Total credits from line 49, IA 1040
- Tax after credits. Subtract line 31 from line 30.
- Nonresident/part-year resident tax credit. Multiply line 32 by the percentage on line 29.

ENTER THIS AMOUNT ON LINE 51 OF IA 1040

Iowa Minimum Tax Computation

| | |
|---|---|
| Name(s) as shown on IA 1040 (or IA 1041): ELMER H BRUNSTING | Social Security No. 282-32-8905 |
|---|---|

PART I: Adjustments and Preferences, see instructions

If you itemized deductions on Schedule A, start on line 1. If you did not itemize on your IA 1040, start on line 7.

| | | |
|--|--|-------|
| 1. Medical and dental (line 2, federal form 6251) | 1. | |
| 2. Taxes (line 3, federal form 6251 less any Iowa income tax included on that line) | 2. | 1,122 |
| 3. Certain interest on a home mortgage not used to build, buy, or improve your home (line 4, federal form 6251) | 3. | |
| 4. Miscellaneous itemized deductions (line 5, federal form 6251) | 4. | |
| 5. Refund of taxes (line 7, federal form 6251 less any Iowa income tax included on that line) | 5. | |
| 6. Investment interest (line 8, federal form 6251 less interest and expense related to private activity bonds issued after 8/7/86) | 6. | 0 |
| 7. Post-1986 depreciation (line 17, federal form 6251) | 7. | |
| 8. Adjusted gain or loss (line 16, federal form 6251) | 8. | |
| 9. Incentive stock options (line 13, federal form 6251) | 9. | |
| 10. Passive activities (line 18, federal form 6251) | 10. | |
| 11. Beneficiaries of estates and trusts (line 14, federal form 6251) | 11. | |
| 12. Enter the amount for each corresponding item from federal form 6251. Enter total on line 12. | | |
| a. Circulation expenditures (ln. 20) a. | h. Patron's adjustment | h. |
| b. Depreciation (pre-1987) b. | i. Pollution control facilities | i. |
| c. Installment sales (line 24) c. | j. Research and experimental (line 23) j. | |
| d. Large partnerships (line 15) d. | k. Section 1202 exclusion (line 12) k. | |
| e. Long-term contracts (line 21) e. | l. Tax shelter farm activities l. | |
| f. Loss limitations (line 19) f. | m. Related adjustments (see instr.) (line 26) m. | 0 |
| g. Mining costs (line 22) g. | | |
| 13. Total Adjustments and Preferences. Combine lines 1 through 12 | 13. | 1,122 |

PART II: Alternative Minimum Taxable Income

| | | |
|--|-----|--------|
| 14. Taxable income (from IA 1040, line 42; or IA 1041, line 22) | 14. | 41,641 |
| 15. Net operating loss deduction. Do not enter as a negative amount | 15. | |
| 16. If federal AGI, plus any IA Bonus Depreciation adjustment is more than \$159,950 (more than \$79,975 if married filing separately for federal purposes), see instructions for amount to enter on this line | 16. | () |
| 17. Combine lines 14, 15 and 16 | 17. | 41,641 |
| 18. Add lines 13 and 17 | 18. | 42,763 |
| 19. Alternative tax net operating loss deduction (see instructions) | 19. | |
| 20. Alternative Minimum Taxable Income. Subtract line 19 from line 18 | 20. | 42,763 |

PART III: Exemption Amount and Alternative Minimum Tax

| | | |
|---|-----|--------|
| 21. Enter \$35,000 (*\$17,500 if filing status 3 or 4; \$26,000 if single, head of household or qualifying widow(er)) | 21. | 17,500 |
| 22. Enter \$150,000 (*\$75,000 if filing status 3 or 4; \$112,500 if single, head of household or qualifying widow(er)) | 22. | 75,000 |
| 23. Subtract line 22 from line 20. If the result is zero or less, enter zero | 23. | 0 |
| 24. Multiply line 23 by 25% (0.25) | 24. | |
| 25. Subtract line 24 from line 21. If result is zero or less, enter zero | 25. | 17,500 |
| 26. Subtract line 25 from line 20 | 26. | 25,263 |
| 27. Multiply line 26 by 6.7% (0.067) | 27. | 1,693 |
| 28. Regular tax after credits. See instructions. | 28. | 2,243 |
| 29. Iowa Minimum Tax. Subtract line 28 from line 27, enter here and on IA 1040, line 45 (or IA 1041, line 25.) See instructions for Minimum Tax Limited to Net Worth. If less than zero, enter zero | 29. | 0 |

PART IV: NONRESIDENTS AND PART-YEAR RESIDENTS ONLY - Complete lines 30 - 33.

| | | |
|---|-----|--------|
| 30. Enter Iowa net income plus Iowa adjustments and preferences (see instructions). If less than zero, enter zero. | 30. | 30,399 |
| 31. Total net income plus total adjustments and preferences (see instructions) | 31. | 59,464 |
| 32. Divide line 30 by line 31 and enter the result to three (3) decimal places | 32. | 0.511 |
| 33. Iowa Minimum Tax. Multiply line 29 by line 32. Enter here and on IA 1040, line 45 (or IA 1041, line 25). See instruction for Minimum Tax Limited to Net Worth. If less than zero, enter zero. | 33. | 0 |

* Exemption levels of \$17,500 and \$75,000 on lines 21 and 22, respectively, also apply to an estate or trust.

Kroese & Kroese P.C.
540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: BRUNSTING, NELVA E

Tax Documents

[US Tax Return \(12/31/08\) - Form 1040 Page 1](#)
[US Tax Return \(12/31/08\) - Form 1040 Page 2](#)
[US Tax Return \(12/31/08\) - Schedule B](#)
[US Tax Return \(12/31/08\) - Schedule D Page 1](#)
[US Tax Return \(12/31/08\) - Schedule D Page 2](#)
[US Tax Return \(12/31/08\) - Schedule E Page 2](#)
[US Tax Return \(12/31/08\) - Form 6251 Page 1](#)
[US Tax Return \(12/31/08\) - Form 6251 Page 2](#)
[US Tax Return \(12/31/08\) - Form 4835 - SHARE CROP](#)
[US Tax Return \(12/31/08\) - Capital Gain/Loss Worksheet 3](#)
[US Tax Return \(12/31/08\) - Capital Gain Tax Worksheet](#)

Form **1040**

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return 2008

(99) IRS Use Only—Do not write or staple in this space.

Label
(See instructions on page 14.)
Use the IRS label.
Otherwise, please print or type.
Presidential

| | | | |
|----------------------------------|---|-------------------------------|--|
| L A B E L | For the year Jan. 1-Dec. 31, 2008, or other tax year beginning , 2008, ending , 20 | | OMB No. 1545-0074 |
| | Your first name and initial ELMER H | Last name BRUNSTING | DECEASED 4/01/08 |
| | If a joint return, spouse's first name and initial NELVA E | Last name BRUNSTING | |
| | Home address (number and street). If you have a P.O. box, see page 14. 13630 PINEROCK LN | | Apt. no. |
| H E R E | City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. HOUSTON TX 77079-5914 | | Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |

Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) You Spouse

Filing Status

| | |
|--|---|
| 1 <input type="checkbox"/> Single | 4 <input type="checkbox"/> Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ |
| 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) | 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 16) |
| 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶ | |

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) Dependents social security number | (3) Dependents relationship to you | (4) <input checked="" type="checkbox"/> if qual. child for child tax cr. (see page 17) |
|----------------|-----------|---------------------------------------|------------------------------------|--|
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

Boxes checked on 6a and 6b No. of children on 6c who:
 • lived with you
 • did not live with you due to divorce or separation (see page 18)
 Dependents on 6c not entered above

d Total number of exemptions claimed Add numbers on lines above ▶ **2**

Income

| | | |
|--|-----|---------|
| 7 Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | |
| 8a Taxable interest. Attach Schedule B if required | 8a | 6,535 |
| b Tax-exempt interest. Do not include on line 8a | 8b | 1,776 |
| 9a Ordinary dividends. Attach Schedule B if required | 9a | 19,317 |
| b Qualified dividends (see page 21) | 9b | 15,431 |
| 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22) | 10 | |
| 11 Alimony received | 11 | |
| 12 Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | 13 | -3,000 |
| 14 Other gains or (losses). Attach Form 4797 | 14 | |
| 15a IRA distributions | 15a | |
| b Taxable amount (see page 23) | 15b | 4,226 |
| 16a Pensions and annuities | 16a | |
| b Taxable amount (see page 24) | 16b | 20,716 |
| 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | 30,399 |
| 18 Farm income or (loss). Attach Schedule F | 18 | |
| 19 Unemployment compensation | 19 | |
| 20a Social security benefits | 20a | 30,718 |
| b Taxable amount (see page 26) | 20b | 26,110 |
| 21 Other income. List type and amount (see page 28) | 21 | |
| 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶ | 22 | 104,303 |

Adjusted Gross Income

| | | |
|---|-----|---------|
| 23 Educator expenses (see page 28) | 23 | |
| 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 One-half of self-employment tax. Attach Schedule SE | 27 | |
| 28 Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| 29 Self-employed health insurance deduction (see page 29) | 29 | |
| 30 Penalty on early withdrawal of savings | 30 | |
| 31a Alimony paid b Recipient's SSN ▶ | 31a | |
| 32 IRA deduction (see page 30) | 32 | |
| 33 Student loan interest deduction (see page 33) | 33 | |
| 34 Tuition and fees deduction. Attach Form 8917 | 34 | |
| 35 Domestic production activities deduction. Attach Form 8903 | 35 | |
| 36 Add lines 23 through 31a and 32 through 35 | 36 | |
| 37 Subtract line 36 from line 22. This is your adjusted gross income ▶ | 37 | 104,303 |

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 104,303

39a Check You were born before January 2, 1944, Blind. Total boxes checked 39a 2
 if: Spouse was born before January 2, 1944, Blind.

b If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here 39b

c Check if standard deduction includes real estate taxes or disaster loss (see page 34) 39c

Standard Deduction for—

- People who checked any box on line 39a, 39b, or 39c or who can be claimed as a dependent, see page 34.
- All others:
 - Single or Married filing separately, \$5,450
 - Married filing jointly or Qualifying widow(er), \$10,900
 - Head of household, \$8,000

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 14,000

41 Subtract line 40 from line 38 41 90,303

42 If line 38 is over \$119,975, or you provided housing to a Midwestern displaced individual, see page 36. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d 42 7,000

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 83,303

44 Tax (see page 36). Check if any tax is from: a Form(s) 8814 b Form 4972 44 11,971

45 Alternative minimum tax (see page 39). Attach Form 6251 45

46 Add lines 44 and 45 46 11,971

47 Foreign tax credit. Attach Form 1116 if required 47 31

48 Credit for child and dependent care expenses. Attach Form 2441 48

49 Credit for the elderly or the disabled. Attach Schedule R 49

50 Education credits. Attach Form 8863 50

51 Retirement savings contributions credit. Attach Form 8880 51

52 Child tax credit (see page 42). Attach Form 8901 if required 52

53 Credits from Form: a 8396 b 8839 c 5695 53

54 Other credits from Form: a 3800 b 8801 c 54

55 Add lines 47 through 54. These are your total credits 55 31

56 Subtract line 55 from line 46. If line 55 is more than line 46, enter -0- 56 11,940

Other Taxes

57 Self-employment tax. Attach Schedule SE 57

58 Unreported social security and Medicare tax from Form: a 4137 b 8919 58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59

60 Additional taxes: a AEIC payments b Household employment taxes. Attach Schedule H 60

61 Add lines 56 through 60. This is your total tax 61 11,940

Payments

62 Federal income tax withheld from Forms W-2 and 1099 62 24

63 2008 estimated tax payments and amount applied from 2007 return 63 15,880

64a Earned income credit (EIC) 64a

b Nontaxable combat pay election 64b

65 Excess social security and tier 1 RRTA tax withheld (see page 61) 65

66 Additional child tax credit. Attach Form 8812 66

67 Amount paid with request for extension to file (see page 61) 67

68 Credits from Form: a 2439 b 4136 c 8801 d 8885 68

69 First-time homebuyer credit. Attach Form 5405 69

70 Recovery rebate credit (see worksheet on pages 62 and 63) 70

71 Add lines 62 through 70. These are your total payments 71 15,904

Refund

72 If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid 72 3,964

73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here 73a

b Routing number c Type: Checking Savings

d Account number

74 Amount of line 72 you want applied to your 2009 estimated tax 74 3,964

Amount You Owe

75 Amount you owe. Subtract line 71 from line 61. For details on how to pay, see page 65 75

76 Estimated tax penalty (see page 65) 76

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 66)? Yes. Complete the following. No

Designee's name PREPARER Personal identification number (PIN)

Phone no.

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature FILING AS SURVIVING SPOUSE Date Your occupation RETIRED Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation RETIRED

Paid Preparer's Use Only

Preparer's signature RICHARD K RIKKERS CPA Date 4/02/09 Check if self-employed Preparer's SSN or PTIN P00144154

Firm's name (or yours if self-employed), address, and ZIP code KROESE & KROESE P.C. 540 NORTH MAIN AVENUE SIOUX CENTER IA 51250-1824 EIN 42-1277139 Phone no. 712-722-3375

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side.

Your social security number

ELMER H & NELVA E BRUNSTING

282-32-8905

Schedule B—Interest and Ordinary Dividends

Attachment Sequence No. 08

Part I Interest

(See page B-1 and the instructions for 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.

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 page B-1 and list this interest first. Also, show that buyer's social security number and address

BANK OF AMERICA
DEPT OF TREASURY H BONDS
EDWARD JONES

Table with 2 columns: Amount, values: 3,611, 1,389, 1,535

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 1040, line 8a

Table with 2 columns: Amount, values: 6,535, 6,535

Note. If line 4 is over \$1,500, you must complete Part III.

Part II Ordinary Dividends

(See page B-1 and the instructions for 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
CHEVRON CORPORATION
DEERE & CO
EDWARD JONES
METLIFE

Table with 2 columns: Amount, values: 4,429, 1,255, 13,563, 70

6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a

Table with 2 columns: Amount, value: 19,317

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

Part III Foreign Accounts and Trusts

(See page B-2.)

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 2008, 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 page B-2 for exceptions and filing requirements for Form TD F 90-22.1

b If "Yes," enter the name of the foreign country

8 During 2008, 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 page B-2

Table with 2 columns: Yes, No, containing checkboxes for questions 7a and 8

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule B (Form 1040) 2008

**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

2008

Attachment
Sequence No. **12**

Name(s) shown on return

ELMER H & NELVA E BRUNSTING

Your social security number

282-32-8905

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 FEDERATED MUNI HIGH YLD ADVTG | VARIOUS | 4/02/08 | 1,309 | 1,518 | -209 |
| FEDERATED STRATEGIC INCOME | VARIOUS | 10/22/08 | 171 | 220 | -49 |
| FEDERATED KAUFMANN FUND | VARIOUS | 10/22/08 | 387 | 618 | -231 |
| FEDERATED MARKE OPPTY FD CL | VARIOUS | 10/22/08 | 22,708 | 26,608 | -3,900 |
| 2 Enter your short-term totals, if any, from Schedule D-1, line 2 | | 2 | | | |
| 3 Total short-term sales price amounts. Add lines 1 and 2 in column (d) | | 3 | 24,575 | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet on page D-7 of the instructions | | | | | 6 |
| 7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f) | | | | | 7 -4,389 |

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 FEDERATED MUNI HIGH YLD ADVTG | VARIOUS | 4/02/08 | 24,028 | 27,859 | -3,831 |
| FEDERATED STRATEGIC INCOME | VARIOUS | 10/22/08 | 31,231 | 40,182 | -8,951 |
| FEDERATED KAUFMANN FUND | VARIOUS | 10/22/08 | 3,755 | 5,998 | -2,243 |
| 9 Enter your long-term totals, if any, from Schedule D-1, line 9 | | 9 | | | |
| 10 Total long-term sales price amounts. Add lines 8 and 9 in column (d) | | 10 | 59,014 | | |
| 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 |
| 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 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet on page D-7 of the instructions | | | | | 14 |
| 15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on the back | | | | | 15 -15,025 |

For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.

Schedule D (Form 1040) 2008

Part III Summary

| | | |
|---|----|---------|
| 16 Combine lines 7 and 15 and enter the result | 16 | -19,414 |
| If line 16 is: | | |
| <ul style="list-style-type: none"> • A gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • A loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • 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 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete Form 1040 through line 43, or Form 1040NR through line 40. 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) | 21 | 3,000 |
| Note. When figuring which amount is smaller, treat both amounts as positive numbers. | | |
| 22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR. | | |

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

Your social security number

ELMER H & NELVA E BRUNSTING

282-32-8905

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? [] Yes [X] No

Table with 5 columns: (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. Rows A, B, C, D.

Table with 5 columns: (f) Passive loss allowed, (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. Rows A, B, C, D, 29a Totals, b Totals, 30, 31, 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A, B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Rows A, B, 34a Totals, b Totals, 35, 36, 37.

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 38, 39.

Part V Summary

Summary table with 2 columns: Description, Amount. Rows 40, 41, 42, 43.

Alternative Minimum Tax—Individuals

▶ See separate instructions.

2008

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

Attachment
Sequence No. **32**

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

Your social security number

ELMER H & NELVA E BRUNSTING

282-32-8905

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

| | | |
|----|---|---------|
| 1 | If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 2), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 2), and go to line 7. (If less than zero, enter as a negative amount.) | 104,303 |
| 2 | Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0- | |
| 3 | Taxes from Schedule A (Form 1040), line 9 | |
| 4 | Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions | |
| 5 | Miscellaneous deductions from Schedule A (Form 1040), line 27 | |
| 6 | If Form 1040, line 38, is over \$159,950 (over \$79,975 if married filing separately), enter the amount from line 11 of the Itemized Deductions Worksheet on page A-10 of the instructions for Schedule A (Form 1040) | |
| 7 | If claiming the standard deduction, enter any amount from Form 4684, line 18a, as a negative amount | |
| 8 | Tax refund from Form 1040, line 10 or line 21 | |
| 9 | Investment interest expense (difference between regular tax and AMT) | |
| 10 | Depletion (difference between regular tax and AMT) | |
| 11 | Net operating loss deduction from Form 1040, line 21. Enter as a positive amount | |
| 12 | Interest from specified private activity bonds exempt from the regular tax | 475 |
| 13 | Qualified small business stock (7% of gain excluded under section 1202) | |
| 14 | Exercise of incentive stock options (excess of AMT income over regular tax income) | |
| 15 | Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) | |
| 16 | Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) | |
| 17 | Disposition of property (difference between AMT and regular tax gain or loss) | |
| 18 | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) | |
| 19 | Passive activities (difference between AMT and regular tax income or loss) | 0 |
| 20 | Loss limitations (difference between AMT and regular tax income or loss) | 0 |
| 21 | Circulation costs (difference between regular tax and AMT) | |
| 22 | Long-term contracts (difference between AMT and regular tax income) | |
| 23 | Mining costs (difference between regular tax and AMT) | |
| 24 | Research and experimental costs (difference between regular tax and AMT) | |
| 25 | Income from certain installment sales before January 1, 1987 | |
| 26 | Intangible drilling costs preference | |
| 27 | Other adjustments, including income-based related adjustments | |
| 28 | Alternative tax net operating loss deduction | |
| 29 | Alternative minimum taxable income. Combine lines 1 through 28. (If married filing separately and line 29 is more than \$214,900, see page 8 of the instructions.) | 104,778 |

Part II Alternative Minimum Tax (AMT)

| | | |
|----|--|--------|
| 30 | Exemption. (If you were under age 24 at the end of 2008, see page 9 of the instructions.) IF your filing status is . . . AND line 29 is not over... THEN enter on line 30... Single or head of household . . . \$112,500 \$46,200 Married filing jointly or qualifying widow(er) . . . 150,000 69,950 Married filing separately . . . 75,000 34,975 | 69,950 |
| 31 | If line 29 is over the amount shown above for your filing status, see page 8 of the instructions. Subtract line 30 from line 29. If more than zero, go to line 32. If zero or less, enter -0- here and on lines 34 and 36 and skip the rest of Part II | 34,828 |
| 32 | • If you are filing Form 2555 or 2555-EZ, see page 9 of the instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 55 here. • All others: If line 31 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 31 by 26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. | 7,358 |
| 33 | Alternative minimum tax foreign tax credit (see page 9 of the instructions) | 31 |
| 34 | Tentative minimum tax. Subtract line 33 from line 32 | 7,327 |
| 35 | Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see page 11 of the instructions) | 11,940 |
| 36 | AMT. Subtract line 35 from line 34. If zero or less, enter -0-. Enter here and on Form 1040, line 45 | 0 |

For Paperwork Reduction Act Notice, see page 12 of the instructions.

Part III Tax Computation Using Maximum Capital Gains Rates

| | | | | |
|----|--|----|--------|--------|
| 37 | Enter the amount from Form 6251, line 31. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet on page 9 of the instructions | | 37 | 34,828 |
| 38 | Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see page 11 of the instructions). If you are filing Form 2555 or 2555-EZ, see page 11 of the instructions for the amount to enter | 38 | 15,431 | |
| 39 | Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see page 11 of the instructions). If you are filing Form 2555 or 2555-EZ, see page 11 of the instructions for the amount to enter | 39 | | |
| 40 | If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 38. Otherwise, add lines 38 and 39, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see page 11 of the instructions for the amount to enter | 40 | 15,431 | |
| 41 | Enter the smaller of line 37 or line 40 | 41 | | 15,431 |
| 42 | Subtract line 41 from line 37 | 42 | | 19,397 |
| 43 | If line 42 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 42 by 26% (.26). Otherwise, multiply line 42 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result | 43 | | 5,043 |
| 44 | Enter: <ul style="list-style-type: none"> • \$65,100 if married filing jointly or qualifying widow(er), • \$32,550 if single or married filing separately, or • \$43,650 if head of household. | 44 | 65,100 | |
| 45 | Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0- | 45 | 67,872 | |
| 46 | Subtract line 45 from line 44. If zero or less, enter -0- | 46 | 0 | |
| 47 | Enter the smaller of line 37 or line 38 | 47 | 15,431 | |
| 48 | Enter the smaller of line 46 or line 47 | 48 | | |
| 49 | Subtract line 48 from line 47 | 49 | 15,431 | |
| 50 | Multiply line 49 by 15% (.15) If line 39 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51. | 50 | | 2,315 |
| 51 | Subtract line 47 from line 41 | 51 | | |
| 52 | Multiply line 51 by 25% (.25) | 52 | | |
| 53 | Add lines 43, 50, and 52 | 53 | | 7,358 |
| 54 | If line 37 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 37 by 26% (.26). Otherwise, multiply line 37 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result | 54 | | 9,055 |
| 55 | Enter the smaller of line 53 or line 54 here and on line 32. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 32. Instead, enter it on line 4 of the worksheet on page 9 of the instructions | 55 | | 7,358 |

Form **4835**

Farm Rental Income and Expenses
(Crop and Livestock Shares (Not Cash) Received by Landowner (or Sub-Lessor))
(Income not subject to self-employment tax)

OMB No. 1545-0074

2008

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR. ▶ See instructions on back.

Attachment
Sequence No. **37**

Name(s) shown on tax return

Your social security number

282-32-8905

Employer ID number (EIN), if any

ELMER H & NELVA E BRUNSTING

A Did you actively participate in the operation of this farm during 2008 (see instructions)? Yes No

Part I Gross Farm Rental Income—Based on Production. Include amounts converted to cash or the equivalent.

| | | | | |
|----|---|----------|----|---------------------------|
| 1 | Income from production of livestock, produce, grains, and other crops | | 1 | 39,217 |
| 2a | Cooperative distributions (Form(s) 1099-PATR) | 2a 977 | 2b | Taxable amount 977 |
| 3a | Agricultural program payments (see instructions) | 3a 1,445 | 3b | Taxable amount 1,445 |
| 4 | Commodity Credit Corporation (CCC) loans (see instructions): | | | |
| a | CCC loans reported under election | | 4a | |
| b | CCC loans forfeited | 4b | 4c | Taxable amount |
| 5 | Crop insurance proceeds and federal crop disaster payments (see instructions): | | | |
| a | Amount received in 2008 | 5a | 5b | Taxable amount |
| c | If election to defer to 2009 is attached, check here <input type="checkbox"/> | | 5d | Amount deferred from 2007 |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | | 6 | |
| 7 | Gross farm rental income. Add amounts in the right column for lines 1 through 6. Enter the total here and on Schedule E (Form 1040), line 42 | | 7 | 41,639 |

Part II Expenses—Farm Rental Property. Do not include personal or living expenses.

| | | | | | | | |
|----|---|----------|--|----|---|----------|--|
| 8 | Car and truck expenses (see Schedule F instructions). Also attach Form 4562 | 8 | | 21 | Pension and profit-sharing plans | 21 | |
| 9 | Chemicals | 9 2,492 | | 22 | Rent or lease: | | |
| 10 | Conservation expenses (see instructions) | 10 | | a | Vehicles, machinery, and equipment (see instructions) | 22a | |
| 11 | Custom hire (machine work) | 11 | | b | Other (land, animals, etc.) | 22b | |
| 12 | Depreciation and section 179 expense deduction not claimed elsewhere | 12 | | 23 | Repairs and maintenance | 23 | |
| 13 | Employee benefit programs other than on line 21 (see Schedule F instructions) | 13 | | 24 | Seeds and plants | 24 | |
| 14 | Feed | 14 | | 25 | Storage and warehousing | 25 | |
| 15 | Fertilizers and lime | 15 6,237 | | 26 | Supplies | 26 | |
| 16 | Freight and trucking | 16 | | 27 | Taxes | 27 2,511 | |
| 17 | Gasoline, fuel, and oil | 17 | | 28 | Utilities | 28 | |
| 18 | Insurance (other than health) | 18 | | 29 | Veterinary, breeding, and medicine | 29 | |
| 19 | Interest: | | | 30 | Other expenses (specify): | | |
| a | Mortgage (paid to banks, etc.) | 19a | | a | | 30a | |
| b | Other | 19b | | b | | 30b | |
| 20 | Labor hired (less employment credits) (see Schedule F instructions) | 20 | | c | | 30c | |
| | | | | d | | 30d | |
| | | | | e | | 30e | |
| | | | | f | | 30f | |
| | | | | g | | 30g | |

| | | | |
|----|--|-----|---------------------------------|
| 31 | Total expenses. Add lines 8 through 30g (see instructions) | 31 | 11,240 |
| 32 | Net farm rental income or (loss). Subtract line 31 from line 7. If the result is income, enter it here and on Schedule E, line 40. If the result is a loss, you must go on to line 33 | 32 | 30,399 |
| 33 | If line 32 is a loss, check the box that describes your investment in this activity (see instructions) | 33a | All investment is at risk. |
| | You may have to complete Form 8582 to determine your deductible loss, regardless of which box you checked (see instructions). If you checked box 33b, you must complete Form 6198 before going to Form 8582. In either case, enter the deductible loss here and on Schedule E, line 40 | 33b | Some investment is not at risk. |
| | | 33c | |

For Paperwork Reduction Act Notice, see instructions on back.

Form **4835** (2008)

Form **1040****Capital Loss Carryover Worksheet****2008**

Name ELMER H & NELVA E BRUNSTING Taxpayer Identification Number 282-32-8905

2008 to 2009 Capital Loss Carryover Worksheet

Use this worksheet to figure your capital loss carryovers from 2008 to 2009 if Schedule D, Line 21, is a loss and (a) that loss is a smaller loss than the loss on Schedule D, line 16, or (b) Form 1040, line 41, reduced by any amount on Form 8914, line 2, is less than zero. Otherwise, you do not have any carryovers.

- | | | |
|--|-----|-------------------|
| 1. Enter the amount from Form 1040, line 41. If a loss, enclose the amount in parentheses | 1. | <u>90,303</u> |
| 2. Did you file Form 8914 (to claim an exemption amount for housing a Midwestern displaced individual)? | | |
| <input checked="" type="checkbox"/> No. Enter -0- | | |
| <input type="checkbox"/> Yes. Enter the amount from your Form 8914, line 2 | 2. | <u> </u> |
| 3. Subtract line 2 from line 1. If the result is less than zero, enclose it in parentheses | 3. | <u>90,303</u> |
| 4. Enter the loss from Schedule D, line 21, as a positive amount | 4. | <u>3,000</u> |
| 5. Combine lines 3 and 4. If zero or less, enter -0- | 5. | <u>93,303</u> |
| 6. Enter the smaller of line 4 or line 5 | 6. | <u>3,000</u> |
| If line 7 of Schedule D is a loss, go to line 7; otherwise, enter -0- on line 7 and go to line 11. | | |
| 7. Enter the loss from Schedule D, line 7, as a positive amount | 7. | <u>4,389</u> |
| 8. Enter any gain from Schedule D, line 15. If a loss, enter -0- | 8. | <u> </u> |
| 9. Add lines 6 and 8 | 9. | <u>3,000</u> |
| 10. Short-term capital loss carryover to 2009. Subtract line 9 from line 7. If zero or less, enter -0- | 10. | <u>1,389</u> |
| If line 15 of Schedule D is a loss, go to line 11; otherwise, skip lines 11 through 15. | | |
| 11. Enter the loss from Schedule D, line 15, as a positive amount | 11. | <u>15,025</u> |
| 12. Enter the gain, if any, from Schedule D, line 7. If a loss, enter -0- | 12. | <u> </u> |
| 13. Subtract line 7 from line 6. If zero or less, enter -0- | 13. | <u>0</u> |
| 14. Add lines 12 and 13 | 14. | <u> </u> |
| 15. Long-term capital loss carryover to 2009. Subtract line 14 from line 11. If zero or less, enter -0- | 15. | <u>15,025</u> |

| | | |
|--|---|--|
| Form 1040 | Qualified Dividends and Capital Gain Tax Worksheet | 2008 |
| Name ELMER H & NELVA E BRUNSTING | | Taxpayer Identification Number 282-32-8905 |

If you do not have to use the Schedule D Tax Worksheet use this worksheet to figure your tax if any of the following applies:

- You reported qualified dividends on Form 1040, line 9b (or Form 1040NR, line 10b)
- You do not have to file Schedule D and you reported capital gain distributions on Form 1040, line 13 (or Form 1040NR, line 14)
You do not have to file Schedule D if **both** of the following apply:
 - The only amounts you have to report on Schedule D are capital gain distributions from Form(s) 1099-DIV, box 2a, or substitute statement(s)
 - None of the Forms 1099-DIV or substitute statements have an amount in box 2b (unrecaptured section 1250 gain), box 2c (section 1202 gain), or box 2d (collectibles (28%) gain).
- You are filing Schedule D and Schedule D, lines 15 and 16, are both more than zero.

Qualified Dividends and Capital Gain Tax Worksheet - Form 1040, Line 44

| | | |
|--|-----|---------------|
| 1. Enter the amount from Form 1040, line 43. (However if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheets) | 1. | <u>83,303</u> |
| 2. Enter the amount from Form 1040, line 9b* | 2. | <u>15,431</u> |
| 3. Are you filing Schedule D?* | | |
| <input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is a loss, enter -0- | 3. | } |
| <input type="checkbox"/> No. Enter the amount from Form 1040, line 13 | | |
| 4. Add lines 2 and 3 | 4. | <u>15,431</u> |
| 5. If you are claiming investment interest expense on Form 4952, enter the amount from line 4g of that form. Otherwise, enter -0- | 5. | |
| 6. Subtract line 5 from line 4. If zero or less, enter -0- | 6. | <u>15,431</u> |
| 7. Subtract line 6 from line 1. If zero or less, enter -0- | 7. | <u>67,872</u> |
| 8. Enter the smaller of: | | |
| <ul style="list-style-type: none"> ● The amount on line 1, or ● \$32550 if single or married filing separately ● \$65100 if married filing jointly or qualifying widow(er), or ● \$43650 if head of household | 8. | <u>65,100</u> |
| 9. Is the amount on line 7 equal to or more than the amount on line 8? | | |
| <input checked="" type="checkbox"/> Yes. Skip lines 9 and 10; go to line 11 and check the "No" box | | |
| <input type="checkbox"/> No. Enter the amount from line 7 | 9. | |
| 10. Subtract line 9 from line 8 | 10. | |
| 11. Are the amounts on lines 6 and 10 the same? | | |
| <input type="checkbox"/> Yes. Skip lines 11 through 14; go to line 15 | | |
| <input checked="" type="checkbox"/> No. Enter the smaller of line 1 or line 6 | 11. | <u>15,431</u> |
| 12. Enter the amount from line 10 (if line 10 is blank, enter -0-) | 12. | |
| 13. Subtract line 12 from line 11 | 13. | <u>15,431</u> |
| 14. Multiply line 13 by 15% (.15) | 14. | <u>2,315</u> |
| 15. Figure the tax on the amount on line 7. Use the Tax Table or Tax Computation Worksheet, whichever applies | 15. | <u>9,656</u> |
| 16. Add lines 14 and 15 | 16. | <u>11,971</u> |
| 17. Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Worksheet, whichever applies | 17. | <u>13,519</u> |
| 18. Tax on all taxable income. Enter the smaller of line 16 or line 17. Also include this amount on Form 1040, line 44. (If you are filing Form 2555 or 2555-EZ, do not enter this amount on Form 1040, line 44. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet) | 18. | <u>11,971</u> |

*If you are filing Form 2555 or 2555-EZ, these lines maybe reduced (but not below zero) by your capital gain excess. Please refer to Foreign Earned Income Tax Worksheets - Excess Capital Gain for detail if the lines have been reduced.

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540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: BRUNSTING, NELVA E

Tax Documents

[IA Tax Return \(12/31/09\) - IA Form 1040 Page 1](#)

[IA Tax Return \(12/31/09\) - IA Form 1040 Page 2](#)

[IA Tax Return \(12/31/09\) - IA Schedule B](#)

[IA Tax Return \(12/31/09\) - IA Form 126](#)

[IA Tax Return \(12/31/09\) - IA Carryover Summary Report](#)

[IA Tax Return \(12/31/09\) - IA Federal Tax Adjustments Worksheet](#)

IA 1040 Iowa Individual Income Tax Long Form 2009

or fiscal year beginning 2009 and ending 2009 and ending
STEP 1: Fill in all spaces. You MUST fill in your Social Security Number.

Your last name: **BRUNSTING** Your first name/middle initial: **NELVA E**

Spouse's last name: Spouse's first name/middle initial:

Current mailing address (number and street, apartment, lot, or suite number) or PO Box
13630 PINEROCK LN

City, State, ZIP
HOUSTON TX 77079-5914

STEP 2 Filing Status: Mark one box only.

- 1 Single: Were you claimed as a dependent on another person's Iowa return? YES NO
- 2 Married filing a joint return. (Two-income families may benefit by using status 3 or 4)
- 3 Married filing separately on this combined return. Spouse use column B.
- 4 Married filing separate returns.
Spouse's name: SSN: Income: \$
- 5 Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and Social Security Number below.
- 6 Qualifying widow(er) with dependent child. Name: SSN:

Fill in all information below.

Check this box if you or your spouse were 65 or older as of 12/31/09.

Your Social Security Number: **481-30-4685** Spouse Social Security Number: _____

Are your name, your spouse's name, if applicable, and your address the same as on last year's return? YES NO

Residence on 12/31/09
County No.: **00** School District No.: **0000**

Dependent children for whom an exemption is claimed in Step 3
How many have health care coverage? _____
How many do not have health care coverage? _____

STEP 3 Exemptions

YOU
(and spouse if filing jointly)

SPOUSE
(If filing status 3)

- a. Personal Credit: Enter 1 (Enter 2 if filing joint or head of household) **1** X \$ 40 = \$ 40
- b. Enter 1 for each person who is 65 or older and/or 1 for each person who is blind **1** X \$ 20 = \$ 20
- c. Dependents: Enter 1 for each dependent _____ X \$ 40 = \$ _____
- d. Enter first names of dependents here: _____ e. TOTAL \$ **60**
- a. Personal Credit: Enter 1 _____ X \$ 40 = \$ _____
- b. Enter 1 if 65 or older and/or 1 if blind _____ X \$ 20 = \$ _____
- c. Dependents: Enter 1 for each dependent _____ X \$ 40 = \$ _____
- d. Enter first names of dependents here: _____ e. TOTAL \$ _____

STEP 4

Figure your gross income

| | B. Spouse/Status 3 | A. You or Joint | B. Spouse/Status 3 | A. You or Joint |
|---|--------------------|-----------------|--------------------|-----------------|
| 1. Wages, salaries, tips, etc. | | | | |
| 2. Taxable interest income. If more than \$1,500, complete Sch. B | | 3,962 | | |
| 3. Ordinary dividend income. If more than \$1,500, complete Sch. B | | 16,579 | | |
| 4. Alimony received | | | | |
| 5. Business income/(loss) from federal Schedule C or C-EZ | | | | |
| 6. Capital gain/(loss) from federal Sch. D if required for federal purposes | | -3,000 | | |
| 7. Other gains/(losses) from federal form 4797 | | | | |
| 8. Taxable IRA distributions | | | | |
| 9. Taxable pensions and annuities | | 14,302 | | |
| 10. Rents, royalties, partnerships, estates, etc. | | 27,836 | | |
| 11. Farm income/(loss) from federal Schedule F | | | | |
| 12. Unemployment compensation. See instructions. | | | | |
| 13. Taxable Social Security benefits | | 7,366 | | |
| 14. Other income, gambling income, bonus depreciation/sec. 179 adjustment | | | | |
| 15. GROSS INCOME. ADD lines 1-14 | | | | 67,045 |

STEP 5

Figure your adjustments to income

| | | | | |
|---|--|-------|--|--------|
| 16. Payments to an IRA, Keogh, or SEP | | | | |
| 17. One-half of self-employment tax | | | | |
| 18. Health insurance deduction | | 2,166 | | |
| 19. Penalty on early withdrawal of savings | | | | |
| 20. Alimony paid | | | | |
| 21. Pension/retirement income exclusion | | 6,000 | | |
| 22. Moving expense deduction from federal form 3903 | | | | |
| 23. Iowa capital gain deduction. | | | | |
| 24. Other adjustments | | | | |
| 25. Total adjustments. ADD lines 16-24 | | | | 8,166 |
| 26. NET INCOME. SUBTRACT line 25 from line 15 | | | | 58,879 |

STEP 6

Figure your federal tax addition and deduction

| | | | | |
|---|--|--------|--|--------|
| 27. Federal income tax refund / overpayment received in 2009 | | 3,964 | | |
| 28. Self-employment/household employment taxes | | | | |
| 29. Addition for federal taxes. ADD lines 27 and 28 | | | | 3,964 |
| 30. Total. ADD lines 26 and 29 | | | | 62,843 |
| 31. Federal tax withheld | | 25 | | |
| 32. Federal estimated tax payments made in 2009 | | 12,910 | | |
| 33. Additional federal tax paid in 2009 for 2008 and prior years | | | | |
| 34. Deduction for federal taxes. ADD lines 31, 32, and 33 | | | | 12,935 |
| 35. BALANCE. SUBTRACT line 34 from line 30. Enter here and on line 36, side 2 | | | | 49,908 |

2009 IA 1040, page 2

B. Spouse/Status 3 A. You or Joint B. Spouse/Status 3 A. You or Joint

STEP 7 36. BALANCE. From side 1, line 35. 36. 49,908

Figure your taxable income

37. Total itemized deductions from federal Schedule A
38. Taxpayers with bonus depreciation/sec. 179 must use Iowa Sch. A
39. lowa income tax if included in line 5 of federal Schedule A
39. BALANCE. Subtract line 38 from line 37 or enter the amount of itemized deductions from the Iowa Schedule A
40. Other deductions.
41. Deduction. Check one box. [] Itemized. Add lines 39 and 40. [X] Standard.
42. TAXABLE INCOME. SUBTRACT line 41 from line 36.

Complete lines 37-40 ONLY if you itemize.

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STEP 8

Figure your tax, credits and checkoff contributions

43. Tax from tables or alternate tax 43. 2,798
44. Iowa lump-sum tax. 25% of federal tax from form 4972.
45. Iowa minimum tax. Attach IA 6251.
46. Total tax. ADD lines 43, 44, and 45. 46. 2,798
47. Total exemption credit amount(s) from Step 3, side 1 47. 60
48. Tuition and textbook credit for dependents K-12.
49. Total credits. ADD lines 47 and 48. 49. 60
50. BALANCE. SUBTRACT line 49 from line 46. If less than zero, enter zero. 50. 0 2,738
51. Credit for nonresident or part-year resident. Attach IA 126 and federal return. 51. 1,443
52. BALANCE. SUBTRACT line 51 from 50. If less than or equal to zero, enter zero. 52. 0 1,295
53. Other nonrefundable Iowa credits. Attach IA 148 Tax Credits Schedule.
54. BALANCE. SUBTRACT line 53 from line 52. 54. 1,295
55. School district surtax/EMS surtax. Take percentage from table; multiply by line 54. 55. 0 0
56. Total Tax. ADD lines 54 and 55. 56. 1,295
57. Total tax before contributions. ADD columns A & B on line 56 and enter here. 57. 1,295
58. Contributions. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars.
58a: Fish/Wildlife 58b: State Fair 58c: Firefighters/Veterans 58d: Child Abuse Prevention Enter total. 58.
59. TOTAL TAX AND CONTRIBUTIONS. ADD lines 57 and 58. 59. 1,295

STEP 9

Figure your credits

60. Iowa income tax withheld. 60. 1,240
61. Estimated and voucher payments made for tax year 2009 61. 1,240
62. Out-of-state tax credit. Attach IA 130.
63. Motor fuel tax credit. Attach IA 4136.
64. Check One: [] Child and dependent care credit OR [] Early childhood development credit
65. Iowa earned income credit: 7.0% (.07) of federal credit
66. Other refundable credits. Attach IA 148 Tax Credits Schedule.
67. TOTAL. ADD lines 60 - 66. 67. 1,240
68. TOTAL CREDITS. ADD columns A and B on line 67 and enter here. 68. 1,240

STEP 10

Figure your refund or amount you owe

69. If line 68 is more than line 59, SUBTRACT line 59 from line 68. This is the amount you overpaid. 69.
70. Amount of line 69 to be REFUNDED REFUND 70.
Mail return to Iowa Income Tax - Refund Processing, Hoover State Office Bldg, Des Moines IA 50319-0120
71. Amount of line 69 to be applied to your 2010 estimated tax 71.
72. If line 68 is less than line 59, SUBTRACT line 68 from line 59. This is the AMOUNT OF TAX YOU OWE. 72. 55
73. Penalty for underpayment of estimated tax. From IA 2210 or IA 2210F. [] Check if annualized income method is used 73.
74. Penalty and interest. 74a. Penalty. 74b. Interest. ADD Enter total 74.
75. TOTAL AMOUNT DUE. ADD lines 72, 73, and 74, and enter here. PAY THIS AMOUNT 75. 55
Electronically pay by credit card or direct debit. Go to www.state.ia.us/tax/
To pay by mail: Iowa Income Tax - Document Processing, PO Box 9187, Des Moines IA 50306-9187. Make check payable to Treasurer, State of Iowa.

STEP 11 POLITICAL CHECKOFF. This checkoff does not increase the amount of tax you owe or decrease your refund.

SPOUSE YOURSELF
\$1.50 to Democratic Party
\$1.50 to Republican Party
\$1.50 to Campaign Fund

STEP 12 NEXT YEAR. Would you like to receive a booklet? This option is not available to electronic filers.

0. Yes
1. No

Mailing Addresses: See lines 70 and 75 above.

STEP 13

PLEASE SIGN HERE
Verify your SSN(s)
Recheck your math
Attach all W-2s

I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

RICHARD K RIKKERS CPA 03/23/10

Your Signature Date
Spouse's Signature Date

Preparer's Signature Date
KROESE & KROESE P.C.
540 NORTH MAIN AVENUE
SIOUX CENTER IA 51250-1824
Address
712-722-3375 42-1277139

Daytime Telephone Number Identification Number 41-001b (10/07/09)

This return is due April 30, 2010.

2009 IA 1040 Schedule B

Interest and Dividend Income

Name(s) as shown on page 1 of the IA 1040

NELVA E BRUNSTING

Social Security Number

481-4635

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NOTE: You must report all taxable interest and dividends on IA 1040, even if you are not required to complete Schedule B.

PART I: You must complete this part if you received more than \$1,500 in interest in 2009. Interest income which should be reported includes earnings from savings and loan associations, mutual savings banks, cooperative banks, credit unions, and bank deposits; state and municipal bonds (see instructions for IA 1040, line 2, Taxable Interest Income), and interest from tax refunds. Do not report interest from federal securities.

INTEREST For each payer, indicate the type of account. If the interest was earned by you, check the column labeled "Taxpayer." If the interest was earned by your spouse, check "Spouse." If the interest was earned jointly, check "Joint." Check only one for each payer.

Interest Income. List Names of All Payers.

| Name of Payer | Check one for each payer | | | AMOUNT |
|---|--------------------------|--------|-------|--------|
| | Taxpayer | Spouse | Joint | |
| EDWARD JONES | | | X | 842 |
| EDWARD JONES | | | X | 2,953 |
| EDWARD JONES | | X | | 167 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Taxable Interest Income. | | | | |
| Add the amounts. Enter here and on IA 1040, line 2. | | | | 3,962 |

PART II: You must complete this part if you received more than \$1,500 in gross dividends in 2009. Deduct that portion of any net dividend from mutual funds that is attributable to federal securities.

DIVIDEND For each payer, indicate the type of account. If the dividends were earned by you, check the column labeled "Taxpayer." If the dividends were earned by your spouse, check "Spouse." If the dividends were earned jointly, check "Joint." Check only one for each payer.

Dividend Income. List Names of All Payers.

| Name of Payer | Check one for each payer | | | AMOUNT |
|---|--------------------------|--------|-------|--------|
| | Taxpayer | Spouse | Joint | |
| CHEVRON CORPORATION | | | X | 4,817 |
| DEERE & CO | | | X | 10 |
| EDWARD JONES | | X | | 5,065 |
| METLIFE | X | | | 70 |
| EXXON MOBILE | | | X | 6,356 |
| EDWARD JONES | | X | | 261 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Taxable Dividend Income. | | | | |
| Add the amounts. Enter here and on IA 1040, line 3. | | | | 16,579 |

Iowa Nonresident and Part-year Resident Credit

Name(s) as shown on page 1 of the IA 1040

NELVA E BRUNSTING

Social Security Number

481-468-4684

File Copy

MARK THE APPROPRIATE BOX FOR YOU AND YOUR SPOUSE

You are a nonresident of Iowa ▲

You are a part-year resident of Iowa ▲

Date moved into Iowa: _____

and/or

Date moved out of Iowa: _____

Your spouse is a nonresident of Iowa ▲

Your spouse is a part-year resident of Iowa ▲

Date moved into Iowa: _____

and/or

Date moved out of Iowa: _____

YOU MUST FILE THIS FORM IF...

- You are a nonresident of Iowa with income from Iowa sources, or
- You are a part-year Iowa resident
- Attach this form and a copy of your federal return to your Iowa return. (IA 1040)
- Report only Iowa-source income on the IA 126.
- You may benefit by using filing status 3 or 4.

IOWA-SOURCE INCOME

| B. SPOUSE Filing Status 3 Only | A. YOU OR JOINT |
|-----------------------------------|-----------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | 27,836 |
| 11. | |
| 12. | |
| 13. | |
| 14. | |
| 15. | ▲ 27,836 |
| 16. | |
| 17. | |
| 18. | |
| 19. | |
| 20. | |
| 21. | |
| 22. | |
| 23. | |
| 24. | |
| 25. | ▲ |
| 26. | 27,836 |
| 27. | 58,879 |
| | 100.0% 100.0% |
| 28. | % 47.3% |
| 29. | % 52.7% |
| 30. | 2,798 |
| 31. | 60 |
| 32. | 2,738 |
| 33. | 1,443 |

- Wages, salaries, tips, etc.
- Taxable interest income
- Ordinary dividend income
- Alimony received
- Business income or (loss)
- Capital gain or (loss)
- Other gains or (losses)
- Taxable IRA distributions
- Taxable pensions and annuities
- Rents, royalties, partnerships, estates, etc.
- Farm income or (loss)
- Unemployment compensation
- Taxable Social Security benefits.
- Other income, gambling income, bonus depreciation/section 179 adjustment
- GROSS INCOME.** ADD lines 1-14.
- Payments to an IRA, Keogh, or SEP while an Iowa resident
- Deduction for self-employment tax
- Health insurance deduction
- Penalty on early withdrawal of savings
- Alimony paid
- Pension/retirement income exclusion
- Moving expense deduction into Iowa only
- Iowa capital gain deduction
- Other adjustments
- Total adjustments. ADD lines 16-24.
- IOWA NET INCOME.** SUBTRACT line 25 from line 15.
- All-source net income from line 26, IA 1040
- Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to the nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0%.
- Nonresident/part-year resident credit percentage:
Subtract the percentage on line 28 from 100.0%.
- Iowa tax on total income from line 43, IA 1040
- Total credits from line 49, IA 1040
- Tax after credits. Subtract line 31 from line 30.
- Nonresident/part-year resident tax credit. Multiply line 32 by the percentage on line 29.

ENTER THIS AMOUNT ON LINE 51 OF IA 1040

41-126 (09/08/09)

| | | |
|--------------------|--|-------------|
| Form IA1040 | Iowa Federal Tax Adjustment Worksheet | 2009 |
|--------------------|--|-------------|

| | |
|----------------------------------|--|
| Name NELVA E BRUNSTING | Taxpayer Identification Number 481-30-4685 |
|----------------------------------|--|

Federal Refund - Iowa Form 1040 Line 27

File Copy
3,964

| | | |
|--|-----|---------------|
| 1. 2008 federal refund | 1. | 3,964 |
| 2. Less 2008 federal earned income credit | 2. | |
| 3. Less 2008 additional child tax credit | 3. | |
| 4. Less 2008 first-time homebuyer credit | 4. | |
| 5. Prior year federal refund after adjustments | 5. | 3,964 |
| 6. 2008 deduction for federal taxes (Iowa Form 1040, line 34) | 6. | 17,160 |
| 7. Lesser of line 5 or line 6 | 7. | 3,964 |
| | | Spouse |
| 8. Prior year federal refund after adjustments from line 7, allocated, if applicable | 8. | 3,964 |
| 9. Total of other federal refunds (From years prior to 2008) | 9. | |
| 10. Federal income tax refund / overpayment received in 2009 (Line 8 plus line 9) | 10. | 3,964 |

Self Employment and Household Employment Taxes - Iowa Form 1040 Line 28

| | | |
|--|---------------|-----------------------|
| | Spouse | Taxpayer/Joint |
| 1. Self-employment taxes | 1. | |
| 2. Household employment taxes | 2. | |
| 3. Total Self-employment and Household Employment Taxes | 3. | |

Federal Tax Withheld - Iowa Form 1040 Line 31

| | | |
|---|---------------|-----------------------|
| | Spouse | Taxpayer/Joint |
| 1. W-2, W-2G, 1099R, 1099M, interest, dividend, K-1 | 1. | 25 |
| 2. Social security, railroad, unemployment, other income, backup withholding, other | 2. | |
| 3. Total Federal Income Tax Withheld | 3. | 25 |

Federal Estimated Tax Payments Made in 2009 - Iowa Form 1040 Line 32

| | | |
|--|----|---------------|
| 1. Overpayment applied from 2008 return | 1. | 3,964 |
| 2. Estimates paid in 2009 | 2. | 8,946 |
| 3. Total Federal Estimated tax payments made in 2009 | 3. | 12,910 |
| | | Spouse |
| 4. Total Federal Estimated Taxes Paid from line 3, allocated, if applicable | 4. | 12,910 |

Additional Federal Taxes Paid in 2009 - Iowa Form 1040 Line 33

| | | |
|--|-----|----------------|
| 1. 2008 federal tax liability | 1. | 11,940 |
| 2. Excise tax on early withdrawal from qualified plans | 2. | |
| 3. Subtotal (Line 1 minus Line 2) | 3. | 11,940 |
| 4. Less payments made against 2008 federal tax liability | 4. | 15,904 |
| 5. 2008 unpaid liability before federal refundable credits (Line 3 minus Line 4) | 5. | |
| 6. Refundable credits: | | |
| Earned income credit | a. | |
| Additional child tax credit | b. | |
| First-time home buyer credit | c. | |
| Recovery rebate credit | d. | Not Applicable |
| Other refundable credits | e. | |
| Total refundable credits | 6. | |
| 7. Application of refundable credits to 2008 unpaid federal tax liability (Lesser of line 5 or line 6) | 7. | |
| 8. Paid with 2008 federal tax return | 8. | |
| 9. Federal extension and additional payments from 2008 federal return | 9. | |
| 10. Federal Motor Vehicle Fuel Tax Credit from 2009 federal return | 10. | |
| 11. Excess FICA reported on 2009 federal return | 11. | |
| 12. Total additional federal tax payments made in 2009 (Add lines 7 thru 11) | 12. | |
| | | Spouse |
| 13. Total additional federal tax payments from line 12, allocated, if applicable | 13. | |
| 14. Additional federal taxes paid in 2009 for tax years prior to 2008 | 14. | |
| 15. Total additional federal taxes paid in 2009 for 2008 and prior years (Add lines 13 and 14) | 15. | |

Kroese & Kroese P.C.
540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: BRUNSTING, NELVA E

Tax Documents

[US Tax Return \(12/31/09\) - Form 1040 Page 1](#)
[US Tax Return \(12/31/09\) - Form 1040 Page 2](#)
[US Tax Return \(12/31/09\) - Schedule B](#)
[US Tax Return \(12/31/09\) - Schedule D Page 1](#)
[US Tax Return \(12/31/09\) - Schedule D Page 2](#)
[US Tax Return \(12/31/09\) - Schedule E Page 1 - FARMLAND](#)
[US Tax Return \(12/31/09\) - Schedule E Page 2](#)
[US Tax Return \(12/31/09\) - Form 6251 Page 1](#)
[US Tax Return \(12/31/09\) - Form 6251 Page 2](#)
[US Tax Return \(12/31/09\) - Form 4835 - SHARE CROP](#)
[US Tax Return \(12/31/09\) - Schedule L](#)

Form 1040

Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return 2009

(99) IRS Use Only—Do not write or staple in this space.

Label (See instructions on page 14.) Use the IRS label. Otherwise, please print or type.

Form header section containing taxpayer information: For the year Jan. 1-Dec. 31, 2009, ending 2009, ending 20. OMB No. 1545-0074. Your first name and initial: NELVA E, Last name: BRUNSTING. Your social security number: 481-30-4685. Home address: 13630 PINEROCK LN, HOUSTON TX 77079-5914.

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) You Spouse

Filing Status 1 [X] Single 2 [] Married filing jointly (even if only one had income) 3 [] Married filing separately. Enter spouse's SSN above and full name here. 4 [] Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 [] Qualifying widow(er) with dependent child (see page 16)

Exemptions 6a [X] 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) [] if equal child for child tax cr. (see page 17) Total number of exemptions claimed d 1

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 8a Taxable interest. Attach Schedule B if required 8a 842 b Tax-exempt interest. Do not include on line 8a 8b 3,120 9a Ordinary dividends. Attach Schedule B if required 9a 16,579 b Qualified dividends (see page 22) 9b 16,205 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here [] 13 -3,000 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a b Taxable amount (see page 24) 15b 16a Pensions and annuities 16a b Taxable amount (see page 25) 16b 14,302 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 27,836 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation in excess of \$2,400 per recipient (see page 27) 19 20a Social security benefits 20a 25,843 b Taxable amount (see page 27) 20b 21,967 21 Other income. List type and amount (see page 29) 21 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 78,526

Adjusted Gross Income 23 Educator expenses (see page 29) 23 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 One-half of self-employment tax. Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction (see page 30) 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction (see page 31) 32 33 Student loan interest deduction (see page 34) 33 34 Tuition and fees deduction. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 31a and 32 through 35 36 37 Subtract line 36 from line 22. This is your adjusted gross income 37 78,526

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 78,526

39a Check You were born before January 2, 1945, Blind. Total boxes checked 39a 1
 if: Spouse was born before January 2, 1945, Blind. 39b

b If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here 39b

40a Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40a 7,600

b If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see page 35) 40b

41 Subtract line 40a from line 38 41 70,926

42 Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see page 37 42 3,650

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 67,276

44 Tax (see page 37). Check if any tax is from: a Form(s) 8814 b Form 4972 44 11,387

45 Alternative minimum tax (see page 40). Attach Form 6251 45

46 Add lines 44 and 45 46 11,387

47 Foreign tax credit. Attach Form 1116 if required 47 19

48 Credit for child and dependent care expenses. Attach Form 2441 48

49 Education credits from Form 8863, line 29 49

50 Retirement savings contributions credit. Attach Form 8880 50

51 Child tax credit (see page 42) 51

52 Credits from Form: a 8396 b 8839 c 5695 52

53 Other credits from Form: a 3800 b 8801 c 5695 53

54 Add lines 47 through 53. These are your total credits 54 19

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 11,368

Other Taxes

56 Self-employment tax. Attach Schedule SE 56

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 Additional taxes: a AEIC payments b Household employment taxes. Attach Schedule H 59

60 Add lines 55 through 59. This is your total tax 60 11,368

Payments

61 Federal income tax withheld from Forms W-2 and 1099 61 25

62 2009 estimated tax payments and amount applied from 2008 return 62 11,920

63 Making work pay and government retiree credits. Attach Schedule M 63

64a Earned income credit (EIC) 64a

b Nontaxable combat pay election 64b

65 Additional child tax credit. Attach Form 8812 65

66 Refundable education credit from Form 8863, line 16 66

67 First-time homebuyer credit. Attach Form 5405 67

68 Amount paid with request for extension to file (see page 72) 68

69 Excess social security and tier 1 RRTA tax withheld (see page 72) 69

70 Credits from Form: a 2439 b 4136 c 8801 d 8885 70

71 Add lines 61, 62, 63, 64a, & 65 through 70. These are your total payments 71 11,945

Refund

72 If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid 72 577

73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here 73a

b Routing number c Type: Checking Savings

d Account number

74 Amount of line 72 you want applied to your 2010 estimated tax 74 577

Amount You Owe

75 Amount you owe. Subtract line 71 from line 60. For details on how to pay, see page 74 75

76 Estimated tax penalty (see page 74) 76

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 75)? Yes. Complete the following. No

Designee's name RICHARD K RIKKERS CPA Personal identification number (PIN) 84948

Phone no. 712-722-3375

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date Your occupation RETIRED Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Paid Preparer's Use Only

Preparer's signature RICHARD K RIKKERS CPA Date 03/23/10 Check if self-employed Preparer's SSN or PTIN P00144154

Firm's name (or yours if self-employed), address, and ZIP code KROESE & KROESE P.C. 540 NORTH MAIN AVENUE SIOUX CENTER IA 51250-1824 EIN 42-1277139 Phone no. 712-722-3375

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 on back.

2009

Attachment
Sequence No. **08**

Name(s) shown on return

NELVA E BRUNSTING

Your social security number

481-30-4685

**Part I
Interest**

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.)

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

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 on back and list this interest first. Also, show that buyer's social security number and address ▶

EDWARD JONES

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842

2 Add the amounts on line 1

842

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 ▶

842

Note. If line 4 is over \$1,500, you must complete Part III.

**Part II
Ordinary Dividends**

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5 List name of payer ▶

CHEVRON CORPORATION

DEERE & CO

EDWARD JONES

METLIFE

EXXON MOBILE

EDWARD JONES

Amount

4,817

10

5,065

70

6,356

261

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

16,579

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

**Part III
Foreign Accounts and Trusts**

(See instructions on back)

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 2009, 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 on back for exceptions and filing requirements for Form TD F 90-22.1

b If "Yes," enter the name of the foreign country ▶

8 During 2009, 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 on back

Yes No

X

X

For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions.

Schedule B (Form 1040A or 1040) 2009

**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

2009

Attachment
Sequence No. **12**

Name(s) shown on return
NELVA E BRUNSTING

Your social security number
481-3055

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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 | | | | | |
| 2 | Enter your short-term totals, if any, from Schedule D-1, line 2 | | 2 | | |
| 3 | Total short-term sales price amounts. Add lines 1 and 2 in column (d) | | 3 | | |
| 4 | Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 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 on page D-7 of the instructions | | | | 6 (1,389) |
| 7 | Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f) | | | | 7 -1,389 |

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 | CAPTIAL INCOME BUILDERS V VARIOUS | 10/26/09 | 7,533 | 10,846 | -3,313 |
| | CAPITAL INCOME BUILDERS VARIOUS | 10/26/09 | 7,370 | 10,972 | -3,602 |
| | INCOME FUND OF AMERICA FUND VARIOUS | 10/26/09 | 38,532 | 46,659 | -8,127 |
| | INCOME FUND OF AMERICA VARIOUS | 05/27/09 | 10,000 | 14,028 | -4,028 |
| 9 | Enter your long-term totals, if any, from Schedule D-1, line 9 | | 9 | | |
| 10 | Total long-term sales price amounts. Add lines 8 and 9 in column (d) | | 10 63,435 | | |
| 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 |
| 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 |
| 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 (15,025) |
| 15 | Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on the back | | | | 15 -34,095 |

For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.

Schedule D (Form 1040) 2009

Part III Summary

16 Combine lines 7 and 15 and enter the result

16 File Copy 484

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.
- A **loss**, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
- **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?

- Yes. Go to line 18.
- 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?

- Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** on page 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below.
- No. Complete Form 1040 through line 43, or Form 1040NR through line 40. 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:

- The loss on line 16 or
- (\$3,000), or if married filing separately, (\$1,500)

21 (3,000)

Note. When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?

- Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** on page 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR).
- No. Complete the rest of Form 1040 or Form 1040NR.

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

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

OMB No. 1545-0074

2009

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

▶ See Instructions for Schedule E (Form 1040).

Name(s) shown on return

Your social security number

File Copy
481-30-4685

NELVA E BRUNSTING

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 address 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: | Yes | No |
|---|--|--|--|-----|----|
| A | FARMLAND IOWA | ● 14 days or ● 10% of the total days rented at fair rental value? (See page E-3) | A | | X |
| B | FARMLAND IOWA | | B | | X |
| C | | | C | | |

| Income: | Properties | | | Totals |
|---|------------|--------|---|----------------------------|
| | A | B | C | (Add columns A, B, and C.) |
| 3 Rents received | 3 15,276 | 14,100 | | 3 29,376 |
| 4 Royalties received | 4 | | | 4 |
| Expenses: | | | | |
| 5 Advertising | 5 | | | |
| 6 Auto and travel (see page E-4) | 6 | | | |
| 7 Cleaning and maintenance | 7 | | | |
| 8 Commissions | 8 | | | |
| 9 Insurance | 9 | | | |
| 10 Legal and other professional fees | 10 | | | |
| 11 Management fees | 11 | | | |
| 12 Mortgage interest paid to banks, etc. (see page E-5) | 12 | | | 12 |
| 13 Other interest | 13 | | | |
| 14 Repairs | 14 | | | |
| 15 Supplies | 15 | | | |
| 16 Taxes | 16 2,525 | | | |
| 17 Utilities | 17 | | | |
| 18 Other (list) ▶ | 18 | | | |
| 19 Add lines 5 through 18 | 19 2,525 | | | 19 2,525 |
| 20 Depreciation expense or depletion (see page E-5) | 20 | | | 20 |
| 21 Total expenses. Add lines 19 and 20 | 21 2,525 | | | |
| 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 | 22 12,751 | 14,100 | | |
| 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 | 23 0x | 0x | | |
| 24 Income. Add positive amounts shown on line 22. Do not include any losses | | | | 24 26,851 |
| 25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here | | | | 25 () |
| 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 | | | | 26 26,851 |

For Paperwork Reduction Act Notice, see page E-8 of the instructions.
DAA

Schedule E (Form 1040) 2009

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

Your social security number

NELVA E BRUNSTING

481-30-4685

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

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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 [X] No

Table with 5 columns: (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. Rows A, B, C, D.

Table with 5 columns: (f) Passive loss allowed, (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. Includes Totals rows and summary lines 30, 31, 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A, B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes Totals rows and summary lines 35, 36, 37.

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Includes summary line 39.

Part V Summary

Summary table with 2 columns: Description, Amount. Rows 40-43. Total income or loss is 27,836.

Form **6251**

Alternative Minimum Tax—Individuals

OMB No. 1545-0074

2009

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

Attachment
Sequence No. **32**

▶ Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 or Form 1040NR
NELVA E BRUNSTING

Your social security number
481-301555

File Copy

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

| | | |
|----|---|--------|
| 1 | If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 6), and go to line 7. (If less than zero, enter as a negative amount.) | 78,526 |
| 2 | Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0- | |
| 3 | Taxes from Schedule A (Form 1040), lines 5, 6, and 8 | |
| 4 | Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions | |
| 5 | Miscellaneous deductions from Schedule A (Form 1040), line 27 | |
| 6 | If Form 1040, line 38, is over \$166,800 (over \$83,400 if married filing separately), enter the amount from line 11 of the Itemized Deductions Worksheet on page A-11 of the instructions for Schedule A (Form 1040) | |
| 7 | If filing Schedule L (Form 1040A or 1040), enter as a negative amount the sum of lines 6 and 20 from that schedule | |
| 8 | Tax refund from Form 1040, line 10 or line 21 | |
| 9 | Investment interest expense (difference between regular tax and AMT) | |
| 10 | Depletion (difference between regular tax and AMT) | |
| 11 | Net operating loss deduction from Form 1040, line 21. Enter as a positive amount | |
| 12 | Alternative tax net operating loss deduction | |
| 13 | Interest from specified private activity bonds exempt from the regular tax | 208 |
| 14 | Qualified small business stock (7% of gain excluded under section 1202) | |
| 15 | Exercise of incentive stock options (excess of AMT income over regular tax income) | |
| 16 | Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) | |
| 17 | Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) | |
| 18 | Disposition of property (difference between AMT and regular tax gain or loss) | |
| 19 | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) | |
| 20 | Passive activities (difference between AMT and regular tax income or loss) | 0 |
| 21 | Loss limitations (difference between AMT and regular tax income or loss) | 0 |
| 22 | Circulation costs (difference between regular tax and AMT) | |
| 23 | Long-term contracts (difference between AMT and regular tax income) | |
| 24 | Mining costs (difference between regular tax and AMT) | |
| 25 | Research and experimental costs (difference between regular tax and AMT) | |
| 26 | Income from certain installment sales before January 1, 1987 | |
| 27 | Intangible drilling costs preference | |
| 28 | Other adjustments, including income-based related adjustments | |
| 29 | Alternative minimum taxable income. Combine lines 1 through 28. (If married filing separately and line 29 is more than \$216,900, see page 8 of the instructions.) | 78,734 |

Part II Alternative Minimum Tax (AMT)

| | | |
|----|--|--------|
| 30 | Exemption. (If you were under age 24 at the end of 2009, see page 8 of the instructions.) IF your filing status is . . . AND line 29 is not over... THEN enter on line 30... Single or head of household . . . \$112,500 . . . \$46,700 Married filing jointly or qualifying widow(er) . . . 150,000 . . . 70,950 Married filing separately . . . 75,000 . . . 35,475 | 46,700 |
| 31 | If line 29 is over the amount shown above for your filing status, see page 8 of the instructions. Subtract line 30 from line 29. If more than zero, go to line 32. If zero or less, enter -0- here and on lines 34 and 36 and skip the rest of Part II. | 32,034 |
| 32 | • If you are filing Form 2555 or 2555-EZ, see page 9 of the instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 55 here. • All others: If line 31 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 31 by 26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. | 6,547 |
| 33 | Alternative minimum tax foreign tax credit (see page 9 of the instructions) | 19 |
| 34 | Tentative minimum tax. Subtract line 33 from line 32 | 6,528 |
| 35 | Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see page 11 of the instructions) | 11,368 |
| 36 | AMT. Subtract line 35 from line 34. If zero or less, enter -0-. Enter here and on Form 1040, line 45 | 0 |

For Paperwork Reduction Act Notice, see page 12 of the instructions.

Form **6251** (2009)

Part III Tax Computation Using Maximum Capital Gains Rates

| | | | |
|----|--|----|--------|
| 37 | Enter the amount from Form 6251, line 31. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet on page 9 of the instructions | 37 | 32,034 |
| 38 | Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see page 11 of the instructions). If you are filing Form 2555 or 2555-EZ, see page 11 of the instructions for the amount to enter | 38 | 16,205 |
| 39 | Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see page 11 of the instructions). If you are filing Form 2555 or 2555-EZ, see page 11 of the instructions for the amount to enter | 39 | |
| 40 | If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 38. Otherwise, add lines 38 and 39, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see page 11 of the instructions for the amount to enter | 40 | 16,205 |
| 41 | Enter the smaller of line 37 or line 40 | 41 | 16,205 |
| 42 | Subtract line 41 from line 37 | 42 | 15,829 |
| 43 | If line 42 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 42 by 26% (.26). Otherwise, multiply line 42 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result | 43 | 4,116 |
| 44 | Enter: <ul style="list-style-type: none"> • \$67,900 if married filing jointly or qualifying widow(er), • \$33,950 if single or married filing separately, or • \$45,500 if head of household. | 44 | 33,950 |
| 45 | Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0- | 45 | 51,071 |
| 46 | Subtract line 45 from line 44. If zero or less, enter -0- | 46 | 0 |
| 47 | Enter the smaller of line 37 or line 38 | 47 | 16,205 |
| 48 | Enter the smaller of line 46 or line 47 | 48 | |
| 49 | Subtract line 48 from line 47 | 49 | 16,205 |
| 50 | Multiply line 49 by 15% (.15) If line 39 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51. | 50 | 2,431 |
| 51 | Subtract line 47 from line 41 | 51 | |
| 52 | Multiply line 51 by 25% (.25) | 52 | |
| 53 | Add lines 43, 50, and 52 | 53 | 6,547 |
| 54 | If line 37 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 37 by 26% (.26). Otherwise, multiply line 37 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result | 54 | 8,329 |
| 55 | Enter the smaller of line 53 or line 54 here and on line 32. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 32. Instead, enter it on line 4 of the worksheet on page 9 of the instructions | 55 | 6,547 |

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Form **4835**

Farm Rental Income and Expenses
 (Crop and Livestock Shares (Not Cash) Received by Landowner (or Sub-Lessor))
 (Income not subject to self-employment tax)

OMB No. 1545-0074

2009

Department of the Treasury
 Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR. ▶ See instructions on back.

Attachment
 Sequence No. **37**

Name(s) shown on tax return

Your social security number

481-3055

Employer ID number (EIN), if any

NELVA E BRUNSTING

A Did you actively participate in the operation of this farm during 2009 (see instructions)? Yes No

Part I Gross Farm Rental Income—Based on Production. Include amounts converted to cash or the equivalent.

| | | | |
|----|---|----|---------------------------|
| 1 | Income from production of livestock, produce, grains, and other crops | 1 | |
| 2a | Cooperative distributions (Form(s) 1099-PATR) 985 | 2a | 985 |
| 2b | Taxable amount | 2b | 985 |
| 3a | Agricultural program payments (see instructions) | 3a | |
| 3b | Taxable amount | 3b | |
| 4 | Commodity Credit Corporation (CCC) loans (see instructions): | | |
| a | CCC loans reported under election | 4a | |
| b | CCC loans forfeited | 4b | |
| 4c | Taxable amount | 4c | |
| 5 | Crop insurance proceeds and federal crop disaster payments (see instructions): | | |
| a | Amount received in 2009 | 5a | |
| 5b | Taxable amount | 5b | |
| c | If election to defer to 2010 is attached, check here <input type="checkbox"/> | 5d | Amount deferred from 2008 |
| 5d | | 5d | |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 | |
| 7 | Gross farm rental income. Add amounts in the right column for lines 1 through 6. Enter the total here and on Schedule E (Form 1040), line 42 | 7 | 985 |

Part II Expenses—Farm Rental Property. Do not include personal or living expenses.

| | | | | | | | |
|----|--|-----|-----|----|---|-----|--|
| 8 | Car and truck expenses (see Schedule F instructions). Also attach Form 4562 | 8 | | 21 | Pension and profit-sharing plans | 21 | |
| 9 | Chemicals | 9 | | 22 | Rent or lease: | | |
| 10 | Conservation expenses (see instructions) | 10 | | a | Vehicles, machinery, and equipment (see instructions) | 22a | |
| 11 | Custom hire (machine work) | 11 | | b | Other (land, animals, etc.) | 22b | |
| 12 | Depreciation and section 179 expense deduction not claimed elsewhere | 12 | | 23 | Repairs and maintenance | 23 | |
| 13 | Employee benefit programs other than on line 21 (see Schedule F instructions) | 13 | | 24 | Seeds and plants | 24 | |
| 14 | Feed | 14 | | 25 | Storage and warehousing | 25 | |
| 15 | Fertilizers and lime | 15 | | 26 | Supplies | 26 | |
| 16 | Freight and trucking | 16 | | 27 | Taxes | 27 | |
| 17 | Gasoline, fuel, and oil | 17 | | 28 | Utilities | 28 | |
| 18 | Insurance (other than health) | 18 | | 29 | Veterinary, breeding, and medicine | 29 | |
| 19 | Interest: | | | 30 | Other expenses (specify): | | |
| a | Mortgage (paid to banks, etc.) | 19a | | a | | 30a | |
| b | Other | 19b | | b | | 30b | |
| 20 | Labor hired (less employment credits) (see Schedule F instructions) | 20 | | c | | 30c | |
| | | | | d | | 30d | |
| | | | | e | | 30e | |
| | | | | f | | 30f | |
| | | | | g | | 30g | |
| 31 | Total expenses. Add lines 8 through 30g (see instructions) | 31 | | | | | |
| 32 | Net farm rental income or (loss). Subtract line 31 from line 7. If the result is income, enter it here and on Schedule E, line 40. If the result is a loss, you must go on to line 33 | 32 | 985 | | | | |
| 33 | If line 32 is a loss, check the box that describes your investment in this activity (see instructions) | 33a | | | | | |
| | | 33b | | | | | |
| c | You may have to complete Form 8582 to determine your deductible loss, regardless of which box you checked (see instructions). If you checked box 33b, you must complete Form 6198 before going to Form 8582. In either case, enter the deductible loss here and on Schedule E, line 40 | 33c | | | | | |

For Paperwork Reduction Act Notice, see instructions on back.

Form **4835** (2009)

SCHEDULE L
(Form 1040A or 1040)

Standard Deduction for Certain Filers

OMB No. 1545-0074

2009

Attachment
Sequence No. **57**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040A or 1040.

▶ See instructions on back.

Name(s) shown on return
NELVA E BRUNSTING

Your social security number
481-3055

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CAUTION File this form **only** if you are increasing your standard deduction by certain state or local real estate taxes, new motor vehicle taxes, or a net disaster loss. It may be better for you to itemize your deductions instead. See the Instructions for Schedule A (Form 1040).

| | | | | |
|----|---|----|-------|-------|
| 1 | Enter the amount shown below for your filing status. • Single or married filing separately—\$5,700 • Married filing jointly or Qualifying widow(er)—\$11,400 • Head of household—\$8,350 | 1 | 5,700 | |
| 2 | Can you (or your spouse if filing jointly) be claimed as a dependent on someone else's return? <input checked="" type="checkbox"/> No. Enter the amount from line 1 on line 4, skip line 3, and go to line 5. <input type="checkbox"/> Yes. Go to line 3. | | | |
| 3 | Is your earned income more than \$650 (see instructions)? <input type="checkbox"/> Yes. Add \$300 to your earned income. Enter the total <input type="checkbox"/> No. Enter \$950 | 3 | | |
| 4 | Enter the smaller of line 1 or line 3 | 4 | | 5,700 |
| 5 | Multiply the number on Form 1040, line 39a, or Form 1040A, line 23a, by \$1,100 (\$1,400 if single or head of household). If blank, enter -0- | 5 | | 1,400 |
| 6 | Form 1040 filers only, enter any net disaster loss from Form 4684, line 18 | 6 | | |
| 7 | Enter the state and local real estate taxes you paid. Do not include foreign real estate taxes (see instructions) | 7 | 1,067 | |
| 8 | Enter \$500 (\$1,000 if married filing jointly) | 8 | 500 | |
| 9 | Enter the smaller of line 7 or line 8 | 9 | | 500 |
| 10 | Did you (or your spouse if filing jointly) pay any state or local sales or excise taxes in 2009 for the purchase of a new motor vehicle after February 16, 2009 (see instructions)? <input checked="" type="checkbox"/> No. Skip lines 10 through 19, enter -0- on line 20, and go to line 21. <input type="checkbox"/> Yes. If Form 1040, line 38, or Form 1040A, line 22, is less than \$135,000 (\$260,000 if married filing jointly), enter the amount of these taxes paid. Otherwise, skip lines 10 through 19, enter -0- on line 20, and go to line 21 | 10 | | |
| 11 | Enter the purchase price (before taxes) of the new motor vehicle(s) (see instructions) | 11 | | |
| 12 | Is the amount on line 11 more than \$49,500? <input type="checkbox"/> No. Enter the amount from line 10. <input type="checkbox"/> Yes. Figure the portion of the tax from line 10 that is attributable to the first \$49,500 of the purchase price of each new motor vehicle and enter it here (see instructions) | 12 | | |
| 13 | Enter the amount from Form 1040, line 38, or Form 1040A, line 22 | 13 | | |
| 14 | Form 1040 filers only, enter the total of any— • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15, and • Exclusion of income from Puerto Rico | 14 | | |
| 15 | Add lines 13 and 14 | 15 | | |
| 16 | Enter \$125,000 (\$250,000 if married filing jointly) | 16 | | |
| 17 | Is the amount on line 15 more than the amount on line 16? <input type="checkbox"/> No. Skip lines 17 through 19, enter the amount from line 12 on line 20, and go to line 21. <input type="checkbox"/> Yes. Subtract line 16 from line 15 | 17 | | |
| 18 | Divide the amount on line 17 by \$10,000. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000 | 18 | | |
| 19 | Multiply line 12 by line 18 | 19 | | |
| 20 | Subtract line 19 from line 12 | 20 | | |
| 21 | Add lines 4, 5, 6, 9, and 20. Enter the total here and on Form 1040, line 40a, or Form 1040A, line 24a. Also check the box on Form 1040, line 40b, or Form 1040A, line 24b | 21 | | 7,600 |

For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions.

Schedule L (Form 1040A or 1040) 2009

Kroese & Kroese P.C.
540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: BRUNSTING, NELVA E

Tax Documents

[IA Tax Return \(12/31/10\) - IA Form 1040 Page 1](#)

[IA Tax Return \(12/31/10\) - IA Form 1040 Page 2](#)

[IA Tax Return \(12/31/10\) - IA Schedule A](#)

[IA Tax Return \(12/31/10\) - IA Schedule B](#)

[IA Tax Return \(12/31/10\) - IA Form 126](#)

[IA Tax Return \(12/31/10\) - IA Form 6251](#)

[IA Tax Return \(12/31/10\) - IA Carryover Summary Report](#)

[IA Tax Return \(12/31/10\) - IA Federal Tax Adjustment Worksheet](#)

2010 IA 1040 Iowa Individual Income Tax Long Form

or fiscal year beginning / / 2010 and ending / /
STEP 1: Fill in all spaces. You MUST fill in your Social Security Number.

Your last name BRUNSTING Your first name/middle initial NELVA E

Spouse's last name _____ Spouse's first name/middle initial _____

Current mailing address (number and street, apartment, lot, or suite number) or PO Box
13630 PINEROCK LN

City, State, ZIP
HOUSTON TX 77079-5914

Fill in all information below.

| | |
|--|---|
| <input checked="" type="checkbox"/> | Check this box if you or your spouse were 65 or older as of 12/31/10. |
| Your Social Security Number | Spouse Social Security Number |
| <u>481-30-4685</u> | _____ |
| Residence on 12/31/10 | County No. • School District No. • |
| <u>00</u> | <u>0000</u> |
| <p>You must answer these questions: Dependent children for whom an exemption is claimed in Step 3 How many have health care coverage? _____ (including Medicaid or hawk-i) How many do not have health care coverage? _____</p> | |

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STEP 2 Filing Status: Mark one box only.

- 1 Single: Were you claimed as a dependent on another person's Iowa return? YES NO ▲
- 2 Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)
- 3 Married filing separately on this combined return. Spouse use column B.
- 4 Married filing separate returns. Spouse's name: _____ SSN: _____ ▲ Income: \$ _____
- 5 Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and Social Security Number below.
- 6 Qualifying widow(er) with dependent child. Name: _____ SSN: _____

| STEP 3 Exemptions | | YOU (and spouse if filing jointly) | | SPOUSE (if filing status 3) | |
|-------------------|---|------------------------------------|----------------|-----------------------------|-----------------------|
| a. | Personal Credit: Enter 1. (Enter 2 if filing joint or head of household.) | ▲ <u>1</u> | X \$ <u>40</u> | = \$ <u>40</u> | |
| b. | Enter 1 for each person who is 65 or older and/or 1 for each person who is blind. | ▲ <u>1</u> | X \$ <u>20</u> | = \$ <u>20</u> | |
| c. | Dependents: Enter 1 for each dependent. | ▲ _____ | X \$ <u>40</u> | = \$ _____ | |
| d. | Enter first names of dependents here: _____ | | | | e. TOTAL \$ <u>60</u> |
| a. | Personal Credit: Enter 1. | ▲ _____ | X \$ <u>40</u> | = \$ _____ | |
| b. | Enter 1 if 65 or older and/or 1 if blind. | ▲ _____ | X \$ <u>20</u> | = \$ _____ | |
| c. | Dependents: Enter 1 for each dependent. | ▲ _____ | X \$ <u>40</u> | = \$ _____ | |
| d. | Enter first names of dependents here: _____ | | | | e. TOTAL \$ _____ |

| STEP 4 | | B. Spouse/Status 3 | A. You or Joint | B. Spouse/Status 3 | A. You or Joint |
|--------------|---|--------------------|-----------------|--------------------|-----------------|
| Gross Income | 1. Wages, salaries, tips, etc. | _____ | _____ | _____ | _____ |
| | 2. Taxable interest income. If more than \$1,500, complete Sch. B. | _____ | <u>7,162</u> | _____ | _____ |
| | 3. Ordinary dividend income. If more than \$1,500, complete Sch. B. | _____ | <u>21,685</u> | _____ | _____ |
| | 4. Alimony received | _____ | _____ | _____ | _____ |
| | 5. Business income/(loss) from federal Schedule C or C-EZ | _____ | _____ | _____ | _____ |
| | 6. Capital gain/(loss) from federal Sch. D if required for federal purposes | _____ | <u>-3,000</u> | _____ | _____ |
| | 7. Other gains/(losses) from federal form 4797 | _____ | _____ | _____ | _____ |
| | 8. Taxable IRA distributions | _____ | <u>3,218</u> | _____ | _____ |
| | 9. Taxable pensions and annuities | _____ | <u>10,788</u> | _____ | _____ |
| | 10. Rents, royalties, partnerships, estates, etc. | _____ | <u>23,013</u> | _____ | _____ |
| | 11. Farm income/(loss) from federal Schedule F | _____ | _____ | _____ | _____ |
| | 12. Unemployment compensation. See instructions. | _____ | _____ | _____ | _____ |
| | 13. Taxable Social Security benefits | _____ | <u>5,067</u> | _____ | _____ |
| | 14. Other income, gambling income, bonus depreciation/sec. 179 adjustment | _____ | _____ | _____ | _____ |
| | 15. GROSS INCOME. ADD lines 1-14. | _____ | _____ | ▲ <u>67,933</u> | _____ |

| STEP 5 | | B. Spouse/Status 3 | A. You or Joint | B. Spouse/Status 3 | A. You or Joint |
|-----------------------|---|--------------------|-----------------|--------------------|-----------------|
| Adjustments to Income | 16. Payments to an IRA, Keogh, or SEP | _____ | _____ | _____ | _____ |
| | 17. One-half of self-employment tax | _____ | _____ | _____ | _____ |
| | 18. Health insurance deduction | _____ | <u>1,158</u> | _____ | _____ |
| | 19. Penalty on early withdrawal of savings | _____ | _____ | _____ | _____ |
| | 20. Alimony paid | _____ | _____ | _____ | _____ |
| | 21. Pension/retirement income exclusion | _____ | <u>6,000</u> | _____ | _____ |
| | 22. Moving expense deduction from federal form 3903 | _____ | _____ | _____ | _____ |
| | 23. Iowa capital gain deduction. | _____ | _____ | _____ | _____ |
| | 24. Other adjustments | _____ | _____ | _____ | _____ |
| | 25. Total adjustments. ADD lines 16-24. | _____ | _____ | ▲ <u>7,158</u> | _____ |
| | 26. NET INCOME. SUBTRACT line 25 from line 15. | _____ | _____ | ▲ <u>60,775</u> | _____ |

| STEP 6 | | B. Spouse/Status 3 | A. You or Joint | B. Spouse/Status 3 | A. You or Joint |
|------------------------------------|--|--------------------|-----------------|--------------------|-----------------|
| Federal Tax Addition and Deduction | 27. Federal income tax refund / overpayment received in 2010 | _____ | <u>577</u> | _____ | _____ |
| | 28. Self-employment/household employment taxes | _____ | _____ | _____ | _____ |
| | 29. Addition for federal taxes. ADD lines 27 and 28. | _____ | _____ | _____ | <u>577</u> |
| | 30. Total. ADD lines 26 and 29. | _____ | _____ | _____ | <u>61,352</u> |
| | 31. Federal tax withheld | _____ | _____ | _____ | _____ |
| | 32. Federal estimated tax payments made in 2010 | _____ | <u>11,500</u> | _____ | _____ |
| | 33. Additional federal tax paid in 2010 for 2009 and prior years | _____ | _____ | _____ | _____ |
| | 34. Deduction for federal taxes. ADD lines 31, 32, and 33. | _____ | _____ | _____ | <u>11,500</u> |
| | 35. BALANCE. SUBTRACT line 34 from line 30. Enter here and on line 36, side 2. | _____ | _____ | _____ | <u>49,852</u> |

Staple W-2s, payment, and voucher here.

2010 IA 1040, page 2

B. Spouse/Status 3 A. You or Joint B. Spouse/Status 3 A. You or Joint 49,852

STEP 7 36. BALANCE. From side 1, line 35 37. Total itemized deductions from federal Schedule A 38. Iowa income tax if included in line 5 of federal Schedule A 39. BALANCE. Subtract line 38 from line 37 or enter the amount of itemized deductions from the Iowa Schedule A 40. Other deductions 41. Deduction. Check one box. [X] Itemized. Add lines 39 and 40. [] Standard 42. TAXABLE INCOME. SUBTRACT line 41 from line 36.

Complete lines 37-40 ONLY if you itemize.

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STEP 8 43. Tax from tables or alternate tax 44. Iowa lump-sum tax. 25% of federal tax from form 4972 45. Iowa minimum tax. Attach IA 6251. 46. Total tax. ADD lines 43, 44, and 45. 47. Total exemption credit amount(s) from Step 3, side 1 48. Tuition and textbook credit for dependents K-12 49. Total credits. ADD lines 47 and 48. 50. BALANCE. SUBTRACT line 49 from line 46. If less than zero, enter zero. 51. Credit for nonresident or part-year resident. Attach IA 126 and federal return. 52. BALANCE. SUBTRACT line 51 from line 50. If less than or equal to zero, enter zero. 53. Other nonrefundable Iowa credits. Attach IA 148 Tax Credits Schedule. 54. BALANCE. SUBTRACT line 53 from line 52. 55. School district surtax/EMS surtax. Take percentage from table; multiply by line 54. 56. Total Tax. ADD lines 54 and 55. 57. Total tax before contributions. ADD columns A & B on line 56 and enter here. 58. Contributions. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars. Fish/Wildlife State Fair Firefighters/Veterans Child Abuse Prevention Enter total. 59. TOTAL TAX AND CONTRIBUTIONS. ADD lines 57 and 58.

STEP 9 60. Iowa income tax withheld 61. Estimated and voucher payments made for tax year 2010 62. Out-of-state tax credit. Attach IA 130. 63. Motor fuel tax credit. Attach IA 4136. 64. Check One: [] Child and dependent care credit OR [] Early childhood development credit 65. Iowa earned income tax credit. See Instructions. 66. Other refundable credits. Attach IA 148 Tax Credits Schedule. 67. TOTAL. ADD lines 60 - 66. 68. TOTAL CREDITS. ADD columns A and B on line 67 and enter here.

STEP 10 69. If line 68 is more than line 59, SUBTRACT line 59 from line 68. This is the amount you overpaid. 70. Amount of line 69 to be REFUNDED REFUND 71. Amount of line 69 to be applied to your 2011 estimated tax 72. If line 68 is less than line 59, SUBTRACT line 68 from line 59. This is the AMOUNT OF TAX YOU OWE. 73. Penalty for underpayment of estimated tax from IA 2210 or IA 2210F [] Check if annualized income method is used. 74. Penalty and interest. 74a. Penalty 74b. Interest ADD Enter total 75. TOTAL AMOUNT DUE. ADD lines 72, 73, and 74, and enter here. PAY THIS AMOUNT

STEP 11 POLITICAL CHECKOFF. This checkoff does not increase the amount of tax you owe or decrease your refund. SPOUSE YOURSELF \$1.50 to Republican Party \$1.50 to Republican Party \$1.50 to Democratic Party \$1.50 to Democratic Party \$1.50 to Campaign Fund \$1.50 to Campaign Fund

STEP 12 NEXT YEAR, Would you like to receive a booklet? This option is not available to electronic filers. 0. [] Yes 1. [] No

Mailing Addresses: See lines 70 and 75 above.

STEP 13 PLEASE SIGN HERE • Verify your SSN(s) • Recheck your math • Attach all W-2s

I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. RICHARD K RIKKERS CPA 04/14/11

Your Signature Date 42-1277139 Identification Number 41-001b (07/19/10) Spouse's Signature Date 712-722-3375 Daytime Telephone Number BRUNSTING003766 Daytime Telephone Number

This return is due May 2, 2011.

If you itemize deductions, attach a copy of this schedule or a copy of the federal Schedule A to your return.

Name(s) as shown on page 1 of the IA 1040

NELVA E BRUNSTING

Social Security Number

481-30-4685

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NOTE: If you have federal bonus depreciation/section 179, please see the 2010 Expanded Instructions on our Web site.

| Medical and Dental Expenses | | Do not include health insurance premiums deducted on IA 1040, line 18. | |
|---|--|---|-------------|
| | 1. | Medical and dental expenses | 1. 2,133 |
| | 2. | Multiply the amount on federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation/section 179, from line 14 of the IA 1040 by 7.5% (.075). Enter result here. | 2. 6,801 |
| | 3. | Subtract line 2 from line 1. If less than zero, enter zero. | 3. 0 |
| | 4. | Other state and local income taxes. DO NOT INCLUDE IOWA STATE INCOME TAX. Include School District Surtax and EMS Surtax paid in 2010. | 4. _____ |
| | 5. | Real estate taxes | 5. 1,298 |
| | 6. | Personal property taxes, including annual vehicle registration DO NOT INCLUDE new motor vehicle taxes deducted on federal Schedule A, line 7. | 6. 55 |
| | 7. | Other taxes. List the type and amount. FOREIGN TAXES - 1041-GT | 7. 90 |
| | 8. | Add amounts on lines 4, 5, 6, and 7. Enter the total here. | 8. 1,443 |
| | 9a. | Home mortgage interest and points reported on federal form 1098 | 9a. _____ |
| | 9b. | Home mortgage interest not reported on federal form 1098 | 9b. _____ |
| | 10. | Points not reported on federal form 1098 | 10. _____ |
| | 11. | Qualified mortgage insurance premiums | 11. _____ |
| | 12. | Investment interest. Attach federal form 4952 if required. | 12. _____ |
| | 13. | Add lines 9a-12. Enter total here. | 13. _____ |
| | 14. | Contributions by cash or check. | 14. 4,295 |
| | 15. | Other than by cash or check. You must attach federal form 8283 if more than \$500. | 15. _____ |
| | 16. | Carryover from prior year as adjusted for disallowance of bonus depreciation | 16. _____ |
| | 17. | Add lines 14 through 16. Enter total here. | 17. 4,295 |
| | 18. | Casualty or theft loss(es). Attach federal form 4684. | 18. _____ |
| | 19. | Unreimbursed employee expenses. Attach federal form 2106 or 2106-EZ if required. | 19. _____ |
| | 20. | Tax preparation fees | 20. _____ |
| | 21. | Other expenses. List type and amount. | 21. _____ |
| | 22. | Add the amounts on lines 19, 20, and 21. Enter the total here. | 22. _____ |
| | 23. | Multiply the amount of federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation/section 179, from line 14 of the IA 1040* by 2% (.02). Enter the result here. | 23. _____ |
| | 24. | Subtract line 23 from line 22. Enter the total. If less than zero, enter zero. | 24. 0 |
| | 25. | Other miscellaneous deductions not subject to 2% AGI Limit. List type and amount. | 25. _____ |
| | 26. | Add lines 3, 8, 13, 17, 18, 24, and 25, and enter the total here | 26. 5,738 |
| If using filing statuses 1, 2, 5, or 6, enter the amount on Step 7, line 39 of the IA 1040. | | | |
| | Complete lines 27 through 31 ONLY if you are using filing status 3 or 4. | | |
| | 27. | Enter the Iowa net income of both spouses from IA 1040, line 26. | 27a. _____ |
| | 28. | Total Iowa net income, add columns 27a and 27b. Enter the total here. | 28. _____ |
| | 29. | Divide the amount on line 27a by the amount on line 28. Enter the percentage here. | 29. _____ % |
| | 30. | Multiply line 26 by the percentage on line 29. Enter here and on IA 1040, line 39, column A (YOU) | 30. _____ |
| | 31. | Subtract line 30 from line 26. Enter here and on IA 1040, line 39, column B. If you are using filing status 4, enter this amount on line 39, column A of your spouse's return. (SPOUSE) | 31. _____ |

2010 IA 1040 Schedule B

Interest and Dividend Income

Name(s) as shown on page 1 of the IA 1040: **NELVA E BRUNSTING** Social Security Number: **481-468-4685**

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NOTE: You must report all taxable interest and dividends on IA 1040, even if you are not required to complete Schedule B.

PART I: You must complete this part if you received more than \$1,500 in interest in 2010. Interest income which should be reported includes earnings from savings and loan associations, mutual savings banks, cooperative banks, credit unions, and bank deposits; state and municipal bonds (see instructions for IA 1040, line 2, Taxable Interest Income), and interest from tax refunds. Do not report interest from federal securities.

INTEREST INCOME For each payer, indicate the type of account. If the interest was earned by you, check the column labeled "Taxpayer." If the interest was earned by your spouse, check "Spouse." If the interest was earned jointly, check "Joint." Check only one for each payer.

Interest Income. List Names of All Payers.

| Name of Payer | Check one for each payer | | | AMOUNT |
|---|--------------------------|--------|-------|--------|
| | Taxpayer | Spouse | Joint | |
| EDWARD JONES | X | | | 692 |
| EDWARD JONES | X | | | 827 |
| EDWARD JONES | X | | | 2,769 |
| EDWARD JONES | X | | | 413 |
| EDWARD JONES | X | | | 391 |
| TAX EXEMPT INTEREST INCOME | X | | | 2,070 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Taxable Interest Income. | | | | |
| Add the amounts. Enter here and on IA 1040, line 2. | | | | 7,162 |

PART II: You must complete this part if you received more than \$1,500 in gross dividends in 2010. Deduct that portion of any net dividend from mutual funds that is attributable to federal securities.

DIVIDEND INCOME For each payer, indicate the type of account. If the dividends were earned by you, check the column labeled "Taxpayer." If the dividends were earned by your spouse, check "Spouse." If the dividends were earned jointly, check "Joint." Check only one for each payer.

Dividend Income. List Names of All Payers.

| Name of Payer | Check one for each payer | | | AMOUNT |
|---|--------------------------|--------|-------|--------|
| | Taxpayer | Spouse | Joint | |
| CHEVRON CORPORATION | X | | | 4,002 |
| EDWARD JONES | X | | | 1,340 |
| METLIFE | X | | | 70 |
| EXXON MOBILE | X | | | 6,830 |
| EDWARD JONES | X | | | 14 |
| EDWARD JONES | X | | | 2,179 |
| DEERE & COMPANY | X | | | 11 |
| FROM BENEFICIARY'S SCHEDULE K-1 | X | | | 7,239 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Taxable Dividend Income. | | | | |
| Add the amounts. Enter here and on IA 1040, line 3. | | | | 21,685 |

Iowa Nonresident and Part-year Resident Credit

Name(s) as shown on page 1 of the IA 1040

NELVA E BRUNSTING

Social Security Number

481-468

File Copy

MARK THE APPROPRIATE BOX FOR YOU AND YOUR SPOUSE

YOU MUST FILE THIS FORM IF...

You are a nonresident of Iowa ▲

- You are a nonresident of Iowa with income from Iowa sources, or
- You are a part-year Iowa resident

You are a part-year resident of Iowa ▲

- Attach this form and a copy of your federal return to your Iowa return. (IA 1040)
- Report only Iowa-source income on the IA 126.
- You may benefit by using filing status 3 or 4.

Date moved into Iowa: _____

and/or

Date moved out of Iowa: _____

Your spouse is a nonresident of Iowa ▲

Your spouse is a part-year resident of Iowa ▲

Date moved into Iowa: _____

and/or

Date moved out of Iowa: _____

IOWA-SOURCE INCOME

B. SPOUSE

Filing Status 3 Only

A. YOU OR JOINT

1. Wages, salaries, tips, etc.
2. Taxable interest income
3. Ordinary dividend income
4. Alimony received
5. Business income or (loss)
6. Capital gain or (loss)
7. Other gains or (losses)
8. Taxable IRA distributions
9. Taxable pensions and annuities
10. Rents, royalties, partnerships, estates, etc.
11. Farm income or (loss)
12. Unemployment compensation
13. Taxable Social Security benefits.
14. Other income, gambling income, bonus depreciation/section 179 adjustment
15. **GROSS INCOME.** ADD lines 1-14.
16. Payments to an IRA, Keogh, or SEP while an Iowa resident
17. Deduction for self-employment tax
18. Health insurance deduction
19. Penalty on early withdrawal of savings
20. Alimony paid
21. Pension/retirement income exclusion
22. Moving expense deduction into Iowa only
23. Iowa capital gain deduction
24. Other adjustments
25. Total adjustments. ADD lines 16-24.
26. **IOWA NET INCOME.** SUBTRACT line 25 from line 15.
27. All-source net income from line 26, IA 1040
28. Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to the nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0%.
29. Nonresident/part-year resident credit percentage:
Subtract the percentage on line 28 from 100.0%.
30. Iowa tax on total income from line 43, IA 1040
31. Total credits from line 49, IA 1040
32. Tax after credits. Subtract line 31 from line 30.
33. Nonresident/part-year resident tax credit. Multiply line 32 by the percentage on line 29.

| | | |
|-----|--------|--------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |
| 8. | _____ | _____ |
| 9. | _____ | _____ |
| 10. | _____ | 22,924 |
| 11. | _____ | _____ |
| 12. | _____ | _____ |
| 13. | _____ | _____ |
| 14. | _____ | _____ |
| 15. | ▲ | 22,924 |
| 16. | _____ | _____ |
| 17. | _____ | _____ |
| 18. | _____ | _____ |
| 19. | _____ | _____ |
| 20. | _____ | _____ |
| 21. | _____ | _____ |
| 22. | _____ | _____ |
| 23. | _____ | _____ |
| 24. | _____ | _____ |
| 25. | ▲ | _____ |
| 26. | _____ | 22,924 |
| 27. | _____ | 60,775 |
| | 100.0% | 100.0% |
| 28. | % | 37.7% |
| 29. | % | 62.3% |
| 30. | _____ | 2,466 |
| 31. | _____ | 60 |
| 32. | _____ | 2,406 |
| 33. | _____ | 1,499 |

ENTER THIS AMOUNT ON LINE 51 OF IA 1040

Iowa Minimum Tax Computation

Name(s) as shown on IA 1040 or IA 1041:

SSN or FEIN

NELVA E BRUNSTING

481-30-4685

File Copy

PART I: Adjustments and Preferences. See instructions.

If you itemized deductions on Schedule A, start on line 1. If you did not itemize on your IA 1040, start on line 7.

Table with 13 rows for adjustments and preferences. Includes items like Medical and dental, Taxes, Interest, etc. Total adjustments and preferences: 1,622.

PART II: Alternative Minimum Taxable Income

Table with 5 rows for alternative minimum taxable income. Includes Taxable income from IA 1040, Net operating loss deduction, etc. Total alternative minimum taxable income: 45,736.

PART III: Exemption Amount and Alternative Minimum Tax

Table with 8 rows for exemption amount and alternative minimum tax. Includes exemption levels, subtraction of line 21, etc. Total exemption amount: 26,000. Final alternative minimum tax: 2,406.

PART IV: NONRESIDENTS AND PART-YEAR RESIDENTS ONLY - Complete lines 29 - 32.

Table with 4 rows for nonresidents and part-year residents. Includes Iowa net income plus adjustments, Total net income, etc. Final Iowa minimum tax: 0.

*Exemption levels of \$17,500 and \$75,000 on lines 20 and 21, respectively, also apply to an estate or trust.

| | | |
|--------------------|--|-------------|
| Form IA1040 | Iowa Federal Tax Adjustment Worksheet | 2010 |
|--------------------|--|-------------|

| | |
|----------------------------------|--|
| Name NELVA E BRUNSTING | Taxpayer Identification Number 481-30-4685 |
|----------------------------------|--|

Federal Refund - Iowa Form 1040 Line 27

File Copy
577

| | | |
|--|---------------|-----------------------|
| 1. 2009 federal refund | 1. | <u>577</u> |
| 2. Less 2009 federal earned income credit (less federal advance earned income payment) | 2. | _____ |
| 3. Less 2009 additional child tax credit | 3. | _____ |
| 4. Less 2009 first-time homebuyer credit | 4. | _____ |
| 5. Less 2009 refundable education credit | 5. | _____ |
| 6. Less 2009 making work pay credit | 6. | _____ |
| 7. Prior year federal refund after adjustments | 7. | <u>577</u> |
| 8. 2009 deduction for federal taxes (Iowa Form 1040, line 34) | 8. | <u>12,935</u> |
| 9. Lesser of line 7 or line 8 | 9. | <u>577</u> |
| | Spouse | Taxpayer/Joint |
| 10. Prior year federal refund after adjustments from line 9, allocated, if applicable | 10. | _____ |
| 11. Total of other federal refunds (From years prior to 2009) | 11. | _____ |
| 12. Federal income tax refund / overpayment received in 2010 (Line 10 plus line 11) | 12. | <u>577</u> |

Self Employment and Household Employment Taxes - Iowa Form 1040 Line 28

| | | |
|--|---------------|-----------------------|
| | | |
| 1. Self-employment taxes | 1. | _____ |
| 2. Household employment taxes | 2. | _____ |
| 3. Total Self-employment and Household Employment Taxes | 3. | _____ |
| | Spouse | Taxpayer/Joint |

Federal Tax Withheld - Iowa Form 1040 Line 31

| | | |
|---|---------------|-----------------------|
| | | |
| 1. W-2, W-2G, 1099R, 1099M, interest, dividend, K-1 | 1. | _____ |
| 2. Social security, railroad, unemployment, other income, backup withholding, other | 2. | _____ |
| 3. Total Federal Income Tax Withheld | 3. | _____ |
| | Spouse | Taxpayer/Joint |

Federal Estimated Tax Payments Made in 2010 - Iowa Form 1040 Line 32

| | | |
|--|---------------|-----------------------|
| 1. Overpayment applied from 2009 return | 1. | <u>577</u> |
| 2. Estimates paid in 2010 | 2. | <u>10,923</u> |
| 3. Total Federal Estimated tax payments made in 2010 | 3. | <u>11,500</u> |
| | Spouse | Taxpayer/Joint |
| 4. Total Federal Estimated Taxes Paid from line 3, allocated, if applicable | 4. | <u>11,500</u> |

Additional Federal Taxes Paid in 2010 - Iowa Form 1040 Line 33

| | | |
|---|----|---------------|
| 1. 2009 federal tax liability | 1. | <u>11,368</u> |
| 2. Excise tax on early withdrawal from qualified plans, repayment of first-time homebuyer credit, advance EIC payment | 2. | _____ |
| 3. Subtotal (Line 1 minus Line 2) | 3. | <u>11,368</u> |
| 4. Less payments made against 2009 federal tax liability | 4. | <u>11,945</u> |
| 5. 2009 unpaid liability before federal refundable credits (Line 3 minus Line 4) | 5. | _____ |

| | | | | | |
|------------------------------------|----|-------|-----------------------------------|----|-------|
| 6. Refundable credits: | | | | | |
| Earned income credit | a. | _____ | Making work pay credit | d. | _____ |
| Refundable education credit | b. | _____ | Additional child tax credit | e. | _____ |
| First-time home buyer credit | c. | _____ | Other refundable credits | f. | _____ |

Total refundable credits

| | | |
|--|---------------|-----------------------|
| 6. _____ | 6. | _____ |
| 7. Application of refundable credits to 2009 unpaid federal tax liability (Lesser of line 5 or line 6) | 7. | _____ |
| 8. Paid with 2009 federal tax return (No penalties) | 8. | _____ |
| 9. Federal extension and additional payments from 2009 federal return | 9. | _____ |
| 10. Federal Motor Vehicle Fuel Tax Credit from 2010 federal return | 10. | _____ |
| 11. Excess FICA reported on 2010 federal return | 11. | _____ |
| 12. Total additional federal tax payments made in 2010 (Add lines 7 thru 11) | 12. | _____ |
| | Spouse | Taxpayer/Joint |
| 13. Total additional federal tax payments from line 12, allocated, if applicable | 13. | _____ |
| 14. Additional federal taxes paid in 2010 for tax years prior to 2009 | 14. | _____ |
| 15. Total additional federal taxes paid in 2010 for 2009 and prior years (Add lines 13 and 14) | 15. | _____ |

Kroese & Kroese P.C.
540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: BRUNSTING, NELVA E

Tax Documents

- [US Tax Return \(12/31/10\) - Form 1040 Page 1](#)
- [US Tax Return \(12/31/10\) - Form 1040 Page 2](#)
- [US Tax Return \(12/31/10\) - Schedule B](#)
- [US Tax Return \(12/31/10\) - Schedule D Page 1](#)
- [US Tax Return \(12/31/10\) - Schedule D Page 2](#)
- [US Tax Return \(12/31/10\) - Schedule D-1 Page 1 - Unit #1](#)
- [US Tax Return \(12/31/10\) - Schedule E Page 1 - FARMLAND](#)
- [US Tax Return \(12/31/10\) - Schedule E Page 2](#)
- [US Tax Return \(12/31/10\) - Form 6251 Page 1](#)
- [US Tax Return \(12/31/10\) - Form 6251 Page 2](#)

Form 1040

Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return 2010

(99) IRS Use Only—Do not write or staple in this space.

Name, Address, and SSN

Form header section containing personal information: Name (NELVA E BRUNSTING), Address (13630 PINEROCK LN HOUSTON TX 77079-5914), SSN (481-30-4685), and filing year (2010).

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. [] You [] Spouse

Filing Status

Filing status options: 1 [X] Single, 2 [] Married filing jointly, 3 [] Married filing separately, 4 [] Head of household, 5 [] Qualifying widow(er).

Exemptions

Exemption section: 6a [X] Yourself, 6b [] Spouse, 6c Dependents table, 6d Total number of exemptions claimed (1).

Income

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 page 20.

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

Income table with columns for line number, description, and amount. Total income on line 22 is 90,681.

Adjusted Gross Income

Adjusted Gross Income table with columns for line number, description, and amount. Adjusted gross income on line 37 is 90,681.

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 90,681

39a Check You were born before January 2, 1946, Blind. Total boxes checked 39a 1
 if: Spouse was born before January 2, 1946, Blind. 39b

b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see instructions) 40 7,100

41 Subtract line 40 from line 38 41 81,581

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 79,931

44 Tax (see instr.). Check if any tax is from: a Form(s) 8814 b Form 4972 44 14,455

45 Alternative minimum tax (see instructions). Attach Form 6251 45

46 Add lines 44 and 45 46 14,455

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 23 49

50 Retirement savings contributions credit. Attach Form 8880 50

51 Child tax credit (see instructions) 51

52 Residential energy credits. Attach Form 5695 52

53 Other credits 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 14,455

Other Taxes

56 Self-employment tax. Attach Schedule SE 56

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 Form(s) W-2, box 9 b Schedule H c Form 5405, line 16 59

60 Add lines 55 through 59. This is your total tax 60 14,455

Payments

61 Federal income tax withheld from Forms W-2 and 1099 61

62 2010 estimated tax payments and amount applied from 2009 return 62 11,360

63 Making work pay credit. Attach Schedule M 63

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

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 8839 c 8801 d 8885 71

72 Add lines 61, 62, 63, 64a, and 65 through 71. These are your total payments 72 11,360

Refund

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 74a

Direct deposit? See instructions. b Routing number c Type: Checking Savings

d Account number

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 3,095

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. No

Designee's name RICHARD K RIKKERS CPA Personal identification number (PIN) 84948

Phone no. 712-722-3375

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date Your occupation Daytime phone number

RETIRE

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Print/Type preparer's name Preparer's signature Date Check if PTIN

RICHARD K RIKKERS CPA RICHARD K RIKKERS CPA 04/14/11 self-employed P00144154

Firm's name KROESE & KROESE P.C. Firm's EIN 42-1277139

Firm's address 540 NORTH MAIN AVENUE Phone no. 712-722-3375

SIoux CENTER IA 51250-1824

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 on back.

2010

Attachment Sequence No. 08

Name(s) shown on return

NELVA E BRUNSTING

Your social security number

481-30-4685

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 on back and list this interest first. Also, show that buyer's social security number and address

EDWARD JONES
EDWARD JONES

BANK OF AMERICA
BANK OF AMERICA

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.)

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

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

Table with 2 columns: Line number, Amount. Includes 'File Copy' stamp and values: 692, 827, 4,596, 9,722, 15,837, 15,837.

Note. If line 4 is over \$1,500, you must complete Part III.

Part II Ordinary Dividends

5 List name of payer
CHEVRON CORPORATION
EDWARD JONES
METLIFE
EXXON MOBILE
EDWARD JONES
EDWARD JONES
DEERE & COMPANY
ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

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

Table with 2 columns: Line number, Amount. Values: 4,002, 1,340, 70, 6,830, 14, 2,179, 11, 7,239, 21,685.

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

Part III Foreign Accounts and Trusts

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

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 on back for exceptions and filing requirements for Form TD F 90-22.1

b If "Yes," enter the name of the foreign country

(See instructions on back.)

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 on back

Table with 2 columns: Yes, No. Includes 'X' marks in the No column for questions 7a and 8.

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

Schedule B (Form 1040A or 1040) 2010

**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

NELVA E BRUNSTING

Your social security number

481-3055

File Copy

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 EATON VANCE TAX MANAGED | 10/28/09 | 03/09/10 | 773 | 718 | 55 |
| FRANKLIN FED TAX FREE INCM ADV | VARIOUS | 03/09/10 | 409 | 409 | |
| HARTFORD DIVIDEND & GROWTH | VARIOUS | 03/09/10 | 114 | 105 | 9 |
| PERKINS MID CAP VALUE FD CI | 10/28/09 | 03/09/10 | 92 | 83 | 9 |
| 2 Enter your short-term totals, if any, from Schedule D-1, line 2 | | 2 | 4,503 | | 487 |
| 3 Total short-term sales price amounts. Add lines 1 and 2 in column (d) | | 3 | 5,891 | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | | 4 |
| 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 on page D-7 of the instructions | | | | | 6 |
| 7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f) | | | | | 7 560 |

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 DEERE & CO | VARIOUS | 10/13/10 | 11,099 | 8,618 | 2,481 |
| DEERE & CO | VARIOUS | 12/30/10 | 9,869 | 6,952 | 2,917 |
| GA POWER CO | VARIOUS | 11/17/10 | 10,055 | 10,055 | |
| 9 Enter your long-term totals, if any, from Schedule D-1, line 9 | | 9 | | | |
| 10 Total long-term sales price amounts. Add lines 8 and 9 in column (d) | | 10 | 31,023 | | |
| 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 |
| 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 |
| 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 32,484 |
| 15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on the back | | | | | 15 -27,086 |

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

Schedule D (Form 1040) 2010

Part III Summary

16 Combine lines 7 and 15 and enter the result

16 File Copy 526

- 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?

- Yes.** Go to line 18.
- 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?

- 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.
- 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:

- The loss on line 16 or
- (\$3,000), or if married filing separately, (\$1,500)

21 (3,000)

Note. When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?

- 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).
- No.** Complete the rest of Form 1040 or Form 1040NR.

SCHEDULE D-1 (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Continuation Sheet for Schedule D (Form 1040)

See instructions for Schedule D (Form 1040).

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

OMB No. 1545-0074

2010

Attachment Sequence No. 12A

Name(s) shown on return

NELVA E BRUNSTING

Your social security number

481-30-4685

File Copy

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

Table with 6 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Sales price, (e) Cost or other basis, (f) Gain or (loss). Rows include MUTUAL GLOBAL DISCOVERY FD, NEUBERGER&BRM MIDCAP GRW INSTL, PIONEER CULLEN VALUE FUND CI, and T ROW PRICE BLUE CHIP FROWTH.

2 Totals. Add the amounts in column (d). Also, combine the amounts in column (f). Enter here and on Schedule D, line 2 4,503 487

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

Schedule D-1 (Form 1040) 2010

**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

Your social security number

481-30-4685

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NELVA E BRUNSTING

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 address 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: | |
|---|--|--|----|
| | | Yes | No |
| A | FARMLAND IOWA | | X |
| B | | | |
| C | | | |

| Income: | Properties | | | Totals (Add columns A, B, and C.) |
|---|------------|---|---|--------------------------------------|
| | A | B | C | |
| 3 Rents received | | | | 3 |
| 4 Royalties received | | | | 4 |
| Expenses: | | | | |
| 5 Advertising | | | | 5 |
| 6 Auto and travel (see page E-5) | | | | 6 |
| 7 Cleaning and maintenance | | | | 7 |
| 8 Commissions | | | | 8 |
| 9 Insurance | | | | 9 |
| 10 Legal and other professional fees | 1,000 | | | 10 |
| 11 Management fees | | | | 11 |
| 12 Mortgage interest paid to banks, etc. (see page E-5) | | | | 12 |
| 13 Other interest | | | | 13 |
| 14 Repairs | | | | 14 |
| 15 Supplies | | | | 15 |
| 16 Taxes | | | | 16 |
| 17 Utilities | | | | 17 |
| 18 Other (list) ▶ | | | | 18 |
| 19 Add lines 5 through 18 | 1,000 | | | 19 |
| 20 Depreciation expense or depletion (see page E-5) | | | | 20 |
| 21 Total expenses. Add lines 19 and 20 | 1,000 | | | 21 |
| 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-6 to find out if you must file Form 6198 | -1,000 | | | 22 |
| 23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-6 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2 | 1,000 | | | 23 |
| 24 Income. Add positive amounts shown on line 22. Do not include any losses | | | | 24 |
| 25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here | | | | 25 |
| 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 | | | | 26 |

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

Schedule E (Form 1040) 2010

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

Your social security number

NELVA E BRUNSTING

481-30-4685

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-2.

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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 [X] No

Table with 5 columns: (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. Rows A, B, C, D.

Table with 5 columns: (f) Passive loss allowed, (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. Rows A, B, C, D, 29a Totals, b Totals, 30, 31, 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Row A: ELMER H BRUNSTING DECEDENTS TR DTD, 27-6453100.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Rows A, B, 34a Totals, b Totals, 35, 36, 37.

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 39.

Part V Summary

Table with 2 columns: Description, Amount. Rows 40, 41, 42, 43.

Form **6251**

Alternative Minimum Tax—Individuals

OMB No. 1545-0074

▶ See separate instructions.

2010

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

Attachment
Sequence No. **32**

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

Your social security number

NELVA E BRUNSTING

481-30485

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Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

| | | | |
|----|---|----|--------|
| 1 | If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 6. (If less than zero, enter as a negative amount.) | 1 | 90,681 |
| 2 | Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0- | 2 | |
| 3 | Taxes from Schedule A (Form 1040), lines 5, 6, and 8 | 3 | |
| 4 | Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions | 4 | |
| 5 | Miscellaneous deductions from Schedule A (Form 1040), line 27 | 5 | |
| 6 | If filing Schedule L (Form 1040A or 1040), enter as a negative amount the sum of lines 6 and 17 from that schedule | 6 | |
| 7 | Tax refund from Form 1040, line 10 or line 21 | 7 | |
| 8 | Investment interest expense (difference between regular tax and AMT) | 8 | |
| 9 | Depletion (difference between regular tax and AMT) | 9 | |
| 10 | Net operating loss deduction from Form 1040, line 21. Enter as a positive amount | 10 | |
| 11 | Alternative tax net operating loss deduction | 11 | |
| 12 | Interest from specified private activity bonds exempt from the regular tax | 12 | 215 |
| 13 | Qualified small business stock (7% of gain excluded under section 1202) | 13 | |
| 14 | Exercise of incentive stock options (excess of AMT income over regular tax income) | 14 | |
| 15 | Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) | 15 | |
| 16 | Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) | 16 | |
| 17 | Disposition of property (difference between AMT and regular tax gain or loss) | 17 | |
| 18 | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) | 18 | |
| 19 | Passive activities (difference between AMT and regular tax income or loss) | 19 | 179 |
| 20 | Loss limitations (difference between AMT and regular tax income or loss) | 20 | 0 |
| 21 | Circulation costs (difference between regular tax and AMT) | 21 | |
| 22 | Long-term contracts (difference between AMT and regular tax income) | 22 | |
| 23 | Mining costs (difference between regular tax and AMT) | 23 | |
| 24 | Research and experimental costs (difference between regular tax and AMT) | 24 | |
| 25 | Income from certain installment sales before January 1, 1987 | 25 | |
| 26 | Intangible drilling costs preference | 26 | |
| 27 | Other adjustments, including income-based related adjustments | 27 | |
| 28 | Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$219,900, see page 8 of the instructions.) | 28 | 91,075 |

Part II Alternative Minimum Tax (AMT)

| | | | |
|----|--|----|--------|
| 29 | Exemption. (If you were under age 24 at the end of 2010, see page 8 of the instructions.) | | |
| | IF your filing status is . . . AND line 28 is not over . . . THEN enter on line 29 . . . | | |
| | Single or head of household . . . \$112,500 . . . \$47,450 | } | |
| | Married filing jointly or qualifying widow(er) . . . 150,000 . . . 72,450 | | |
| | Married filing separately . . . 75,000 . . . 36,225 | | |
| 29 | If line 28 is over the amount shown above for your filing status, see page 8 of the instructions. | 29 | 47,450 |
| 30 | Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 33 and 35 and skip the rest of Part II. | 30 | 43,625 |
| 31 | • If you are filing Form 2555 or 2555-EZ, see page 9 of the instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 54 here. • All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. | 31 | 9,468 |
| 32 | Alternative minimum tax foreign tax credit (see page 9 of the instructions) | 32 | |
| 33 | Tentative minimum tax. Subtract line 32 from line 31 | 33 | 9,468 |
| 34 | Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see page 11 of the instructions) | 34 | 14,455 |
| 35 | AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45 | 35 | 0 |

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

Form **6251** (2010)

Part III Tax Computation Using Maximum Capital Gains Rates

| | | | |
|--|---|----|--------|
| 36 | Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet on page 9 of the instructions | 36 | 43,625 |
| 37 | Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see page 11 of the instructions). If you are filing Form 2555 or 2555-EZ, see page 11 of the instructions for the amount to enter | 37 | 17,035 |
| 38 | Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see page 11 of the instructions). If you are filing Form 2555 or 2555-EZ, see page 11 of the instructions for the amount to enter | 38 | |
| 39 | If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see page 11 of the instructions for the amount to enter | 39 | 17,035 |
| 40 | Enter the smaller of line 36 or line 39 | 40 | 17,035 |
| 41 | Subtract line 40 from line 36 | 41 | 26,590 |
| 42 | If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result | 42 | 6,913 |
| 43 | Enter: <ul style="list-style-type: none"> • \$68,000 if married filing jointly or qualifying widow(er), • \$34,000 if single or married filing separately, or • \$45,550 if head of household. | 43 | 34,000 |
| 44 | Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0- | 44 | 62,896 |
| 45 | Subtract line 44 from line 43. If zero or less, enter -0- | 45 | 0 |
| 46 | Enter the smaller of line 36 or line 37 | 46 | 17,035 |
| 47 | Enter the smaller of line 45 or line 46 | 47 | |
| 48 | Subtract line 47 from line 46 | 48 | 17,035 |
| 49 | Multiply line 48 by 15% (.15) | 49 | 2,555 |
| If line 38 is zero or blank, skip lines 50 and 51 and go to line 52. Otherwise, go to line 50. | | | |
| 50 | Subtract line 46 from line 40 | 50 | |
| 51 | Multiply line 50 by 25% (.25) | 51 | |
| 52 | Add lines 42, 49, and 51 | 52 | 9,468 |
| 53 | If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result | 53 | 11,343 |
| 54 | Enter the smaller of line 52 or line 53 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet on page 9 of the instructions | 54 | 9,468 |

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Kroese & Kroese P.C.
540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: BRUNSTING, NELVA E

Tax Documents

[IA Tax Return \(12/31/11\) - IA Form 1040 Page 1](#)

[IA Tax Return \(12/31/11\) - IA Form 1040 Page 2](#)

[IA Tax Return \(12/31/11\) - IA Schedule A](#)

[IA Tax Return \(12/31/11\) - IA Schedule B](#)

[IA Tax Return \(12/31/11\) - IA Form 126](#)

[IA Tax Return \(12/31/11\) - IA Form 6251](#)

[IA Tax Return \(12/31/11\) - IA Federal Tax Adjustment Worksheet](#)

[IA Tax Return \(12/31/11\) - IA Low Income Exemption Worksheet](#)

DECEASED

2011 IA 1040 Iowa Individual Income Tax Form

or fiscal year beginning 2011 and ending 2011 and ending
STEP 1: Fill in all spaces. You MUST fill in your Social Security Number (SSN).



Your last name BRUNSTING Your first name/middle initial NELVA E

Spouse's last name Spouse's first name/middle initial

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Current mailing address (number and street, apartment, lot, or suite number) or PO Box
203 BLOOMINGDALE CIR

City, State, ZIP
VICTORIA TX 77904

Spouse SSN Your SSN 481-30-4685
Check this box if you or your spouse were 65 or older as of 12/31/11.

STEP 2 Filing Status: Mark one box only.
1 Single: Were you claimed as a dependent on another person's Iowa return? YES NO
2 Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)
3 Married filing separately on this combined return. Spouse use column B.
4 Married filing separate returns. Spouse's name: SSN: Income: \$
5 Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.
6 Qualifying widow(er) with dependent child. Name: SSN:

STEP 3 Exemptions
a. Personal Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3
b. Enter 1 for each person who is 65 or older and/or 1 for each person who is blind
c. Dependents: Enter 1 for each dependent
d. Enter first names of dependents here:
e. TOTAL \$ 60

STEP 4 Gross Income
Table with columns: Description, B. Spouse/Status 3, A. You or Joint, B. Spouse/Status 3, A. You or Joint
1. Wages, salaries, tips, etc. 850
2. Taxable interest income. If more than \$1,500, complete Sch. B. 13,239
3. Ordinary dividend income. If more than \$1,500, complete Sch. B.
4. Alimony received
5. Business income/(loss) from federal Schedule C or C-EZ
6. Capital gain/(loss) from federal Sch. D if required for federal purposes 9,756
7. Other gains/(losses) from federal form 4797
8. Taxable IRA distributions 58,792
9. Taxable pensions and annuities 9,920
10. Rents, royalties, partnerships, estates, etc. 41,938
11. Farm income/(loss) from federal Schedule F
12. Unemployment compensation. See instructions.
13. Taxable Social Security benefits 3,406
14. Other income, gambling income, bonus depreciation/sec. 179 adjustment
15. GROSS INCOME. ADD lines 1-14. 137,901

NOTE: Use only blue or black ink, no pencils or red ink.

STEP 5 Adjustments to Income
Table with columns: Description, B. Spouse/Status 3, A. You or Joint, B. Spouse/Status 3, A. You or Joint
16. Payments to an IRA, Keogh, or SEP
17. Deductible part of self-employment tax
18. Health insurance deduction 1,062
19. Penalty on early withdrawal of savings
20. Alimony paid
21. Pension/retirement income exclusion 6,000
22. Moving expense deduction from federal form 3903
23. Iowa capital gain deduction certain asset sales ONLY (see instructions)
24. Other adjustments
25. Total adjustments. ADD lines 16-24. 7,062
26. NET INCOME. SUBTRACT line 25 from line 15. 130,839

STEP 6 Federal Tax Addition and Deduction
Table with columns: Description, B. Spouse/Status 3, A. You or Joint, B. Spouse/Status 3, A. You or Joint
27. Federal income tax refund / overpayment received in 2011 2,967
28. Self-employment/household employment taxes
29. Addition for federal taxes. ADD lines 27 and 28. 2,967
30. Total. ADD lines 26 and 29. 133,806
31. Federal tax withheld
32. Federal estimated tax payments made in 2011 12,180
33. Additional federal tax paid in 2011 for 2010 and prior years
34. Deduction for federal taxes. ADD lines 31, 32, and 33. 12,180
35. BALANCE. SUBTRACT line 34 from line 30. Enter here and on line 36, side 2. 121,626

Enclose W-2s and payment with your return - DO NOT STAPLE them here.



2011 IA 1040, page 2

B. Spouse/Status 3 A. You or Joint B. Spouse/Status 3 A. You or Joint

STEP 7

Taxable Income

36. BALANCE. From side 1, line 35 36. 121,626
37. Total itemized deductions from federal Schedule A 37. 109,824
38. Taxpayers with bonus depreciation/sec. 179 must use Iowa Sch. A. 38.
39. BALANCE. Subtract line 38 from line 37 or enter the amount of itemized deductions from the Iowa Schedule A. 39. 109,824
40. Other deductions 40.
41. Deduction. Check one box [X] Itemized. Add lines 39 and 40. [] Standard 41. 109,824
42. TAXABLE INCOME. SUBTRACT line 41 from line 36. 42. 11,802

Complete lines 37-40 ONLY if you itemize.

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STEP 8

Tax, Credits and Checkoff Contributions

43. Tax from tables or alternate tax 43. 359
44. Iowa lump-sum tax. 25% of federal tax from form 4972 44.
45. Iowa minimum tax. Attach IA 6251. 45.
46. Total tax. ADD lines 43, 44, and 45. 46. 359
47. Total exemption credit amount(s) from Step 3, side 1 47. 60
48. Tuition and textbook credit for dependents K-12 48.
49. Total credits. ADD lines 47 and 48. 49. 60
50. BALANCE. SUBTRACT line 49 from line 46. If less than zero, enter zero. 50. 0 299
51. Credit for nonresident or part-year resident. Attach IA 126 and federal return 51. 299
52. BALANCE. SUBTRACT line 51 from 50. If less than or equal to zero, enter zero. 52. 0 0
53. Other nonrefundable Iowa credits. Attach IA 148 Tax Credits Schedule. 53.
54. BALANCE. SUBTRACT line 53 from line 52. 54.
55. School district surtax/EMS surtax. Take percentage from table; multiply by line 54. 55. 0 0
56. Total Tax. ADD lines 54 and 55. 56.
57. Total tax before contributions. ADD columns A & B on line 56 and enter here. 57. 0
58. Contributions. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars. 58.
58a: Fish/Wildlife 58b: State Fair 58c: Firefighters/Veterans 58d: Child Abuse Prevention Enter total. 58. 0
59. TOTAL TAX AND CONTRIBUTIONS. ADD lines 57 and 58. 59. 0

STEP 9

Credits

60. Iowa income tax withheld 60.
61. Estimated and voucher payments made for tax year 2011 61. 690
62. Out-of-state tax credit. Attach IA 130. 62.
63. Motor fuel tax credit. Attach IA 4136. 63.
64. Check One: [] Child and dependent care credit OR [] Early childhood development credit 64.
65. Iowa earned income tax credit. See instructions. 65.
66. Other refundable credits. Attach IA 148 Tax Credits Schedule. 66.
67. TOTAL. ADD lines 60 - 66. 67. 690
68. TOTAL CREDITS. ADD columns A and B on line 67 and enter here. 68. 690

STEP 10

Refund or Amount You Owe

69. If line 68 is more than line 59, SUBTRACT line 59 from line 68. This is the amount you overpaid. 69. 690
70. Amount of line 69 to be REFUNDED REFUND 70. 690
For a faster refund file electronically. Go to www.iowa.gov/tax for details or mail return to Iowa Income Tax - Refund Processing, Hoover State Office Bldg, Des Moines IA 50319-0120
71. Amount of line 69 to be applied to your 2012 estimated tax 71.
72. If line 68 is less than line 59, SUBTRACT line 68 from line 59. This is the AMOUNT OF TAX YOU OWE. 72.
73. Penalty for underpayment of estimated tax from IA 2210 or IA 2210F [] Check if annualized income method is used. 73.
74. Penalty and interest. 74a. Penalty 74b. Interest ADD Enter total 74.
75. TOTAL AMOUNT DUE. ADD lines 72, 73, and 74, and enter here. PAY THIS AMOUNT 75.
You can pay online at www.iowa.gov/tax or pay by mail to Iowa Income Tax - Document Processing, PO Box 9187, Des Moines IA 50306-9187. Make Check payable to Treasurer, State of Iowa.

STEP 11

POLITICAL CHECKOFF. This checkoff does not increase the amount of tax you owe or decrease your refund.
SPOUSE: \$1.50 to Democratic Party \$1.50 to Republican Party \$1.50 to Campaign Fund
YOURSELF: \$1.50 to Democratic Party \$1.50 to Republican Party \$1.50 to Campaign Fund

STEP 12

I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

PLEASE SIGN HERE

[X] 11/11/11 RICHARD K RIKKERS CPA 04/05/12
Your Signature Date Check if Deceased Date of Death Preparer's Signature Date

SIGN HERE

42-1277139
Spouse's Signature Date Check if Deceased Date of Death Preparer's SSN, FEIN, or PTIN

712-722-3375
Daytime Telephone Number Daytime Telephone Number

This return is due April 30, 2012. Please sign, enclose W-2s, and verify SSNs.

MAILING ADDRESSES: See lines 70 and 75 above.



2011 IA 1040 Schedule A

Iowa Itemized Deductions

If you itemize deductions, enclose a copy of this schedule or a copy of the federal Schedule A with your return.

Name(s) as shown on page 1 of the IA 1040

Social Security Number

NELVA E BRUNSTING

481-30-4685

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NOTE: If you have federal bonus depreciation/section 179, please see the 2011 Expanded Instructions on our Web site.

| Medical and Dental Expenses | | Do not include health insurance premiums deducted on IA 1040, line 18. | |
|---|-----|---|---|
| | 1. | Medical and dental expenses | 1. 117,831 |
| | 2. | Multiply the amount on federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation/section 179, from line 14 of the IA 1040 by 7.5% (.075). Enter result here | 2. 11,411 |
| | 3. | Subtract line 2 from line 1. If less than zero, enter zero. | 3. 106,420 |
| Taxes You Paid | | 4. State and Local (Check only one box): | |
| | a | <input type="checkbox"/> Other state and local income taxes. Do not include Iowa Income Tax Include School District Surtax and EMS Surtax paid in 2011 | } 4. 1,137 |
| | b | <input checked="" type="checkbox"/> General sales taxes only from line 5b of the Federal Schedule A. | |
| | 5. | Real estate taxes | 5. 2,027 |
| | 6. | Personal property taxes, including annual vehicle registration | 6. 57 |
| | 7. | Other taxes. List the type and amount. FOREIGN TAXES - 1041-GT | 7. 123 |
| | 8. | Add amounts on lines 4, 5, 6, and 7. Enter the total here. | 8. 3,344 |
| Interest You Paid | | 9a. | Home mortgage interest and points reported on federal form 1098 |
| | 9b. | Home mortgage interest not reported on federal form 1098 | 9b. |
| | 10. | Points not reported on federal form 1098 | 10. |
| | 11. | Qualified mortgage insurance premiums | 11. |
| | 12. | Investment interest. Attach federal form 4952 if required. | 12. |
| | 13. | Add lines 9a-12. Enter total here. | 13. |
| Gifts to Charity | | 14. | Contributions by cash or check. 60 |
| | 15. | Other than by cash or check. You must attach federal form 8283 if more than \$500. | 15. |
| | 16. | Carryover from prior year as adjusted for disallowance of bonus depreciation | 16. |
| | 17. | Add lines 14 through 16. Enter total here. | 17. 60 |
| Casualty/Theft Loss | | 18. | Casualty or theft loss(es). Attach federal form 4684. |
| | 18. | Casualty or theft loss(es). Attach federal form 4684. | 18. |
| Job Expenses and Misc. Deductions | | 19. | Unreimbursed employee expenses. Attach federal form 2106 or 2106-EZ if required. |
| | 20. | Tax preparation fees | 20. |
| | 21. | Other expenses. List type and amount. | 21. |
| | 22. | Add the amounts on lines 19, 20, and 21. Enter the total here. | 22. |
| | 23. | Multiply the amount of federal form 1040*, line 38 as adjusted for disallowance of bonus depreciation/section 179, from line 14 of the IA 1040* by 2% (.02). Enter the result here | 23. |
| | 24. | Subtract line 23 from line 22. Enter the total. If less than zero, enter zero. | 24. 0 |
| Other Misc. Deductions | | 25. | Other miscellaneous deductions not subject to 2% AGI Limit. List type and amount. |
| | 25. | Other miscellaneous deductions not subject to 2% AGI Limit. List type and amount. | 25. |
| Total Itemized Deductions | | 26. | Add lines 3, 8, 13, 17, 18, 24, and 25, and enter the total here. 109,824 |
| If using filing statuses 1, 2, 5, or 6, enter the amount on Step 7, line 39 of the IA 1040. | | | |
| Proration of Deductions Between Spouses | | Complete lines 27 through 31 ONLY if you are using filing status 3 or 4. | |
| | 27. | 27b. SPOUSE | 27a. YOU |
| | 28. | Enter the Iowa net income of both spouses from IA 1040, line 26. Enter the total here. | |
| | 29. | Divide the amount on line 27a by the amount on line 28. Enter the percentage here. | |
| | 30. | Multiply line 26 by the percentage on line 29. Enter here and on IA 1040, line 39, column A (YOU) | |
| | 31. | Subtract line 30 from line 26. Enter here and on IA 1040, line 39, column B. If you are using filing status 4, enter this amount on line 39, column A of your spouse's return. (SPOUSE) | |

*If you filed federal 1040A, see line 21; if federal 1040EZ, see line 4.



2011 IA 1040 Schedule B

Interest and Dividend Income

Name(s) as shown on page 1 of the IA 1040
NELVA E BRUNSTING

Social Security Number
481-4885

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NOTE: You must report all taxable interest and dividends on IA 1040, even if you are not required to complete Schedule B.

PART I: You must complete this part if you received more than \$1,500 in interest in 2011. Interest income which should be reported includes earnings from savings and loan associations, mutual savings banks, cooperative banks, credit unions, and bank deposits; state and municipal bonds (see instructions for IA 1040, line 2, Taxable Interest Income), and interest from tax refunds. Do not report interest from federal securities.

INTEREST INCOME

For each payer, indicate the type of account. If the interest was earned by you, check the column labeled "Taxpayer." If the interest was earned by your spouse, check "Spouse." If the interest was earned jointly, check "Joint." Check only one for each payer.

Interest Income. List Names of All Payers.

| Name of Payer | Check one for each payer | | | AMOUNT |
|---|--------------------------|--------|-------|--------|
| | Taxpayer | Spouse | Joint | |
| EDWARD JONES | X | | | 463 |
| EDWARD JONES | X | | | 387 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Taxable Interest Income. | | | | |
| Add the amounts. Enter here and on IA 1040, line 2. | | | | 850 |

PART II: You must complete this part if you received more than \$1,500 in gross dividends in 2011. Deduct that portion of any net dividend from mutual funds that is attributable to federal securities.

DIVIDEND INCOME

For each payer, indicate the type of account. If the dividends were earned by you, check the column labeled "Taxpayer." If the dividends were earned by your spouse, check "Spouse." If the dividends were earned jointly, check "Joint." Check only one for each payer.

Dividend Income. List Names of All Payers.

| Name of Payer | Check one for each payer | | | AMOUNT |
|---|--------------------------|--------|-------|--------|
| | Taxpayer | Spouse | Joint | |
| CHEVRON CORPORATION | X | | | 609 |
| METLIFE | X | | | 70 |
| EXXON MOBILE | X | | | 1,756 |
| EDWARD JONES | X | | | 2,697 |
| DEERE & COMPANY | X | | | 15 |
| FROM BENEFICIARY'S SCHEDULE K-1 | X | | | 8,092 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Taxable Dividend Income. | | | | |
| Add the amounts. Enter here and on IA 1040, line 3. | | | | 13,239 |



Iowa Nonresident and Part-year Resident Credit

Name(s) as shown on page 1 of the IA 1040
NELVA E BRUNSTING

Social Security Number
481-68-468

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MARK THE APPROPRIATE BOX FOR YOU AND YOUR SPOUSE

YOU MUST FILE THIS FORM IF...

- You are a nonresident of Iowa ▲
- You are a part-year resident of Iowa ▲
Date moved into Iowa: _____
and/or
Date moved out of Iowa: _____
- Your spouse is a nonresident of Iowa ▲
- Your spouse is a part-year resident of Iowa ▲
Date moved into Iowa: _____
and/or
Date moved out of Iowa: _____

- You are a nonresident of Iowa with income from Iowa sources, or
- You are a part-year Iowa resident
- Enclose this form and a copy of your federal return with your Iowa return. (IA 1040)
- Report only Iowa-source income on the IA 126.
- You may benefit by using filing status 3 or 4.

| IOWA-SOURCE INCOME | |
|-----------------------------------|-----------------|
| B. SPOUSE Filing Status 3 Only | A. YOU OR JOINT |

1. Wages, salaries, tips, etc.
2. Taxable interest income
3. Ordinary dividend income
4. Alimony received
5. Business income or (loss)
6. Capital gain or (loss)
7. Other gains or (losses)
8. Taxable IRA distributions
9. Taxable pensions and annuities
10. Rents, royalties, partnerships, estates, etc.
11. Farm income or (loss)
12. Unemployment compensation
13. Taxable Social Security benefits.
14. Other income, gambling income, bonus depreciation/section 179 adjustment
15. **GROSS INCOME.** ADD lines 1-14.
16. Payments to an IRA, Keogh, or SEP while an Iowa resident
17. Deduction for self-employment tax
18. Health insurance deduction
19. Penalty on early withdrawal of savings
20. Alimony paid
21. Pension/retirement income exclusion
22. Moving expense deduction into Iowa only
23. Iowa capital gain deduction
24. Other adjustments
25. Total adjustments. ADD lines 16-24.
26. **IOWA NET INCOME.** SUBTRACT line 25 from line 15. **LOW INCOME EXEMPTION**
27. All-source net income from line 26, IA 1040
28. Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to the nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0%.
29. Nonresident/part-year resident credit percentage:
Subtract the percentage on line 28 from 100.0%.
30. Iowa tax on total income from line 43, IA 1040
31. Total credits from line 49, IA 1040
32. Tax after credits. Subtract line 31 from line 30.
33. Nonresident/part-year resident tax credit. Multiply line 32 by the percentage on line 29.

| | | |
|-----|---------|---------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |
| 8. | _____ | _____ |
| 9. | _____ | _____ |
| 10. | _____ | _____ |
| 11. | _____ | _____ |
| 12. | _____ | _____ |
| 13. | _____ | _____ |
| 14. | _____ | _____ |
| 15. | _____ | _____▲ |
| 16. | _____ | _____ |
| 17. | _____ | _____ |
| 18. | _____ | _____ |
| 19. | _____ | _____ |
| 20. | _____ | _____ |
| 21. | _____ | _____ |
| 22. | _____ | _____ |
| 23. | _____ | _____ |
| 24. | _____ | _____ |
| 25. | _____ | _____▲ |
| 26. | _____ | _____ |
| 27. | _____ | _____ |
| | 100.0% | 100.0% |
| 28. | _____ % | _____ % |
| 29. | _____ % | 100.0 % |
| 30. | _____ | 359 |
| 31. | _____ | 60 |
| 32. | _____ | 299 |
| 33. | _____ | 299 |

ENTER THIS AMOUNT ON LINE 51, IA 1040



Iowa Minimum Tax Computation

Name(s) as shown on IA 1040 or IA 1041

SSN or FEIN

NELVA E BRUNSTING

481-30-4685

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PART I: Adjustments and Preferences. See instructions.

If you itemized deductions on Schedule A, start on line 1. If you did not itemize on your IA 1040, start on line 7.

| | | |
|--|---|-------|
| 1. Medical and dental from line 2, federal form 6251 | 1. | 3,804 |
| 2. Taxes from line 3, federal form 6251, less any Iowa income tax included on that line | 2. | 3,344 |
| 3. Certain interest on a home mortgage not used to build, buy, or improve your home, from line 4, federal form 6251 | 3. | |
| 4. Miscellaneous itemized deductions from line 5, federal form 6251 | 4. | |
| 5. Refund of taxes from line 7, federal form 6251, less any Iowa income tax included on that line | 5. | |
| 6. Investment interest from line 8, federal form 6251, less interest and expense related to private activity bonds issued after 08/07/86 | 6. | 0 |
| 7. Post - 1986 depreciation from line 18, federal form 6251 | 7. | |
| 8. Adjusted gain or loss from line 17, federal form 6251 | 8. | |
| 9. Incentive stock options from line 14, federal form 6251 | 9. | |
| 10. Passive activities from line 19, federal form 6251 | 10. | |
| 11. Beneficiaries of estates and trusts from line 15, federal form 6251 | 11. | |
| 12. Enter the amount for each corresponding item from federal form 6251. Enter total on line 12. | | |
| a. Circulation expenditures (line 21) a. | h. Patron's adjustment | h. |
| b. Depreciation (pre-1987) b. | i. Pollution control facilities | i. |
| c. Installment sales (line 25) c. | j. Research and experimental (line 24) | j. |
| d. Large partnerships (line 16) d. | k. Section 1202 exclusion (line 13) | k. |
| e. Long-term contracts (line 22) e. | l. Tax shelter farm activities | l. |
| f. Loss limitations (line 20) f. | m. Related adjustments (see instr.) (line 27) | m. 0 |
| g. Mining costs (line 23) g. | | |
| 13. Total Adjustments and Preferences. Combine lines 1 through 12. | 13. | 7,148 |

PART II: Alternative Minimum Taxable Income

| | | |
|--|-----|--------|
| 14. Taxable income from IA 1040, line 42; or IA 1041, line 22 | 14. | 11,802 |
| 15. Net operating loss deduction. Do not enter as a negative amount. | 15. | |
| 16. Combine lines 14 and 15. | 16. | 11,802 |
| 17. Add lines 13 and 16. | 17. | 18,950 |
| 18. Alternative tax net operating loss deduction. See instructions. | 18. | |
| 19. Alternative Minimum Taxable Income. Subtract line 18 from line 17. | 19. | 18,950 |

PART III: Exemption Amount and Alternative Minimum Tax

| | | |
|---|-----|---------|
| 20. Enter \$35,000 (*\$17,500 if filing status 3 or 4; \$26,000 if single, head of household or qualifying widow(er)) | 20. | 26,000 |
| 21. Enter \$150,000 (*\$75,000 if filing status 3 or 4; \$112,500 if single, head of household or qualifying widow(er)) | 21. | 112,500 |
| 22. Subtract line 21 from line 19. If the result is zero or less, enter zero. | 22. | 0 |
| 23. Multiply line 22 by 25% (0.25). | 23. | |
| 24. Subtract line 23 from line 20. If the result is zero or less, enter zero. | 24. | 26,000 |
| 25. Subtract line 24 from line 19. If the result is zero or less, enter zero. | 25. | |
| 26. Multiply line 25 by 6.7% (0.067). | 26. | 0 |
| 27. Regular tax after credits. See instructions. | 27. | 299 |
| 28. Iowa Minimum Tax. Subtract line 27 from line 26, enter here and on IA 1040, line 45, or IA 1041, line 25. See instructions for Minimum Tax Limited to Net Worth. If less than zero, enter zero. | 28. | 0 |

PART IV: NONRESIDENTS AND PART-YEAR RESIDENTS ONLY - Complete lines 29 - 32.

| | | |
|---|-----|---------|
| 29. Enter Iowa net income plus Iowa adjustments and preferences. See instructions. If less than zero, enter zero. | 29. | 0 |
| 30. Total net income plus total adjustments and preferences. See instructions. | 30. | 137,987 |
| 31. Divide line 29 by line 30 and enter the result to three (3) decimal places. | 31. | |
| 32. Iowa Minimum Tax. Multiply line 28 by line 31. Enter here and on IA 1040, line 45, or IA 1041, line 25. See instructions for Minimum Tax Limited to Net Worth. If less than zero, enter zero. | 32. | 0 |

*Exemption levels of \$17,500 and \$75,000 on lines 20 and 21, respectively, also apply to an estate or trust.



| | | |
|--------------------|--|-------------|
| Form IA1040 | Iowa Federal Tax Adjustment Worksheet | 2011 |
|--------------------|--|-------------|

| | |
|----------------------------------|--|
| Name NELVA E BRUNSTING | Taxpayer Identification Number 481-30-4685 |
|----------------------------------|--|

Federal Refund - Iowa Form 1040 Line 27

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| | | |
|--|---------------|-----------------------|
| 1. 2010 federal refund | 1. | |
| 2. Less 2010 federal earned income credit (less federal advance earned income payment) | 2. | |
| 3. Less 2010 additional child tax credit | 3. | |
| 4. Less 2010 first-time homebuyer credit | 4. | |
| 5. Less 2010 refundable education credit | 5. | |
| 6. Less 2010 making work pay credit | 6. | |
| 7. Less 2010 adoption credit | 7. | |
| 8. Prior year federal refund after adjustments | 8. | 2,967 |
| 9. 2010 deduction for federal taxes (Iowa Form 1040, line 34) | 9. | 11,500 |
| 10. Lesser of line 8 or line 9 | 10. | 2,967 |
| | Spouse | Taxpayer/Joint |
| 11. Prior year federal refund after adjustments from line 10, allocated, if applicable | 11. | 2,967 |
| 12. Total of other federal refunds (From years prior to 2010) | 12. | |
| 13. Federal income tax refund / overpayment received in 2011 (Line 11 plus line 12) | 13. | 2,967 |

Self Employment and Household Employment Taxes - Iowa Form 1040 Line 28

| | | |
|--|-----------|--|
| 1. Self-employment taxes | 1. | |
| 2. Household employment taxes | 2. | |
| 3. Total Self-employment and Household Employment Taxes | 3. | |

Federal Tax Withheld - Iowa Form 1040 Line 31

| | | |
|---|-----------|--|
| 1. W-2, W-2G, 1099R, 1099M, interest, dividend, K-1, Schedule D | 1. | |
| 2. Social security, railroad, unemployment, other income, backup withholding, other | 2. | |
| 3. Total Federal Income Tax Withheld | 3. | |

Federal Estimated Tax Payments Made in 2011 - Iowa Form 1040 Line 32

| | | |
|--|---------------|-----------------------|
| 1. Overpayment applied from 2010 return | 1. | |
| 2. Estimates paid in 2011 | 2. | 12,180 |
| 3. Total Federal Estimated tax payments made in 2011 | 3. | 12,180 |
| | Spouse | Taxpayer/Joint |
| 4. Total Federal Estimated Taxes Paid from line 3, allocated, if applicable | 4. | 12,180 |

Additional Federal Taxes Paid in 2011 - Iowa Form 1040 Line 33

| | | |
|--|---|-----------------------|
| 1. 2010 federal tax liability | 1. | 8,393 |
| 2. Excise tax on early withdrawal from qualified plans, repayment of first-time homebuyer credit, advance EIC payment | 2. | |
| 3. Subtotal (Line 1 minus Line 2) | 3. | 8,393 |
| 4. Less payments made against 2010 federal tax liability | 4. | 11,360 |
| 5. 2010 unpaid liability before federal refundable credits (Line 3 minus Line 4) | 5. | |
| 6. Refundable credits: | | |
| Earned income credit a. _____ | Making work pay credit e. _____ | |
| Refundable education credit b. _____ | Additional child tax credit f. _____ | |
| First-time home buyer credit c. _____ | Other refundable credits g. _____ | |
| Adoption credit d. _____ | | |
| Total refundable credits | 6. | |
| 7. Application of refundable credits to 2010 unpaid federal tax liability (Lesser of line 5 or line 6) | 7. | |
| 8. Paid with 2010 federal tax return (Does not include penalties and interest or additional taxes or repayments (from line 2)) | 8. | |
| 9. Federal extension and additional payments from 2010 federal return | 9. | |
| 10. Federal Motor Vehicle Fuel Tax Credit from 2011 federal return | 10. | |
| 11. Excess FICA reported on 2011 federal return | 11. | |
| 12. Total additional federal tax payments made in 2011 (Add lines 7 thru 11) | 12. | |
| | Spouse | Taxpayer/Joint |
| 13. Total additional federal tax payments from line 12, allocated, if applicable | 13. | |
| 14. Additional federal taxes paid in 2011 for tax years prior to 2010 | 14. | |
| 15. Total additional federal taxes paid in 2011 for 2010 and prior years (Add lines 13 and 14) | 15. | |

| | | |
|--------------------|--|-------------|
| Form IA1040 | Iowa Low Income Exemption Worksheet | 2011 |
|--------------------|--|-------------|

| | |
|----------------------------------|--|
| Name NELVA E BRUNSTING | Taxpayer Identification Number 481-50405 |
|----------------------------------|--|

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Filing status 1 Dependent of another
 Age 65 or older on 12/31/11 X

| | Spouse | Taxpayer or Joint |
|--|-----------|-------------------|
| 1. Add: | | |
| (a) Net income from line 26, Form IA1040 | (a) _____ | _____ |
| (b) Pension exclusion from line 21, Form IA1040 | (b) _____ | _____ |
| (c) Social Security Phase-out (Social Security Worksheet, Line 12) | (c) _____ | _____ |
| (d) Lump-sum distribution separately taxed on federal Form 4972 | (d) _____ | _____ |
| (e) Net operating loss carryover | (e) _____ | _____ |
| Total (1a through 1e) | 1. | 0 |
| 2. Amount from table below (Based on residency, filing status, and age) | 2. | 1,000 |

Resident Limitations

| Filing Status | Dependent of Another | Age 65 or Older On 12/31/11 | Income Less Than |
|---|----------------------|--------------------------------|------------------|
| Single | Yes | N/A | \$ 5,000 |
| Income Less Than Or Equal To | | | |
| Single | No | No | \$ 9,000 |
| Single | No | Yes | \$ 24,000 |
| Not Single | No | No | \$ 13,500 |
| Not Single | No | Yes | \$ 32,000 |

Nonresident and Part-year Limitations

| Filing Status | Iowa Source Income Less Than |
|---------------|---------------------------------|
| Any | \$ 1,000 |

Kroese & Kroese P.C.
540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: BRUNSTING, NELVA E

Tax Documents

[US Tax Return \(12/31/11\) - Form 1040 Page 1](#)
[US Tax Return \(12/31/11\) - Form 1040 Page 2](#)
[US Tax Return \(12/31/11\) - Schedule A](#)
[US Tax Return \(12/31/11\) - Schedule B](#)
[US Tax Return \(12/31/11\) - Schedule D Page 1](#)
[US Tax Return \(12/31/11\) - Schedule D Page 2](#)
[US Tax Return \(12/31/11\) - Form 8949 Page 1](#)
[US Tax Return \(12/31/11\) - Form 8949 Page 2](#)
[US Tax Return \(12/31/11\) - Schedule E Page 2](#)
[US Tax Return \(12/31/11\) - Form 6251 Page 1](#)
[US Tax Return \(12/31/11\) - Form 1310](#)

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

Your first name and initial: **NELVA E** Last name: **BRUNSTING** DECEASED
 Your social security number: **481-30-4685**
 11/11/11

If a joint return, spouse's first name and initial: _____ Last name: _____
 Spouse's social security number: _____

Home address (number and street). If you have a P.O. box, see instructions: **203 BLOOMINGDALE CIR** Apt. no. _____
 Presidential Election Campaign: You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions): **VICTORIA TX 77904**

Foreign country name: _____ Foreign province/county: _____ Foreign postal code: _____

Filing Status
 1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here. ▶
 4 Head of household (with qualifying person). (See 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

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) if child under age 17 qual. for child tax credit (see instr.)
 If more than four dependents, see instructions and check here ▶
 d Total number of exemptions claimed: **1**

| | | | | |
|---------------|-----|---|-----|---------|
| Income | 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | |
| | 8a | Taxable interest. Attach Schedule B if required | 8a | 463 |
| | b | Tax-exempt interest. Do not include on line 8a | 8b | 387 |
| | 9a | Ordinary dividends. Attach Schedule B if required | 9a | 13,239 |
| | b | Qualified dividends | 9b | 8,208 |
| | 10 | Taxable refunds, credits, or offsets of state and local income taxes | 10 | 488 |
| | 11 | Alimony received | 11 | |
| | 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| | 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | 13 | 9,756 |
| | 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| | 15a | IRA distributions | 15a | 58,792 |
| | b | Taxable amount | 15b | 58,792 |
| | 16a | Pensions and annuities | 16a | 9,920 |
| | b | Taxable amount | 16b | 9,920 |
| | 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | 41,938 |
| | 18 | Farm income or (loss). Attach Schedule F | 18 | |
| | 19 | Unemployment compensation | 19 | |
| | 20a | Social security benefits | 20a | 20,642 |
| | b | Taxable amount | 20b | 17,546 |
| | 21 | Other income. List type and amount | 21 | |
| | 22 | Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ | 22 | 152,142 |

| | | | | |
|------------------------------|-----|--|-----|---------|
| Adjusted Gross Income | 23 | Educator expenses | 23 | |
| | 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 | |
| | 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| | 29 | Self-employed health insurance deduction | 29 | |
| | 30 | Penalty on early withdrawal of savings | 30 | |
| | 31a | Alimony paid b Recipient's SSN ▶ _____ | 31a | |
| | 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 | |
| | 37 | Subtract line 36 from line 22. This is your adjusted gross income ▶ | 37 | 152,142 |

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 152,142

39a Check You were born before January 2, 1947, Blind. } Total boxes checked 39a 1
 if: Spouse was born before January 2, 1947, Blind. } 39b

Standard Deduction for—

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:
 - Single or Married filing separately, \$5,800
 - Married filing jointly or Qualifying widow(er), \$11,600
 - Head of household, \$8,500

b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 110,886

41 Subtract line 40 from line 38 41 37,700

42 Exemptions. Multiply \$3,700 by the number on line 6d 42 3,700

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 37,556

44 Tax (see instr.). Check if any from: a Form(s) 8814 b Form 4972 c 962 elec. 44 4,432

45 Alternative minimum tax (see instructions). Attach Form 6251 45

46 Add lines 44 and 45 46 4,432

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 23 49

50 Retirement savings contributions credit. Attach Form 8880 50

51 Child tax credit (see instructions) 51

52 Residential energy credits. Attach Form 5695 52

53 Other credits 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 4,432

Other Taxes

56 Self-employment tax. Attach Schedule SE 56

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

59a Household employment taxes from Schedule H 59a

b First-time homebuyer credit repayment. Attach Form 5405 if required 59b

60 Other taxes. Enter code(s) from instructions 60

61 Add lines 55 through 60. This is your total tax 61 4,432

Payments

If you have a qualifying child, attach Schedule EIC.

62 Federal income tax withheld from Forms W-2 and 1099 62

63 2011 estimated tax payments and amount applied from 2010 return 63 9,340

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

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 8839 c 8801 d 8885 71

72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments 72 9,340

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 4,908

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here 74a 4,908

b Routing number 113000023 c Type: Checking Savings

d Account number 586027563523

75 Amount of line 73 you want applied to your 2012 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. No

Designee's name RICHARD K RIKKERS CPA Personal identification number (PIN) 84948

Phone no. 712-722-3375

Sign Here

Joint return? See instr. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date Your occupation Daytime phone number

DECEASED

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 instr.)

Print/Type preparer's name RICHARD K RIKKERS CPA Preparer's signature RICHARD K RIKKERS CPA Date 04/05/12 Check if self-employed PTIN P00144154

Paid Preparer Firm's name KROESE & KROESE P.C. Firm's EIN 42-1277139

Use Only Firm's address 540 NORTH MAIN AVENUE SIOUX CENTER IA 51250-1824 Phone no. 712-722-3375

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2011

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040.**

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

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

NELVA E BRUNSTING

481-304685

File Copy

| | | 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 | | 118,893 | |
| | 2 Enter amount from Form 1040, line 38 | 2 | 152,142 | | |
| | 3 Multiply line 2 by 7.5% (.075) | 3 | | 11,411 | |
| | 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | | | 4 |
| | | | | | 107,482 |
| Taxes You Paid | 5 State and local (check only one box): | 5 | | 1,137 | |
| | a <input type="checkbox"/> Income taxes, or | | | | |
| | b <input checked="" type="checkbox"/> General sales taxes | | | | |
| | 6 Real estate taxes (see instructions) | 6 | | 2,027 | |
| | 7 Personal property taxes | 7 | | 57 | |
| | 8 Other taxes. List type and amount ▶ | | | | |
| | FOREIGN TAXES - 1041-GT | 8 | | 123 | |
| | 9 Add lines 5 through 8 | | | | 9 |
| | | | | | |
| Interest You Paid | 10 Home mortgage interest and points reported to you on Form 1098 | 10 | | | |
| | 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 | | | |
| | 12 Points not reported to you on Form 1098. See instructions for special rules | 12 | | | |
| | 13 Mortgage insurance premiums (see instructions) | 13 | | | |
| | 14 Investment interest. Attach Form 4952 if required. (See instructions.) | 14 | | | |
| | 15 Add lines 10 through 14 | | | | 15 |
| Gifts to Charity | 16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 16 | | 60 | |
| | 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 | | | |
| | 18 Carryover from prior year | 18 | | | |
| | 19 Add lines 16 through 18 | | | | 19 |
| | | | | | 60 |
| 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 | | | |
| | 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 | | | |
| | 25 Enter amount from Form 1040, line 38 | 25 | | | |
| | 26 Multiply line 25 by 2% (.02) | 26 | | | |
| | 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- | | | | 27 |
| 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 |
| | 30 If you elect to itemize deductions even though they are less than your standard deduction, check here | | | | |
| | | | | | 110,886 |

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2011

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 on back.

2011

Attachment Sequence No. 08

Name(s) shown on return

NELVA E BRUNSTING

Your social security number

481-30-4685

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 on back and list this interest first. Also, show that buyer's social security number and address

EDWARD JONES

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.)

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

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

Table with 2 columns: Line number, Amount. Includes 'File Copy' watermark. Values: 1 (463), 2 (463), 4 (463)

Note. If line 4 is over \$1,500, you must complete Part III.

Part II Ordinary Dividends

- 5 List name of payer: CHEVRON CORPORATION, METLIFE, EXXON MOBILE, EDWARD JONES, DEERE & COMPANY, ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

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

Table with 2 columns: Line number, Amount. Values: 5 (13,239), 6 (13,239)

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

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

Part III Foreign Accounts and Trusts

- 7a At any time during 2011, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions. If "Yes," are you required to file Form TD F 90-22.1 to report that financial interest or signature authority? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements
b If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the financial account is located
8 During 2011, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back

(See instructions on back.)

Table with 2 columns: Yes, No. Includes 'X' marks in 'No' column for questions 7a and 8.

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

Schedule B (Form 1040A or 1040) 2011

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

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

▶ Use Form 8949 to list your transactions for lines 1, 2, 3, 8, 9, and 10.

OMB No. 1545-0074

2011

Attachment
Sequence No. **12**

Name(s) shown on return

NELVA E BRUNSTING

Your social security number

481-304185 **File Copy**

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

| Complete Form 8949 before completing line 1, 2, or 3. This form may be easier to complete if you round off cents to whole dollars. | (e) Sales price from Form(s) 8949, line 2, column (e) | (f) Cost or other basis from Form(s) 8949, line 2, column (f) | (g) Adjustments to gain or loss from Form(s) 8949, line 2, column (g) | (h) Gain or (loss) Combine columns (e), (f), and (g) |
|---|---|---|---|--|
| 1 Short-term totals from all Forms 8949 with box A checked in Part I | | | | |
| 2 Short-term totals from all Forms 8949 with box B checked in Part I | | | | |
| 3 Short-term totals from all Forms 8949 with box C checked in Part I | 35,607 | 25,680 | 0 | 9,927 |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 |
| 7 Net short-term capital gain or (loss) . Combine lines 1 through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 7 9,927 |

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

| Complete Form 8949 before completing line 8, 9, or 10. This form may be easier to complete if you round off cents to whole dollars. | (e) Sales price from Form(s) 8949, line 4, column (e) | (f) Cost or other basis from Form(s) 8949, line 4, column (f) | (g) Adjustments to gain or loss from Form(s) 8949, line 4, column (g) | (h) Gain or (loss) Combine columns (e), (f), and (g) |
|---|---|---|---|--|
| 8 Long-term totals from all Forms 8949 with box A checked in Part II | | | | |
| 9 Long-term totals from all Forms 8949 with box B checked in Part II | | | | |
| 10 Long-term totals from all Forms 8949 with box C checked in Part II | 137,539 | 114,185 | 0 | 23,354 |
| 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 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 1 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 23,526 |
| 15 Net long-term capital gain or (loss) . Combine lines 8 through 14 in column (h). Then go to Part III on the back | | | | 15 -171 |

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

Schedule D (Form 1040) 2011

Part III Summary

16 Combine lines 7 and 15 and enter the result

- 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?

- Yes.** Go to line 18.
 No. Skip lines 18 through 21, and go to line 22.

18 Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** in the instructions

19 Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** in the instructions

20 Are lines 18 and 19 **both** zero or blank?

- 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.
- No.** Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the **Schedule D Tax Worksheet** in the instructions. **Do not** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of:

- The loss on line 16 or
- (\$3,000), or if married filing separately, (\$1,500)

Note. When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?

- 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).
- No.** Complete the rest of Form 1040 or Form 1040NR.

16 File Copy 756

18

19

21

Form **8949**Department of the Treasury
Internal Revenue Service (99)**Sales and Other Dispositions of Capital Assets**

► See Instructions for Schedule D (Form 1040).

► For more information about Form 8949, see www.irs.gov/form8949

► Attach to Schedule D to list your transactions for lines 1, 2, 3, 8, 9, and 10.

OMB No. 1545-0074

2011Attachment
Sequence No. **12A**

Name(s) shown on return

NELVA E BRUNSTING

Your social security number

481-30 85

File Copy**Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less****Note:** You **must** check **one** of the boxes below. Complete a separate Form 8949, page 1, for **each** box that is checked.***Caution.** Do not complete column (b) or (g) until you have read the instructions for those columns (see the Instructions for Schedule D (Form 1040)). Columns (b) and (g) do not apply for most transactions and should generally be left blank.
 (A) Short-term transactions reported on Form 1099-B with basis reported to the IRS
 (B) Short-term transactions reported on Form 1099-B but basis not reported to the IRS
 (C) Short-term transactions for which you cannot check box A or B

| (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Code, if any, for column (g)* | (c) Date acquired (Mo., day, yr.) | (d) Date sold (Mo., day, yr.) | (e) Sales price (see instructions) | (f) Cost or other basis (see instructions) | (g) Adjustments to gain or loss, if any* | |
|--|---|---|-------------------------------------|--|--|--|---|
| 1 INVSCO BLD AMER BDS INCM | | 11/22/10 | 11/10/11 | 10,509 | 9,880 | | |
| DEERE & CO | | 05/20/10 | 02/03/11 | 25,098 | 15,800 | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| 2 Totals. Add the amounts in columns (e) and (f). Also, combine the amounts in column (g). Enter here and include on Schedule D, line 1 (if box A above is checked), line 2 (if box B above is checked), or line 3 (if box C above is checked). ► | | | | 2 | 35,607 | 25,680 | 0 |

For Paperwork Reduction Act Notice, see your tax return instructions.
DAAForm **8949** (2011)

BRUNSTING003800

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

Your social security number

NELVA E BRUNSTING

481-30-4685

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

Note: You must check one of the boxes below. Complete a separate Form 8949, page 2, for each box that is checked.

File Copy

*Caution. Do not complete column (b) or (g) until you have read the instructions for those columns (see the Instructions for Schedule D (Form 1040)). Columns (b) and (g) do not apply for most transactions and should generally be left blank.

(A) Long-term transactions reported on Form 1099-B with basis reported to the IRS

(B) Long-term transactions reported on Form 1099-B but basis not reported to the IRS

(C) Long-term transactions for which you cannot check box A or B

Table with 7 columns: (a) Description of property, (b) Code, if any, for column (g), (c) Date acquired, (d) Date sold, (e) Sales price, (f) Cost or other basis, (g) Adjustments to gain or loss. Rows include VK BLD AMER BONDS INCM, DEERE & CO, GMAC SMARTNOTES, IN FIN AUTH REV PARKVIEW, TOYOTA MOTOR CR CORP.

4 Totals. Add the amounts in columns (e) and (f). Also, combine the amounts in column (g). Enter here and include on Schedule D, line 8 (if box A above is checked), line 9 (if box B above is checked), or line 10 (if box C above is checked)

4

137,539

114,185

0

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

Your social security number

NELVA E BRUNSTING

481-30-4685

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 instructions.

File Copy

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 instructions before completing this section. [] Yes [X] No

Table with 5 columns: (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. Rows A, B, C, D.

Table with 5 columns: (f) Passive loss allowed, (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. Rows A, B, C, D, 29a Totals, b Totals, 30, 31, 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Row A: ELMER H BRUNSTING DECEDENT'S TR DTD, 27-6453100.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Rows A, B, 34a Totals, b Totals, 35, 36, 37.

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 39.

Part V Summary

Table with 2 columns: Description, Amount. Rows 40, 41, 42, 43.

Alternative Minimum Tax—Individuals

▶ See separate instructions.

2011

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

Attachment
Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR
NELVA E BRUNSTING

Your social security number
481-3085

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Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

| | | | |
|----|---|----|---------|
| 1 | If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.) | 1 | 41,256 |
| 2 | Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0- | 2 | 3,804 |
| 3 | Taxes from Schedule A (Form 1040), line 9 | 3 | 3,344 |
| 4 | Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line | 4 | |
| 5 | Miscellaneous deductions from Schedule A (Form 1040), line 27 | 5 | |
| 6 | Skip this line. It is reserved for future use | 6 | |
| 7 | Tax refund from Form 1040, line 10 or line 21 | 7 | (488) |
| 8 | Investment interest expense (difference between regular tax and AMT) | 8 | |
| 9 | Depletion (difference between regular tax and AMT) | 9 | |
| 10 | Net operating loss deduction from Form 1040, line 21. Enter as a positive amount | 10 | |
| 11 | Alternative tax net operating loss deduction | 11 | () |
| 12 | Interest from specified private activity bonds exempt from the regular tax | 12 | |
| 13 | Qualified small business stock (7% of gain excluded under section 1202) | 13 | |
| 14 | Exercise of incentive stock options (excess of AMT income over regular tax income) | 14 | |
| 15 | Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) | 15 | |
| 16 | Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) | 16 | |
| 17 | Disposition of property (difference between AMT and regular tax gain or loss) | 17 | |
| 18 | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) | 18 | |
| 19 | Passive activities (difference between AMT and regular tax income or loss) | 19 | 0 |
| 20 | Loss limitations (difference between AMT and regular tax income or loss) | 20 | 0 |
| 21 | Circulation costs (difference between regular tax and AMT) | 21 | |
| 22 | Long-term contracts (difference between AMT and regular tax income) | 22 | |
| 23 | Mining costs (difference between regular tax and AMT) | 23 | |
| 24 | Research and experimental costs (difference between regular tax and AMT) | 24 | |
| 25 | Income from certain installment sales before January 1, 1987 | 25 | () |
| 26 | Intangible drilling costs preference | 26 | |
| 27 | Other adjustments, including income-based related adjustments | 27 | |
| 28 | Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$223,900, see instructions.) | 28 | 47,916 |

Part II Alternative Minimum Tax (AMT)

| | | | |
|----|---|--------------------------------------|------------------------------------|
| 29 | Exemption. (If you were under age 24 at the end of 2011, see instructions.) | | |
| | IF your filing status is . . . | AND line 28 is not over . . . | THEN enter on line 29 . . . |
| | Single or head of household | \$112,500 | \$48,450 |
| | Married filing jointly or qualifying widow(er) | 150,000 | 74,450 |
| | Married filing separately | 75,000 | 37,225 |
| 29 | If line 28 is over the amount shown above for your filing status, see instructions. | | 48,450 |
| 30 | Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34 | | 0 |
| 31 | • If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 54 here. • All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. | | |
| 32 | Alternative minimum tax foreign tax credit (see instructions) | | |
| 33 | Tentative minimum tax. Subtract line 32 from line 31 | | 0 |
| 34 | Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see instructions) | | 4,432 |
| 35 | AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45 | | 0 |

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

Form **1310**
(Rev. November 2005)

Statement of Person Claiming Refund Due a Deceased Taxpayer

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ See instructions below and on back.

Attachment Sequence No. **87**

Tax year decedent was due a refund:

Calendar year **2011**, or other tax year beginning _____, 20____, and ending _____

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| | | | | |
|-----------------------------|--|----------------------------------|---|----------|
| Please print or type | Name of decedent NELVA E BRUNSTING | Date of death 11/11/11 | Decedent's social security no. 481-30-4685 | |
| | Name of person claiming refund ANITA BRUNSTING | | Your social security number 457-25-1860 | |
| | Home address (number and street). If you have a P.O. box, see instructions. 203 BLOOMINGDALE CIRCLE | | | Apt. no. |
| | City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. VICTORIA TX 77904 | | | |

Part I Check the box that applies to you. Check only one box. Be sure to complete Part III below.

- A** Surviving spouse requesting reissuance of a refund check. (see instructions).
- B** Court-appointed or certified personal representative (defined below). Attach a court certificate showing your appointment, unless previously filed (see instructions).
- C** Person, **other** than A or B, claiming refund for the decedent's estate (see instructions). Also, complete Part II.

Part II Complete this part only if you checked the box on line C above.

| | Yes | No |
|---|-----|----|
| 1 Did the decedent leave a will? | X | |
| 2a Has a court appointed a personal representative for the estate of the decedent? | | X |
| b If you answered " No " to 2a, will one be appointed? | | X |
| If you answered " Yes " to 2a or 2b, the personal representative must file for the refund. | | |
| 3 As the person claiming the refund for the decedent's estate, will you pay out the refund according to the laws of the state where the decedent was a legal resident? | | |
| If you answered " No " to 3, a refund cannot be made until you submit a court certificate showing your appointment as personal representative or other evidence that you are entitled under state law to receive the refund. | | |

Part III Signature and verification. All filers must complete this part.

I request a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund ▶

Date ▶

Kroese & Kroese P.C.
540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: ELMER H BRUNSTING DECEDENTS TR DTD

Tax Documents

[IA Tax Return \(12/31/10\) - IA Form IA-1041, Page 1](#)

[IA Tax Return \(12/31/10\) - IA Form IA-1041, Page 2](#)

[IA Tax Return \(12/31/10\) - IA K-1 Equivalent - NELVA BRUNSTING](#)

[IA Tax Return \(12/31/10\) - IA Required Statements](#)

For Calendar Year 2010 or fiscal year beginning _____, and ending _____

Iowa Fiduciary Return

Name of ELMER H BRUNSTING DECEDENTS TR DTD
Estate or Trust 4-1-09 AS EST UTD 10-10-96
Name, Address, and Title of Fiduciary ANITA BRUNSTING
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904
Name of Attorney, Address (Number and Street), City, State, and Zip Code CANDACE KUNZ-FREED
14800 ST MARYS LANE, SUITE 230
HOUSTON TX 77079
Attorney's Phone Number 800-229-3002
Dept. of Revenue No.
Federal Identification No. 27-6453100
Iowa County in which estate is pending
Probate No.
Check one:
Estate
Simple Trust
Complex Trust
Bankruptcy Estate
If trust, check one:
Testamentary
Inter Vivos

File Copy

Authorization is granted to the attorney listed above to receive confidential tax information under Iowa Code section 421.60 to act as the trust or estate's representative before the Iowa Department of Revenue and to make written or oral presentations on behalf of the trust or estate.
Have prior returns been filed for this estate or trust? Yes No
Is Income Tax Certificate of Acquittance requested? Yes No
Is this an amended IA 1041? Yes No
Is an Iowa 706 being filed? Yes No

INCOME table with 8 rows: 1. Dividends, 2. Interest, 3. Income from partnerships, 4. Net rents and royalties (24,013), 5. Net business and farm income, 6. Net gain (loss) from capital assets, 7. Ordinary gains, 8. Other income, 9. Total income (24,013)

DEDUCTIONS table with 12 rows: 10. Interest, 11. Taxes (89), 12. Fiduciary fees, 13. Charitable deduction, 14. Attorney, accountant, and return preparer fees, 15. Other deductions, 16. Allowable miscellaneous itemized deductions, 17. Total (89), 18. Balance (23,924), 19. Distributions to beneficiaries (23,924), 20. Federal estate tax, 21. Total (23,924), 22. Taxable income (0)

RESIDENT COMPUTED TAX table with 10 rows: 23. Compute tax from rate Schedule E (0), 24. Iowa lump sum tax, 25. Iowa minimum tax, 26. Tax before credits (0), 27. Personal exemption credit (40.00), 28. Out-of-state tax credit, 29. Motor fuel tax credit, 30. Other credits, 31. Total credits, 32. Tax liability (0), 33. Tax paid with additional Iowa Fiduciary Income Tax Payment Voucher, 34. Refund, 35. Amount due (0)

Mail to: Fiduciary Return Processing, Iowa Department of Revenue, PO Box 10467, Des Moines, IA 50306-0467
DECLARATION: The undersigned hereby certifies and declares that this return, and any schedules or papers attached hereto, has been duly examined; that to the best knowledge and belief of the undersigned, it is a true, correct, and complete return for the taxable year as required by the income tax law of the State of Iowa and the rules and regulations issued under authority thereof.
Signature of preparer other than fiduciary: RICHARD K RIKKERS CPA, 42-1277139, 540 NORTH MAIN AVENUE, SIOUX CENTER, IA 51250-1824, Date: 08/29/11

ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100 **Fiduciary Schedules A, B, C, D, and E**

Schedule A - Background Information: Answer all applicable questions.

1. Date estate was opened or created: _____
2. Date of decedent's death: _____
3. Decedent's business or occupation: _____
4. Decedent's age at death: _____
5. Was a decedent's final return filed? Yes No
6. Did will of decedent create trust? Yes No
7. Did decedent file IOWA return(s) up to the date of death? Yes No If no, attach earnings statement or explanatory attachment _____
8. Enter decedent's name, address, and SSN: _____
9. Name and Social Security No. of decedent's spouse, if any: _____
10. Enter name(s) of executor(s): _____
11. Enter date(s) and amount(s) of executor's fees paid to executor(s): _____
12. Had federal audit been made on prior returns of decedent or the estate or trust? Yes No Is an audit now in the process? Yes No
13. Have expenses of administration or selling expenses been deducted for federal estate tax purposes? Yes No
14. Did you as fiduciary withhold on income distributions made to nonresident beneficiaries? Yes No
15. Does the estate/trust elect to recognize the gain or loss on a distribution of property under section IRC 643(d)(e)? Yes No

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Schedule B - Beneficiaries' Shares of Income and Credits: Attach additional pages as necessary. In lieu of Sch. B, attach federal Sch. K-1.

| | Beneficiary A | Beneficiary B | Beneficiary C | TOTALS |
|---|--------------------------------|---------------|---------------|--------|
| 1. Names of each beneficiary | SEE SCHEDULE K-1 EQUIVALENT(S) | | | |
| 2. Social Security Number | | | | |
| 3. Address | | | | |
| 4. Iowa resident (Yes/No) | | | | |
| 5. Net short-term capital gain | | | | |
| 6. Net long-term capital gain (100%) | | | | |
| 7. Depreciation and depletion | | | | |
| 8. Ordinary income subject to Iowa income tax | | | | 23,924 |
| 9. Income not subject to Iowa income tax | | | | |
| 10. Excess deductions | | | | |
| REGARDING IOWA NONRESIDENT INCOME | | | | |
| 11. Iowa income tax withheld, if any | | | | |
| 12. Withholding agent's identification number | | | | |

Schedule C - Computation of Nonresident's Tax

1. Federal taxable income from federal 1041 (include ESBT income) 1. 50,422
2. Interest and dividends from federal securities 2. _____
3. Balance. Subtract line 2 from line 1. 3. 50,422
4. Deduction taken for Iowa state income tax 4. _____
5. Interest and dividends from foreign, state, and municipal securities 5. 2,070
6. Exemption credit from federal 1041 6. 100
7. Adjusted taxable income. Add lines 3 through 6. 7. 52,592
8. Compute tax on the amount shown on line 7 using Schedule E. 8. 3,137
9. Personal exemption credit 9. \$40.00
10. Tax before being prorated 10. 3,097
11. Nonresident percentage. Divide amount on line 10 by amount on line 7, Schedule C. This may not be greater than 100.0%. 11. 0.00%
12. Multiply line 10 by percentage on line 11. 12. _____
13. Iowa lump-sum tax: Attach federal Schedule 4972. 13. _____
14. Iowa minimum tax: Attach IA 6251. 14. _____
15. Balance. Add lines 12, 13, and 14. 15. _____
16. Motor fuel tax credit. Attach IA 4136. 16. _____
17. Other credits 17. _____
18. Total credits. Add lines 16 and 17. 18. _____
19. Total tax liability. Subtract line 18 from line 15. Enter on line 32, page 1. 19. _____

Schedule D - Explanation of Expenses

| Line No. | Explanation | Amount |
|----------|---------------------|--------|
| 11 | TAX EXPENSE- STMT 1 | 89 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Schedule E - Tax Rates

| Taxable Income | | Tax Rate | | Of Excess |
|----------------|--------------|------------|---|--------------------|
| Over | But Not Over | | | Over |
| \$0 | \$1,428 | \$0.00 | + | (0.36% x \$0) |
| \$1,428 | \$2,856 | \$5.14 | + | (0.72% x \$1,428) |
| \$2,856 | \$5,712 | \$15.42 | + | (2.43% x \$2,856) |
| \$5,712 | \$12,852 | \$84.82 | + | (4.50% x \$5,712) |
| \$12,852 | \$21,420 | \$406.12 | + | (6.12% x \$12,852) |
| \$21,420 | \$28,560 | \$930.48 | + | (6.48% x \$21,420) |
| \$28,560 | \$42,840 | \$1,393.15 | + | (6.80% x \$28,560) |
| \$42,840 | \$64,260 | \$2,364.19 | + | (7.92% x \$42,840) |
| \$64,260 | over | \$4,060.65 | + | (8.98% x \$64,260) |

63-001b (03/23/11)

Iowa Schedule K-1 Equivalent

Form **IA 1041**

2010

For calendar year 2010, or tax year beginning , and ending

Name of trust
 ELMER H BRUNSTING DECEDENTS TR DTD
 4-1-09 AS EST UTD 10-10-96

Amended K-1

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Beneficiary's identifying number ▶ 481-30-4685

Estate's or trust's EIN ▶ 27-6453100

Beneficiary's name, address, and ZIP code

Fiduciary's name, address, and ZIP code

NELVA BRUNSTING
 13630 PINEROCK LN
 HOUSTON TX 77079-5914
 Resident state: TEXAS

ANITA BRUNSTING
 TRUSTEE
 203 BLOOMINGDALE CIRCLE
 VICTORIA TX 77904

Enter the following items on the state income tax return of the above named individual.

| 1 Beneficiary's Share of Federal Taxable Income | | 1 | 31,252 | This data presented for information only |
|--|------------------------------------|-----|--------|---|
| Income | | | | |
| 2 | Interest | 2 | | Schedule B, Part I, line 1 or IA 126, line 2 |
| 3 | Ordinary dividends | 3 | | Schedule B, Part II, line 3 or IA 126, line 3 |
| 4 a | Net short-term capital gains | 4 a | | Form IA 1040, line 6 or IA 126, line 6 |
| b | Net long-term capital gains | b | | Form IA 1040, line 6 or IA 126, line 6 |
| 5 Business / Nonpassive | | | | |
| a | Income | 5 a | | ▶ Net amount to: Form IA 1040, line 10 or Form IA 126, line 10 |
| b | Depreciation | b | | |
| c | Depletion | c | | |
| d | Amortization | d | | |
| 6 Rental and Passive | | | | |
| a | Income | 6 a | 23,924 | ▶ Net amount to: Form IA 1040, line 10 or Form IA 126, line 10 |
| b | Depreciation | b | | |
| c | Depletion | c | | |
| d | Amortization | d | | |
| 7 Distributions in the Final Year of Estate / Trust | | | | |
| a | Excess deductions on termination | 7 a | | Schedule A, line 21 |
| b | Short-term capital loss carryover | b | | Form IA 1040, line 6 or IA 126, line 6 |
| c | Long-term capital loss carryover | c | | Form IA 1040, line 6 or IA 126, line 6 |
| d | Net operating loss (NOL) carryover | d | | Form IA 1040, line 24 or IA 126, line 24 |
| 8 Tax Preference Items | | | | |
| a | Accelerated depreciation | 8 a | | Form IA 6251 |
| b | Depletion | b | | Form IA 6251 |
| c | Amortization | c | | Form IA 6251 |
| d | Exclusion items | d | 179 | Form IA 8801 |
| 9 Other Items | | | | |
| a | Tax-exempt interest | 9 a | | This data presented for information only |
| b | Estate tax deduction | b | | This data presented for information only |
| c | Withholding | c | | This data presented for information only |

Additional Information:

Iowa Statements

Statement 1 - Form IA 1041, Page 2, Schedule D - Taxes

| <u>Description</u> | <u>Amount</u> |
|------------------------------|---------------|
| PAGE 1 - TAX EXPENSE | \$ <u>0</u> |
| FEDERAL TAXES PAID | <u>123</u> |
| ALLOCATED TO NON-IOWA INCOME | <u>-34</u> |
| TOTAL IOWA TAX EXPENSE | \$ <u>89</u> |

Kroese & Kroese P.C.
540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: ELMER H BRUNSTING DECEDENTS TR DTD

Tax Documents

- [US Tax Return \(12/31/10\) - Form 1041, Page 1](#)
- [US Tax Return \(12/31/10\) - Form 1041, Page 2](#)
- [US Tax Return \(12/31/10\) - Schedule I, Page 1](#)
- [US Tax Return \(12/31/10\) - Schedule I, Page 2](#)
- [US Tax Return \(12/31/10\) - Schedule D, Page 1](#)
- [US Tax Return \(12/31/10\) - Schedule D, Page 2](#)
- [US Tax Return \(12/31/10\) - Schedule D-1, Page 2](#)
- [US Tax Return \(12/31/10\) - Schedule D-1, Page 2](#)
- [US Tax Return \(12/31/10\) - Schedule E, Page 1 - FARMLAND](#)
- [US Tax Return \(12/31/10\) - Schedule K-1, Page 1 - NELVA BRUNSTING](#)
- [US Tax Return \(12/31/10\) - Required Statements](#)

Form **1041 U.S. Income Tax Return for Estates and Trusts**

2010 | OMB No. 1545-0092

| | | |
|---|---|--|
| A Type of entity (see instr.): <input type="checkbox"/> Decedent's estate <input type="checkbox"/> Simple trust <input checked="" type="checkbox"/> Complex trust <input type="checkbox"/> Qualified disability trust <input type="checkbox"/> ESBT (S portion only) <input type="checkbox"/> Grantor type trust <input type="checkbox"/> Bankruptcy estate—Ch. 7 <input type="checkbox"/> Bankruptcy estate—Ch. 11 <input type="checkbox"/> Pooled income fund | For calendar year 2010 or fiscal year beginning _____, and ending _____ Name of estate or trust (If a grantor type trust, see page 15 of the instructions.) ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96 Name and title of fiduciary ANITA BRUNSTING TRUSTEE Number, street, and room or suite no. (If a P.O. box, see page 15 of the instructions.) 203 BLOOMINGDALE CIRCLE City or town, state, and ZIP code VICTORIA TX 77904 | C Employer identification number 27-6453100 D Date entity created 04/01/09 E Nonexempt charitable and split-interest trusts, check applicable boxes (see page 16 of the instr.): <input type="checkbox"/> Described in section 4947(a)(1) <input type="checkbox"/> Not a private foundation <input type="checkbox"/> Described in section 4947(a)(2) |
|---|---|--|

| | | | | | |
|---|----------------------------------|--|---------------------------------------|---|--|
| B Number of Schedules K-1 attached (see instructions) 1 | F Check applicable boxes: | <input checked="" type="checkbox"/> Initial return | <input type="checkbox"/> Final return | <input type="checkbox"/> Amended return | <input type="checkbox"/> Change in trust's name |
| | | <input type="checkbox"/> Change in fiduciary | | <input type="checkbox"/> Change in fiduciary's name | <input type="checkbox"/> Change in fiduciary's address |

G Check here if the estate or filing trust made a section 645 election

| | | | | |
|---------------|---|--|---------------|--------|
| Income | 1 | Interest income | | |
| | 2a | Total ordinary dividends | | 7,239 |
| | b | Qualified dividends allocable to: (1) Beneficiaries 2,857 (2) Estate or trust | | |
| | 3 | Business income or (loss). Attach Schedule C or C-EZ (Form 1040) | | |
| | 4 | Capital gain or (loss). Attach Schedule D (Form 1041) | | 50,522 |
| | 5 | Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040) | | 24,013 |
| | 6 | Farm income or (loss). Attach Schedule F (Form 1040) | | |
| | 7 | Ordinary gain or (loss). Attach Form 4797 | | |
| | 8 | Other income. List type and amount | | |
| 9 | Total income. Combine lines 1, 2a, and 3 through 8 | | 81,774 | |

| | | | | |
|-------------------|-------------------------|--|---------------|--------|
| Deductions | 10 | Interest. Check if Form 4952 is attached <input type="checkbox"/> | | |
| | 11 | Taxes | | |
| | 12 | Fiduciary fees | | |
| | 13 | Charitable deduction (from Schedule A, line 7) | | |
| | 14 | Attorney, accountant, and return preparer fees | | |
| | 15a | Other deductions not subject to the 2% floor (attach schedule) | | |
| | b | Allowable miscellaneous itemized deductions subject to the 2% floor | | |
| | 16 | Add lines 10 through 15b | | |
| | 17 | Adjusted total income or (loss). Subtract line 16 from line 9 | 81,774 | |
| | 18 | Income distribution deduction (from Sch. B, line 15). Attach Schedules K-1 (Form 1041) | | 31,252 |
| | 19 | Estate tax deduction including certain generation-skipping taxes (attach computation) | | |
| 20 | Exemption | | 100 | |
| 21 | Add lines 18 through 20 | | 31,352 | |

| | | | | |
|-------------------------|---|---|-------|--------|
| Tax and Payments | 22 | Taxable income. Subtract line 21 from line 17. If a loss, see page 23 of the instructions | | 50,422 |
| | 23 | Total tax (from Schedule G, line 7) | | 7,218 |
| | 24 | Payments: a 2010 estimated tax payments and amount applied from 2009 return | | |
| | b | Estimated tax payments allocated to beneficiaries (from Form 1041-T) | | |
| | c | Subtract line 24b from line 24a | | |
| | d | Tax paid with Form 7004 (see page 24 of the instructions) | | |
| | e | Federal income tax withheld. If any is from Form(s) 1099, check <input checked="" type="checkbox"/> Other payments: f Form 2439 ; g Form 4136 ; Total | | 123 |
| | 25 | Total payments. Add lines 24c through 24e, and 24h | | 123 |
| | 26 | Estimated tax penalty (see page 24 of the instructions) | | |
| 27 | Tax due. If line 25 is smaller than the total of lines 23 and 26, enter amount owed | | 7,095 | |
| 28 | Overpayment. If line 25 is larger than the total of lines 23 and 26, enter amount overpaid | | | |
| 29 | Amount of line 28 to be: a Credited to 2011 estimated tax ; b Refunded | | | |

| | | |
|------------------|--|--|
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | Signature of fiduciary or officer representing fiduciary _____ | Date _____ EIN of fiduciary if a financial institution _____ |

| | | | | | |
|-----------------|--|---|------------------|---|-------------------|
| Paid | Print/Type preparer's name RICHARD K RIKKERS CPA | Preparer's signature RICHARD K RIKKERS CPA | Date 08/29/11 | Check <input type="checkbox"/> if self-employed | PTIN P00144154 |
| Preparer | Firm's name KROESE & KROESE P.C. | Firm's EIN 42-1277139 | | | |
| Use Only | Firm's address 540 NORTH MAIN AVENUE SIOUX CENTER, IA 51250-1824 | Phone no. 712-722-3375 | | | |

BRUNSTING003811

| Schedule A Charitable Deduction. Do not complete for a simple trust or a pooled income fund. | |
|---|---|
| 1 | Amounts paid or permanently set aside for charitable purposes from gross income (see page 25) |
| 2 | Tax-exempt income allocable to charitable contributions (see page 25 of the instructions) |
| 3 | Subtract line 2 from line 1 |
| 4 | Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes |
| 5 | Add lines 3 and 4 |
| 6 | Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes (see page 25 of the instructions) |
| 7 | Charitable deduction. Subtract line 6 from line 5. Enter here and on page 1, line 13 |

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| Schedule B Income Distribution Deduction | | |
|---|--|---------|
| 1 | Adjusted total income (see page 25 of the instructions) | 81,774 |
| 2 | Adjusted tax-exempt interest | 2,070 |
| 3 | Total net gain from Schedule D (Form 1041), line 15, column (1) (see page 26 of the instructions) | 0 |
| 4 | Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion) | |
| 5 | Capital gains for the tax year included on Schedule A, line 1 (see page 26 of the instructions) | 0 |
| 6 | Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number | -50,522 |
| 7 | Distributable net income. Combine lines 1 through 6. If zero or less, enter -0- | 33,322 |
| 8 | If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law | 33,322 |
| 9 | Income required to be distributed currently | 33,322 |
| 10 | Other amounts paid, credited, or otherwise required to be distributed | 0 |
| 11 | Total distributions. Add lines 9 and 10. If greater than line 8, see page 26 of the instructions | 33,322 |
| 12 | Enter the amount of tax-exempt income included on line 11 | 2,070 |
| 13 | Tentative income distribution deduction. Subtract line 12 from line 11 | 31,252 |
| 14 | Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0- | 31,252 |
| 15 | Income distribution deduction. Enter the smaller of line 13 or line 14 here and on page 1, line 18 | 31,252 |

| Schedule G Tax Computation (see page 27 of the instructions) | | |
|---|---|-------|
| 1 | Tax: a Tax on taxable income (see page 27 of the instructions) | 7,218 |
| | b Tax on lump-sum distributions. Attach Form 4972 | |
| | c Alternative minimum tax (from Schedule I (Form 1041), line 56) | 0 |
| | d Total. Add lines 1a through 1c | 7,218 |
| 2a | Foreign tax credit. Attach Form 1116 | |
| b | General business credit. Attach Form 3800 | |
| c | Credit for prior year minimum tax. Attach Form 8801 | |
| d | Bond credits. Attach Form 8912 | |
| 3 | Total credits. Add lines 2a through 2d | 0 |
| 4 | Subtract line 3 from line 1d. If zero or less, enter -0- | 7,218 |
| 5 | Recapture taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 | |
| 6 | Household employment taxes. Attach Schedule H (Form 1040) | |
| 7 | Total tax. Add lines 4 through 6. Enter here and on page 1, line 23 | 7,218 |

| Other Information | | Yes | No |
|--------------------------|--|-----|----|
| 1 | Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses. Enter the amount of tax-exempt interest income and exempt-interest dividends \$ 2,070 SEE STMT 1 | X | |
| 2 | Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement? | | X |
| 3 | At any time during calendar year 2010, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See page 29 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country | | X |
| 4 | During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the estate or trust may have to file Form 3520. See page 29 of the instructions | | X |
| 5 | Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see page 29 for required attachment | | X |
| 6 | If this is an estate or a complex trust making the section 663(b) election, check here (see page 29) | | |
| 7 | To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here (see page 29) | | |
| 8 | If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the estate, and check here | | |
| 9 | Are any present or future trust beneficiaries skip persons? See page 29 of the instructions | | X |

SCHEDULE I
(Form 1041)

Alternative Minimum Tax—Estates and Trusts

OMB No. 1545-0092

▶ Attach to Form 1041. See the separate instructions for Schedule I (Form 1041).

2010

Department of the Treasury
Internal Revenue Service

Name of estate or trust

ELMER H BRUNSTING DECEDENTS TR DTD
4-1-09 AS EST UTD 10-10-96

Employer identification number

27-6453100

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Part I Estate's or Trust's Share of Alternative Minimum Taxable Income

| | | | |
|--|--|----|--------|
| 1 | Adjusted total income or (loss) (from Form 1041, line 17) | 1 | 81,774 |
| 2 | Interest | 2 | |
| 3 | Taxes | 3 | |
| 4 | Miscellaneous itemized deductions (from Form 1041, line 15b) | 4 | |
| 5 | Refund of taxes | 5 | |
| 6 | Depletion (difference between regular tax and AMT) | 6 | |
| 7 | Net operating loss deduction. Enter as a positive amount | 7 | |
| 8 | Interest from specified private activity bonds exempt from the regular tax | 8 | 179 |
| 9 | Qualified small business stock (see page 2 of the instructions) | 9 | |
| 10 | Exercise of incentive stock options (excess of AMT income over regular tax income) | 10 | |
| 11 | Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) | 11 | |
| 12 | Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) | 12 | |
| 13 | Disposition of property (difference between AMT and regular tax gain or loss) | 13 | |
| 14 | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) | 14 | |
| 15 | Passive activities (difference between AMT and regular tax income or loss) | 15 | |
| 16 | Loss limitations (difference between AMT and regular tax income or loss) | 16 | |
| 17 | Circulation costs (difference between regular tax and AMT) | 17 | |
| 18 | Long-term contracts (difference between AMT and regular tax income) | 18 | |
| 19 | Mining costs (difference between regular tax and AMT) | 19 | |
| 20 | Research and experimental costs (difference between regular tax and AMT) | 20 | |
| 21 | Income from certain installment sales before January 1, 1987 | 21 | |
| 22 | Intangible drilling costs preference | 22 | |
| 23 | Other adjustments, including income-based related adjustments | 23 | |
| 24 | Alternative tax net operating loss deduction (See the instructions for the limitation that applies.) | 24 | |
| 25 | Adjusted alternative minimum taxable income. Combine lines 1 through 24 | 25 | 81,953 |
| Note: Complete Part II below before going to line 26. | | | |
| 26 | Income distribution deduction from Part II, line 44 | 26 | 31,431 |
| 27 | Estate tax deduction (from Form 1041, line 19) | 27 | |
| 28 | Add lines 26 and 27 | 28 | 31,431 |
| 29 | Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25 | 29 | 50,522 |

If line 29 is:

- \$22,500 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust is not liable for the alternative minimum tax.
- Over \$22,500, but less than \$165,000, go to line 45.
- \$165,000 or more, enter the amount from line 29 on line 51 and go to line 52.

Part II Income Distribution Deduction on a Minimum Tax Basis

| | | | |
|----|---|----|--------|
| 30 | Adjusted alternative minimum taxable income (see page 6 of the instructions) | 30 | 81,953 |
| 31 | Adjusted tax-exempt interest (other than amounts included on line 8) | 31 | 1,891 |
| 32 | Total net gain from Schedule D (Form 1041), line 15, column (1). If a loss, enter -0- | 32 | |
| 33 | Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4) | 33 | |
| 34 | Capital gains paid or permanently set aside for charitable purposes from gross income (see page 6 of the instructions) | 34 | |
| 35 | Capital gains computed on a minimum tax basis included on line 25 | 35 | 50,522 |
| 36 | Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount | 36 | |
| 37 | Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0- | 37 | 33,322 |
| 38 | Income required to be distributed currently (from Form 1041, Schedule B, line 9) | 38 | 33,322 |
| 39 | Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10) | 39 | |
| 40 | Total distributions. Add lines 38 and 39 | 40 | 33,322 |
| 41 | Tax-exempt income included on line 40 (other than amounts included on line 8) | 41 | 1,891 |
| 42 | Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40 | 42 | 31,431 |

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule I (Form 1041) (2010)

Part II Income Distribution Deduction on a Minimum Tax Basis (continued)

| | | | |
|----|--|----|--------|
| 43 | Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 37. If zero or less, enter -0- | 43 | 31,431 |
| 44 | Income distribution deduction on a minimum tax basis. Enter the smaller of line 42 or line 43. Enter here and on line 26 | 44 | 31,431 |

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Part III Alternative Minimum Tax

| | | | |
|----|---|----|--------|
| 45 | Exemption amount | 45 | 22,500 |
| 46 | Enter the amount from line 29 | 46 | 50,522 |
| 47 | Phase-out of exemption amount | 47 | 75,000 |
| 48 | Subtract line 47 from line 46. If zero or less, enter -0- | 48 | 0 |
| 49 | Multiply line 48 by 25% (.25) | 49 | |
| 50 | Subtract line 49 from line 45. If zero or less, enter -0- | 50 | 22,500 |
| 51 | Subtract line 50 from line 46 | 51 | 28,022 |
| 52 | Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 14a and 15 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 51 is— • \$175,000 or less, multiply line 51 by 26% (.26). • Over \$175,000, multiply line 51 by 28% (.28) and subtract \$3,500 from the result | 52 | 3,858 |
| 53 | Alternative minimum foreign tax credit (see page 7 of the instructions) | 53 | |
| 54 | Tentative minimum tax. Subtract line 53 from line 52 | 54 | 3,858 |
| 55 | Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a) | 55 | 7,218 |
| 56 | Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0-. Enter here and on Form 1041, Schedule G, line 1c | 56 | 0 |

Part IV Line 52 Computation Using Maximum Capital Gains Rates

Caution: If you did not complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the Qualified Dividends Tax Worksheet, see page 8 of the instructions before completing this part.

| | | | |
|----|--|----|--------|
| 57 | Enter the amount from line 51 | 57 | 28,022 |
| 58 | Enter the amount from Schedule D (Form 1041), line 22, line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet, whichever applies (as refigured for the AMT, if necessary) | 58 | 50,522 |
| 59 | Enter the amount from Schedule D (Form 1041), line 14b, column (2) (as refigured for the AMT, if necessary). If you did not complete Schedule D for the regular tax or the AMT, enter -0- | 59 | |
| 60 | If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary) | 60 | 50,522 |
| 61 | Enter the smaller of line 57 or line 60 | 61 | 28,022 |
| 62 | Subtract line 61 from line 57 | 62 | |
| 63 | If line 62 is \$175,000 or less, multiply line 62 by 26% (.26). Otherwise, multiply line 62 by 28% (.28) and subtract \$3,500 from the result | 63 | |
| 64 | Maximum amount subject to the 0% rate | 64 | 2,300 |
| 65 | Enter the amount from line 23 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet on page 27 of the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you did not complete Schedule D or either worksheet for the regular tax, enter -0- | 65 | |
| 66 | Subtract line 65 from line 64. If zero or less, enter -0- | 66 | 2,300 |
| 67 | Enter the smaller of line 57 or line 58 | 67 | 28,022 |
| 68 | Enter the smaller of line 66 or line 67 | 68 | 2,300 |
| 69 | Subtract line 68 from line 67 | 69 | 25,722 |
| 70 | Multiply line 69 by 15% (.15) If line 59 is zero or blank, skip lines 71 and 72 and go to line 73. Otherwise, go to line 71. | 70 | 3,858 |
| 71 | Subtract line 67 from line 61 | 71 | |
| 72 | Multiply line 71 by 25% (.25) | 72 | |
| 73 | Add lines 63, 70, and 72 | 73 | 3,858 |
| 74 | If line 57 is \$175,000 or less, multiply line 57 by 26% (.26). Otherwise, multiply line 57 by 28% (.28) and subtract \$3,500 from the result | 74 | 7,286 |
| 75 | Enter the smaller of line 73 or line 74 here and on line 52 | 75 | 3,858 |

SCHEDULE D (Form 1041)

Capital Gains and Losses

OMB No. 1545-0092

2010

Department of the Treasury Internal Revenue Service

Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

Name of estate or trust

ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

Employer identification number

27-6453100

File Copy

Note: Form 5227 filers need to complete only Parts I and II.

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

Table with 6 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Sales price, (e) Cost or other basis, (f) Gain or (loss) for the entire year. Includes row 1a.

Summary rows for Part I: b, 2, 3, 4, 5. Includes calculations for short-term gain/loss and net short-term gain.

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

Table with 6 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Sales price, (e) Cost or other basis, (f) Gain or (loss) for the entire year. Lists assets like INVESCO, BRANDYWINE, CHEVRON, etc.

Summary rows for Part II: b, 7, 8, 9, 10, 11, 12. Includes calculations for long-term gain/loss and net long-term gain.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2010

| Part III Summary of Parts I and II Caution: Read the instructions before completing this part. | | (1) Beneficiaries' (see instr.) | (2) Estate's or trust's | (3) Total |
|--|---|------------------------------------|----------------------------|-----------|
| 13 | Net short-term gain or (loss) | 13 | | |
| 14 | Net long-term gain or (loss): | | | |
| a | Total for year | 14a | 50,522 | 50,522 |
| b | Unrecaptured section 1250 gain (see line 18 of the wrksht.) | 14b | | |
| c | 28% rate gain | 14c | | |
| 15 | Total net gain or (loss). Combine lines 13 and 14a ▶ | 15 | 50,522 | 50,522 |

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

| Part IV Capital Loss Limitation | | 16 |
|--|--|-----|
| 16 | Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: a The loss on line 15, column (3) or b \$3,000 | () |

Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 7 of the instructions to figure your capital loss carryover.

| Part V Tax Computation Using Maximum Capital Gains Rates | | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 |
|---|---|--------|--------|----|----|----|--------|----|-------|----|----|--------|----|--------|-------|----|-------|--------|-------|
| 17 | Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) | 50,422 | | | | | | | | | | | | | | | | | |
| 18 | Enter the smaller of line 14a or 15 in column (2) but not less than zero | | 50,522 | | | | | | | | | | | | | | | | |
| 19 | Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) | | | | | | | | | | | | | | | | | | |
| 20 | Add lines 18 and 19 | | 50,522 | | | | | | | | | | | | | | | | |
| 21 | If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶ | | | | | 0 | | | | | | | | | | | | | |
| 22 | Subtract line 21 from line 20. If zero or less, enter -0- | | | | | | 50,522 | | | | | | | | | | | | |
| 23 | Subtract line 22 from line 17. If zero or less, enter -0- | | | | | | | 0 | | | | | | | | | | | |
| 24 | Enter the smaller of the amount on line 17 or \$2,300 | | | | | | | | 2,300 | | | | | | | | | | |
| 25 | Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 through 26; go to line 27 and check the "No" box. <input checked="" type="checkbox"/> No. Enter the amount from line 23 | | | | | | | | | | | | | | | | | | |
| 26 | Subtract line 25 from line 24 | | | | | | | | 2,300 | | | | | | | | | | |
| 27 | Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 27 through 30; go to line 31. <input checked="" type="checkbox"/> No. Enter the smaller of line 17 or line 22 | | | | | | | | | | | 50,422 | | | | | | | |
| 28 | Enter the amount from line 26 (if line 26 is blank, enter -0-) | | | | | | | | 2,300 | | | | | | | | | | |
| 29 | Subtract line 28 from line 27 | | | | | | | | | | | | | 48,122 | | | | | |
| 30 | Multiply line 29 by 15% (.15) | | | | | | | | | | | | | | 7,218 | | | | |
| 31 | Figure the tax on the amount on line 23. Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) | | | | | | | | | | | | | | | | | | |
| 32 | Add lines 30 and 31 | | | | | | | | | | | | | | | | 7,218 | | |
| 33 | Figure the tax on the amount on line 17. Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) | | | | | | | | | | | | | | | | | 16,623 | |
| 34 | Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) | | | | | | | | | | | | | | | | | | 7,218 |

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side

Employer identification number

ELMER H BRUNSTING DECEDENTS TR DTD
4-1-09 AS EST UTD 10-10-96

27-6453100

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

| (a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.) | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Sales price | (e) Cost or other basis (see instructions) | File Copy Subtract (e) from (d) |
|---|-----------------------------------|-------------------------------|-----------------|--|------------------------------------|
| 6a DWS SMALL CAP VALUE FUND INSTL | INHERIT | VARIOUS | 1,890 | 1,118 | 772 |
| DALLAS TX AREA RAPID TRAN | INHERIT | 06/07/10 | 10,057 | 9,875 | 182 |
| DC REV MEDLANTIC/HELIIX SER B | INHERIT | 06/07/10 | 19,800 | 19,010 | 790 |
| DODGE & COX INTL STOCK FUND | INHERIT | VARIOUS | 10,773 | 6,473 | 4,300 |
| DODGE & COX INCOME FUND | INHERIT | VARIOUS | 4,592 | 4,016 | 576 |
| E I DU PONT DE NEMOURS & CO | INHERIT | 06/03/10 | 7,274 | 4,527 | 2,747 |
| EATON VANCE TAX MANAGED VAL | INHERIT | 06/08/10 | 4,640 | 3,754 | 886 |
| EXXON MOBIL CORP | INHERIT | 06/03/10 | 16,476 | 18,289 | -1,813 |
| FIDELITY NEW INSIGHTS FD INSTL | INHERIT | VARIOUS | 4,590 | 3,128 | 1,462 |
| FIDELITY INTER MUNI INCM FD | INHERIT | VARIOUS | 6,229 | 5,986 | 243 |
| FRANKLIN FED TAX FREE INCM ADV | INHERIT | 06/08/10 | 4,572 | 4,234 | 338 |
| FRANKLIN HIGH YLD TAX FREE ADV | INHERIT | 06/08/10 | 2,288 | 1,972 | 316 |
| HARTFORD DIVIDEND & GROWTH | INHERIT | 06/08/10 | 3,136 | 2,450 | 686 |
| HAYS TX CONS INDPT SCH DIST GO | INHERIT | 06/07/10 | 31,500 | 29,742 | 1,758 |
| ING GLOBAL REAL ESTATE FUND | INHERIT | VARIOUS | 2,946 | 1,763 | 1,183 |
| IN MUN PWR AGY PWR SUPPLY SYS | INHERIT | 06/07/10 | 30,930 | 30,263 | 667 |
| INVESTMENT CO OF AMERICA CL F1 | INHERIT | VARIOUS | 6,007 | 4,420 | 1,587 |
| PERKINS MID CAP VALUE FD | INHERIT | 06/08/10 | 1,594 | 998 | 596 |
| JOHN HANCOCK INTL CORE FD | INHERIT | 06/08/10 | 1,941 | 1,671 | 270 |
| JOHNSON & JOHNSON | INHERIT | 06/03/10 | 8,985 | 7,881 | 1,104 |
| JPMORGAN CORE BOND FUND SELECT | INHERIT | VARIOUS | 3,952 | 3,702 | 250 |
| JPMORGAN HIGH YIELD FD SELECT | INHERIT | VARIOUS | 1,343 | 998 | 345 |
| MFS RESEARCH INTL FD CL I | INHERIT | VARIOUS | 7,566 | 5,156 | 2,410 |
| MONROE CNTY NY ARPT AUTH RDG | INHERIT | 06/07/10 | 9,357 | 8,990 | 367 |
| MUNDER MID CAP CORE GROWTH | INHERIT | 06/08/10 | 2,126 | 1,519 | 607 |
| 6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b | | | | | 22,629 |

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side
ELMER H BRUNSTING DECEDENTS TR DTD
4-1-09 AS EST UTD 10-10-96

Employer identification number
27-6453100

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

| (a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.) | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Sales price | (e) Cost or other basis (see instructions) | (f) Gain or loss (Subtract (e) from (d)) |
|--|-----------------------------------|-------------------------------|-----------------|--|--|
| 6a MUTUAL GLOBAL DISCOVERY FD | INHERIT | 06/08/10 | 2,641 | 2,251 | 390 |
| NEW WORLD FUND CL F1 | INHERIT | VARIOUS | 1,976 | 1,214 | 762 |
| OPPENHEIMER INTL BOND FUND | INHERIT | VARIOUS | 1,923 | 1,684 | 239 |
| OPPNHMR CMD STRAT TTL TRN CL Y | INHERIT | VARIOUS | 3,735 | 2,946 | 789 |
| PIONEER FUND CL Y | INHERIT | VARIOUS | 7,550 | 5,200 | 2,350 |
| PIONEER CULLEN VALUE FUND CL Y | INHERIT | 06/08/10 | 3,602 | 2,904 | 698 |
| PROCTER & GAMBLE CO | INHERIT | 06/03/10 | 18,600 | 14,216 | 4,384 |
| T ROWE PRICE BLUE CHIP GROWTH | INHERIT | 06/08/10 | 3,154 | 2,336 | 818 |
| T ROWE PRICE EQUITY INCOME FD | INHERIT | VARIOUS | 5,883 | 3,907 | 1,976 |
| T PRICE SUMMIT MUNI INTERM FD | INHERIT | 06/08/10 | 5,088 | 4,831 | 257 |
| T ROWE PRICE NEW INCOME FUND | INHERIT | VARIOUS | 3,884 | 3,498 | 386 |
| TAX EXEMPT BOND FD AMER CL F1 | INHERIT | 06/08/10 | 5,103 | 4,697 | 406 |
| THORNBURG LTD TERM MUNI FUND | INHERIT | 06/08/10 | 3,954 | 3,779 | 175 |
| THORNBURG INVT TR VALUE FD I | INHERIT | VARIOUS | 3,403 | 2,192 | 1,211 |
| UNIV TX PERM UNIV FD RFDG | INHERIT | 06/07/10 | 5,503 | 5,582 | -79 |

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Subtract (e) from (d)

6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b 14,762

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

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

OMB No. 1545-0074

2010

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

▶ See Instructions for Schedule E (Form 1040).

Name(s) shown on return

ELMER H BRUNSTING DECEDENTS TR DTD
4-1-09 AS EST UTD 10-10-96

Your social security number

27-6453100

File Copy

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 address of each rental real estate property: | 2 | | Yes | No |
|---|--|--|--|-----|----|
| | | 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: | | | |
| A | FARMLAND IOWA | | | | X |
| B | | | | | |
| C | | | | | |

| Income: | | Properties | | | Totals (Add columns A, B, and C.) |
|------------------|---|------------|---|---|--------------------------------------|
| | | A | B | C | |
| 3 | Rents received | 26,685 | | | 26,685 |
| 4 | Royalties received | | | | |
| Expenses: | | | | | |
| 5 | Advertising | | | | |
| 6 | Auto and travel (see page E-5) | | | | |
| 7 | Cleaning and maintenance | | | | |
| 8 | Commissions | | | | |
| 9 | Insurance | | | | |
| 10 | Legal and other professional fees | | | | |
| 11 | Management fees | | | | |
| 12 | Mortgage interest paid to banks, etc. (see page E-5) | | | | |
| 13 | Other interest | | | | |
| 14 | Repairs | | | | |
| 15 | Supplies | | | | |
| 16 | Taxes | 2,672 | | | |
| 17 | Utilities | | | | |
| 18 | Other (list) ▶ | | | | |
| 19 | Add lines 5 through 18 | 2,672 | | | 2,672 |
| 20 | Depreciation expense or depletion (see page E-5) | | | | |
| 21 | Total expenses. Add lines 19 and 20 | 2,672 | | | |
| 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-6 to find out if you must file Form 6198 | 24,013 | | | |
| 23 | Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-6 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2 | 0 | | | |
| 24 | Income. Add positive amounts shown on line 22. Do not include any losses | | | | 24,013 |
| 25 | Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here | | | | |
| 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 | | | | 24,013 |

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

Schedule E (Form 1040) 2010

**Schedule K-1
(Form 1041)**

Department of the Treasury
Internal Revenue Service

2010

For calendar year 2010,
or tax year beginning _____
and ending _____

Final K-1 Amended K-1

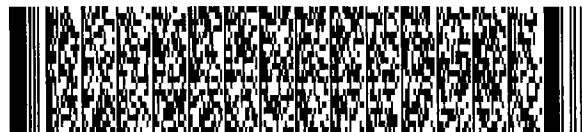
**Beneficiary's Share of Income, Deductions,
Credits, etc.** ▶ See back of form and instructions.

| Part I Information About the Estate or Trust | |
|--|--|
| A Estate's or trust's employer identification number | 27-6453100 |
| B Estate's or trust's name | ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96 |
| C Fiduciary's name, address, city, state, and ZIP code | ANITA BRUNSTING TRUSTEE 203 BLOOMINGDALE CIRCLE VICTORIA TX 77904 |
| D <input type="checkbox"/> Check if Form 1041-T was filed and enter the date it was filed | _____ |
| E <input type="checkbox"/> Check if this is the final Form 1041 for the estate or trust | |

| Part II Information About the Beneficiary | |
|--|---|
| F Beneficiary's identifying number | 481-30-4685 |
| G Beneficiary's name, address, city, state, and ZIP code | NELVA BRUNSTING 13630 PINEROCK LN HOUSTON TX 77079-5914 |
| H <input checked="" type="checkbox"/> Domestic beneficiary <input type="checkbox"/> Foreign beneficiary | |

| Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items | | | |
|---|---|-----|---|
| 1 | Interest income | | 11 Final year deductions |
| 2a | Ordinary dividends 7,239 | | File Copy |
| 2b | Qualified dividends 2,857 | | |
| 3 | Net short-term capital gain | | |
| 4a | Net long-term capital gain | | |
| 4b | 28% rate gain | 12 | Alternative minimum tax adjustment A 179 |
| 4c | Unrecaptured section 1250 gain | J | 179 |
| 5 | Other portfolio and nonbusiness income | | |
| 6 | Ordinary business income | | |
| 7 | Net rental real estate income 24,013 | | |
| 8 | Other rental income | 13 | Credits and credit recapture |
| 9 | Directly apportioned deductions | | |
| | | 14 | Other information |
| | | A | 2,070 |
| 10 | Estate tax deduction | B | 90 |
| | | E | 7,239 |
| | | H * | STMT |

*See attached statement for additional information.
Note. A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.



For IRS Use Only

Federal Statements

Statement 1 - Form 1041, Page 2, Question 1 - Tax Exempt Income

| <u>Payer</u> | <u>Municipal Bond</u> | <u>Private Activity Bond</u> |
|-------------------------|---------------------------|----------------------------------|
| EDWARD JONES | \$ 1,891 | \$ 179 |
| | \$ 1,891 | 179 |
| TOTAL TAX-EXEMPT INCOME | | <u>2,070</u> |

Statement 2 - Schedule D, Part II, Line 9 - Capital Gain Distributions

| <u>Description</u> | <u>Amount</u> |
|--------------------|---------------|
| EDWARD JONES | \$ 185 |
| TOTAL | <u>\$ 185</u> |

Kroese & Kroese P.C.
540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: ELMER H BRUNSTING DECEDENTS TR DTD

Tax Documents

[IA Tax Return \(12/31/11\) - IA Form IA 1041. Page 1](#)

[IA Tax Return \(12/31/11\) - IA Form IA 1041. Page 2](#)

[IA Tax Return \(12/31/11\) - IA Schedule C](#)

[IA Tax Return \(12/31/11\) - IA K-1 Equivalent - NELVA BRUNSTING](#)

[IA Tax Return \(12/31/11\) - IA Required Statements](#)

For Calendar Year 2011 or fiscal year beginning _____, and ending _____

Iowa Fiduciary Return

Name of ELMER H BRUNSTING DECEDENTS TR DTD
Estate or Trust 4-1-09 AS EST UTD 10-10-96
Federal Employer ID Number 27-6453100
Decedent's Social Security Number
Name, Address, and Title of Fiduciary ANITA BRUNSTING
2003 BLOOMINGDALE CIR
VICTORIA TX 77904
TRUSTEE
Name of Attorney, Mailing Address (city, state, ZIP) CANDACE KUNZ-FREED
14800 ST MARYS LANE, SUITE 230
HOUSTON TX 77079
Attorney's Phone Number 800-229-3002
Check one:
Estate
Simple Trust
Complex Trust
Bankruptcy Estate
If trust, check one:
Testamentary
Inter Vivos

Authorization is granted to the attorney listed above to receive confidential tax information under Iowa Code section 421.60 to act as the trust or estate's representative before the Iowa Department of Revenue and to make written or oral presentations on behalf of the trust or estate.

Have prior returns been filed for this estate or trust? [X] Yes [] No Is Income Tax Certificate of Acquittance requested? [] Yes [X] No

Is this an amended IA 1041? [] Yes [X] No Is an Iowa 706 being filed? [] Yes [X] No

Table with 35 rows for INCOME, DEDUCTIONS, COMPUTED TAX, and TAX DUE. Includes sub-headers 'INCOME', 'DEDUCTIONS', 'COMPUTED TAX', and 'TAX DUE'. Values range from 8,092 to 53,538.

Staple payment and voucher here.

Mail to: Fiduciary Return Processing, Iowa Department of Revenue, PO Box 10467, Des Moines, IA 50306-0467

DECLARATION: The undersigned hereby certifies and declares that this return, and any schedules or papers attached hereto, has been duly examined; that to the best knowledge and belief of the undersigned, it is a true, correct, and complete return for the taxable year as required by the income tax law of the State of Iowa and the rules and regulations issued under authority thereof.

Signature of fiduciary or officer representing fiduciary Date
Signature of preparer other than fiduciary Preparer's ID No. Address 540 NORTH MAIN AVENUE Date
RICHARD K RIKKERS CPA 42-1277139 SIOUX CENTER, IA 51250-1824 04/05/12

ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100 **Fiduciary Schedules A, B, D, and E**

Schedule A - Background Information: Answer all applicable questions.

1. Date estate was opened or created: _____
2. Date of decedent's death: _____
3. Decedent's business or occupation: _____
4. Decedent's age at death: _____
5. Was a decedent's final return filed? Yes No
6. Did will of decedent create trust? Yes No
7. Did decedent file IOWA return(s) up to the date of death? Yes No If no, attach earnings statement or explanatory attachment _____
8. Enter decedent's name and address: _____
9. Name and Social Security No. of decedent's spouse, if any: _____
10. Enter name(s) of executor(s): _____
11. Enter date(s) and amount(s) of executor's fees paid to executor(s): _____
12. Had federal audit been made on prior returns of decedent or the estate or trust? Yes No Is an audit now in the process? Yes No
13. Have expenses of administration or selling expenses been deducted for federal estate tax purposes? Yes No
14. Did you as fiduciary withhold on income distributions made to nonresident beneficiaries? Yes No
15. Does the estate/trust elect to recognize the gain or loss on a distribution of property under section IRC 643(d)(e)? Yes No

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Schedule B - Beneficiaries' Shares of Income and Credits: Attach additional pages as necessary. In lieu of Sch. B, attach federal Sch. K-1.

| | Beneficiary A | Beneficiary B | Beneficiary C | TOTALS |
|---|--------------------------------|---------------|---------------|--------|
| 1. Names of each beneficiary | SEE SCHEDULE K-1 EQUIVALENT(S) | | | |
| 2. Social Security Number | | | | |
| 3. Address | | | | |
| 4. Iowa resident (Yes/No) | | | | |
| 5. Net short-term capital gain | | | | |
| 6. Net long-term capital gain (100%) | | | | |
| 7. Depreciation and depletion | | | | |
| 8. Ordinary income subject to Iowa income tax | | | | 41,155 |
| 9. Income not subject to Iowa income tax | | | | |
| 10. Excess deductions | | | | |
| REGARDING IOWA NONRESIDENT INCOME | | | | |
| 11. Iowa income tax withheld, if any | | | | |
| 12. Withholding agent's identification number | | | | |

Schedule D - Explanation of Expenses

| Line No. | Explanation | Amount |
|----------|---------------------|--------|
| 11 | TAX EXPENSE- STMT 1 | 8,875 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Schedule E - Tax Rates

| Taxable Income | | Tax Rate | | Of Excess | |
|----------------|--------------|------------|---|-----------|-------------|
| Over | But Not Over | | | Over | |
| \$0 | \$1,439 | \$0.00 | + | (0.36% | x \$0) |
| \$1,439 | \$2,878 | \$5.18 | + | (0.72% | x \$1,439) |
| \$2,878 | \$5,756 | \$15.54 | + | (2.43% | x \$2,878) |
| \$5,756 | \$12,951 | \$85.48 | + | (4.50% | x \$5,756) |
| \$12,951 | \$21,585 | \$409.26 | + | (6.12% | x \$12,951) |
| \$21,585 | \$28,780 | \$937.66 | + | (6.48% | x \$21,585) |
| \$28,780 | \$43,170 | \$1,403.90 | + | (6.80% | x \$28,780) |
| \$43,170 | \$64,755 | \$2,382.42 | + | (7.92% | x \$43,170) |
| \$64,755 | over | \$4,091.95 | + | (8.98% | x \$64,755) |

2011 IA 1041 Schedule C

Computation of Nonresident's Tax Credit

| Name of Estate or Trust | Federal Identification No. | File Copy |
|--|----------------------------------|--------------------|
| ELMER H BRUNSTING DECEDEENTS TR DTD | 27-6453100 | |
| 4-1-09 AS EST UTD 10-10-96 | Column B | Column A |
| | All Source (from IA 1041) | Iowa Source |
| 1. Ordinary dividend income | 1. 8,092 | |
| 2. Taxable interest income | 2. | |
| 3. Income from partnerships and other fiduciaries | 3. | |
| 4. Net rents and royalties | 4. 41,938 | 41,938 |
| 5. Net business and farm income (loss) | 5. | |
| 6. Net gain (loss) from capital assets | 6. 3,508 | |
| 7. Ordinary gains (losses) from federal form 4797 | 7. | |
| 8. Other income | 8. | |
| 9. Total income | 9. 53,538 | 41,938 |
| 10. Distribution to beneficiaries | 10. 41,155 | 34,498 |
| 11. Undistributed Net income (subtract line 10 from line 9) | 11. 12,383 | 7,440 |
| 12. Iowa income percentage: divide column A of line 11 by column B of line 11 and enter percentage rounded to the nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0% | 12. | 60.1 |
| 13. Nonresidential credit percentage (subtract line 12 from 100.0%) | 13. | 39.9 |
| 14. Iowa tax on total income from line 23, IA 1041 | 14. | 31 |
| 15. Personal exemption credit from line 27, IA 1041 | 15. | \$ 40.00 |
| 16. Tax after credits (subtract line 15 from line 14) | 16. | |
| 17. Nonresident tax credit (multiply line 16 by line 13 and enter on line 28, IA 1041) | 17. | |

Income should be reported using the criteria in the instructions to Form IA 126.

Iowa Schedule K-1 Equivalent

Form **IA 1041**

2011

For calendar year 2011, or tax year beginning _____, and ending _____

Name of trust
 ELMER H BRUNSTING DECEDENTS TR DTD
 4-1-09 AS EST UTD 10-10-96

Amended K-1

File Copy

Beneficiary's identifying number ▶ 481-30-4685

Estate's or trust's EIN ▶ 27-6453100

Beneficiary's name, address, and ZIP code

Fiduciary's name, address, and ZIP code

NELVA BRUNSTING
 13630 PINEROCK LN
 HOUSTON TX 77079-5914

ANITA BRUNSTING
 TRUSTEE
 2003 BLOOMINGDALE CIR
 VICTORIA TX 77904

Resident state: **TEXAS**

Enter the following items on the state income tax return of the above named individual.

| 1 Beneficiary's Share of Federal Taxable Income | | 1 | 50,030 | This data presented for information only |
|--|------------------------------------|-----|--------|---|
| Income | | | | |
| 2 | Interest | 2 | | Schedule B, Part I or IA 126, line 2 |
| 3 | Ordinary dividends | 3 | | Schedule B, Part II or IA 126, line 3 |
| 4 a | Net short-term capital gains | 4 a | | Form IA 1040, line 6 or IA 126, line 6 |
| b | Net long-term capital gains | b | | Form IA 1040, line 6 or IA 126, line 6 |
| 5 Business / Nonpassive | | | | |
| a | Income | 5 a | |] Net amount to: Form IA 1040, line 10 or Form IA 126, line 10 |
| b | Depreciation | b | | |
| c | Depletion | c | | |
| d | Amortization | d | | |
| 6 Rental and Passive | | | | |
| a | Income | 6 a | 34,498 |] Net amount to: Form IA 1040, line 10 or Form IA 126, line 10 |
| b | Depreciation | b | | |
| c | Depletion | c | | |
| d | Amortization | d | | |
| 7 Distributions in the Final Year of Estate / Trust | | | | |
| a | Excess deductions on termination | 7 a | | Schedule A, line 21 |
| b | Short-term capital loss carryover | b | | Form IA 1040, line 6 or IA 126, line 6 |
| c | Long-term capital loss carryover | c | | Form IA 1040, line 6 or IA 126, line 6 |
| d | Net operating loss (NOL) carryover | d | | Form IA 1040, line 14 or IA 126, line 14 |
| 8 Tax Preference Items | | | | |
| a | Accelerated depreciation | 8 a | | Form IA 6251 |
| b | Depletion | b | | Form IA 6251 |
| c | Amortization | c | | Form IA 6251 |
| d | Exclusion items | d | | Form IA 8801 |
| 9 Other Items | | | | |
| a | Tax-exempt interest | 9 a | | This data presented for information only |
| b | Estate tax deduction | b | | This data presented for information only |
| c | Withholding | c | | This data presented for information only |

Additional Information:

Statement 1 - Form IA 1041. Page 2. Schedule D - Taxes

| <u>Description</u> | <u>Amount</u> |
|------------------------|-----------------|
| PAGE 1 - TAX EXPENSE | \$ <u>0</u> |
| FEDERAL TAXES PAID | <u>8,875</u> |
| TOTAL IOWA TAX EXPENSE | \$ <u>8,875</u> |

Kroese & Kroese P.C.
540 N Main Ave
Sioux Center, IA 51250-1824
712-722-3375

This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: ELMER H BRUNSTING DECEDENTS TR DTD

Tax Documents

[US Tax Return \(12/31/11\) - Form 1041, Page 1](#)

[US Tax Return \(12/31/11\) - Form 1041, Page 2](#)

[US Tax Return \(12/31/11\) - Schedule I, Page 1](#)

[US Tax Return \(12/31/11\) - Schedule I, Page 2](#)

[US Tax Return \(12/31/11\) - Schedule D, Page 1](#)

[US Tax Return \(12/31/11\) - Schedule D, Page 2](#)

[US Tax Return \(12/31/11\) - Schedule E, Page 1 - IOWA](#)

[US Tax Return \(12/31/11\) - Schedule K-1, Page 1 - NELVA BRUNSTING](#)

[US Tax Return \(12/31/11\) - Required Statements](#)

Form **1041 U.S. Income Tax Return for Estates and Trusts**

2011

OMB No. 1545-0092

A Check all that apply:

| | | |
|-------------------------------------|----------------------------|---|
| <input type="checkbox"/> | Decedent's estate | For calendar year 2011 or fiscal year beginning _____, and ending _____ |
| <input type="checkbox"/> | Simple trust | |
| <input checked="" type="checkbox"/> | Complex trust | |
| <input type="checkbox"/> | Qualified disability trust | |
| <input type="checkbox"/> | ESBT (S portion only) | |
| <input type="checkbox"/> | Grantor type trust | |
| <input type="checkbox"/> | Bankruptcy estate—Ch. 7 | |
| <input type="checkbox"/> | Bankruptcy estate—Ch. 11 | |
| <input type="checkbox"/> | Pooled income fund | |

Name of estate or trust (If a grantor type trust, see the instructions.)
ELMER H BRUNSTING DECEDENTS TR DTD
 4-1-09 AS EST UTD 10-10-96

C Employer identification number
 27-6453100

D Date entity created
 04/01/99 **File Copy**

Name and title of fiduciary
ANITA BRUNSTING TRUSTEE

E Nonexempt charitable and split-interest trusts, check applicable box(es), see instructions.

Number, street, and room or suite no. (If a P.O. box, see the instructions.)
 2003 BLOOMINGDALE CIR

City or town, state, and ZIP code
 VICTORIA TX 77904

B Number of Schedules K-1 attached (see instructions) **1**

F Check applicable boxes:

| | | | | | |
|--------------------------|---------------------|--------------------------|----------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | Initial return | <input type="checkbox"/> | Final return | <input type="checkbox"/> | Amended return |
| <input type="checkbox"/> | Change in fiduciary | <input type="checkbox"/> | Change in fiduciary's name | <input type="checkbox"/> | Change in fiduciary's address |

G Check here if the estate or filing trust made a section 645 election

| | | | |
|---|---|-----------|--------|
| Income | 1 Interest income | 1 | |
| | 2a Total ordinary dividends | 2a | 8,092 |
| | b Qualified dividends allocable to: (1) Beneficiaries 4,241 (2) Estate or trust | | |
| | 3 Business income or (loss). Attach Schedule C or C-EZ (Form 1040) | 3 | |
| | 4 Capital gain or (loss). Attach Schedule D (Form 1041) | 4 | 3,508 |
| | 5 Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040) | 5 | 41,938 |
| | 6 Farm income or (loss). Attach Schedule F (Form 1040) | 6 | |
| | 7 Ordinary gain or (loss). Attach Form 4797 | 7 | |
| | 8 Other income. List type and amount | 8 | |
| 9 Total income. Combine lines 1, 2a, and 3 through 8 | 9 | 53,538 | |

| | | | |
|-----------------------------------|--|------------|--------|
| Deductions | 10 Interest. Check if Form 4952 is attached <input type="checkbox"/> | 10 | |
| | 11 Taxes | 11 | |
| | 12 Fiduciary fees | 12 | |
| | 13 Charitable deduction (from Schedule A, line 7) | 13 | |
| | 14 Attorney, accountant, and return preparer fees | 14 | |
| | 15a Other deductions not subject to the 2% floor (attach schedule) | 15a | |
| | b Allowable miscellaneous itemized deductions subject to the 2% floor | 15b | |
| | 16 Add lines 10 through 15b | 16 | |
| | 17 Adjusted total income or (loss). Subtract line 16 from line 9 | 17 | 53,538 |
| | 18 Income distribution deduction (from Sch. B, line 15). Attach Schedules K-1 (Form 1041) | 18 | 50,030 |
| | 19 Estate tax deduction including certain generation-skipping taxes (attach computation) | 19 | |
| 20 Exemption | 20 | 100 | |
| 21 Add lines 18 through 20 | 21 | 50,130 | |

| | | | |
|--|---|------------|-------|
| Tax and Payments | 22 Taxable income. Subtract line 21 from line 17. If a loss, see instructions | 22 | 3,408 |
| | 23 Total tax (from Schedule G, line 7) | 23 | 207 |
| | 24 Payments: a 2011 estimated tax payments and amount applied from 2010 return | 24a | 7,120 |
| | b Estimated tax payments allocated to beneficiaries (from Form 1041-T) | 24b | |
| | c Subtract line 24b from line 24a | 24c | 7,120 |
| | d Tax paid with Form 7004 (see instructions) | 24d | |
| | e Federal income tax withheld. If any is from Form(s) 1099, check <input type="checkbox"/> | 24e | |
| | Other payments: f Form 2439 ; g Form 4136 ; Total | 24h | |
| | 25 Total payments. Add lines 24c through 24e, and 24h | 25 | 7,120 |
| 26 Estimated tax penalty (see instructions) | 26 | | |
| 27 Tax due. If line 25 is smaller than the total of lines 23 and 26, enter amount owed | 27 | | |
| 28 Overpayment. If line 25 is larger than the total of lines 23 and 26, enter amount overpaid | 28 | 6,913 | |
| 29 Amount of line 28 to be: a Credited to 2012 estimated tax b Refunded | 29 | 6,913 | |

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary _____ Date _____ EIN of fiduciary if a financial institution _____

May the IRS discuss this return with the preparer shown below (see instr.)? Yes No

Paid Print/Type preparer's name: RICHARD K RIKKERS CPA Preparer's signature: RICHARD K RIKKERS CPA Date: 04/05/12 Check if self-employed PTIN: P00144154

Preparer Use Only Firm's name: KROESE & KROESE P.C. Firm's EIN: 42-1277139

Firm's address: 540 NORTH MAIN AVENUE SIOUX CENTER, IA 51250-1824 Phone no: 712-722-3375

BRUNSTING003829

Schedule A Charitable Deduction. Do not complete for a simple trust or a pooled income fund.

| | | | |
|---|--|---|-----------|
| 1 | Amounts paid or permanently set aside for charitable purposes from gross income (see instructions) | 1 | |
| 2 | Tax-exempt income allocable to charitable contributions (see instructions) | 2 | |
| 3 | Subtract line 2 from line 1 | 3 | |
| 4 | Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes | 4 | File Copy |
| 5 | Add lines 3 and 4 | 5 | |
| 6 | Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes (see instructions) | 6 | |
| 7 | Charitable deduction. Subtract line 6 from line 5. Enter here and on page 1, line 13 | 7 | |

Schedule B Income Distribution Deduction

| | | | |
|----|--|----|--------|
| 1 | Adjusted total income (see instructions) | 1 | 53,538 |
| 2 | Adjusted tax-exempt interest | 2 | |
| 3 | Total net gain from Schedule D (Form 1041), line 15, column (1) (see instructions) | 3 | 0 |
| 4 | Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion) | 4 | |
| 5 | Capital gains for the tax year included on Schedule A, line 1 (see instructions) | 5 | 0 |
| 6 | Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number | 6 | -3,508 |
| 7 | Distributable net income. Combine lines 1 through 6. If zero or less, enter -0- | 7 | 50,030 |
| 8 | If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law | 8 | 50,030 |
| 9 | Income required to be distributed currently | 9 | 50,030 |
| 10 | Other amounts paid, credited, or otherwise required to be distributed | 10 | 0 |
| 11 | Total distributions. Add lines 9 and 10. If greater than line 8, see instructions | 11 | 50,030 |
| 12 | Enter the amount of tax-exempt income included on line 11 | 12 | |
| 13 | Tentative income distribution deduction. Subtract line 12 from line 11 | 13 | 50,030 |
| 14 | Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0- | 14 | 50,030 |
| 15 | Income distribution deduction. Enter the smaller of line 13 or line 14 here and on page 1, line 18 | 15 | 50,030 |

Schedule G Tax Computation (see instructions)

| | | | |
|----|---|----|-----|
| 1 | Tax: a Tax on taxable income (see instructions) | 1a | 207 |
| | b Tax on lump-sum distributions. Attach Form 4972 | 1b | |
| | c Alternative minimum tax (from Schedule I (Form 1041), line 56) | 1c | 0 |
| | d Total. Add lines 1a through 1c | 1d | 207 |
| 2a | Foreign tax credit. Attach Form 1116 | 2a | |
| b | General business credit. Attach Form 3800 | 2b | |
| c | Credit for prior year minimum tax. Attach Form 8801 | 2c | |
| d | Bond credits. Attach Form 8912 | 2d | |
| 3 | Total credits. Add lines 2a through 2d | 3 | 0 |
| 4 | Subtract line 3 from line 1d. If zero or less, enter -0- | 4 | 207 |
| 5 | Recapture taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 | 5 | |
| 6 | Household employment taxes. Attach Schedule H (Form 1040) | 6 | |
| 7 | Total tax. Add lines 4 through 6. Enter here and on page 1, line 23 | 7 | 207 |

Other Information

| | Yes | No |
|---|--------------------------|----|
| 1 Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses. Enter the amount of tax-exempt interest income and exempt-interest dividends \$ | | X |
| 2 Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement? | | X |
| 3 At any time during calendar year 2011, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country | | X |
| 4 During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions | | X |
| 5 Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see the instructions for required attachment | | X |
| 6 If this is an estate or a complex trust making the section 663(b) election, check here (see instructions) | <input type="checkbox"/> | |
| 7 To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here (see instructions) | <input type="checkbox"/> | |
| 8 If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the estate, and check here | <input type="checkbox"/> | |
| 9 Are any present or future trust beneficiaries skip persons? See instructions | | X |

**SCHEDULE I
(Form 1041)**

Alternative Minimum Tax—Estates and Trusts

OMB No. 1545-0092

▶ Attach to Form 1041. See the separate instructions for Schedule I (Form 1041).

2011

Department of the Treasury
Internal Revenue Service

Name of estate or trust

ELMER H BRUNSTING DECEDENTS TR DTD
4-1-09 AS EST UTD 10-10-96

Employer identification number

27-6453100

File Copy

Part I Estate's or Trust's Share of Alternative Minimum Taxable Income

| | | | |
|--|--|----|--------|
| 1 | Adjusted total income or (loss) (from Form 1041, line 17) | 1 | 53,538 |
| 2 | Interest | 2 | |
| 3 | Taxes | 3 | |
| 4 | Miscellaneous itemized deductions (from Form 1041, line 15b) | 4 | |
| 5 | Refund of taxes | 5 | |
| 6 | Depletion (difference between regular tax and AMT) | 6 | |
| 7 | Net operating loss deduction. Enter as a positive amount | 7 | |
| 8 | Interest from specified private activity bonds exempt from the regular tax | 8 | |
| 9 | Qualified small business stock (see instructions) | 9 | |
| 10 | Exercise of incentive stock options (excess of AMT income over regular tax income) | 10 | |
| 11 | Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) | 11 | |
| 12 | Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) | 12 | |
| 13 | Disposition of property (difference between AMT and regular tax gain or loss) | 13 | |
| 14 | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) | 14 | |
| 15 | Passive activities (difference between AMT and regular tax income or loss) | 15 | |
| 16 | Loss limitations (difference between AMT and regular tax income or loss) | 16 | |
| 17 | Circulation costs (difference between regular tax and AMT) | 17 | |
| 18 | Long-term contracts (difference between AMT and regular tax income) | 18 | |
| 19 | Mining costs (difference between regular tax and AMT) | 19 | |
| 20 | Research and experimental costs (difference between regular tax and AMT) | 20 | |
| 21 | Income from certain installment sales before January 1, 1987 | 21 | |
| 22 | Intangible drilling costs preference | 22 | |
| 23 | Other adjustments, including income-based related adjustments | 23 | |
| 24 | Alternative tax net operating loss deduction (See the instructions for the limitation that applies.) | 24 | |
| 25 | Adjusted alternative minimum taxable income. Combine lines 1 through 24 | 25 | 53,538 |
| Note: Complete Part II below before going to line 26. | | | |
| 26 | Income distribution deduction from Part II, line 44 | 26 | 50,030 |
| 27 | Estate tax deduction (from Form 1041, line 19) | 27 | |
| 28 | Add lines 26 and 27 | 28 | 50,030 |
| 29 | Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25 | 29 | 3,508 |

If line 29 is:

- \$22,500 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust is not liable for the alternative minimum tax.
- Over \$22,500, but less than \$165,000, go to line 45.
- \$165,000 or more, enter the amount from line 29 on line 51 and go to line 52.

Part II Income Distribution Deduction on a Minimum Tax Basis

| | | | |
|----|---|----|--------|
| 30 | Adjusted alternative minimum taxable income (see instructions) | 30 | 53,538 |
| 31 | Adjusted tax-exempt interest (other than amounts included on line 8) | 31 | |
| 32 | Total net gain from Schedule D (Form 1041), line 15, column (1). If a loss, enter -0- | 32 | |
| 33 | Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4) | 33 | |
| 34 | Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions) | 34 | |
| 35 | Capital gains computed on a minimum tax basis included on line 25 | 35 | 3,508 |
| 36 | Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount | 36 | |
| 37 | Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0- | 37 | 50,030 |
| 38 | Income required to be distributed currently (from Form 1041, Schedule B, line 9) | 38 | 50,030 |
| 39 | Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10) | 39 | |
| 40 | Total distributions. Add lines 38 and 39 | 40 | 50,030 |
| 41 | Tax-exempt income included on line 40 (other than amounts included on line 8) | 41 | |
| 42 | Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40 | 42 | 50,030 |

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule I (Form 1041) (2011)

Part II Income Distribution Deduction on a Minimum Tax Basis (continued)

| | | | |
|----|--|----|---------------|
| 43 | Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 37. If zero or less, enter -0- | 43 | 50,030 |
| 44 | Income distribution deduction on a minimum tax basis. Enter the smaller of line 42 or line 43. Enter here and on line 26 | 44 | File Copy 030 |

Part III Alternative Minimum Tax

| | | | |
|----|---|----|--------|
| 45 | Exemption amount | 45 | 22,500 |
| 46 | Enter the amount from line 29 | 46 | |
| 47 | Phase-out of exemption amount | 47 | 75,000 |
| 48 | Subtract line 47 from line 46. If zero or less, enter -0- | 48 | |
| 49 | Multiply line 48 by 25% (.25) | 49 | |
| 50 | Subtract line 49 from line 45. If zero or less, enter -0- | 50 | |
| 51 | Subtract line 50 from line 46 | 51 | |
| 52 | Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 14a and 15 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 51 is— • \$175,000 or less, multiply line 51 by 26% (.26). • Over \$175,000, multiply line 51 by 28% (.28) and subtract \$3,500 from the result | 52 | |
| 53 | Alternative minimum foreign tax credit (see instructions) | 53 | |
| 54 | Tentative minimum tax. Subtract line 53 from line 52 | 54 | |
| 55 | Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a) | 55 | |
| 56 | Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0-. Enter here and on Form 1041, Schedule G, line 1c | 56 | |

Part IV Line 52 Computation Using Maximum Capital Gains Rates

Caution: If you did not complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the Qualified Dividends Tax Worksheet, see the instructions before completing this part.

| | | | |
|----|---|----|-------|
| 57 | Enter the amount from line 51 | 57 | |
| 58 | Enter the amount from Schedule D (Form 1041), line 22, line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet, whichever applies (as refigured for the AMT, if necessary) | 58 | |
| 59 | Enter the amount from Schedule D (Form 1041), line 14b, column (2) (as refigured for the AMT, if necessary). If you did not complete Schedule D for the regular tax or the AMT, enter -0- | 59 | |
| 60 | If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary) | 60 | |
| 61 | Enter the smaller of line 57 or line 60 | 61 | |
| 62 | Subtract line 61 from line 57 | 62 | |
| 63 | If line 62 is \$175,000 or less, multiply line 62 by 26% (.26). Otherwise, multiply line 62 by 28% (.28) and subtract \$3,500 from the result | 63 | |
| 64 | Maximum amount subject to the 0% rate | 64 | 2,300 |
| 65 | Enter the amount from line 23 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you did not complete Schedule D or either worksheet for the regular tax, enter -0- | 65 | |
| 66 | Subtract line 65 from line 64. If zero or less, enter -0- | 66 | |
| 67 | Enter the smaller of line 57 or line 58 | 67 | |
| 68 | Enter the smaller of line 66 or line 67 | 68 | |
| 69 | Subtract line 68 from line 67 | 69 | |
| 70 | Multiply line 69 by 15% (.15) If line 59 is zero or blank, skip lines 71 and 72 and go to line 73. Otherwise, go to line 71. | 70 | |
| 71 | Subtract line 67 from line 61 | 71 | |
| 72 | Multiply line 71 by 25% (.25) | 72 | |
| 73 | Add lines 63, 70, and 72 | 73 | |
| 74 | If line 57 is \$175,000 or less, multiply line 57 by 26% (.26). Otherwise, multiply line 57 by 28% (.28) and subtract \$3,500 from the result | 74 | |
| 75 | Enter the smaller of line 73 or line 74 here and on line 52 | 75 | |

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No. 1545-0092

2011

Name of estate or trust

ELMER H BRUNSTING DECEDENTS TR DTD
4-1-09 AS EST UTD 10-10-96

Employer identification number

27-6453100

File Copy

Note: Form 5227 filers need to complete only Parts I and II.

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

| (a) Description of property (Example: 100 shares 7% preferred of "Z" Co.) | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Sales price | (e) Cost or other basis (see instructions) | (f) Gain or (loss) for the entire year Subtract (e) from (d) |
|--|--------------------------------------|----------------------------------|-----------------|---|--|
| 1a SEE ATTACHED EDWARD JONES | JONES | | | | |
| | VARIOUS | VARIOUS | 2,516 | 2,142 | 374 |
| | | | | | |
| | | | | | |
| | | | | | |

| | | |
|---|-----------|-----|
| b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b | 1b | |
| 2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 | 2 | |
| 3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts | 3 | |
| 4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2010 Capital Loss Carryover Worksheet | 4 | () |
| 5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back | 5 | 374 |

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

| (a) Description of property (Example: 100 shares 7% preferred of "Z" Co.) | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Sales price | (e) Cost or other basis (see instructions) | (f) Gain or (loss) for the entire year Subtract (e) from (d) |
|--|--------------------------------------|----------------------------------|-----------------|---|--|
| 6a SEE ATTACHED EDWARD JONES | JONES | | | | |
| | VARIOUS | VARIOUS | 42,662 | 39,786 | 2,876 |
| | | | | | |
| | | | | | |
| | | | | | |

| | | |
|---|-----------|-------|
| b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b | 6b | |
| 7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 | 7 | |
| 8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts | 8 | |
| 9 Capital gain distributions SEE STATEMENT 1 | 9 | 258 |
| 10 Gain from Form 4797, Part I | 10 | |
| 11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2010 Capital Loss Carryover Worksheet | 11 | () |
| 12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back | 12 | 3,134 |

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2011

| Part III Summary of Parts I and II Caution: Read the instructions before completing this part. | | (1) Beneficiaries' (see instr.) | (2) Estate's or trust's | (3) Total |
|--|--|------------------------------------|----------------------------|-----------|
| 13 | Net short-term gain or (loss) | 13 | 374 | 374 |
| 14 | Net long-term gain or (loss): | | | |
| a | Total for year | 14a | 3,134 | 3,134 |
| b | Unrecaptured section 1250 gain (see line 18 of the wrksh.) | 14b | | |
| c | 28% rate gain | 14c | | |
| 15 | Total net gain or (loss). Combine lines 13 and 14a ▶ | 15 | 3,508 | 3,508 |

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and **do not** complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

| Part IV Capital Loss Limitation | | |
|--|--|---------------|
| 16 | Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: a The loss on line 15, column (3) or b \$3,000 | 16 () |

Note: If the loss on line 15, column (3), is more than \$3,000, **or** if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

| Part V Tax Computation Using Maximum Capital Gains Rates | | | |
|---|---|-----------|-------|
| 17 | Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) | 17 | 3,408 |
| 18 | Enter the smaller of line 14a or 15 in column (2) but not less than zero | 18 | 3,134 |
| 19 | Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) | 19 | |
| 20 | Add lines 18 and 19 | 20 | 3,134 |
| 21 | If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶ | 21 | 0 |
| 22 | Subtract line 21 from line 20. If zero or less, enter -0- | 22 | 3,134 |
| 23 | Subtract line 22 from line 17. If zero or less, enter -0- | 23 | 274 |
| 24 | Enter the smaller of the amount on line 17 or \$2,300 | 24 | 2,300 |
| 25 | Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 and 26; go to line 27 and check the "No" box. <input checked="" type="checkbox"/> No. Enter the amount from line 23 | 25 | 274 |
| 26 | Subtract line 25 from line 24 | 26 | 2,026 |
| 27 | Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 27 thru 30; go to line 31. <input checked="" type="checkbox"/> No. Enter the smaller of line 17 or line 22 | 27 | 3,134 |
| 28 | Enter the amount from line 26 (If line 26 is blank, enter -0-) | 28 | 2,026 |
| 29 | Subtract line 28 from line 27 | 29 | 1,108 |
| 30 | Multiply line 29 by 15% (.15) | 30 | 166 |
| 31 | Figure the tax on the amount on line 23. Use the 2011 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) | 31 | 41 |
| 32 | Add lines 30 and 31 | 32 | 207 |
| 33 | Figure the tax on the amount on line 17. Use the 2011 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) | 33 | 622 |
| 34 | Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) | 34 | 207 |

**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 separate instructions.

OMB No. 1545-0074

2011

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

ELMER H BRUNSTING DECEDENTS TR DTD
4-1-09 AS EST UTD 10-10-96

27-6453100

File Copy

A Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)

Yes No

B If "Yes," did you or will you file all required Forms 1099?

Yes No

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 instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

Caution. For each rental property listed on line 1, check the box in the last column only if you owned that property as a member of a qualified joint venture (QJV) reporting income not subject to self-employment tax.

| 1 | Physical address of each property—street, city, state, zip | Type—from list below | 2 | Fair Rental | | Personal Use Days | QJV |
|---|--|----------------------|---|-------------|------|-------------------|-----|
| | | | | Days | Days | | |
| A | IOWA | 1 | | | | | |
| B | | | | | | | |
| C | | | | | | | |

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

| Income: | Properties | | |
|---|------------|--------|--------|
| | A | B | C |
| 3a Merchant card and third party payments. For 2011, enter -0- | 3a | 0 | |
| 3b Payments not reported to you on line 3a | 3b | 44,923 | |
| 4 Total not including amounts on line 3a that are not income (see instructions) | 4 | 44,923 | |
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | |
| 7 Cleaning and maintenance | 7 | | |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 Other interest | 13 | | |
| 14 Repairs | 14 | | |
| 15 Supplies | 15 | | |
| 16 Taxes | 16 | 2,985 | |
| 17 Utilities | 17 | | |
| 18 Depreciation expense or depletion | 18 | | |
| 19 Other (list) ▶ | 19 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 | 2,985 | |
| 21 Subtract line 20 from line 4. If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | 41,938 | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | 0 | |
| 23a Total of all amounts reported on line 3a for all rental properties | 23a | | |
| b Total of all amounts reported on line 3a for all royalty properties | 23b | | |
| c Total of all amounts reported on line 4 for all rental properties | 23c | 44,923 | |
| d Total of all amounts reported on line 4 for all royalty properties | 23d | | |
| e Total of all amounts reported on line 12 for all properties | 23e | | |
| f Total of all amounts reported on line 18 for all properties | 23f | | |
| g Total of all amounts reported on line 20 for all properties | 23g | 2,985 | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | 41,938 |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | | |
| 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 | 26 | | 41,938 |

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

Schedule E (Form 1040) 2011

**Schedule K-1
(Form 1041)**

Department of the Treasury
Internal Revenue Service

2011

For calendar year 2011,
or tax year beginning _____
and ending _____

**Beneficiary's Share of Income, Deductions,
Credits, etc.**

▶ See back of form and instructions.

Final K-1 Amended K-1

**Part III Beneficiary's Share of Current Year Income,
Deductions, Credits, and Other Items**

| | | | |
|----|---|-----|------------------------------------|
| 1 | Interest income | 11 | Final year deductions |
| 2a | Ordinary dividends 8,092 | | File Copy |
| 2b | Qualified dividends 4,241 | | |
| 3 | Net short-term capital gain | | |
| 4a | Net long-term capital gain | | |
| 4b | 28% rate gain | 12 | Alternative minimum tax adjustment |
| 4c | Unrecaptured section 1250 gain | | |
| 5 | Other portfolio and nonbusiness income | | |
| 6 | Ordinary business income | | |
| 7 | Net rental real estate income 41,938 | 13 | Credits and credit recapture |
| 8 | Other rental income | | |
| 9 | Directly apportioned deductions | | |
| | | 14 | Other information |
| | | B * | 123 |
| 10 | Estate tax deduction | E * | 8,092 STMT |
| | | H * | STMT |

Part I Information About the Estate or Trust

A Estate's or trust's employer identification number
27-6453100

B Estate's or trust's name
ELMER H BRUNSTING DECEDENTS TR DTD
4-1-09 AS EST UTD 10-10-96

C Fiduciary's name, address, city, state, and ZIP code
ANITA BRUNSTING
TRUSTEE
2003 BLOOMINGDALE CIR
VICTORIA TX 77904

D Check if Form 1041-T was filed and enter the date it was filed

E Check if this is the final Form 1041 for the estate or trust

Part II Information About the Beneficiary


F Beneficiary's identifying number
481-30-4685

G Beneficiary's name, address, city, state, and ZIP code
NELVA BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

H Domestic beneficiary Foreign beneficiary

*See attached statement for additional information.
Note. A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.

For IRS Use Only



9706 ELMER H BRUNSTING DECEDENTS TR DTD

27-6453100

Federal Statements

FYE: 12/31/2011

Statement 1 - Schedule D, Part II, Line 9 - Capital Gain Distributions

| Description | Amount |
|--------------|--------|
| EDWARD JONES | \$ 258 |
| TOTAL | \$ 258 |