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 fis	1: F	ear be <mark>ill in</mark>	eginning <u> </u>	/ 2010 and ending / You MUST fill in your Social Security N	lumb	e <u>r. </u>	_						
Your la	ast na	me		Your first name/middle initi				FW :-					
E	<u>BRU</u>	NS'	<u> </u>	NELVA E						nformation be			=
Spouse	e's las	st nam	ne	Spouse's first name/middle	initial		1			oox if you or you as of 12/31/ [0:		were	
							Your So	ocial Security Numb	er •	Spouse Soci	C ec	do,	y .
				er and street, apartment, lot, or suite number) or	PO Bo	οx		31-30-468			••••		
			PINERO	CK LN			-	Re	esidenc	ce on 12/31/10			
City, S			т		1 4					 School District 			
		<u> 10T</u>		TX 77079-59	14	 	┼	<u></u>	0] 000			
3157	7.7			k one box only.	1	X NO A	De	You mu ependent children fo	i st ans or who	swer these que n an exemption	stions: s claime	d in Step	3
-	-						Ho	ow many have healt cluding Medicaid or hav	th care	coverage?	_	• ·	
2	-			t return. (Two-income families may benefit by usi	ng sta	itus 3 or 4.)		ow many do not hav		Ith care coverage	?	•	
3 4			ed filing separately	on this combined return. Spouse use column B. ate returns.			<u>'</u>		_				
5	_	Spous	se's name:		oloima	SSN:		antar the person's		Income: \$	itu Nlumb	or holow	,
6	-			with qualifying person. If qualifying person is not	ciaiine	ed as a dependent on t	nis return,	•		and Social Secul	ity Numi	del pelow	/.
STEP		Quan	ilying widowi	(er) with dependent child. Name:	a loint	or bood of beyonbold	·		SSN:	1 x \$	10 =	= \$	40
Exem			YOU and spouse If	a. Personal Credit: Enter 1. (Enter 2 if filinb. Enter 1 for each person who is 65 or old	g joint	for 1 for each person w)	. ,	<u> </u>	1 ×\$:		- • = \$	20
LACIII	puoi		filing jointly)									· —	
												= \$	60
										V 6	- - ·	= \$	
				b. Enter 1 if 65 or older and/or 1 if blind.								- Ψ = \$	
		Γ	SPOUSE	c. Dependents: Enter 1 for each dependen								= \$	
			(If filing status 3)	d. Enter first names of dependents here:	···						TAL \$	* —	
			0.0000 0/	a. End had harred of deported to hele.		B. Spouse/Status 3	з Д	. You or Joint	- B	Spouse/Status 3		You or	Joint
STEP	4	1.	Wages sala	aries, tips, etc.	1.			, , , , , , , , , , , , , , , , , , , ,					
	-	2.	Taxable Interes	st income. If more than \$1,500, complete Sch. B.	2.			7,162					
Gross Income				and income. If more than \$1,500, complete Sch. B.									
	nę	4.	Alimony rece										
		5.	•	come/(loss) from federal Schedule C or C-EZ									
		6.		poss) from federal Sch. D if required for federal purposes	6.			2 000					
				((losses) from federal form 4797									
		8.		\ distributions									
		9.	Taxable nen	sions and annuities	9								
		10.	Rents royalt	ties, partnerships, estates, etc.	10								
		11.		e/(loss) from federal Schedule F									
		12.		ent compensation. See instructions.									
		13.		cial Security benefits				5,067					
				gambling income, bonus depreciation/sec. 179 adjustmen				37007					
				COME. ADD lines 1-14.				15.			•	67	,933
ST	EP 5			an IRA, Keogh, or SEP	16.								7333
		17	One-half of	self-employment tax	17								
	ljust-	18	Health insura	ance deduction	18.			1 1 1 0					
to	ents	19	Penalty on e	early withdrawal of savings	19.								
1 .	ome	20.	Alimony paid										
ai l		21.		rement income exclusion									
and voucher here		22.	Moving expe	ense deduction from federal form 3903	22								
힐		23.		gain deduction.									
		24.		tments									
š		25.		ments. ADD lines 16-24.				25.			A	7	,158
		26.		ME. SUBTRACT line 25 from line 15.				26.					,775
ह्यी st	EP 6	_		ome tax refund / overpayment received in 2010	27								7,75
퇿				ment/household employment taxes									
	deral x			federal taxes. ADD lines 27 and 28.									577
		n _{30.}										61	,352
an an	d .	24		ines 26 and 29. withheld	31								, , , , ,
Stap De	duc- n			mated tax payments made in 2010	32								
7 110	••	33.		ederal tax paid in 2010 for 2009 and prior years									
1		34.		• • • • • • • • • • • • • • • • • • • •								11	<u>,5</u> 00
11			BAI ANCE	or federal taxes. ADD lines 31, 32, and 33. \dots SUBTRACT line 34 from line 30. Enter here and	 Lon lin			35.	-		- —		,852
cs		JJ.	DALANCE.	COSTINACT mile of Holli mile ou. Enter fiele and	O1 111	io 00, aide Z.					11-0012		, L10
											, , JU 10	V-15-0116	-, - : •

Daytime Telephone Number CS

00000		MET VA E DOINCTING					401 20 4605
2040 1/	. 4	NELVA E BRUNSTING 040, page 2					481-30-4685
				B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	
STEP 7	36.	BALANCE. From side 1, line 35				·	<u>49,852</u>
		37. Total itemized deductions from federal Schedule A	37.			_ ¬	
Taxable		38. Iowa income tax if included in line 5 of federal Schedule A	38.			Complete li	nes 37-40
Income		 BALANCE. Subtract line 38 from line 37 or enter the amount of itemized deductions from the lowa Schedule A 	39.		5,738	ONLY if you	
		40. Other deductions	40.			_	ile Copy
	41.	Deduction. Check one box. X Itemized. Add lines 39 a	nd 40.	Standard	41	, ,	5,738
		TAXABLE INCOME, SUBTRACT line 41 from line 36.					44.114
STEP 8		Tax from tables or alternate tax	43		2 466		
012. 0							
Tav		lowa lump-sum tax. 25% of federal tax from form 4972					
Tax, Credits		lowa minimum tax. Attach IA 6251.				_	2 466
and	46	Total tax. ADD lines 43, 44, and 45.			46		2,466
Checkoff	47.	Total exemption credit amount(s) from Step 3, side 1	47.		6	<u>0</u>	
Contribu-	48.	Tuition and textbook credit for dependents K-12	48.			<u> </u>	
tions	49.	Total credits, ADD lines 47 and 48.			49		60
	50.	BALANCE. SUBTRACT line 49 from line 46. If less than zero	o, enter	zero.	50	(2,406
	51.	Credit for nonresident or part-year resident. Attach IA 126 ar	nd feder	al return.	51		1,499
	52.	BALANCE. SUBTRACT line 51 from 50. If less than or equal	to zero	. enter zero.			907
		Other nonrefundable Iowa credits. Attach IA 148 Tax Credits					
							907
	54.	BALANCE. SUBTRACT line 53 from line 52.				·	
		School district surtax/EMS surtax. Take percentage from table					-
	56.	Total Tax. ADD lines 54 and 55.					907
	57. 58	Total tax before contributions. ADD columns A & B on line 5t Contributions. Contributions will reduce your refund or add to	o and el	nter nere.	must be in whole dollars		907
	00.	Fish/Wildlife State Fair	Fin	efighters/Veterans	Child Abuse Pre	vention	
				e: 			
	59.	TOTAL TAX AND CONTRIBUTIONS. ADD lines 57 and 5	8, <u>, , , .</u>		<u> </u>		907
	60.	lowa income tax withheld	60.			_	
STEP 9	61.	Estimated and voucher payments made for tax year 2010	61.		1,320	0	
	62.	Out-of-state tax credit. Attach IA 130.	62.				
Credits	63.	Motor fuel tax credit. Attach IA 4136.					
		Check One: Child and dependent care credit OR	•••			_	
	04,		C4				
		Early childhood development credit					
		lowa earned income tax credit. See Instructions.				_	
		Other refundable credits. Attach IA 148 Tax Credits Schedule.	66.		1 22	_	
	67.	TOTAL. ADD lines 60 - 66.	67.		1,32	<u>U</u>	
		TOTAL CREDITS. ADD columns A and B on line 67 and er					1,320
STEP 10	69,	If line 68 is more than line 59, SUBTRACT line 59 from line	68. This	is the amount you overpa	aid.	69.	<u>413</u>
Refund	70.	Amount of line 69 to be REFUNDED				REFUND 70.	
or Or		Mail return to Iowa Income Tax - Refund Processing,	Hoover	State Office Bldg, Des	Moines IA 50319-01	20	
Amount	71.	Amount of line 69 to be applied to your 2011 estimated tax	71.		41	3	
You Owe		If line 68 is less than line 59, SUBTRACT line 68 from line 59			YOU OWE.	— 72.	A
		Penalty for underpayment of estimated tax from IA 2210 or I.			nnualized income metho	ndisused 73	Ā
		Penalty and interest 74a. Penalty		▲ 74b. Interest			
	/5.	TOTAL AMOUNT DUE. ADD lines 72, 73, and 74, and enterelectronically pay by credit card or direct debit. Go to	er nere.) www.	state.ia.us/tax/		AY THIS AMOUNT 75.	
		To pay by mail: Iowa Income Tax - Document Process			s IA 50306-9187. Mai	e check payable to Tr	easurer, State of Iowa.
		TICAL CHECKOFF. This checkoff does not increase the	STE	P 12			
	amou	nt of tax you owe or decrease your refund.	NEX	T YEAR,			
		SPOUSE A YOURSELF		d you like to receive a bo		Mailing Add	resses:
		olican Party \$1,50 to Republican Party	optio	n is not available to elect	٦ .	See lines 70	and 75 above.
		cratic Party \$1.50 to Democratic Party		, ^{0.}	Yes		
\$1.50 to (campa	aign Fund \$1.50 to Campaign Fund		<u></u> 1. L	No		
STEP 13		I (We), the undersigned, declare under pen					
		and statements, and, to the best of my (our				e return. Declaration of p	reparer
 Verify y Reched 		· · ·	auon of	`	ny knowledge. K RIKKERS	CPA	04/14/11
Rechect Attach	•				C KTKKKK	<u> </u>	
	• •	<u></u>		Preparer's Signature	אם ממשמת	1	Date
					KROESE P.C		
Your Sign	ature		Date		MAIN AVEN		1004
				SIOUX CEN	TEK	IA 51250-	1824
Spouse's	Signa	ature	Date	Address			

2010 IA 1040 Schedule A

lowa 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 show NELVA E		page 1 of the IA 1040		ectrity No -30-46	mberOPy
		eral bonus depreciation/section 179, please see the 2010 Expanded Instructions on our Web site		30 40	00
Medical and		Do not include health insurance premiums deducted on IA 1040, line 18.		-	
Dental	1.	Medical and dental expenses 1.	2,133		
Expenses	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.			
	3.	Subtract line 2 from line 1. If less than zero, enter zero.		3.	0
Taxes	4.	Other state and local income taxes. DO NOT INCLUDE IOWA STATE INCOME TAX.			
You		Include School District Surtax and EMS Surtax paid in 2010. 4.			
Paid	5.	Include School District Surtax and EMS Surtax paid in 2010. 4. Real estate taxes 5.	<u>1,298</u>		
	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.			
	8.	Add amounts on lines 4, 5, 6, and 7. Enter the total here.		8.	1,443
Interest	9a	Home mortgage interest and points reported on federal form 1098 9a.			
You	9b	Home mortgage interest not reported on federal form 1098 9b.			
Paid	10.	Points not reported on federal form 1098			
	11.	Qualified mortgage insurance premiums	·		
	12.	Investment interest. Attach federal form 4952 if required. 12.			
	13.	Add lines 9a-12. Enter total here.		13.	
Gifts	14.	Contributions by cash or check	<u>4,295</u>		
to	15.	Other than by cash or check. You must attach federal form 8283 if more than \$500.			
Charity	16.	Carryover from prior year as adjusted for disallowance of bonus depreciation 16.			
•	17.	Add lines 14 through 16. Enter total here.			4,295
Casualty/Theft Loss	18.	Casualty or theft loss(es). Attach federal form 4684.			
Job Expenses	19.	Unreimbursed employee expenses. Attach federal form 2106 or 2106-EZ if required. 19.			
and	20.	Tax preparation fees 20.			
Misc.	21.	Other expenses. List type and			
Deductions		amount 21			
	22.	Add the amounts on lines 19, 20, and 21. Enter the total here			
	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.			
	24.	Subtract line 23 from line 22. Enter the total. If less than zero, enter zero.		24.	0
Other Misc.	25.	Other miscellaneous deductions not subject to 2% AGI Limit. List type			
Deductions	1	and amount.		25.	
Total	26.			26.	5,738
Itemized	20.	Add lines 3, 0, 13, 17, 10, 24, and 23, and enter the total here		20.	37,30
Deductions		If using filing statuses 1, 2, 5, or 6, enter the amount on Step 7, line 39 of the IA 10) 4 0.		
Deductions	<u> </u>	in doing ming database 1, 2, 0, 0, 0 to the amount on outp 1, mile of or the min			
Proration		Complete lines 27 through 31 ONLY if you are using filing status 3 or 4. SPOUS			YOU
of	27.	Enter the lowa net income of both spouses from IA 1040, line 26 27b.	2	27a	
Deductions	28.	Total lowa net income, add columns 27a and 27b. Enter the total here.		28	
Between	29.	Divide the amount on line 27a by the amount on line 28. Enter the percentage here		29	%
Spouses	30.	Multiply line 26 by the percentage on line 29. Enter here and on IA 1040, line 39, column A \dots			
	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	

Iowa Department of Revenue www.state.ia.us/tax

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**File 4685**0

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

INTEREST

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.

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 Pavers.

Name of Books	Check of	n payer	AMOUNT	
Name of Payer	Taxpayer	Spouse	Joint	AMOUNT
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.	<u> </u>	<u> </u>	<u>,</u>	<u>7,1</u> 62

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

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.

N	Check o			
Name of Payer	Taxpayer	Spouse	Joint	AMOUNT
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.	<u> </u>	<u></u>		21,685

41-004b (05/24/10)

Name(s) as shown on page 1 of the IA 1040 NELVA E BRUNSTING MARK THE APPROPRIATE BOX FOR YOU AND YOUR SPOUSE You are a nonresident of lowa X You are a nonresident of lowa wit from lowa sources, or	income
MARK THE APPROPRIATE BOX FOR YOU AND YOUR SPOUSE You are a nonresident of lowa You are a nonresident of lowa You are a nonresident of lowa wit	n income
trom lowa sources, or	5 . Level
You are a part-year resident of lowa You are a part-year lowa resident	f. I. al
Date moved into lowa:	c . 11
and/or • Attach this form and a copy of your	
Date moved out of lowa: return to your lowa return. (IA 1040 • Report only lowa-source income on	
Your spouse is a nonresident of lowa • You may benefit by using filing statu	
Your spouse is a part-year resident of lowa	
Date moved into lowa: IOWA-SOURCE INCOM	E
and/or B. SPOUSE A. YOU C	D IOINT
Date moved out of Iowa: Filing Status 3 Only	JIC JOHN
1. Whater colories tips etc.	
3. Ordinary dividend income 3.	
5. Business income or (loss) 5.	
7. Other gains or (losses) 7	
8. Taxable IRA distributions 8	
9. Taxable pensions and annuities 9	
10. Rents, royalties, partnerships, estates, etc. 10.	22,924
44	
13. Taxable Social Security benefits.	
14. Other income, gambling income, bonus depreciation/section 179	
adjustment 14.	
15. GROSS INCOME. ADD lines 1-14.	22,924
16. Payments to an IRA, Keogh, or SEP while an lowa resident 16.	
17. Deduction for self-employment tax 17. 18. Health insurance deduction 18.	
18. Health insurance deduction 18. 19. Penalty on early withdrawal of savings 19.	
20. Alimony paid	_
20. Alimony paid 20	
21. Pension/retirement income exclusion 21.	
22. Moving expense deduction into lowa only	
23. lowa capital gain deduction 23.	
24. Other adjustments 24.	
25. Total adjustments. ADD lines 16-24.	00 004
26. IOWA NET INCOME. SUBTRACT line 25 from line 15.	22,924
27. All-source net income from line 26, IA 1040 27.	60,775 100.0%
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%.	<u>37.7</u> %
29. Nonresident/part-year resident credit percentage:	
Subtract the percentage on line 28 from 100.0%.	<u>62.3</u> %
30. lowa tax on total income from line 43, IA 1040	2,466
31. Total credits from line 49, IA 1040 31.	60
32. Tax after credits. Subtract line 31 from line 30.	2,406
33. Nonresident/part-year resident tax credit. Multiply line 32 by the percentage on line 29. 33.	1,499

	va Minimum Ta	x Computation
Name(s) as shown on IA 1040 or IA 1041:	SSN or FEIN	
NELTA E DELECTIO		le Copy
NELVA E BRUNSTING	481-30-4685	
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 104		
1. Medical and dental from line 2, federal form 6251		·
2. Taxes from line 3, federal form 6251, less any lowa income tax included on that line	2	1,443
3. Certain interest on a home mortgage not used to build, buy, or improve your home, from line 4, federal form 62	51 3. <u></u>	
4. Miscellaneous itemized deductions from line 5, federal form 6251	,	
5. Refund of taxes from line 7, federal form 6251, less any lowa income tax included on that line	5. <u></u>	
6. Investment interest from line 8, federal form 6251, less interest and expense related to private		_
activity bonds issued after 08/07/86		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	170
10. Passive activities from line 19, federal form 6251	10	1/9
11. behelicialles of estates and trusts from line 15, lederal form 6251		
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		
d. Large partnerships (line 16) . d. k. Section 1202 exclusion (line 13) k.		
e. Long-term contracts (line 22) . e		
f. Loss limitations (line 20) f. m. Related adjustments (see instr.) (line 27) m. g. Mining costs (line 23) g.	12.	
13. Total Adjustments and Preferences. Combine lines 1 through 12.		1,622
PART II: Alternative Minimum Taxable Income		1,022
	1/	44,114
14. Taxable income from IA 1040, line 42; or IA 1041, line 22 15. Net operating loss deduction. Do not enter as a negative amount.		
16. Combine lines 14 and 15	15 16	
16. Combine lines 14 and 15. 17. Add lines 13 and 16.	47	4= 50.5
18. Alternative tax net operating loss deduction. See instructions.		
19. Alternative Minimum Taxable Income. Subtract line 18 from line 17.	19. 19	45,736
PART III: Exemption Amount and Alternative Minimum Tax		137,30
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 filling status 3 or 4; \$212,500 if single, head of household or qualifying widow(er))	21.	
22. Subtract line 21 from line 19. If the result is zero or less, enter zero.		0
00 Marketa Res 00 kg 050/ (0.05)		
23. Multiply line 22 by 25% (0.25). 24. Subtract line 23 from line 20. If the result is zero or less, enter zero.	· · · · · · · · · · · · · · · · · · ·	26,000
25. Subtract line 24 from line 19.		19,736
26. Multiply line 25 by 6.7% (0.067).		1,322
27. Regular tax after credits. See instructions.		2,406
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 lowa net income plus lowa adjustments and preferences. See instructions. If less than zero, enter zero.	29.	22,924
30. Total net income plus total adjustments and preferences. See instructions.		62,397
31. Divide line 29 by line 30 and enter the result to three (3) decimal places.		0.367
32. lowa 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 IA 1	040	Iowa Return Carryover Summary	2010
ame NELVA E	BRU	NSTING	er Identification Number 30-4685
Activity, Form or Screen ST PMT		Description OVERPAYMENT APPLIED TO NEXT YEAR'S ESTIMATES CALCULATED ESTIMATES 2ND QUARTER PAYMENT 3RD QUARTER PAYMENT	 File Copy Carryover to 2011 413 47 230
A		4TH QUARTER PAYMENT ESTIMATES PAID DEDUCTIBLE NEXT YEAR	330

Form **IA1040**

lowa Federal Tax Adjustment Worksheet

2010

lame NEI	VA E BRUNSTING	7			401	er Identification Number
		Federal F	Refund - Iowa Form 10			File Copy
1.	2009 federal refund					
		come credit (less federal advance				
3.	Less 2009 additional child tax	x credit	, ,		3	
4.	Less 2009 first-time homebuy	ıyer credit			4	<u> </u>
5.	Less 2009 refundable educat	ation credit			5	
6.	Less 2009 making work pay	credit	,		6. _	
7.	Prior year federal refund a	after adjustments			7. _	577
8.	2009 deduction for federal ta	axes (lowa Form 1040, line 34)		, , , , ,	8 . _	12,935
9.	Lesser of line 7 or line 8					577
				Spouse		Taxpayer/Joint
10.	Prior year federal refund after	ter adjustments from line 9, allo	ocated, if applicable	10		577
11.	Total of other federal refunds	Is (From years prior to 2009)		11		
12.	Federal income tax refund	d / overpayment received in 2	2010 (Line 10 plus line 11)	12		577
	Self E	Employment and House	ehold Employment Tax			3
				Spouse		Taxpayer/Joint
1.						
2.	Household employment taxe	es		2.		
3.	Total Self-employment and	d Household Employment Ta	ixes	3.	=======================================	
		Federal Tax	Withheld - Iowa Form		_	Towns are all belief
	MA MAC 4000D 4000M	Linkson at altidatement IV d		Spouse		Taxpayer/Joint
1.		I, interest, dividend, K-1				
2.		employment, other income, ba				
3.	Total Federal Income Tax	Withheld		3.	=======================================	
	Fe	deral Estimated Tax P	ayments Made in 2010	- Iowa Form 10	40 Line 32	
1.	Overpayment applied from 2	2009 return	•		1	577
2.						10,923
3.	Total Federal Estimated ta	ax payments made in 2010			3	11,500
		·		Spouse		Taxpayer/Joint
4.	Total Federal Estimated Ta	axes Paid from line 3, alloca	ted, if applicable	4		11,500
		Additional Federal T	axes Paid in 2010 - lo	wa Form 1040 Li		11 060
1.						11,368
2.		val from qualified plans, repayn	nent of first-time homebuyer c	redit, advance EIC pa		11 200
3.	Subtotal (Line 1 minus Line 2)				3 . _	11,368
4.	Less payments made agains	st 2009 federal tax liability				11,945
5.		e federal refundable credits	(Line 3 minus Line 4)			· -
6.	Refundable credits:			•		
		a				
		dit b				
	First-time home buyer cred	dit c	Other refundable credits	T:		
		tal refundable credits				
7.		edits to 2009 unpaid federal tax				
8.	Paid with 2009 federal tax re	eturn (No penalties)				
9.	Federal extension and addition	ional payments from 2009 fede	eral return		9 	
10.	Federal Motor Vehicle Fuel 1	Tax Credit from 2010 federal r	eturn		10	
11.	Excess FICA reported on 20	010 federal return			11	
12.	lotal additional federal tax	x payments made in 2010 (Ad	ld lines 7 thru 11)			T
40	Tatal additional 5-3 - 17		d 16	Spouse		Taxpayer/Joint
		payments from line 12, allocate				
		I in 2010 for tax years prior to 2 kes paid in 2010 for 2009 and				

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

PRINT CLEARLY	For the year Jan. 1-Dec. 31, 2010, Your first name and initial NELVA E If a joint return, spouse's first name and initial Home address (number and street).	Last name BRUNSTING	· •	010, ending	, 20	Your socia	OMB No. 1545-0074 al security number
INT CLEARLY	NELVA E If a joint return, spouse's first name and initi	BRUNSTING	 -				•
T CLEARLY	If a joint return, spouse's first name and initi					481-	
CLEARLY		l Last name					30-4685
LEARLY	Home address (number and street)	1				Spouse's	hale Goby
A R L Y		If you have a P.O. hov. see	Instructions		Apt. no.	Mak	e sure the SSN(s) above
R L Y	13630 PINEROCK	=	I INSUDCUONS.		Apr. no.	•	d on line 6c are correct.
Ÿ	City, town or post office, state, and 2	IP code. If you have a forei	ign address, see ir	nstructions.		Checking	g a box below will not
~ •	HOUSTON	_	7079-591				your tax or refund.
11 -	Check here if you, or your spous	e if filing jointly, want \$3					You Spouse
1 2	Single				d (with qualifying poon is a child but no		
2	Married filing jointly (even if only or	e had income)	child's	s name here.			
3	Married filing separately. Enter spo	use's SSN above	5 Qualif	fying widow(e	er) with dependent	child	
	and full name here.						
6a	X Yourself. If someone can cla	aim you as a dependent,	, do not check l	box 6a 👑			Boxes checked on 6a and 6b
<u>b</u>	Spouse	· · · · · · · · · · · · · · · · · · ·		<u> </u>			No. of children
C	Dependents:		(2) Depend	lent's	(3) Depende	1	▼ II
			1		• • •		hild r (see • did not live with
	(1) First name Las	t name		.,		page	15) you due to divorce
					<u> </u>		(see instructions)
							Dependents on 6c
			ļ <u>.</u>	- 1			not entered above
			l				Add numbers on
		<u> </u>		<u>.,,,,,,,,,</u>			lines above
						• • • • • • • • • • • • • • • • • • • •	15,837
							10,00
_						2600-000000	21,685
	•		1	9b		* * * *	21,00
	Tayable refunds credits or offer	ate of state and local inc	L	30			
		h Schedule C or C-FZ					
						40	-3,000
		•				14	
15a	IRA distributions	15a	3,218 в	Taxable at	mount	15b	3,218
16a	Pensions and annuities	16a				16b	10,788
17	Rental real estate, royalties, par	nerships, S corporations	s, trusts, etc. At	tach Sched	ule E	17	23,013
18	Farm income or (loss). Attach S	chedule F				18	
19	Unemployment compensation					19	
20a	Social security benefits	20a 2	2,518 b	Taxable a	mount	20b	19,140
21	Other income. List type and amo	ount				21	
22	Combine the amounts in the far	right column for lines 7 t	through 21. This	is your to	tal income	▶ 22	90,681
23	Educator expenses			23			
24	· · · · · · · · · · · · · · · · · · ·						
				24			
25							
	Serr-employed SEP, SIMPLE, ar	nd qualmed plans				—— h. i	
	Seit-employed nealth insurance	deduction					
							
	IDA deducation	'	[·····		
		14.7	1				
		1.05				36	
	· ·					··::-	90,683
	3 6a b c d 7 8a b 9a b 10 11 12 13 14 15a 16a 17 18 19 20 22 23 24 25 26 27 28 29 30 31 3 33 33 33 34 35 36 37	Married filing separately. Enter sponand full name here. ► 6a	and full name here. ► 6a	Married filing separately. Enter spouse's SSN above and full name here.	3	a Married filing separately. Enter spouse's SSN above and full name here. ▶ and full name here. ▶ Yourself. If someone can claim you as a dependent, do not check box 6a b Spouse. C Dependents: (2) Dependents Social security number relationship to the full provided relation to the full provided relationship to the full provided relation to the full provided relati	3

Form 1040 (201	O NEL	VA E BRUNSTING	481-30-4685 Page 2
Tax and	38	Amount from line 37 (adjusted gross income)	38 90,681
Credits	39a	Check X You were born before January 2, 1946, Blind. Total boxes	
0.00.00		if: Spouse was born before January 2, 1946, Blind. Schecked ▶ 39a 1	
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here	
	40	Itaniana deducations (from Cabadula A) or your standard deducation (not introduced)	7,100
	41	Subtract line 40 from line 38	41 File Cogn 1581
		Formulations Multiply CO CEO by the grandon on time Cd	42 3,650
	42		70 001
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43 /9,931 44 14,455
	44	Tax (see instr.). Check if any tax is from: a Form(s) 8814 b Form 4972	45
	45	Alternative minimum tax (see instructions). Attach Form 6251	
	46	Add lines 44 and 45	46 14,455
	47	Foreign tax credit. Attach Form 1116 if required 47	- 1
	48	Credit for child and dependent care expenses. Attach Form 2441	
	49	Education credits from Form 8863, line 23 49	4
	50	Retirement savings contributions credit. Attach Form 8880	4
	51	Child tax credit (see instructions) 51	_
	52	Residential energy credits. Attach Form 5695	
	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	56	Self-employment tax. Attach Schedule SE	56
	57	Unreported social security and Medicare tax from Form: a 4137 b 8919	57
Taxes	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
	61	Federal income tax withheld from Forms W-2 and 1099 61	
Payments		2010 estimated tax payments and amount applied from 2009 return 62 11,360	
•	63	Making und nou godit Attach Schodulo M	
if you have a	64a	Earned income credit (EIC) 64a	
qualifying	Б р	Nontaxable combat pay election 64b	
child, attach		1711	
Schedule EIC			
	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	11 260
	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?	▶ b	Routing number	
See instructions.	▶ d	Account number	
	75	Amount of line 73 you want applied to your 2011 estimated tax ▶ 75	
Amount	76	Amount you owe. Subtract line 72 from line 60. For details on how to pay, see instructions	76 3,095
You Owe	77	Estimated tax penalty (see instructions) 77	
Third Part	Do you	want to allow another person to discuss this return with the IRS (see instructions)?	e below. No
	L y Designe	e's Personal identification number (PIN)	▶ 84948
Designee	name	► RICHARD K RIKKERS CPA Phone no. ▶	→ 712-722-3375
Sign	Under po	enalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer ha	it of my knowledge and belief, s any knowledge
Here	Your sig		Daytime phone number
Joint retum? See page 12.		RETIRED	
Keep a copy ▼	Spouse's	signature, If a joint return, both must sign. Date Spouse's occupation	
for your records.	-r		
	Print/Type	preparer's name Preparer's signature Date	Check if PTIN
		K RIKKERS CPA RICHARD K RIKKERS CPA 04/14/1	• · · • · · · · ·
Preparer	Firm's name	NOTICE C MODELLE D. C.	. 40 1077100
		CAC MODELL MATELLA DIPOLITE	Firm's EIN ▶ 4∠-1∠ / / 1.39 Phone no.
Joe Oilly	Firm's addres	SIOUX CENTER IA 51250-1824	712-722 - 3375
		DIOUN CHNILIN IN SIZSU-1024	114 144 0010 _

000065

SCHEDULE B

(Form 1040A or 1040) Department of the Treasury Internal Revenue Service Interest and Ordinary Dividends

OMB No. 1545-0074

Attach to Form 1040A or 1040.

► See instructions on back.

Attachment Sequence No. **08**

NELVA	E	BRUNSTING	481	-30-468	5
Part I		List name of payer. If any interest is from a seller-financed mortgage and the	182	ile Go	ħV
		buyer used the property as a personal residence, see instructions on back and list			
Interest		this interest first. Also, show that buyer's social security number and address ▶			
		EDWARD JONES	L		692
		EDWARD JONES		_	827
(See instructions	;	EDWARD JONES BANK OF AMERICA			4,596
on back and the		BANK OF AMERICA			9,722
instructions for Form 1040A, or					
Form 1040A, or			1 _		
line 8a.)					
			<u> </u>		
Note. If you					
received a Form 1099-INT, Form					
1099-OID, or			L		
substitute			<u> </u>	<u>.</u>	
statement from a brokerage firm					
list the firm's	'				
name as the	2	Add the amounts on line 1	2	1	<u>5,837</u>
payer and enter the total interest	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.			
shown on that		Attach Form 8815	3		
form.	4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form			
		1040, line 8a	4	1	5,837
	Note	. If line 4 is over \$1,500, you must complete Part III.	∤	Amoun	ıt
Part II	5	List name of payer ▶			
		CHEVRON CORPORATION	! L		<u>4,002</u>
		EDWARD JONES			1,340
Ordinary		METLIFE			70
Dividend	S	EXXON MOBILE			6,830
		EDWARD JONES	ŀ		14
(See instructions	;	EDWARD JONES	lL		2,179
on back and the		DEERE & COMPANY	1 L		11
instructions for Form 1040A, or	:	ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100	5		7,239
Form 1040,					
line 9a.)					
N-4- 15		,			
Note. If you received a Form					
1099-DIV or					
substitute		,		_	
statement from a brokerage firm					
list the firm's	,		1 L	_	
name as the				_	
payer and enter the ordinary					
dividends shown	6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form			
on that form.		1040, line 9a	6	2	1 <u>,685</u>
	Note	. If line 6 is over \$1,500, you must complete Part III.			
Part III		must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a			
Foreign	foreig	n account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		Yes	No_
_		At any time during 2010, did you have an interest in or a signature or other authority over a financial			
Accounts		account in a foreign country, such as a bank account, securities account, or other financial account?			
and Trus	ts	See instructions on back for exceptions and filing requirements for Form TD F 90-22.1			X
(See	b	If "Yes," enter the name of the foreign country ▶			
instructions on	8	During 2010, did you receive a distribution from, or were you the grantor of, or transferor to, a			
back.)		foreign trust? If "Yes," you may have to file Form 3520. See instructions on back			X

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

► 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

Attachment Sequence No.

Department of the Treasury Internal Revenue Service Name(s) shown on return

Part I

NELVA E BRUNSTING

Your social security number 481-30**F1665Cop**1

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date so (Mo., day,		(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 MA	NAGED				,	
		10/28/09	03/09	/10	773	718	55
	FRANKLIN FED TAX E		ADV	İ			
		VARIOUS	03/09	/10	409	409	
	HARTFORD DIVIDEND	& GROWTH					
		VARIOUS	03/09	/10	114	105	9
	PERKINS MID CAP VA		00/00	/10	0.0	0.0	
		10/28/09	03/09	/ TO	92	83	9
2	Enter your short-term totals, if any, fro				4 502		107
	line 2			2	4,503	The Control of State (1997)	487
3	Total short-term sales price amour			,	5,891		
	2 in column (d)			3 [5,051		CAL SAL SER
4	Short-term gain from Form 6252 and	short-term gain or	(loss) from E	orme 46	884 6781 and 8824	4	
5	Net short-term gain or (loss) from pai					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•	Schedule(s) K-1					5	
6	Short-term capital loss carryover. Ente	er the amount, if an	v. from line 1	0 of vo	ur Capital Loss		
-	Carryover Worksheet on page D-7		•	-	•	6	
7	Net short-term capital gain or (loss). Combine lines 1	through 6 in	column	(f)		560
ъ.	art II Long-Term Capital (Saine and Loc	coc Acc	ote H	old More Than One	Voor	
	Long-Term Capital C	Janis and Los	363 – A33		eld Hibre Than One	I Cai	
	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date so (Mo., day,		(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	VARCEOOD	10/10	, +0	11,000	0,010	2,101
		VARIOUS	12/30	/10	9,869	6,952	2,917
	GA POWER CO	VIIICEGES	12/50	, = 0		0,302	2,317
	on rough oo	VARIOUS	11/17	/10	10,055	10,055	
		7711(1000					
9	Enter your long-term totals, if any, fro	m Schedule D-1,					
	line 9			9			
10	Total long-term sales price amoun	ts. Add lines 8 and				ls de la company	
	9 in column (d)			10	31,023		
11	Gain from Form 4797, Part I; long-ter			.52; and	d long-term gain or		
	(loss) from Forms 4684, 6781, and 88	824				11	
12	Net long-term gain or (loss) from part	inerships, S corpora	ations, estate	s, and t	trusts from		
	Schedule(s) K-1				.,.,	12	
13	Capital gain distributions. See page D	0-2 of the instruction	ns			13	
14	Long-term capital loss carryover. Ente	er the amount, if an	y, from line 1	5 of you	ur Capital Loss		
	Carryover Worksheet on page D-7	•			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14	32,484
15	Net long-term capital gain or (loss)						1 ·
	Net long-term capital gain or (loss)). Combine lines 8 t	through 14 in	column	(f). Then go to Part III		
	on the back	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>			-27,086 edule D (Form 1040) 2010

Schedule D (Form 1040) 2010

Pa	art III	Summary		
16	Combine	lines 7 and 15 and enter the result	16	File Copy ⁵²⁶
	• If line	e 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14.		
		go to line 17 below. e 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete		
	• If line	e 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form NR, line 14. Then go to line 22.		
17	Are lines	15 and 16 both gains?		
	Yes.	Go to line 18.		
	No. S	Skip lines 18 through 21, and go to line 22.		
18		amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-8 of the		
	instruction	ns	▶ 18	
19		amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page e 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		
		lified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040, line 44		
	(or ir	n 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		
		edule D Tax Worksheet on page D-10 of the instructions. Do not complete lines 21 and 22		
	belov	, c		
21	If line 16	is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of		,
-	11 11110 10	—	38.2336333	
	The I	oss on line 16 or	21	3,000
	• (\$3,0	00), or if married filing separately, (\$1,500)		
	Note. W	nen figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you h	ave qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
	[V]			
		Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the	Ž.	
		lified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040, line 44		
	`	n the Instructions for Form 1040NR, line 42).		
	No. (Complete the rest of Form 1040 or Form 1040NR.		

Schedule D (Form 1040) 2010

SCHEDULE D-1 (Form 1040)

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 Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service Name(s) shown on return

NELVA E BRUNSTING

Your social security number

481-30r Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less (b) Date (d) Sales price (e) Cost or other basis (a) Description of property (c) Date sold (f) Gain or (loss) acquired (see page D-7 of the (see page D-7 of the (Example: 100 sh. XYZ Co.) (Mo., day, yr.) Subtract (e) from (d) (Mo., day, yr.) instructions) instructions) MUTUAL GLOBAL DISCOVERY FD 03/09/10 596 **VARIOUS** 568 28 NEUBERGER&BRM MIDCAP GRW INSTL 10/28/09 03/09/10 212 184 28 NEUBERGER&BRM MIDCAP GRW INSTL 10/28/09 2,253 300 03/09/10 1,953 PIONEER CULLEN VALUE FUND CI 10/28/09 03/09/10 105 98 7 T ROW PRICE BLUE CHIP FROWTH 1,337 10/28/09 03/09/10 1,213 124 Totals. Add the amounts in column (d). Also, combine the

amounts in column (f). Enter here and on Schedule D, line 2 For Paperwork Reduction Act Notice, see your tax return instructions. DAA

Schedule D-1 (Form 1040) 2010

487

4,503

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

OMB No. 1545-0074

Schedule E (Form 1040) 2010

Department of the Treasury Internal Revenue Service

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

▶ See Instructions for Schedule E (Form 1040).

Attachment Sequence No.

Your social security number Name(s) shown on return File Copy 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 List the type and address of each rental real estate property: No 2 For each rental real estate property FARMLAND listed on line 1, did you or your family IOWA use it during the tax year for personal Χ purposes for more than the greater of: • 14 days or В . 10% of the total days rented at fair rental value? В (See page E-4) C Income: **Totals Properties** В С Α (Add columns A, B, and C.) 3 3 3 Rents received 4 Royalties received 4 4 Expenses: 5 Advertising Auto and travel (see page E-5) ... 6 Cleaning and maintenance 7 8 8 Commissions 9 Insurance 1,000 10 Legal and other professional fees 10 11 Management fees 11 12 Mortgage interest paid to banks, 12 12 13 Other interest 13 **14** Repairs 14 Supplies 15 16 16 17 18 Other (list) ▶ 18 000 1,000 19 Add lines 5 through 18 . . 19 19 20 Depreciation expense or depletion (see page E-5) 20 20 ,000 21 Total expenses. Add lines 19 and 20 ... 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 -1,000 22 if you must file Form 6198 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 1,000 23 must complete line 43 on page 2 24 Income. Add positive amounts shown on line 22. Do not include any losses 000 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here 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 ,000 Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 For Paperwork Reduction Act Notice, see your tax return instructions. DAA

Sche	edule E (Fo	orm 1040) 2010					Att	achm	ent Sec	uence	No. 1	3	Pag	e 2
Nam	e(s) shown o	n return. Do not enter name and so	cial security number if shown	on other side.					Your	social	security	number		
_N	ELVA	E BRUNSTING							481	30	-468	35		
Cau	tion. The I	RS compares amounts reported	d on your tax return with a	amounts shown on S	chedule(s) ł	ζ-1 .								
P	art II	Income or Loss From any amount is not at risk, you	Partnerships and a must check the box in c	S Corporations column (e) on line 28	Note. If year	ou repo Form 6	ort a 6 198 .	loss fr See	om an a page E-	at-risk 2.	ŀ≓vŀ€	@ @	ЭУ	:
	unallowed i	corting any loss not allowed in a loss from a passive activity (if the expenses? If you answered "Y	hat loss was not reported	on Form 8582), or u	nreimbursed					Y	es [X No		
 28	partitership	expenses? If you answered I	(a) Name	completing this sect	(b) Enter	p; S `	c) Ch	gn		Emplo	ion	aný ar	heck if nount is	
					for S corpo	oration p	oartne	ship		numbe	er	not :	at risk	—
<u>А</u> В					+			+-			•	<u> </u>	-	
C					+			_				+		
D ·													П	
		Passive Income and I	_oss		١	lonpas	ssive	Inco	me and	Loss		•		
		Passive loss allowed Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpass from Sched			.,		79 expen Form 4			Nonpassiv om Sched		
A														_
В		·												
С														
D ·		L. not as appropriate control between the cont		area area more and a second	The court is a section of	N62-022- 1-0-000-1-	-88-68000000	290000000	v. 0000000 ar 000	088600000000				
29a	Totals				4.8	T								
ь 30	Totals	mns (g) and (j) of line 29a				ــــــــــــــــــــــــــــــــــــــ				30	-			
31		mns (f), (h), and (i) of line 29b								31	\downarrow			
32		rtnership and S corporation i	income or (loss). Combir							<u> </u>				
	-	ere and include in the total on lin	• •							32				
P	art III	Income or Loss From	Estates and Trusts	S										
33			(a) Name									Employer cation num	ber	
<u>A</u>		ELMER H BR	RUNSTING DECE	DENTS TR D	TD					ļ	27-	64531	00	_
<u>B</u>				- -						<u>. </u>			-	—
	(-) D	Passive Income			(-\ I				Incom	e and				—
		ve deduction or loss allowed n Form 8582 if required)	(d) Passive Inc	e K-1		Deduction Scheo						ner income ichedule k		
<u>A</u>		0.		24,013						 				
<u>B</u> 34a	Totals			24,013				1,7			- Louis - Comments	Massaroi	tela visat situateisisissi sait	2012.20001
b	Totals										T Project	1		<u>##</u>
35		mns (d) and (f) of line 34a								35	 	2	4,01	
36		mns (c) and (e) of line 34b								36	-			0)
37		tate and trust income or (loss the total on line 41 below	s). Compine lines 35 and	30. Eπτer the result h	ere and					37		2	4,01	1 २
P	art IV	Income or Loss From	Real Estate Morto	age Investment	Conduit	s (RF	MIC	:5}_	Resid	4	Holder		1,01	
38		(a) Name	(b) Employer identification number	(c) Excess inclusion Schedules Q, line	from (c		ble inc	ome (r	net loss)		(e) I	ncome fron		
			THE TAKEN	(see page E-8)	' '						1			—
39	Combine	columns (d) and (e) only. Ente	r the result here and inclu	de in the total on line	41 below			.,		39				
P	art V	Summary												
40		rental income or (loss) from Fo			,					40				
41		ome or (loss). Combine lines 26, 3), line 17, or F	orm 10	40NR,	line 1	8 🕨	41		2	3,01	<u>13</u>
42		liation of farming and fishing												
	_	and fishing income reported on m 1065), box 14, code B; Sche												
	•	and Schedule K-1 (Form 1041),	,		42	and the second	~ e521 (886)		<u></u>	1				
43		liation for real estate profess	, , -			14				1				
	professio	nal (see page E-2), enter the n	et income or (loss) you re	eported										ø
	•	e on Form 1040 or Form 1040N you materially participated unde			43	<u></u>	<u>2003</u> 26658	<u>*************************************</u>	00000 080 06 0 0 //	1				
DAA			,							Scl	nedule	E (Form '	1040) 2	:010

Form 6251

Alternative Minimum Tax—Individuals

See separate instructions.

OMB No. 1545-0074 **2010**

ZUIU achment

Department of the Treasury Internal Revenue Service (99

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

► Attach to Form 1040 or Form 1040NR.

Your social security number

481-30**F4@5Con** NELVA E BRUNSTING 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 90,681 amount from Form 1040, line 38, and go to line 6. (If less than zero, enter as a negative amount.) 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-Taxes from Schedule A (Form 1040), lines 5, 6, and 8 3 3 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions 4 Miscellaneous deductions from Schedule A (Form 1040), line 27 If filing Schedule L (Form 1040A or 1040), enter as a negative amount the sum of lines 6 and 17 from that schedule 6 Tax refund from Form 1040, line 10 or line 21 Investment interest expense (difference between regular tax and AMT) Depletion (difference between regular tax and AMT) Net operating loss deduction from Form 1040, line 21. Enter as a positive amount 10 Alternative tax net operating loss deduction 11 Interest from specified private activity bonds exempt from the regular tax 12 Qualified small business stock (7% of gain excluded under section 1202) 13 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) Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) 16 16 Disposition of property (difference between AMT and regular tax gain or loss) 17 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) 19 20 Loss limitations (difference between AMT and regular tax income or loss) 20 21 Circulation costs (difference between regular tax and AMT) 21 22 Long-term contracts (difference between AMT and regular tax income) 23 Mining costs (difference between regular tax and AMT) 23 24 Research and experimental costs (difference between regular tax and AMT) 24 Income from certain installment sales before January 1, 1987 Intangible drilling costs preference 26 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 91,075 more than \$219,900, see page 8 of the instructions.) Alternative Minimum Tax (AMT) 29 Exemption. (If you were under age 24 at the end of 2010, see page 8 of the instructions.) AND line 28 is not over . . . IF your filing status is . . . THEN enter on line 29 . . . Single or head of household \$112,500 Married filing jointly or qualifying widow(er) 150,000 72 450 75,000 47,450 29 Married filing separately If line 28 is over the amount shown above for your filing status, see page 8 of the instructions. 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 43,625 35 and skip the rest of Part II. 30 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 9,468 31 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 page 9 of the instructions) 32 33 Tentative minimum tax. Subtract line 32 from line 31 9,468 33 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) 35 AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45 For Paperwork Reduction Act Notice, see your tax return instructions. Form 6251 (2010)

Form 6251 (2010)

Page 2

I	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 fron	n line 3	Τ
	of the worksheet on page 9 of the instructions		36	
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax	1 1		File Copy
	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		17 005	
	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	ne result	▶ 42	6,913
43	Enter:			
	• \$68,000 if married filing jointly or qualifying widow(er),			
	• \$34,000 if single or married filing separately, or	43	34,000	
	• \$45,550 if head of household.			/
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		i i	
	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)			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		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 255		t enter	
	this amount on line 31. Instead, enter it on line 4 of the worksheet on page 9 of the instruction	•		9,468
				Form 6251 (2010)

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

<u>IA Tax Return (12/31/11) - IA Form 126</u>

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 lowa Individual Income Tax Form

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

File Copy

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

Current mailing address (number and street apartment lot or suite number) or PO Box 203 BLOOMINGDALE CIR City, State, ZIP VICTORIA Your SSN • Check this box if you or your spouse were 65 or older as of 12/31/11. Spouse SSN • Residence on 12/31/11 STEP 2 Filing Status: Mark one box only. County Number 00 School District Number Single: Were you claimed as a dependent on another person's lowa return? Dependent children for whom an exemption is claimed in Step 3 2 Married filing a joint return. (Two-income families may benefit by using status 3 or 4.) How many have health care coverage? (including Medicaid or hawk-i) 3 Married filing separately on this combined return. Spouse use column B. How many do not have health care coverage? 4 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. STEP 3 Exemptions B. Spouse (Filing Status 3 ONLY) A. You or Joint Personal Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3 $1 \times $40 = $$ X \$ 40 = \$ Enter 1 for each person who is 65 or older and/or 1 for each person who is blind 1 x \$ 20 = \$ X \$ 20 = \$ Dependents: Enter 1 for each dependent Enter first names of dependents here: TOTAL \$ B. Spouse/Status 3 Spouse/Status 3 V STEP 4 Gross Taxable interest income. If more than \$1,500, complete Sch. B. 850 Income 3. Ordinary dividend income. If more than \$1,500, complete Sch. B. 13,239 Business income/(loss) from federal Schedule C or C-EZ NOTE: Use only Capital gain/(loss) from federal Sch. D if required for federal purposes blue or black ink, Other gains/(losses) from federal form 4797 no pencils or red ink. 58,792 Taxable IRA distributions Taxable pensions and annuities Rents, royalties, partnerships, estates, etc. Farm income/(loss) from federal Schedule F Unemployment compensation. See instructions. Other income, gambling income, bonus depreciation/sec. 179 adjustment 14. 137,901 GROSS INCOME. ADD lines 1-14. Payments to an IRA, Keogh, or SEP STEP 5 16. Adjustments to Income 19. Penalty on early withdrawal of savings and Pension/retirement income exclusion 22. Moving expense deduction from federal form 3903 lowa capital gain deduction certain asset sales ONLY (see instructions) Total adjustments. ADD lines 16-24. 7,062 NET INCOME, SUBTRACT line 25 from line 15. STEP 6 27. 2,967 Federal income tax refund / overpayment received in 2011 Federal 28. Self-employment/household employment taxes Addition for federal taxes. ADD lines 27 and 28. 2,967 Addition 29. 133,806 and ↑ Deduc-



Federal estimated tax payments made in 2011 Additional federal tax paid in 2011 for 2010 and prior years 34. Deduction for federal taxes. ADD lines 31, 32, and 33.

BALANCE. SUBTRACT line 34 from line 30. Enter here and on line 36, side 2.

12,180

121,626

		NELVA E BRUNSTING						481-30-4685
2011 IA	. 1	040, page 2	В	. 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.		121,626
Taxable					109	· · · · · · · · · · · · · · · · · · ·	-	
Income		37. Total itemized deductions from federal Schedule A 37. Taxpayers with bonus depreciation/sec. 179 must use lowa Sch. A. 38. lowa 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 lowa Schedule A 39.	· –			/ 7	Complete lin	noc 37 40
		39. BALANCE. Subtract line 38 from line 37 or enter the	·		100	924		
				 -	103	,024	ONLY if you	
		40. Other deductions 40.	· —				FI	le Copy
	41.	Deduction, Check one box. 🛕 🗓 Itemized. Add lines 39 and 40.		Standard		41. <u> </u>	- 1515157	<u> </u>
	<u>42.</u>	TAXABLE INCOME. SUBTRACT line 41 from line 36.			<u> </u>	42.		11 , 802
STEP 8	43.	Tax from tables or alternate tax 43	_			359		
Tax,	44.	lowa lump-sum tax. 25% of federal tax from form 4972						
Credits	45.	lowa minimum tax. Attach IA 6251. 45	. –					
and Checkoff	46.	Total to: ADD force 40, 44, and 45	_			46.		359
Contribu-	47.			****************		60	~ <u>=</u>	
tions			_					
	48.		_	~		<u> </u>		60
	49.	Total credits. ADD lines 47 and 48.						
	50.	BALANCE. SUBTRACT line 49 from line 46. If less than zero, enter zero.				50		299
	51.	Credit for nonresident or part-year resident. Attach IA 126 and federal return	n			51		
	52.	BALANCE. SUBTRACT line 51 from 50. If less than or equal to zero, enter	zero.			52	0	<u> </u>
	53.	Other nonrefundable lowa credits. Attach IA 148 Tax Credits Schedule.				53.		A
	54.	DALANCE CURENACT For 52 from For 52				F.4		
	55.	School district surtax/EMS surtax. Take percentage from table; multiply by I					С	0
	56.	Total Tax. ADD lines 54 and 55.						
	57.	Total tax before contributions. ADD columns A & B on line 56 and enter her	re.	*******************			57,	0
	58.	Contributions. Contributions will reduce your retund or add to the amount you	ou owe	e. Amounts must be in whole	dollars.			
			_	hters/Veterans		se Prevention	Enter	
		58b; A	58c:	_	58d: 📤 _		total. 58.	
CTED 0	59.	TOTAL TAX AND CONTRIBUTIONS. ADD lines 57 and 58.				<u> </u>	59.	
STEP 9	60.	lowa income tax withheld 60.	-					
Credits	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.	lowa earned income tax credit. See Instructions. 65.						
	66.	Other refundable credits. Attach IA 148 Tax Credits Schedule. 66.						
	67.					690		
	00							690
STEP 10	<u>∞.</u>	TOTAL CREDITS. ADD columns A and B on line 67 and enter here.						<u> 690</u>
Refund	69.	If line 68 is more than line 59, SUBTRACT line 59 from line 68. This is the a	amoun	t you overpaid.			69.	
or	70.	Amount of line 69 to be REFUNDED For a faster refund file electronically. Go to www.iowa.gov/tax for deta					REFUND 70.	690
Amount		lowa Income Tax - Refund Processing, Hoover State Office Bldg, Des						
You Owe	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 Al	MOUN				72.	
	73.	Penalty for underpayment of estimated tax from IA 2210 or IA 2210F	A	Check if annualized i	income method	is used.	73.	A
	74.	Penalty and interest		74b. Interest		▲ ADD E		
	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 lowa Incom	не Тах	- Document Processing,				
CTCD 44		PO Box 9187, Des Moines IA 50306-9187. Make Check payable to Trea	surer,					
		ICAL CHECKOFF. This checkoff does not increase the tof tax you owe or decrease your refund.		\$1.50 to Democratic Pa	arty 📙		\$1.50 to Den	nocratic Party
	HOU	SPOUSE	≣:	\$1.50 to Republican Pa	arty	A YOURSE	LF: \$1.50 to Rep	ublican Party
				\$1.50 to Campaign Fun	nd 🔲		\$1.50 to Carr	npaign Fund
STEP 12	ī	(We), the undersigned, declare under penalty of perjury the	nat I	(we) have examined	this return.	including all a	ccompanying so	chedules
		and statements, and, to the best of my (our) knowledge an		• ,	·	•	, , ,	
		other than taxpayer) is based on all information of which the			•	r.310 .314111. D	pi	- F -
PLEASE	* '	sale. Then expayor, is based on all illionnation of which the	io bi	CPUID HAS ANY KNOWN	.cage.			
SIGN HERE	Ξ_			X 11/11/11	RICHA	RD K RIKI	KERS CPA	04/05/12
	Y	our Signature Date C	heck	f Deceased Date of Death	Preparer's S	gnature		Date
SIGN HERE	Ε		•		42-127	7139		
	-	ipouse's Signature Date Ch	eck if	Deceased Date of Death		SN, FEIN, or PTIN		···
								712-722-3375
			Day	rtime 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.

lowa 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 show		page 1 of the IA 1040 UNSTING	Social Security 481-30-	
NOTE: If you have	e fede	eral bonus depreciation/section 179, please see the 2011 Expanded Instructions on our Web site.		-
Medical and		Do not include health insurance premiums deducted on IA 1040, line 18.		<u></u>
Dental	1.	Medical and dental expenses 1. 11	7,831	
Expenses	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	1,411	
	3.	Subtract line 2 from line 1. If less than zero, enter zero.		106,420
Taxes	4.	State and Local (Check only one box):		
You	1 1	Other state and local income taxes. Do not include lowa Income Tax	1 107	
Paid		Other state and local income taxes Do not include lowa Income Tax Include School District Surtax and EMS Surtax paid in 2011 OR 4.	1,13/	
		b X 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	<u> </u>	
	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	9a	Home mortgage interest and points reported on federal form 1098 9a.		
You	9ь	Home mortgage interest not reported on federal form 1098 9b.		
Paid	10.	Points not reported on federal form 1098		
	11.	Qualified mortgage insurance premiums		
	12.	Investment interest. Attach federal form 4952 if required. 12.		
	13.	Add lines 9a-12. Enter total here.		
Gifts	14.	Contributions by cash or check. 14.		
to	15.	Other than by cash or check. You must attach federal form 8283 if more than \$500.		
Charity	16.	Carryover from prior year as adjusted for disallowance of bonus depreciation		
Onarny	17.	Add lines 14 through 16. Enter total here.		60
Casualty/Theft Loss	18.	Casualty or theft loss(es). Attach federal form 4684.	-	
Job Expenses	19.	Unreimbursed employee expenses. Attach federal form 2106 or 2106-EZ if required. 19.		
and	20.	Tax preparation fees 20.		
Misc.	21.	Other expenses. List type and		
Deductions	- ' -	amount 21		
Deductions	22.	Add the amounts on lines 19, 20, and 21. Enter the total here		
	23.	Multiply the amount of federal form 1040*, line 38 as adjusted for disallowance of bonus		
	20.	depreciation/section 179, from line 14 of the IA 1040* by 2% (.02). Enter the result here		
	24.	Subtract line 23 from line 22. Enter the total. If less than zero, enter zero.	24.	0
Other Misc.	25.	Other miscellaneous deductions not subject to 2% AGI Limit, List type		
Deductions		and amount.	25.	
T-4-1		Add lines 3, 8, 13, 17, 18, 24, and 25, and enter the total here		109,824
Total	26.	Add lines 3, 8, 13, 17, 18, 24, and 25, and enter the total nere	26.	109,024
Itemized		If using filing statuses 1, 2, 5, or 6, enter the amount on Step 7, line 39 of the IA 10	40	
Deductions		a using tiling statuses 1, 2, 3, or 0, enter the amount on step 1, line 35 or the IA 10		
Proration		Complete lines 27 through 31 ONLY if you are using filing status 3 or 4. SPOUSE		YOU
of	27.	Enter the lowa net income of both spouses from IA 1040, line 26 27b.	27a	
Deductions	28.	Total lowa net income, add columns 27a and 27b. Enter the total here.		
Between	29.	Divide the amount on line 27a by the amount on line 28. Enter the percentage here.	29	%
Spouses	30.	Multiply line 26 by the percentage on line 29. Enter here and on IA 1040, line 39, column A		
	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.	

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



lowa Department of Revenue www.iowa.gov/tax

2011 IA 1040 Schedule B

Interest and Dividend Income

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

Social Security Number

NELVA E BRUNSTING

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

INTEREST

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.

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.

	Check or	payer		
Name of Payer	Taxpayer	Spouse	Joint	AMOUNT
EDWARD JONES	X			463
EDWARD JONES	X			387
		<u> </u>		
		-		
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

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,

INCOME

check "Joint." Check only one for each payer.

Dividend Income. List Names of All Payers.

	Check or	payer		
Name of Payer	Taxpayer	Spouse	Joint	AMOUNT
CHEVRON CORPORATION	X			609
METLIFE	X			7(
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



000065

lowa	Department	Οţ	Revenue
<u>www</u>	.iowa.gov/tax		

Name(s) as shown on page 1 of the IA 1040	1	Social Security Number
NELVA E BRUNSTING	YOU MUST FILE TH	481 File (65py
MARK THE APPROPRIATE BOX FOR YOU AND YOUR SPOUSE		esident of lowa with income
You are a nonresident of Iowa	from lowa source	
Variable and uses resident of laws		year lowa resident
You are a part-year resident of lowa	• Tou are a part-y	year lowa resident
Date moved into lowa:	• Englace this form	and a convert your fodoral
and/or		and a copy of your federal owa return. (IA 1040)
Date moved out of lowa:	•	source income on the IA 126.
Vous anatona is a passocidant of laws		by using filing status 3 or 4.
Your spouse is a nonresident of lowa	1 ou may benefit i	by using ming status 5 of 4.
Your spouse is a part-year resident of lowa	IOWA	-SOURCE INCOME
Date moved into lowa:		_
and/or	B. SPOUSE	A. YOU OR JOINT
Date moved out of lowa:	Filing Status 3 On	ily
1. Wages, salaries, tips, etc.	1	
2. Taxable interest income	2.	
3. Ordinary dividend income	3.	l
4. Alimony received	4	
5. Business income or (loss)	5.	
6. Capital gain or (loss)	6.	
7. Other gains or (losses)	7.	
3. Taxable IRA distributions	8.	
Taxable pensions and annuities	9	
Rents, royalties, partnerships, estates, etc.	10	
1. Farm income or (loss)	11.	
2. Unemployment compensation	12.	
Taxable Social Security benefits.	13.	
4. Other income, gambling income, bonus depreciation/section 179 adjustment	14.	
5. GROSS INCOME. ADD lines 1-14.	15.	
6. Payments to an IRA, Keogh, or SEP while an Iowa resident	16.	
7. Deduction for self-employment tax	17.	
8. Health insurance deduction	18	
9. Penalty on early withdrawal of savings	19	
0. Alimony paid		
Pension/retirement income exclusion	21.	l
2. Moving expense deduction into lowa only	22	
3. Iowa capital gain deduction	23.	<u> </u>
4. Other adjustments	0.4	
5. Total adjustments. ADD lines 16-24.	25.	A
6. IOWA NET INCOME. SUBTRACT line 25 from line 15. LOW INCOME EXEMPT.	ION 26	
7. All-source net income from line 26, IA 1040	27.	
		100.0%
8. 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%	28	<u> </u>
9. Nonresident/part-year resident credit percentage:		
Subtract the percentage on line 28 from 100.0%.	29.	% 100 <u>.0</u> %
0. Iowa tax on total income from line 43, IA 1040	30	
1. Total credits from line 49, IA 1040	21	60
2. Tax after credits. Subtract line 31 from line 30.	32	
3. Nonresident/part-year resident tax credit. Multiply line 32 by the percentage on line 29.		299
	ENTER 1	THIS AMOUNT ON LINE 51, IA 1040



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www.	iowa.gov/tax	

	Iowa Minimum	Tax Computation
Name(s) as shown on IA 1040 or IA 1041	SSN or FEIN	File Copy
NELVA E BRUNSTING	481-30-46	85 T T 1 J
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.	
4 14 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3,804
Medical and dental from line 2, federal form 6251 Taxes from line 3, federal form 6251, less any lowa income tax included on that line		3,804 3,344
3. Certain interest on a home mortgage not used to build, buy, or improve your home, from line 4, federal for		
Miscellaneous itemized deductions from line 5, federal form 6251		
5. Refund of taxes from line 7, federal form 6251, less any lowa 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		
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	40	
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-1967) 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		
f. Loss limitations (line 20) f m. Related adjustments (see instr.) (line 27) m	0	
g. Mining costs (line 23) g.	12	
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. <u> </u>	11,802
17. Add lines 13 and 16.	17. <u> </u>	18,950
18. Alternative tax net operating loss deduction. See instructions.	^{18.} <u> </u>	
19. Alternative Minimum Taxable Income. Subtract line 18 from line 17.	19. <u> </u>	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		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).		
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. <u></u>	0
27. Regular tax after credits. See instructions.	<u>27.</u> _	299
28. Iowa Minimum Tax. Subtract line 27 from line 26, enter here and on IA 1040, line 45, or IA 1041,		0
line 25. See instructions for Minimum Tax Limited to Net Worth. If less than zero, enter zero.	28	<u>U</u>
PART IV: NONRESIDENTS AND PART-YEAR RESIDENTS ONLY - Complete lines 29 - 32.		
29. Enter lowa net income plus lowa adjustments and preferences. See instructions. If less than zero, enter z		
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. <u> </u>	
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	<u> </u>

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



Form **IA1040**

lowa Federal Tax Adjustment Worksheet

2011

iame	VA E DDINGHTNO				Identification Number
NE1	VA E BRUNSTING	fund - Iowa Form 1	040 Line 27		30-4685 Filo Conv
1.	2010 federal refund			1,	ile Copy
2.	Less 2010 federal earned income credit (less federal advance earner	d income payment)	• • • • • • • • • • • • • • • • • • • •	 2.	2,7507
3.					
4.	Less 2010 first-time homebuyer credit				
5.	Less 2010 refundable education credit		•••••		
6.	Less 2010 making work pay credit			6 —	
7.	Less 2010 adoption credit			7 —	
8.	Less 2010 adoption credit Prior year federal refund after adjustments			''	2,967
9.	2010 deduction for federal taxes (Iowa Form 1040, line 34)			• —	11,500
	Lesser of line 8 or line 9			10	2,967
	25556 61 1110 6 61 1110 6		Spouse	'•	Taxpayer/Joint
11.	Prior year federal refund after adjustments from line 10, alloc	ated if applicable	•		2,967
	Total of other federal refunds (From years prior to 2010)				
13.	Federal income tax refund / overpayment received in 201	11 (Line 11 plus line 12)	13.		2,967
	Self Employment and Househo				
	Sell Employment and Housen	old Employment Ta	Spouse	LINE 20	Taxpayer/Joint
1.	Self-employment taxes		1.		. ,
2.	Household employment taxes				
3.	Total Self-employment and Household Employment Taxe	es	3.		
				= =	
	Federal Tax W	ithheld - Iowa Forn			
4	MO MOO 4000D 4000M is a set of ideas of KA Oct. III	.	Spouse		Taxpayer/Joint
1.	W-2, W-2G, 1099R, 1099M, interest, dividend, K-1, Schedule	· U	1		
2. 3.	Social security, railroad, unemployment, other income, backu				
٥.	Total Federal Income Tax Withheld		· · · <u> </u>	= =	
	Federal Estimated Tax Payı	ments Made in 201	1 - Iowa Form 1040 Lir	ie 32	
1.	Overpayment applied from 2010 return			1	
2.					12,180
3.	Estimates paid in 2011 Total Federal Estimated tax payments made in 2011			···· —	12,180
٠.			Spouse	···· • —	Taxpayer/Joint
4.	Total Federal Estimated Taxes Paid from line 3, allocated	d, if applicable			
4	Additional Federal Tax	es Paid in 2011 - Id	owa Form 1040 Line 33	4	8,393
1.	2010 federal tax liability	4 of Sant Sana bassahınını			0,393
2.	Excise tax on early withdrawal from qualified plans, repaymen				8,393
3. 4	Subtotal (Line 1 minus Line 2)				8,393 11,360
4.	Less payments made against 2010 federal tax liability			4	
5. 6.	2010 unpaid liability before federal refundable credits (Lin Refundable credits:	e 3 minus Line 4)		3. —	
٥.		Making work pay crodit	٥		
	Refundable education credit b		e		
	First-time home buyer credit c Adoption credit d	Other relationable credits	y	_	
	Adoption credit d. Total refundable credits		6		
7.	Application of refundable credits to 2010 unpaid federal tax lia	bility (Lesser of line 5 or line 6)	v		
8.	Paid with 2010 federal tax return (Does not include penalties and interes	st or additional taxes or repayment	ts (from line 2))		
9.	Federal extension and additional payments from 2010 federal	return	(non mic 2))	9. —	
	Federal Motor Vehicle Fuel Tax Credit from 2011 federal return	n		10.	
	Total additional federal tax payments made in 2011 (Add lin	es 7 thru 11)			
		*	Spouse		Taxpayer/Joint
13.	Total additional federal tax payments from line 12, allocated, it	f applicable	•		
14.	Additional federal taxes paid in 2011 for tax years prior to 2010	D	14.		
15.	Total additional federal taxes paid in 2011 for 2010 and p	rior years (Add lines 13 and 1	4) 15.		
	•	-	***		

				505-10	tria misa: vaso no Sobilis ecocoasto code
Form	IA1040	lowa Low Income	Exemption Works	heet	2011
Name				Taxpayer Identi	ication Number
NEI	LVA E BRUNSTING	3		481 30	© ъру
Filin	ng status	1	Dependent of anothe Age 65 or older on 1:	or 2/31/11	<u> </u>
			Spouse	Taxpayer or Joint	
1. A					
•	a) Net income from line 26, Fo				
•	 Pension exclusion from line Social Security Phase-out 	· · · ·	<u> </u>		
•	•	· · · · · · · · · · · · · · · · · · ·			
•	 Net operating loss carryove 	• • • • • • • • • • • • • • • • • • • •			
		on residency, filing status, and age)			1,000
		Resident	t Limitations		
			Age 65 or Olde	r	
	Filing Status	Dependent of Another	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	

Nonresident and Part-year Limitations

No

Yes

Νo

Νo

Filing Status Any

Not Single

Not Single

lowa Source Income Less Than \$ 1,000

\$ 13,500

\$ 32,000

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-De	c. 31, 2	011, or other tax year	beginning	<u> </u>	, 2011, ending , 20			See	separate instruction	ons.
Your first name and initial			Last name DECEASED			ED	Your social security number			
NELVA E			BRUNSTING 11/11/11			11	481-30-4685			
If a joint return, spouse's first name and initial Last name						Spous	e's social security nu File Col	- 0-14 (HEE)		
Home address (numbe	r and st	reet). If you have a P.0	D. box, see instructions.			Apt	no.	▲ Make sure the SSN(s) above		
203 BLO	IIMC	NGDALE C	IR						and on line 6c are co	
City, town or post office VICTORIA		and ZIP code. If you h	nave a foreign address, also complete spaces b $TX - 77904$	elow (see instruction:	s).				Presidential Election Check here if you, or if filing jointly, want \$3 fund. Checking a box	your spouse to go to this
Foreign country name			Foreign province/county			Foreign postal code	;		not change your tax o	
Filing Status	1 2	-	(a) as if only one had income)	4 [_] .		nold (with qualifying person is a child but r				•
	3	- 1	y (even if only one had income) rately. Enter spouse's SSN above			v(er) with dependent	child			
Check only one	3 L	and full name here		<u> </u>	Qualifying wido	wer) wir dependen	. Gillu			
box.	6a		someone can claim you as a deper	ident do not ch	eck box 6a	·····		···) Boxes check	
Exemptions	b	Spouse	comedia san sam yeu as a cope.						on 6a and 6b No. of childre	
	С	Dependents:						(4) child	on 6c who:	
		-			pendent's	1 ''	endent's	age for ch	17 qual. • IIVed with the hild	· —
		(1) First name	Last namé	social secu	urity number	relationsh	ip to you	tax c (see	instr.) you due to di	ivorce
If more than four									or separation (see instructi	ions)
dependents, see instructions and								11	Dependents of	on 6c
check here ►								$\perp \downarrow$	not entered a	
									Add numbers	s on 🗀
	d_	Total number of	exemptions claimed		<u> </u>	<u></u>			lines above	
I	7							7		4.60
Income	8a		t. Attach Schedule B if required		1 1			8a	2	463
Attach Form(s) W-2 here. Also	b	•	terest. Do not include on line 8a				38-7			2 220
attach Forms	9a		nds. Attach Schedule B if required				8,208	9a		.3 , 239
W-2G and	b	Qualified divide			9b			_ sieboolood86		488
1099-R if tax was withheld.	10 11	Alimony receive	, credits, or offsets of state and loca					10	+	400
	12	•	e or (loss). Attach Schedule C or C-					12		
If you did not	13		Attach Schedule D if required. If not required, che	ali basa 📐				13		9,756
get a W-2, see instructions.	14	, , ,	losses). Attach Form 4797				L	14	1	57.100
	15a	IRA distributions	` '	58,792	b Taxab	e amount		15b	5	8,792
	16a	Pensions and a				e amount		16b		9,920
Enclose, but do	17	Rental real esta	te, royalties, partnerships, S corpora	ations, trusts, etc				17	4	1,938
not attach, any	18	Farm income or	(loss). Attach Schedule F					18		
payment. Also, please use	19	Unemployment						19		
Form 1040-V.	20a	Social security be	nefits 20a	20,642	b Taxab	e amount		20b	1	7,546
	21	Other income. L	ist type and amount					21		
	22	Combine the an	nounts in the far right column for line	es 7 through 21.	This is you	r total income	<u> </u>	22	15	2,142
	23	Educator expen			23			-		
Adjusted	24		s expenses of reservists, performing							
Gross			nment officials. Attach Form 2106 or							
Income	25		account deduction. Attach Form 888 es. Attach Form 3903	39	25			-		
	26 27	• ,		dulo CE				-		
	28		of self-employment tax. Attach Sche SEP, SIMPLE, and qualified plans					-		
	29	Solf amployed b	nealth insurance deduction		29			-		
	30	Penalty on early	withdrawal of savings		30					
	31a	Alimony paid			31a			1		
	31a	154								
	33	Student loan int	erest deduction							
	34		s. Attach Form 8917							
	35	Domestic produ	ction activities deduction. Attach Fo	rm 8903	35					
	36	Add lines 23 thr			.,			36	1	
								$\overline{}$		

DAA

Preparer

Use Only

Firm's name

Firm's address

KROESE

SIOUX CENTER

& KROESE

540 NORTH MAIN AVENUE

P.C.

IA 51250-1824

Firm's EIN

712-722-3375

Phone no.

42-1277139

Form 1040 (2011)

SCHEDULE A (Form 1040)

Itemized Deductions

Internal Revenue Service	ıry	(99) Attach to Form 1040. See Instruct	ions for Schedule A (Fo	omn 1040).	Sequence No.	07
Name(s) shown on Form		UNSTING	•	Your social securit	The second of th	
Medical	מע			1 401 30	lle Cob	У
and	4	Caution. Do not include expenses reimbursed or paid by others. Medical and dental expenses (see instructions)	118	8,893		
Dental		Enter amount from Form 1040, line 38 2 152, 142		7,000		
Expenses		Multiply line 2 by 7.5% (.075)] 3 11	L,411		
LAPONOCO		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	107	, 482
Taxes You		State and local (check only one box):	T			,
Paid	Ū	a Income taxes, or	5 1	L , 137		
		b X General sales taxes				
	6	Real estate taxes (see instructions)	6 2	2,027		
	7	Personal property taxes	7	57		
	8	Other taxes List type and amount				
	Ī	FOREIGN TAXES - 1041-GT	8	123		
	9	Add lines 5 through 8		9	3	, 344
Interest	10	Home mortgage interest and points reported to you on Form 1098	10			•
You Paid	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				
Note.		person's name, identifying no., and address				
Your mortgage						
interest deduction may						
be limited (see			11			
instructions).	12	Points not reported to you on Form 1098. See instructions for				
		special rules	12			
		Mortgage insurance premiums (see instructions)	13			
	14	Investment interest. Attach Form 4952 if required. (See	14			
	15	instructions.) Add lines 10 through 14	14	15		
Gifts to		Gifts by cash or check. If you made any gift of \$250 or more,		15		
Charity	10	see instructions	16	60		
_	17	Other than by cash or check. If any gift of \$250 or more, see	1.5			
If you made a gift and got a	•	instructions. You must attach Form 8283 if over \$500	17			
benefit for it,	18	Carryover from prior year	18			
see instructions.		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	21	Unreimbursed employee expenses—job travel, union dues,				
and Certain		job education, etc. Attach Form 2106 or 2106-EZ if required.				
Miscellaneous		(See instructions.) ▶	24			
Deductions	22	Tax preparation fees	21 22			
		Other expenses—investment, safe deposit box, etc. List type	22			
	~-0					
			23			
	24	Add lines 21 through 23	24			
		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	28	Other—from list in instructions. List type and amount				
Miscellaneous Deductions				28		
Total	29	Add the amounts in the far right column for lines 4 through 28. Also, e	nter this amount			
Itemized on Form 1040, line 40		29	110,	,886		
Deductions	30	If you elect to itemize deductions even though they are less than your				
		deduction, check here	<u> </u>	 		

SCHEDULE B

(Form 1040A or 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Attach to Form 1040A or 1040. See instructions on back. Name(s) shown on return Your social security numbe 481-30-4685 NELVA E BRUNSTING - I E (1000) Part I 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 Interest this interest first. Also, show that buyer's social security number and address 463 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 463 Add the amounts on line 1 payer and enter Excludable interest on series EE and I U.S. savings bonds issued after 1989. the total interest shown on that Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form form. 1040, line 8a ▶ 463 Note. If line 4 is over \$1,500, you must complete Part III. **Amount** Part II List name of payer ▶ CHEVRON 609 CORPORATION **Ordinary** METLIFE 70 **Dividends** EXXON MOBILE 756 (See instructions EDWARD JONES 697 on back and the DEERE & COMPANY instructions for H BRUNSTING DECEDENTS 8,092 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 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form the ordinary 1040, line 9a 6 13,239 dividends shown Note. If line 6 is over \$1,500, you must complete Part III. on that form. You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a Yes No foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. Part III 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 **Foreign** country? See instructions Accounts If "Yes," are you required to file Form TD F 90-22.1 to report that financial interest or signature and Trusts authority? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to (See instructions on b If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the back.) financial account is located

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

Schedule B (Form 1040A or 1040) 2011

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

SCHEDULE D (Form 1040)

▶ Use Form 8949 to list your transactions for lines 1, 2, 3, 8, 9, and 10.

Capital Gains and Losses

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

Department of the Treasury Internal Revenue Service Name(s) shown on return

NELVA E BRUNSTING

Your social security number
481-30F4665COOV

THEYTT E DICONSTITUT			1 101 30	HE JUUY
Part I Short-Term Capital Gains and	d Losses – Assets H	eld One Year or Less	389 B	odes her observedoorn in his den se—beseer
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)
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
 Short-term gain from Form 6252 and short-term g Net short-term gain or (loss) from partnerships, S Schedule(s) K-1 Short-term capital loss carryover. Enter the amour Worksheet in the instructions 	corporations, estates, and	trusts from	5	
7 Net short-term capital gain or (loss). Combine long-term capital gains or losses, go to Part II belo Part II Long-Term Capital Gains and	lines 1 through 6 in column	(h). If you have any		9,927
Complete Form 8949 before completing line 8, 9, or 10.	(e) Sales price from Form(s) 8949, line 4,	(f) Cost or other basis from Form(s) 8949,	(g) Adjustments to gain or loss from	(h) Gain or (loss) Combine columns (e),
This form may be easier to complete if you round off cents to whole dollars.	column (e)	line 4, column (f)	Form(s) 8949, line 4, column (g)	(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
Gain from Form 4797, Part I; long-term gain from from Forms 4684, 6781, and 8824			11	
12 Net long-term gain or (loss) from partnerships, S	corporations, estates, and t	rusts from Schedule(s) K-1	12	
13 Capital gain distributions. See the instructions			13	1
14 Long-term capital loss carryover. Enter the amount				00.500
Worksheet in the instructions 15 Net long-term capital gain or (loss). Combine is		(h) Then go to Bort III on	14 (23,526
the back	ŭ	()		-171
F. D I D. I C. A CHI C	4 * 4 **			L D /F 4040\ 0044

Schedule D (Form 1040) 2011

P	art III	Summary	··-	
16 Combine		lines 7 and 15 and enter the result	16	File Copy ⁷⁵⁶
	• If line	e 16 is a gain , enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line		
	14. T	hen go to line 17 below.		
	• If line	e 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete		
	line 2	22.		
	 If line 	e 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form		
	1040	NR, line 14. Then go to line 22.		
17	Are lines	15 and 16 both gains?		
	Yes.	Go to line 18.		
	X No. :	Skip lines 18 through 21, and go to line 22.		
40		annual Van College College Only Detail Only Machine College Co		
18	Enter the	amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions	▶ 18	
19	Enter the	amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the		
	instruction	ns	▶ 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 4	44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22		
	belov	v.		
	П.,.	0 1/ 5 440/1 15 40 5 404/15 11 15 4/ 51		
		Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the		
	Sche	edule 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		
		П		
	-	oss on line 16 or	21	(
	• (\$3,0	00), or if married filing separately, (\$1,500)		
	Note. W	nen figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you h	ave qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
	X 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 4	4 (or in the instructions for Form 1040NR, line 42).		
	No.	Complete the rest of Form 1040 or Form 1040NR.		

Schedule D (Form 1040) 2011

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

Attachment

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Your social security number

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 [B] Short-term transactions reported on Form 1099-B with basis reported to the IRS 1099-B but basis not reported to the IRS 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*	
NVSCO BLD A	MER BDS	INCM 11/22/10	11/10/11	10,509	9,880		
EERE & CO			02/03/11	25,098	15,800		
						···	

Part II

Your social security number

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

NELVA E BRUNSTING

481-30-4685

Part II	Long-Term Capital Gains and Losses—Assets Held More Than One Year	
Note: You mu	st 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

(B) Long-term transactions reported on Form X (C) Long-term transactions for which

(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*
K BLD AMER	BONDS INC		10/07/11	14,493	13,919	
EERE & CO			06/07/11	50,391	35,794	
DEERE & CO	_		10/21/11	30,006	24,418	
DEERE & CO			11/09/11	14,110	11,204	
SMAC SMARTNO	TES		04/11/11	8,725	9,000	
N FIN AUTH	REV PARKV	TIEW	04/15/11	14,819	14,850	
TOYOTA MOTOR	CR CORP		04/11/11	4,995	5,000	
			,,		-	
1777						
· .						
						
		-				
). Enter here and inclu	ude on Schedule D, lin	e 8 (if			
box A above is check (if box C above is ch		above is checked), or l	ine 10 • 4	137,539	114,185	

Sche	edule E (Form 1040) 2011					А	ttachm	ent Seq	uence M	No. 13		Page 2
	(s) shown on return. Do not enter name and social secu	urity number if shown on other side	e.					1		rity numb	er	
N	ELVA E BRUNSTING							481	-30-	-4685		
Cau	tion. The IRS compares amounts reported								1			- 4 - 442.52
P	Income or Loss From any amount is not at risk, you	Partnerships and u must check the box in o	S Corporation column (e) on line	1 S Not 28 and a	e. If you attach Fo	report a	loss f B. See	rom an a instructi	at-risk at ons.	## C o	@øp	У
	Are you reporting any loss not allowed in a unallowed loss from a passive activity (if t	hat loss was not reported	on Form 8582), o	r unreiml	•				Ye	s X	No	
 28	partnership expenses? If you answered "	res, see instructions beto	ore completing this	(b)) Enter P for irtnership; S	(c) C	check if		i) Employe		(e) Ch	
_				for	S corporatio	n partr	nership		number		not a	
<u> </u>			- ···· · · · · · · · · · · · · · · · ·			-	₩	 				
B C						+	+-					
D						+	H					1
	Passive Income and	Loss	1		Nor	npassiv	e Inco	me and	Loss			
	(f) Passive loss allowed	(g) Passive income	(h) Nonn	assive loss				79 expense		(i) N	onpassive in	come
A	(attach Form 8582 if required)	from Schedule K-1	1 1 1									
В								-				
С												
D												-
29a	Totals											
b	Totals									144		
30	Add columns (g) and (j) of line 29a								30			
31	Add columns (f), (h), and (i) of line 29b								31 ()
32	Total partnership and S corporation	• •	ne lines 30 and 3	1. Enter t	he]]			
	result here and include in the total on li								32			
	art III Income or Loss From	Estates and Trusts	5									
33		(a) Name									Employer tion number	
Α	ELMER H BF	RUNSTING DECE	DENTS TR	DTD						77-6	45310	0
В												
	Passive Income	e and Loss				Nonp	oassiv	e Incom	e and l	Loss		
	(c) Passive deduction or loss allowed	(d) Passive inco	ime	(e) Deduction or loss					(f) Other income from			
	(attach Form 8582 if required)	from Schedule			from S	chedule K	(-1		-	Sche	dule K-1	
Α	0		41,938						Ļ			
В	I seeme to be a seeme to be		41 020					i i i i i i i i i i i i i i i i i i i	1			
34a	Totals 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		41,938									
b o-	Totals		Maria de la compansión de						0.5		// 1	, 938
35 36	Add columns (d) and (f) of line 34a Add columns (c) and (e) of line 34b								35 36 (, 938
36 37	Total estate and trust income or (los	s) Combine lines 35 and	36 Enter the resu		nd				30 (
٠.	include in the total on line 41 below		oo. Enter the rest	in note a	110				37		41	, 938
P	art IV Income or Loss From	Real Estate Mortg	age Investme	nt Cor	nduits	(REMI	Cs)-	Resid		older		
38	(a) Name	(b) Employer identification number	(c) Excess inclus Schedules Q, i (see instruction	line 2c	1 ' '	Taxable in				• ,	come from es Q, line 3b	<u> </u>
	The last transfer of the last	-	(See IIISII UCAI	oris)	+							
39	Combine columns (d) and (e) only. Ente	r the result here and inclu	de in the total on	line 41 b	L elow				39			
	art V Summary	Total Total Total	do in the total on		<u> </u>				1 1			
40	Net farm rental income or (loss) from Fe	orm 4835. Also, complete	line 42 below						40			
41	Total income or (loss). Combine lines 26, 3	· ·		040, line 1	7, <u>or For</u> n	n 1040NF	R, line 1	8 🕨	41		41	,938
42	Reconciliation of farming and fishing	j income. Enter your gro	ss									
	farming and fishing income reported on	Form 4835, line 7, Sched	ule K-1								115	
	(Form 1065), box 14, code B; Schedule	,										
42	U; and Schedule K-1 (Form 1041), line	•			42	100						
43	Reconciliation for real estate professional (see instructions), enter the											
	anywhere on Form 1040 or Form 1040	NR from all rental real esta	ate activities		T				1			
	in which you materially participated under	-: The hassive activity loss	COURS	ı	43				1.0000000000000000000000000000000000000	CONTRACTOR OF THE PARTY.	and the second second second second	ALBERT CONTROL

6251

Alternative Minimum Tax—Individuals

► See separate instructions.

OMB No. 1545-0074

Department of the Treasury

▶ Attach to Form 1040 or Form 1040NR. Internal Revenue Service Name(s) shown on Form 1040 or Form 1040NR Your social security number 481-30**-4625Cop** NELVA E BRUNSTING 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.) 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 3,804 Taxes from Schedule A (Form 1040), line 9 3,344 3 4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line Miscellaneous deductions from Schedule A (Form 1040), line 27 6 Skip this line. It is reserved for future use 6 488 Tax refund from Form 1040, line 10 or line 21 7 7 Investment interest expense (difference between regular tax and AMT) 8 9 Depletion (difference between regular tax and AMT) 10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount 10 11 Alternative tax net operating loss deduction 11 Interest from specified private activity bonds exempt from the regular tax 12 Qualified small business stock (7% of gain excluded under section 1202) 13 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 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 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 18 0 Passive activities (difference between AMT and regular tax income or loss) 19 20 Loss limitations (difference between AMT and regular tax income or loss) 0 20 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 47,916 more than \$223,900, see instructions.) 28 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 48,450 Married filing separately 75,000 29 If line 28 is **over** the amount shown above for your filing status, see instructions. 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, 0 and 35, and go to line 34 30 **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 31 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) 32 33 Tentative minimum tax. Subtract line 32 from line 31 0 33 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) 34

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

35 AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45

Form 6251 (2011)

Form 1310

(Rev. November 2005)

Department of the Treasury

Statement of Person Claiming Refund Due a Deceased Taxpayer

OMB	No.	1545-0074
Civid	100.	10-10-001-1

epartment of the Treasury

See instructions below and on back.

Attachment 87

internal Re	venue Service	See II	nstructions below and on back	L=	Sequenc	e No. U	
•	decedent was due a				r: o		
Calenda		1 , or other tax year beginning	, 20	, and endir	- 1100	-	
	Name of decedent	DINGETIG		Date of death	Decedent's social sec	urity in	0.
		BRUNSTING		11/11/11	481-30-4685		-
Please print	Name of person claiming ANITA BRU	g refund JNSTING			Your social security r	number	
or	· 	and street). If you have a P.O. box, see instructions.				Apt. no.	
type	203 BLOOM	MINGDALE CIRCLE	<u> </u>				
	City, town or post office,	state, and ZIP code. If you have a foreign address, see $TX \qquad 779$					
Part	l Check th	e box that applies to you. Check of	only one box. Be sure to cor	nplete Part III I	pelow.		
C X	Fairnis co.	A or B, claiming refund for the decedent's e		nplete Part II.			
					<u></u>	Yes	No
1 Did	the decedent leave a	will?				Χ	
2a Has	a court appointed a	personal representative for the estate of th					X
•		2a, will one be appointed?					X
-		2a or 2b, the personal representative mus					
		ne refund for the decedent's estate, will you	pay out the refund according to	the laws		X	<u> </u>
		ecedent was a legal resident?					J
		 a refund cannot be made until you subner or other evidence that you are entitled un 					
BURGOV PRESTURBION A	010000			ilu.			
Part	III Signature	e and verification. All filers mus	t complete this part.				
I request	a refund of taxes ov	verpaid by or on behalf of the decedent. Un	der penalties of perjury, I declare	that I have examine	ed this claim, and to		
the best	of my knowledge an	d belief, it is true, correct, and complete.	•				
Signatu	re of person claimi	na refund >			Date ▶		
~ igricitu	o or bergon claim	ng rotatio F			-4W F		

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

<u>IA Tax Return (12/31/10) - IA Form IA-1041, Page 1</u> <u>IA Tax Return (12/31/10) - IA Form IA-1041, Page 2</u>

IA Tax Return (12/31/10) - IA K-1 Equivalent - NELVA BRUNSTING

IA Tax Return (12/31/10) - IA Required Statements

		ndar Year 2010 or fiscal year beginning , and ending	lowa Fi	duciary Return
	ne of	TIMES II DEINOMING DECEDENCE MD DMD	Dept. of Revenue No.	Check one:
		r Trust 4-1-09 AS EST UTD 10-10-96	Dope of November 140.	Estate
		Address, and Title of Fiduciary	Federal Identification No.	15
		TA BRUNSTING		Fue reditiv
20	3	BLOOMINGDALE CIRCLE	27-6453100	X Complex Trust
V	IC.	TORIA TX 77904	Iowa County in which	X Complex Trust
TI	RUS	STEE	estate is pending	Bankruptcy Estate
		of Attomey, Address (Number and Street), City, State, and Zip Code		
		DACE KUNZ-FREED		If trust, check one:
		DO ST MARYS LANE, SUITE 230	Probate No.	X Testamentary
		STON TX 77079 y's Phone Number 800-229-3002		Inter Vivos
Autho	oriza:	tion is granted to the attorney listed above to receive confidential tax information u	Inder Iowa Code section 421.60 to act as the	trust or
estate	e's re	epresentative before the lowa Department of Revenue and to make written or ora	I presentations on behalf of the trust or estat	te
Have	pric	or returns been filed for this estate or trust? Yes X No Is Income	[1	Yes X No
ls thi	s ar	amended IA 1041? Yes X No Is an Iowa	706 being filed? Yes X No	
	1.	Dividends. Enter full amount.	1	
		Interest	2	
	3.	Income from partnerships and other fiduciaries, Attach supporting schedule.	3.	
NCOME	4.	Net rents and royalties	4. 24,013	
္ပ	5.	Net business and farm income or loss. Attach Schedules C or C-EZ and F, federal form 104	0 5	
Ž	6.	Net gain (loss) from capital assets	6	
		Ordinary gains (losses). Attach federal form 4797.		
		Other income. State nature of income.		04 013
		Total income. Add lines 1 through 8.		24,013 ▲
	10.	Interest. Enter on Schedule D, page 2.	10	
	11.	Taxes. Enter on Schedule D, page 2.	· · · · · · · · · · · · · · · · · · ·	
	12.	Fiduciary fees. Enter on Schedule D, page 2. Charitable deduction from income in compliance with Will or Trust instrument.		
S		Attorney, accountant, and return preparer fees. Enter on Schedule D, page 2.		
<u>N</u>		Other deductions not subject to 2% floor. Enter on Schedule D, page 2.		
Ĕ		Allowable miscellaneous itemized deductions. Enter on Schedule D, page 2.		
٦		Total. Add lines 10 through 16.		89.▲
voucher here. DEDL		Balance. Subtract line 17 from line 9		00 00 4
ucher	19.	Distributions to beneficiaries. Complete Schedule B on page 2 or attach federal Schedule K-	1. 19. <u>23,924</u>	
and vo		Federal estate tax attributable to income in respect of a decedent (fiduciary's sh		
int ar	21.	Total. Add lines 19 and 20.	21	23,924
ayment -	22.	Taxable income of fiduciary. Subtract line 21 from line 18. Must be zero on fina	l return 22	0_
Staple p		sidents complete lines 23-32. Nonresidents complete Schedule C and enter on lir		
₩ ₩	23.	Compute tax from rate Schedule E, page 2.		
_	24.	Iowa lump sum tax. Attach federal Schedule 4972.	24	
F		Iowa minimum tax. Attach IA 6251.		0
RESIDENT	26.	Tax before credits. Add lines 23 through 25.	26	U
RESIC	27.	Personal exemption credit. This is a nonrefundable credit.		
_ =		Out-of-state tax credit. Attach copy of out-of-state return and Schedule IA 130.		•
္ပ	29.	Motor fuel tax credit. Attach Schedule IA 4136.	29.	
		Other credits. Attach IA 148 Tax Credits Schedule. Total credits. Add lines 27 through 30.		
	31.	Tax liability. Residents subtract line 31 from 26. Nonresidents enter amount from		0
当		Tax paid with additional lowa Fiduciary Income Tax Payment Voucher		
B	34.	Refund. If line 33 is larger than line 32, enter the difference.	34.	
×		Amount due. If line 33 is less than line 32, enter the difference.	35.	0 🛦
		Mail to: Fiduciary Return Processing, Iowa Department of Re	venue, PO Box 10467, Des Moine	es, IA 50306-0467
ш	DE	CLARATION: The undersigned hereby certifies and declares that this return, and amined; that to the best knowledge and belief of the undersigned, it is a true, come the income tax law of the State of Iowa and the rules and regulations issued under the company of the state of Iowa and the rules and regulations issued under the company of the state of Iowa and the rules and regulations issued under the company of the state of Iowa and the rules and regulations issued under the company of the state of Iowa and the rules are the company of the state of Iowa and the rules are the company of the state of Iowa and the rules and regulations is such as the company of the state of Iowa and the rules are the company of the state of Iowa and the rules are the company of the state of Iowa and the rules are the company of the Iowa and		
ER	by	the income tax law of the State of lows and the rules and regulations issued under	er authority thereof. Note: State tax information	n may be
I		closed to tax officials of another state or of the United States for tax administrative nature of fiduciary or officer representing fiduciary	e purposes.	Date
<u>S</u>	_ <u> </u>		10 NORTH MAIN AVENUE	Date
S			OUX CENTER, IA 51250-1824	08/29/11
cs				63-001a (07/21/10)

ELN	MER H BRUNSTING DECEDENTS TR	DTD 2	27-64	53100	Fiduc	iary Schedu	ıles A, B	8, C, D, and E				
Sch	nedule A - Background Information: Answer											
	Date estate was opened or created:				Date of dece	edent's death:						
3.	Decedent's business or occupation:					age at death:						
5	Was a decedent's final return filed? Yes No.			 6	Did will of de	ecedent create trus	it? Ye	s No				
7.	Did decedent file IOWA return(s) up to the date of death?	Yes T	No If	no. attach	eamings sta	tement or explana	tory afficially	$\sim C_{\rm ODM}$				
8	Enter decedent's name, address, and SSN:						-, - I-TIC	, copy				
9.	Name and Social Security No. of decedent's spouse, if any:				· · ·							
	Enter name(s) of executor(s):											
	Enter date(s) and amount(s) of executor's fees paid to ex	xecutor(s):										
	Had federal audit been made on prior returns of deceden		or trust?	Yes	X No Is	an audit now in th	e process?	Yes X No				
	Have expenses of administration or selling expenses bee						•					
	Did you as fiduciary withhold on income distributions may					XI _{No}						
1	Does the estate/trust elect to recognize the gain or loss of					_ —	Yes X No	ı				
50	Schedule B - Beneficiaries' Shares of Income and Credits: Attach additional pages as necessary. In lieu of Sch. B, attach federal Sch. K-1.											
		Beneficiar	уА	Benet	iciary B	Beneficiary (TOTALS				
1.	Names of each beneficiary 1.	SEE S	CHEDU	LE K-	-1 EQUI	VALENT(S)						
	Social Security Number 2.							G.				
1	Address 3.											
4.	lowa resident (Yes/No) 4.											
	Net short-term capital gain 5.											
	Net long-term capital gain (100%) 6.											
	Depreciation and depletion 7.											
	Ordinary income subject to lowa income tax 8.							23,924				
	Income not subject to lowa income tax 9.											
	Excess deductions 10.											
	REGARDING IOWA NONRESIDENT INCOME	A TO MAKE										
11.	lowa income tax withheld, if any11.											
12.	Withholding agent's identification number 12.		, .									
Sch	nedule C - Computation of Nonresident's Ta	ax	Sche	dule D	- Explana	tion of Expen	ses					
1.	Federal taxable income from federal 1041		Line		Expla	anation		Amount				
	(include ESBT income) 1.	50,422	No.									
2.	Interest and dividends from federal securities 2.		11	TAX E	XPENSE	- STMT 1		89				
3.	Balance. Subtract line 2 from line 1. 3.	50,422										
4.	Deduction taken for lowa state income tax 4.											
5.	Interest and dividends from foreign, state, and	[
	municipal securities 5.	2,070										
	Exemption credit from federal 1041 6.	100										
	Adjusted taxable income. Add lines 3 through 6 7.	52,592	ļ		 							
8.	Compute tax on the amount shown on line 7	2 1 2 2	<u> </u>									
	using Schedule E	3 , 137	-									
	Personal exemption credit 9.	\$40.00										
	Tax before being prorated10	3,097										
11.	Nonresident percentage. Divide amount on line											
	22, page 1, by amount on line 7, Schedule C.	0 00	Sche	dule E	- Tax Rate	es						
	This may not be greater than 100.0%. 11.		1	e Income				Of Excess				
1	Multiply line 10 by percentage on line 11. 12.			/er But \$0	Not Over \$1,428	\$0.00	Tax Ra + (0.36%					
l	lowa lump-sum tax: Attach federal Schedule 4972. 13.		\$1,4		\$2,856	\$5.14	+ (0.72%					
	lowa minimum tax: Attach IA 6251. 14.		\$2,8		\$5,712	\$15.42	+ (2.43%					
	Balance. Add lines 12, 13, and 14.		\$5,7 \$12,8		\$12,852 \$21,420	\$84.82 \$406.12	+ (4.50% + (6.12%					
i	Motor fuel tax credit. Attach IA 4136. 16.		\$21,4		\$28,560	\$930.48	+ (6.48%	. ,				
17.	Other credits 17.		\$28,5	30	\$42,840	\$1,393.15	+ (6.80%	6 x \$28,560)				
	Total credits. Add lines 16 and 17. 18.		\$42,8 \$64,2		\$64,260 over	\$2,364.19 \$4,060.65	+ (7.92% + (8.98%					
19.	Total tax liability. Subtract line 18 from line 15.		50,,2		J 70.	4 .,225.00	(5.507					
l	Enter on line 32, page 1. 19.		1					63-001b (03/23/11)				

Iowa Schedule K-1 Equivalent

Form IA 104	41		-		2010
	For calendar year 2010, or tax year be	ginning	, and	d ending	
Name of trust					Amended K-1
	BRUNSTING DECEDENTS TR D	ΓD		<u> 200 - 70</u> 00	F16
	S EST UTD 10-10-96	· · · · · · · · · · · · · · · · · · ·			elGopy
Beneficiary's iden			Estate's or trust's EIN		
Beneficiary's name	, address, and ZIP code		Fiduciary's name, address		
	NINI GENTLA		ANITA BRUNS	TING	
NELVA BF			TRUSTEE		
	NEROCK LN			GDALE CIRCLE	0.4
HOUSTON	TX 77079-591	.4	VICTORIA	TX 779	04
Reside	ent state: TEXAS				
	Enter the following items on the s	tate incor	ne tax return of the above	e named individual.	
1 Beneficiary's	s Share of Federal Taxable Income	1	31,252	This data presented for informa	tion only
Income					
2 Interest	.,	2		Schedule B, Part I, line 1 or IA 1	26, line 2
3 Ordinary of	dividends	3		Schedule B, Part II, line 3 or IA	126, line 3
4 a Net short-t	term capital gains	4 a		Form IA 1040, line 6 or IA 126,	line 6
	erm capital gains	I		Form IA 1040, line 6 or IA 126,	line 6
5 Business /	Nonpassive		·		
a Income		5 a		コ	
	ation			Net amount to: Form IA	1040, line 10 or
c Depletion		1		Form IA	126, line 10
d Amortiza	ation	. d		_	
6 Rental and	d Passive				
a Income		6 a	23,924	٦	
b Deprecia	ation	в		► Net amount to: Form IA	1040, line 10 or
c Depletion		_		Form IA	126, line 10
d Amortiza	ution	.,, d			
7 Distribution:	s in the Final Year of Estate / Trust				
a Excess de	ductions on termination	7 a	4	Schedule A, line 21	
	capital loss carryover			Form IA 1040, line 6 or IA 126,	line 6
c Long-term	capital loss carryover	с		Form IA 1040, line 6 or IA 126,	line 6
d Net operat	ting loss (NOL) carryover	d		Form IA 1040, line 24 or IA 126	line 24
8 Tax Prefere	nce Items				
a Accelerate	d depreciation	8 a		Form IA 6251	
b Depletion		b		Form IA 6251	
c Amortization	חס	с		Form IA 6251	
d Exclusion	items	d	179	Form IA 8801	
9 Other Items	r				
a Tax-exemp	ot interest	9 a		This data presented for informa	tion only
b Estate tax	deduction	b		This data presented for informa	•
c Withholding	gg	с		This data presented for information	tion_only

Additional Information:

9706 ELMER H BRUNSTING DECEDENTS TR DTD

27-6453100

lowa Statements

FYE: 12/31/2010

Statement 1 - Form IA 1041, Page 2, Schedule D - Taxes

Description	Amount
PAGE 1 - TAX EXPENSE	\$
FEDERAL TAXES PAID ALLOCATED TO NON-IOWA INCOME	123 -34
TOTAL IOWA TAX EXPENSE	\$ 89

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

DAA For Paperwork Reduction Act Notice, see the separate instructions.

SIOUX CENTER, IA 51250-1824

712-722-3375

Form 1041 (2010)

Phone no.

Form	1041 (2010) ELMER H BRUNSTING DECEDENTS TR DTD	27-6453100		Page 2			
S	hedule A Charitable Deduction. Do not complete for a simple true		nd				
1	Amounts paid or permanently set aside for charitable purposes from gross income (see pa		1				
2	Tax-exempt income allocable to charitable contributions (see page 25 of the instructions) .		2				
3	Subtract line 2 from line 1		3	4			
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charge	aritable purposes	_₄ File C	ODV			
5	Add lines 3 and 4		5	~ F <i>)</i>			
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable						
	purposes (see page 25 of the instructions)		6				
7	Charitable deduction. Subtract line 6 from line 5. Enter here and on page 1, line 13		7				
250000000	hedule B Income Distribution Deduction		<u> </u>				
1	Adjusted total income (see page 25 of the instructions)		1	81,774			
2			2	2,070			
3	Adjusted tax-exempt interest Total net gain from Schedule D (Form 1041), line 15, column (1) (see page 26 of the instru		3	2,0,0			
4	Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)		4				
	Capital gains for the tax year included on Schedule A, line 1 (see page 26 of the instruction		5	0			
5			- 5 -				
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter			-50 522			
_	as a positive number	• • • • • • • • • • • • • • • • • • • •	6	-50 , 522			
7	Distributable net income. Combine lines 1 through 6. If zero			22 222			
_	or less, enter -0-		7	33,322			
8	If a complex trust, enter accounting income for the tax year as						
	determined under the governing instrument and applicable local law	8 33,322		00 000			
9	Income required to be distributed currently		9	33,322			
10			10	0			
11	Total distributions. Add lines 9 and 10. If greater than line 8, see page 26 of the instructions	S	11	33,322			
12			12	2,070			
13	Tentative income distribution deduction. Subtract line 12 from line 11		13	31,252			
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-		14	31,252			
15	Income distribution deduction. Enter the smaller of line 13 or line 14 here and on page 1		15	31,252			
Sc	hedule G Tax Computation (see page 27 of the instructions)						
1	Tax: a Tax on taxable income (see page 27 of the instructions)	1a 7,218					
	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	7,218			
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 prodite. Add lines 2s through 2d		3	Λ			
4	Total credits. Add lines 2a through 2d		4	7,218			
-	Subtract line 3 from line 1d. If zero or less, enter -0-			7,210			
5	Recapture taxes. Check if from: Form 4255 Form 8611	• • • • • • • • • • • • • • • • • • • •	5				
6 	Household employment taxes. Attach Schedule H (Form 1040)		6				
7	Total tax. Add lines 4 through 6.		_	7 010			
	Enter here and on page 1, line 23		7	7,218			
-	Other Information			Yes No			
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the alle			X			
		2,070 SEE	STMT I	p)			
2	Did the estate or trust receive all or any part of the earnings (salary, wages, and other com-	pensation) 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 signal	ture or other authority					
	over a bank, securities, or other financial account in a foreign country?			X			
	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 ▶						
4	During the tax year, did the estate or trust receive a distribution from, or was it the grantor of						
	foreign trust? If "Yes," the estate or trust may have to file Form 3520. See page 29 of the ir	,		X			
5	Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Ye			X			
6	page 29 for required attachment If this is an estate or a complex furst making the section 663(b) election, check here (see p.						
7	· · · · · · · · · · · · · · · · · · ·						
8	8 If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the						
9	estate, and check here Are any present or future trust beneficiaries skip persons? See page 29 of the instructions		,,,,,,,	X			
DAA	Are any present or intrine trust beneficialies sulp beisons? See bage 2a of the instructions			1041 (2010)			
			FOIII	1 U T (2010)			

SCHEDULE I (Form 1041)

Alternative Minimum Tax—Estates and Trusts

► Attach to Form 1041. See the separate instructions for Schedule I (Form 1041).

OMB No. 1545-0092

2010

Department of the Treasury Internal Revenue Service Employer identification number Name of estate or trust ELMER H BRUNSTING DECEDENTS TR DTD File Copy 4-1-09 AS EST UTD 10-10-96 Estate's or Trust's Share of Alternative Minimum Taxable Income Adjusted total income or (loss) (from Form 1041, line 17) 1 2 2 3 3 Miscellaneous itemized deductions (from Form 1041, line 15b) 4 4 5 5 Depletion (difference between regular tax and AMT) 6 Net operating loss deduction. Enter as a positive amount 7 7 Interest from specified private activity bonds exempt from the regular tax 8 8 Qualified small business stock (see page 2 of the instructions) 9 Exercise of incentive stock options (excess of AMT income over regular tax income) 10 10 Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 11 11 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) 12 12 Disposition of property (difference between AMT and regular tax gain or loss) 13 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 14 14 Passive activities (difference between AMT and regular tax income or loss) 15 15 Loss limitations (difference between AMT and regular tax income or loss) 16 16 Circulation costs (difference between regular tax and AMT) 17 17 Long-term contracts (difference between AMT and regular tax income) 18 18 Mining costs (difference between regular tax and AMT) 19 19 Research and experimental costs (difference between regular tax and AMT) 20 Income from certain installment sales before January 1, 1987 21 21 22 Intangible drilling costs preference 22 Other adjustments, including income-based related adjustments 23 Alternative tax net operating loss deduction (See the instructions for the limitation that applies.) 24 24 25 Adjusted alternative minimum taxable income. Combine lines 1 through 24 25 Note: Complete Part II below before going to line 26. 26 Income distribution deduction from Part II, line 44 Estate tax deduction (from Form 1041, line 19) 27 31<u>,</u>431 Add lines 26 and 27 28 28 Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25 50,522 29 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 81,953 Adjusted alternative minimum taxable income (see page 6 of the instructions) Adjusted tax-exempt interest (other than amounts included on line 8) 1,891 31 31 Total net gain from Schedule D (Form 1041), line 15, column (1). If a loss, enter -0-32 32 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 Capital gains paid or permanently set aside for charitable purposes from gross income (see page 6 of the instructions) 34 34

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule I (Form 1041) (2010)

35

36

37

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50,522

33,322

31,431

1,891

36

37

38

39

40

41

Capital gains computed on a minimum tax basis included on line 25

Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount

Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-

Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)

Total distributions. Add lines 38 and 39

Tax-exempt income included on line 40 (other than amounts included on line 8)

Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40

Income required to be distributed currently (from Form 1041, Schedule B, line 9)

ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100 Page 2 Income Distribution Deduction on a Minimum Tax Basis (continued) Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 37. If zero or less, enter -0-43 Income distribution deduction on a minimum tax basis. Enter the smaller of line 42 or line 43. 44 File Copy431 Enter here and on line 26 Part III Alternative Minimum Tax 45 Exemption amount 50,522 Enter the amount from line 29 75,000 Phase-out of exemption amount 47 47 0 Subtract line 47 from line 46. If zero or less, enter -0-48 48 Multiply line 48 by 25% (.25) 49 22,500 Subtract line 49 from line 45. If zero or less, enter -0-50 28,022 Subtract line 50 from line 46 51 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). 3,858 Over \$175,000, multiply line 51 by 28% (.28) and subtract \$3,500 from the result 52 Alternative minimum foreign tax credit (see page 7 of the instructions) 53 3,858 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 Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0-. Enter here and 0 on Form 1041, Schedule G, line 1c 56 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. Enter the-amount from line 51 28,022 57 57 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 58 50,522 Worksheet, whichever applies (as refigured for the AMT, if necessary) 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) 50,522 28,022 Enter the **smaller** of line 57 or line 60 61 Subtract line 61 from line 57 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 \triangleright 63 64 Maximum amount subject to the 0% rate 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 2,300 66 Subtract line 65 from line 64. If zero or less, enter -0-66 28,022 Enter the **smaller** of line 57 or line 58 Enter the **smaller** of line 66 or line 67 2,300 68 25,722 Subtract line 68 from line 67 69 69 3,858 70 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. Subtract line 67 from line 61 71 **72** Multiply line 71 by 25% (.25) 72 3,858 **73** Add lines 63, 70, and 72 73 If line 57 is \$175,000 or less, multiply line 57 by 26% (.26). Otherwise, multiply line 57 by 28% (.28) 7,286 and subtract \$3,500 from the result 74 75 Enter the smaller of line 73 or line 74 here and on line 52 Schedule I (Form 1041) (2010) DAA

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service Name of estate or trust

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

2010

Schedule D (Form 1041) 2010

Employer identification number

ELMER H BRUNSTING D 4-1-09 AS EST UTD 1		R DTD		27-64	File Copy
Note: Form 5227 filers need to complete of					
Part I Short-Term Capital	Gains and Los	ses – Assets H	eld One Year or Les	S	
(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					
					
	<u> </u>			т	
h Fater the about tarm asia as (lass) if	Fany from Cohodulo	D.1 line 1h			ь
b Enter the short-term gain or (loss), if	any, nom schedule	D-1, line 10			D
2 Short-term capital gain or (loss) from	n Forms 4684, 6252,	6781, and 8824			2
					_
Net short-term gain or (loss) from paShort-term capital loss carryover. En			* * * * * * * * * * * * * * * * * * * *		3
Camiovar Workshoot		y, nom the a or the z	·		4 (
5 Net short-term gain or (loss). Com					
				▶ :	5
column (3) on the back	<u></u>		· · · · · · · · · · · · · · · · · · ·		
Part II Long-Term Capital	Gains and Loss	ses - Assets He	eld More Than One	Year	(f) Gain or (loss) for
(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	eld More Than One (d) Sales price		(f) Gain or (loss) for the entire year Subtract (e) from (d)
Part II Long-Term Capital (a) Description of property	(b) Date acquired (mo., day, yr.) TIONAL GRT	(c) Date sold (mo., day, yr.)	eld More Than One (d) Sales price	Year (e) Cost or other basis (see instructions)	the entire year Subtract (e) from (d)
(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.) 6a INVESCO VK INTERNA	Gains and Loss (b) Date acquired (mo., day, yr.) TIONAL GRT INHERIT	(c) Date sold (mo., day, yr.)	eld More Than One	Year (e) Cost or other basis	the entire year Subtract (e) from (d)
(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	Gains and Loss (b) Date acquired (mo., day, yr.) TIONAL GRT INHERIT	(c) Date sold (mo., day, yr.)	eld More Than One (d) Sales price	Year (e) Cost or other basis (see instructions)	the entire year Subtract (e) from (d)
(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.) 6a INVESCO VK INTERNA	Gains and Loss (b) Date acquired (mo., day, yr.) TIONAL GRT INHERIT ND INHERIT	ses - Assets He (c) Date sold (mo., day, yr.) FUNDY 06/08/10 VARIOUS	(d) Sales price 2,933 2,945	Year (e) Cost or other basis (see instructions) 2,23	the entire year Subtract (e) from (d) 34 699
Part II Long-Term Capital (a) Description of property (Example: 100 shares 7% preferred of "Z" Co.) 6a INVESCO VK INTERNA BRANDYWINE BLUE FU CHEVRON CORP	Gains and Loss (b) Date acquired (mo., day, yr.) TIONAL GRT INHERIT	ses - Assets He (c) Date sold (mo., day, yr.) FUNDY 06/08/10	(d) Sales price	Year (e) Cost or other basis (see instructions)	the entire year Subtract (e) from (d) 34 699
Part II Long-Term Capital (a) Description of property (Example: 100 shares 7% preferred of "Z" Co.) 6a INVESCO VK INTERNA BRANDYWINE BLUE FU	Gains and Loss (b) Date acquired (mo., day, yr.) TIONAL GRT INHERIT ND INHERIT INHERIT	ses - Assets He (c) Date sold (mo., day, yr.) FUNDY 06/08/10 VARIOUS	(d) Sales price 2,933 2,945 69,378	Year (e) Cost or other basis (see instructions) 2,23 2,22 62,55	the entire year Subtract (e) from (d) 34 699 20 725 66 6,822
Part II Long-Term Capital (a) Description of property (Example: 100 shares 7% preferred of "Z" Co.) 6a INVESCO VK INTERNA BRANDYWINE BLUE FU CHEVRON CORP CITIGROUP INC	Gains and Loss (b) Date acquired (mo., day, yr.) TIONAL GRT INHERIT ND INHERIT	ses - Assets He (c) Date sold (mo., day, yr.) FUNDY 06/08/10 VARIOUS	(d) Sales price 2,933 2,945	Year (e) Cost or other basis (see instructions) 2,23	the entire year Subtract (e) from (d) 34 699 20 725 66 6,822 32 3,535
Part II Long-Term Capital (a) Description of property (Example: 100 shares 7% preferred of "Z" Co.) 6a INVESCO VK INTERNA BRANDYWINE BLUE FU CHEVRON CORP CITIGROUP INC	Gains and Loss (b) Date acquired (mo., day, yr.) TIONAL GRT INHERIT ND INHERIT INHERIT INHERIT	ses - Assets He (c) Date sold (mo., day, yr.) FUNDY 06/08/10 VARIOUS	(d) Sales price 2,933 2,945 69,378	Year (e) Cost or other basis (see instructions) 2,23 2,22 62,55	the entire year Subtract (e) from (d) 34 699 20 725 66 6,822 32 3,535
COLUMBIA MID CAP V	Gains and Loss (b) Date acquired (mo., day, yr.) TIONAL GRT INHERIT ND INHERIT INHERIT INHERIT ALUE FUND INHERIT	ses - Assets He (c) Date sold (mo., day, yr.) FUNDY 06/08/10 VARIOUS 06/03/10 VARIOUS	2,933 2,945 69,378 10,217 2,992	Year (e) Cost or other basis (see instructions) 2,23 2,22 62,55 6,68	the entire year Subtract (e) from (d) 34 699 20 725 66 6,822 32 3,535 27 1,165
Part II Long-Term Capital (a) Description of property (Example: 100 shares 7% preferred of "Z" Co.) 6a INVESCO VK INTERNA BRANDYWINE BLUE FU CHEVRON CORP CITIGROUP INC	Gains and Loss (b) Date acquired (mo., day, yr.) TIONAL GRT INHERIT ND INHERIT INHERIT INHERIT ALUE FUND INHERIT	ses - Assets He (c) Date sold (mo., day, yr.) FUNDY 06/08/10 VARIOUS 06/03/10 VARIOUS	2,933 2,945 69,378 10,217 2,992	Year (e) Cost or other basis (see instructions) 2,23 2,22 62,55 6,68	the entire year Subtract (e) from (d) 34 699 20 725 66 6,822 32 3,535
COLUMBIA MID CAP V	Gains and Loss (b) Date acquired (mo., day, yr.) TIONAL GRT INHERIT ND INHERIT INHERIT INHERIT ALUE FUND INHERIT any, from Schedule	Ses - Assets He (c) Date sold (mo., day, yr.) FUNDY 06/08/10 VARIOUS 06/03/10 VARIOUS D-1, line 6b	2,933 2,945 69,378 10,217 2,992	Year (e) Cost or other basis (see instructions) 2,23 2,22 62,55 6,68 1,82	the entire year Subtract (e) from (d) 34 699 20 725 66 6,822 32 3,535 27 1,165
Part II Long-Term Capital (a) Description of property (Example: 100 shares 7% preferred of "Z" Co.) 6a INVESCO VK INTERNA BRANDYWINE BLUE FU CHEVRON CORP CITIGROUP INC COLUMBIA MID CAP V b Enter the long-term gain or (loss), if	Gains and Loss (b) Date acquired (mo., day, yr.) TIONAL GRT INHERIT ND INHERIT INHERIT ALUE FUND INHERIT any, from Schedule	Ses - Assets He (c) Date sold (mo., day, yr.) FUNDY 06/08/10 VARIOUS 06/03/10 VARIOUS D-1, line 6b 6252, 6781, and 882	2,933 2,945 69,378 10,217 2,992	Year (e) Cost or other basis (see instructions) 2,23 2,22 62,55 6,68 1,82	the entire year Subtract (e) from (d) 34 699 20 725 36 6,822 32 3,535 27 1,165 36 37,391
Long-Term Capital (a) Description of property (Example: 100 shares 7% preferred of "Z" Co.) 6a INVESCO VK INTERNA BRANDYWINE BLUE FU CHEVRON CORP CITIGROUP INC COLUMBIA MID CAP V b Enter the long-term gain or (loss), if 7 Long-term capital gain or (loss) from	Gains and Loss (b) Date acquired (mo., day, yr.) TIONAL GRT INHERIT ND INHERIT INHERIT INHERIT ALUE FUND INHERIT any, from Schedule (a) Forms 2439, 4684, artnerships, S corporate	Ses - Assets He (c) Date sold (mo., day, yr.) FUNDY 06/08/10 VARIOUS 06/03/10 VARIOUS D-1, line 6b 6252, 6781, and 882 stions, and other esta	2,933 2,945 69,378 10,217 2,992	Year (e) Cost or other basis (see instructions) 2,23 2,22 62,55 6,68 1,82	the entire year Subtract (e) from (d) 34 699 20 725 36 6,822 32 3,535 27 1,165 36 37,391
Long-Term Capital (a) Description of property (Example: 100 shares 7% preferred of "Z" Co.) 6a INVESCO VK INTERNA BRANDYWINE BLUE FU CHEVRON CORP CITIGROUP INC COLUMBIA MID CAP V b Enter the long-term gain or (loss), if Long-term capital gain or (loss) from pa 9 Capital gain distributions	Gains and Loss (b) Date acquired (mo., day, yr.) TIONAL GRT INHERIT ND INHERIT INHERIT ALUE FUND INHERIT any, from Schedule Forms 2439, 4684, artnerships, S corpora	Ses - Assets He (c) Date sold (mo., day, yr.) FUNDY 06/08/10 VARIOUS 06/03/10 VARIOUS D-1, line 6b 6252, 6781, and 882 ations, and other esta	2,933 2,945 69,378 10,217 2,992 eta	Year (e) Cost or other basis (see instructions) 2,23 2,22 62,55 6,68 1,82 6	the entire year Subtract (e) from (d) 34 699 20 725 36 6,822 3,535 27 1,165 36 37,391 7
Part II Long-Term Capital (a) Description of property (Example: 100 shares 7% preferred of "Z" Co.) 6a INVESCO VK INTERNA BRANDYWINE BLUE FU CHEVRON CORP CITIGROUP INC COLUMBIA MID CAP V b Enter the long-term gain or (loss), if 7 Long-term capital gain or (loss) from 8 Net long-term gain or (loss) from pa 9 Capital gain distributions 10 Gain from Form 4797, Part I 11 Long-term capital loss carryover. Ent	Gains and Loss (b) Date acquired (mo., day, yr.) TIONAL GRT INHERIT ND INHERIT INHERIT ALUE FUND INHERIT any, from Schedule of Forms 2439, 4684, artnerships, S corporate ter the amount, if any	Ses - Assets He (c) Date sold (mo., day, yr.) FUNDY 06/08/10 VARIOUS 06/03/10 VARIOUS D-1, line 6b 6252, 6781, and 882 ations, and other esta	2,933 2,945 69,378 10,217 2,992 eta	Year (e) Cost or other basis (see instructions) 2,23 2,22 62,55 6,68 1,82 6 INT 2	the entire year Subtract (e) from (d) 34 699 20 725 36 6,822 3,535 27 1,165 38 37,391 7 8 8

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Sche	dule D (Form 1041) 2010 ELMER H BRUNSTING D	ECEI	DENTS TR	DTD	27-6453100)	Page 2
Pa	rt III Summary of Parts I and II		(1) Bene	ficiaries'	(2) Estate's		(2) Total
	Caution: Read the instructions before completing this pa	art.	(see in	nstr.)	or trust's		(3) Total
13	Net short-term gain or (loss)	13					
14	Net long-term gain or (loss):		Ì			:L	
а	Total for year	14a			50,5	522	File Compy522
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b					
С	28% rate gain	14c					
15	Total net gain or (loss). Combine lines 13 and 14a	15			50,5	<u> 522 </u>	50,522
Note	If line 15, column (3), is a net gain, enter the gain on Form 1041, line	e 4 (or	Form 990-T, Pa	art I, line 4a)	If lines 14a and 15, c	olumn	(2), are net
gains	, go to Part V, and do not complete Part IV. If line 15, column (3), is a	a net lo	ss, complete P	art IV and th	e Capital Loss Carry	over V	Vorksheet, as
neces	sary.						
Pa	rt 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 ti	rust), the sm	aller of:		
а	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 10	41, pag	ge 1, line 22 (or	Form 990-T	, line 34), is a loss, co	mplete	the Capital
Loss	Carryover Worksheet on page 7 of the instructions to figure your carryover						
Pa	rt y Tax Computation Using Maximum Capital	Gains	s Rates				
Form	1041 filers. Complete this part only if both lines 14a and 15 in colur	nn (2) a	are gains, or an	amount is e	ntered in Part I or Par	t II and	I there is an
entry	on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero						
Caut	on: Skip this part and complete the worksheet on page 8 of the instr	uctions	if:				
• Ei	ther line 14b, col. (2) or line 14c, col. (2) is more than zero, or						
• Bo	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero),					
Form	990-T trusts. Complete this part only if both lines 14a and 15 are g	ains, oi	r qualified divide	ends are incl	uded in income in Par	t I of F	orm 990-T,
and I	Form 990-T, line 34, is more than zero. Skip this part and complete th	e work	sheet on page	8 of the instr	uctions if either line 14	1b, col.	(2) or line
14c,	col. (2) is more than zero.					राज्यस्य स्था	
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34)		17	50,422		
18	Enter the smaller of line 14a or 15 in column (2)						
	but not less than zero		50 <u>,</u> 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) 19	-					
20	Add lines 18 and 19 20		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-			22	50,522		
23	Subtract line 22 from line 17. If zero or less, enter -0-			23	0		
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	4?					
	Yes. Skip lines 25 through 26; go to line 27 and check the "No"						
	No. Enter the amount from line 23			25			
26	Subtract line 25 from line 24			26	2,300		
27	Are the amounts on lines 22 and 26 the same?		-				
	Yes. Skip lines 27 through 30; go to line 31.	ler of lin	e 17 or line 22	27	50,422		
			-				
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)			28	2,300		
					40 100		
29	Subtract line 28 from line 27			29	48,122		
30	Multiply line 29 by 15% (.15)					30	7,218
31	Figure the tax on the amount on line 23. Use the 2010 Tax Rate Sci						
	(see the Schedule G instructions in the instructions for Form 1041)					3 <u>1</u>	
32	Add lines 30 and 31					32	7,218
33	Figure the tax on the amount on line 17. Use the 2010 Tax Rate Sci	hedule :	for Estates and	Trusts		ļ	
	(see the Schedule G instructions in the instructions for Form 1041)					33	<u>16,623</u>
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 h	nere and	d on Form 104	1, Schedule			5 05 0
	G, line 1a (or Form 990-T, line 36)	<u></u>	<u> </u>		<u></u>	34	7,218
						Sche	dule D (Form 1041) 2010

Schedule D-1 (Form 1041) 2010

____ Page **2**

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

Employer identification number

4-1-09 AS EST UTD 10-10-96

	4-1-09 AS EST UTD 10-10-96 27-64 Part II Long-Term Capital Gains and Losses-Assets Held More Than One Year							
THERIT VARIOUS	(a) Description of property (Example:	(b) Date acquired	(c) Date sold			Subtract (e) From (d)		
DALLAS TX AREA RAELD TRAN	DWS SMALL CAP VALU	E FUND IN						
INHERIT 06/07/10 10,057 9,875 10 10 10 10 10 10 10 1			VARIOUS	1,890	1,118	7		
DC REV MEDLANTIC/HELIX SER B	DALLAS TX AREA RAE					_		
INHERIT O6/07/10 19,800 19,010				10,057	9,875			
DODGE & COX INTL \$TOCK FUND INHERIT VARIOUS 10,773 6,473 4,7	DC REV MEDLANTIC/E	ł .	-	10 000	10.010	_		
IMBERIT VARIOUS 10,773 6,473 4,3	DODGE & GOV TAIMI			19,800	19,010	7		
DODGE & COX INCOME FUND	DODGE & COX INTL S			10 772	C 470	, ,		
INHERIT VARIOUS 4,592 4,016 5	DODGE & COY INCOME		VARIOUS	10,113	6,473	4,3		
E I DU PONT DE NEMOURS & CC EATON VANCE TAX MANAGED VAI	DODGE & COX INCOME	L	MARTOIIS	1 502	4 016	_		
INHERIT 06/03/10	E I DII DONT DE NEN			4,392	4,010			
EATON VANCE TAX MANAGED VAII INHERIT 06/08/10 4,640 3,754 6 EXXON MOBIL CORP INHERIT 06/03/10 16,476 18,289 -1,8 FIDELITY NEW INSIGHTS FD INSTI INHERIT VARIOUS 4,590 3,128 1,4 FIDELITY INTER MUNI INCM FD INHERIT VARIOUS 6,229 5,986 2 FRANKLIN FED TAX FREE INCM ADV INHERIT 06/08/10 4,572 4,234 3 FRANKLIN HIGH YLD TAX FREE INCM ADV INHERIT 06/08/10 2,288 1,972 3 HARTFORD DIVIDEND & GROWTH INHERIT 06/08/10 3,136 2,450 6 HAYS TX CONS INDPT SCH DIST GO INHERIT 06/08/10 31,500 29,742 1,7 ING GLOBAL REAL ESTATE FUND INHERIT VARIOUS 2,946 1,763 1,1 IN MUN PWR AGY PWR SUPPLY SYS INHERIT 06/07/10 30,930 30,263 6 INVESTMENT CO OF AMERICA CL FI INHERIT 06/08/10 1,594 998 5 JOHN HANCOCK INTL CORE FD INHERIT 06/08/10 1,594 998 5 JOHN HANCOCK INTL CORE FD INHERIT 06/08/10 1,941 1,671 2 JOHNSON & JOHNSON INHERIT 06/08/10 1,941 1,671 2 JOHNSON & JOHNSON INHERIT VARIOUS 3,952 3,702 2 JPMORGAN HIGH YIELD FD SELECT INHERIT VARIOUS 1,343 998 3 MFS RESEARCH INTL FD CL INHERIT VARIOUS 7,566 5,156 2,44 MONROE CNTY NY ARET AUTH REDG INHERIT 06/07/10 9,357 8,990 3 MUNDER MID CAP CORE GROWTH INHERIT 06/07/10 9,357 8,990 3 MUNDER MID CAP CORE GROWTH INHERIT 06/07/10 9,357 8,990 3	E I DO FONT DE NEP			7 274	4 527	2 7		
INHERIT 06/08/10	FATON VANCE TAX MZ			1,213	7,521	<u> </u>		
EXXON MOBIL CORP INHERIT	LITTON VINCE IIIX II		i I	4 640	3 754	8		
INHERIT 06/03/10 16,476 18,289 -1,65	EXXON MOBIL CORP	TIMITALI	00/00/10	1,010	3,731			
FIDELITY NEW INSIGHTS FD INSTL INHERIT VARIOUS 4,590 3,128 1,4 FIDELITY INTER MUNI INCM FT INHERIT VARIOUS 6,229 5,986 2 FRANKLIN FED TAX FREE INCM ADV INHERIT 06/08/10 4,572 4,234 3 FRANKLIN HIGH YLD TAX FREE ADV INHERIT 06/08/10 3,136 2,450 6 HARTFORD DIVIDEND & GROWTH INHERIT 06/08/10 3,136 2,450 6 HAYS TX CONS INDPT SCH DIST GO INHERIT 06/07/10 31,500 29,742 1,7 ING GLOBAL REAL ESTATE FUND INHERIT VARIOUS 2,946 1,763 1,1 IN MUN PWR AGY PWF SUPPLY SYS INHERIT 06/07/10 30,930 30,263 6 INVESTMENT CO OF AMERICA CL F1 INHERIT VARIOUS 6,007 4,420 1,5 PERKINS MID CAP VALUE FD INHERIT 06/08/10 1,594 998 5 JOHN HANCOCK INTL CORE FD INHERIT 06/08/10 1,941 1,671 2 JOHNSON & JOHNSON INHERIT VARIOUS 3,952 3,702 2 JPMORGAN CORE BOND FUND SELECT INHERIT VARIOUS 1,343 998 3 MFS RESEARCH INTL FD CL I INHERIT VARIOUS 7,566 5,156 2,44 MONROE CNTY NY ARFT AUTH RFDG INHERIT 06/07/10 9,357 8,990 3 MUNDER MID CAP CORE GROWTH INHERIT 06/08/10 2,126 1,519 66		INHERIT	06/03/10	16.476	18,289	-1.8		
INHERIT VARIOUS	FIDELITY NEW INSTE			10/1/0	10/205			
FIDELITY INTER MUNI INCM FINERIT VARIOUS 6,229 5,986 2 FRANKLIN FED TAX FREE INCM ADV INHERIT 06/08/10 4,572 4,234 3 FRANKLIN HIGH YLD TAX FREE ADV INHERIT 06/08/10 2,288 1,972 3 HARTFORD DIVIDEND & GROWTH INHERIT 06/08/10 3,136 2,450 6 HAYS TX CONS INDPT SCH DIST GO INHERIT 06/07/10 31,500 29,742 1,7 ING GLOBAL REAL ESTATE FUND INHERIT VARIOUS 2,946 1,763 1,1 IN MUN PWR AGY PWR SUPPLY SYS INHERIT 06/07/10 30,930 30,263 6 INVESTMENT CO OF AMERICA CL F1 INHERIT VARIOUS 6,007 4,420 1,5 PERKINS MID CAP VALUE FD INHERIT VARIOUS 6,007 4,420 1,5 JOHN HANCOCK INTL CORE FD INHERIT 06/08/10 1,594 998 5 JOHN HANCOCK INTL CORE FD INHERIT 06/08/10 1,941 1,671 2 JOHNSON & JOHNSON INHERIT 06/03/10 8,985 7,881 1,1 JPMORGAN CORE BOND FUND SELECT INHERIT VARIOUS 3,952 3,702 2 JPMORGAN HIGH YIELD FD SELECT INHERIT VARIOUS 1,343 998 3 MFS RESEARCH INTL FD CL I INHERIT VARIOUS 7,566 5,156 2,4 MONROE CNTY NY ARFT AUTH RFDG INHERIT 06/07/10 9,357 8,990 3 MUNDER MID CAP CORE GROWTH INHERIT 06/08/10 2,126 1,519 6	11010		l i	4.590	3.128	1 . 4		
INHERIT VARIOUS	FIDELITY INTER MUN							
FRANKLIN FED TAX FREE INCM ADV INHERIT 06/08/10 4,572 4,234 3 FRANKLIN HIGH YLD TAX FREE ADV INHERIT 06/08/10 2,288 1,972 3 HARTFORD DIVIDEND & GROWTH INHERIT 06/08/10 3,136 2,450 6 HAYS TX CONS INDPT SCH DIST GO INHERIT 06/07/10 31,500 29,742 1,7 ING GLOBAL REAL ESTATE FUND INHERIT VARIOUS 2,946 1,763 1,1 IN MUN PWR AGY PWR SUPPLY SYS INHERIT 06/07/10 30,930 30,263 6 INVESTMENT CO OF AMERICA CI F1 INHERIT VARIOUS 6,007 4,420 1,5 PERKINS MID CAP VALUE FD INHERIT 06/08/10 1,594 998 5 JOHN HANCOCK INTL CORE FD INHERIT 06/08/10 1,941 1,671 2 JOHNSON & JOHNSON INHERIT 06/03/10 8,985 7,881 1,1 JPMORGAN CORE BOND FUND SELECT INHERIT VARIOUS 1,343 998 3 MFS RESEARCH INTL FD CL I INHERIT VARIOUS 7,566 5,156 2,4 MONROE CNTY NY ARFT AUTH REDG INHERIT 06/07/10 9,357 8,990 3 MUNDER MID CAP CORE GROWTH INHERIT 06/08/10 2,126 1,519 6				6,229	5,986	2		
INHERIT 06/08/10 4,572 4,234 3 FRANKLIN HIGH YLD TAX FREE ADV	FRANKLIN FED TAX E							
FRANKLIN HIGH YLD TAX FREE ADV		1	06/08/10	4,572	4,234	3		
HARTFORD DIVIDEND & GROWTH INHERIT 06/08/10 3,136 2,450 6 HAYS TX CONS INDPT SCH DIST GO INHERIT 06/07/10 31,500 29,742 1,7 ING GLOBAL REAL ESTATE FUND INHERIT VARIOUS 2,946 1,763 1,1 IN MUN PWR AGY PWR SUPPLY SYS INHERIT 06/07/10 30,930 30,263 6 INVESTMENT CO OF AMERICA CL F1 INHERIT VARIOUS 6,007 4,420 1,5 PERKINS MID CAP VALUE FD INHERIT 06/08/10 1,594 998 5 JOHN HANCOCK INTL CORE FD INHERIT 06/08/10 1,941 1,671 2 JOHNSON & JOHNSON INHERIT 06/03/10 8,985 7,881 1,1 JPMORGAN CORE BOND FUND SELECT INHERIT VARIOUS 3,952 3,702 2 JPMORGAN HIGH YIELD FD SELECT INHERIT VARIOUS 1,343 998 3 MFS RESEARCH INTL FD CL INHERIT VARIOUS 7,566 5,156 2,4 MONROE CNTY NY ARFT AUTH RFDG INHERIT 06/07/10 9,357 8,990 3 MUNDER MID CAP CORE GROWTH INHERIT 06/08/10 2,126 1,519 6	FRANKLIN HIGH YLD							
HARTFORD DIVIDEND & GROWTH INHERIT 06/08/10 3,136 2,450 6 HAYS TX CONS INDPT SCH DIST GO INHERIT 06/07/10 31,500 29,742 1,7 ING GLOBAL REAL ESTATE FUND INHERIT VARIOUS 2,946 1,763 1,1 IN MUN PWR AGY PWR SUPPLY SYS INHERIT 06/07/10 30,930 30,263 6 INVESTMENT CO OF AMERICA CL F1 INHERIT VARIOUS 6,007 4,420 1,5 PERKINS MID CAP VALUE FD INHERIT 06/08/10 1,594 998 5 JOHN HANCOCK INTL CORE FD INHERIT 06/08/10 1,941 1,671 2 JOHNSON & JOHNSON INHERIT 06/03/10 8,985 7,881 1,1 JPMORGAN CORE BOND FUND SELECT INHERIT VARIOUS 3,952 3,702 2 JPMORGAN HIGH YIELD FD SELECT INHERIT VARIOUS 1,343 998 3 MFS RESEARCH INTL FD CL TINHERIT VARIOUS 7,566 5,156 2,4 MONROE CNTY NY ARFT AUTH RFDG INHERIT 06/07/10 9,357 8,990 3 MUNDER MID CAP CORE GROWTH INHERIT 06/08/10 2,126 1,519 6		INHERIT	06/08/10	2,288	1,972	3		
HAYS TX CONS INDPT SCH DIST GO	HARTFORD DIVIDEND	& GROWTH						
INHERIT 06/07/10 31,500 29,742 1,7 ING GLOBAL REAL ESTATE FUND INHERIT VARIOUS 2,946 1,763 1,1 IN MUN PWR AGY PWR SUPPLY SYS INHERIT 06/07/10 30,930 30,263 6 INVESTMENT CO OF AMERICA CI F1 INHERIT VARIOUS 6,007 4,420 1,5 PERKINS MID CAP VALUE FD INHERIT 06/08/10 1,594 998 5 JOHN HANCOCK INTL CORE FD INHERIT 06/08/10 1,941 1,671 2 JOHNSON & JOHNSON INHERIT 06/03/10 8,985 7,881 1,1 JPMORGAN CORE BOND FUND SELECT INHERIT VARIOUS 3,952 3,702 2 JPMORGAN HIGH YIELD FD SELECT INHERIT VARIOUS 1,343 998 3 MFS RESEARCH INTL FD CL I INHERIT VARIOUS 7,566 5,156 2,44 MONROE CNTY NY ARFT AUTH RFDG INHERIT 06/07/10 9,357 8,990 3 MUNDER MID CAP CORE GROWTH INHERIT 06/08/10 2,126 1,519 6		INHERIT	06/08/10	3,136	2,450	6		
ING GLOBAL REAL ESTATE FUNI INHERIT VARIOUS 2,946 1,763 1,1 IN MUN PWR AGY PWR SUPPLY SYS 30,930 30,263 6 INVESTMENT CO OF AMERICA CL F1	HAYS TX CONS INDPI	SCH DIST	GO	,	_			
INHERIT VARIOUS 2,946				31,500	29,742	1,7		
IN MUN PWR AGY PWR SUPPLY SYS	ING GLOBAL REAL ES	1]					
INHERIT 06/07/10 30,930 30,263 6				2,946	1,763	1,1		
INVESTMENT CO OF AMERICA CI F1	IN MUN PWR AGY PWF							
INHERIT VARIOUS 6,007 4,420 1,555				30,930	30,263	6		
PERKINS MID CAP VALUE FD	INVESTMENT CO OF A		1			_		
INHERIT 06/08/10 1,594 998 59 59 50 50 50 50 50 50			VARIOUS	6,007	4,420	1,5		
JOHN HANCOCK INTL CORE FD	PERKINS MID CAP VA		05/00/10	1 504	0.00	_		
INHERIT 06/08/10 1,941 1,671 2 JOHNSON & JOHNSON	TOUR HANGOGI TAIM		06/08/10	1,594	998	5		
JOHNSON & JOHNSON INHERIT 06/03/10 8,985 7,881 1,1 JPMORGAN CORE BOND FUND SELECT INHERIT VARIOUS 3,952 3,702 2 JPMORGAN HIGH YIELD FD SELECT INHERIT VARIOUS 1,343 998 3 MFS RESEARCH INTL FD CL I INHERIT VARIOUS 7,566 5,156 2,4 MONROE CNTY NY ARPT AUTH RFDG INHERIT 06/07/10 9,357 8,990 3 MUNDER MID CAP CORE GROWTH INHERIT 06/08/10 2,126 1,519 6	JOHN HANCOCK INTL	1	06/00/10	1 041	1 671	^		
INHERIT 06/03/10 8,985 7,881 1,1	TOURISON C TOURISON	INHERIT	06/08/10	1,941	1,6/1			
JPMORGAN CORE BOND FUND SELECT INHERIT VARIOUS 3,952 3,702 2 JPMORGAN HIGH YIELD FD SELECT 1,343 998 3 MFS RESEARCH INTL FD CL I 1,343 998 3 MONROE CNTY NY ARET AUTH REDG 7,566 5,156 2,4 MUNDER MID CAP CORE GROWTH 1NHERIT 06/07/10 9,357 8,990 3 MUNDER MID CAP CORE GROWTH 1NHERIT 06/08/10 2,126 1,519 6	JOHNSON & JOHNSON	TNITEDIO	06/03/10	0 005	7 001	7 1		
INHERIT VARIOUS 3,952 3,702 2	TDMODCAN CODE DONE			8,985	7,881			
JPMORGAN HIGH YIELD FD SELECT INHERIT VARIOUS 1,343 998 3 MFS RESEARCH INTL FD CL I INHERIT VARIOUS 7,566 5,156 2,4 MONROE CNTY NY ARFT AUTH RFDG INHERIT 06/07/10 9,357 8,990 3 MUNDER MID CAP CORE GROWTH INHERIT 06/08/10 2,126 1,519 6	OPMORGAN CORE BONL			3 052	3 702	2		
INHERIT VARIOUS 1,343 998 3 MFS RESEARCH INTL FD CL I INHERIT VARIOUS 7,566 5,156 2,4 MONROE CNTY NY ARET AUTH REDG INHERIT 06/07/10 9,357 8,990 3 MUNDER MID CAP CORE GROWTH INHERIT 06/08/10 2,126 1,519 6	TDMODCAN HICH VIET			<u> </u>	3,702			
MFS RESEARCH INTL FD CL I	OFFICINGAN HIGH TIEL			1 3/13	998	ર		
INHERIT VARIOUS 7,566 5,156 2,4	MES DESEARCH INTI		VARTOOS	1,343				
MONROE CNTY NY ARET AUTH REDG INHERIT 06/07/10 9,357 8,990 3 MUNDER MID CAP CORE GROWTH INHERIT 06/08/10 2,126 1,519 6	TIP INDUMINOU TIVID		VARTOR	7 566	5 156	2 1		
INHERIT 06/07/10 9,357 8,990 3 MUNDER MID CAP CORE GROWTH INHERIT 06/08/10 2,126 1,519 6	MONROE CNTY NY ARE			7,300	<u> </u>	۷,4		
MUNDER MID CAP CORE GROWTH INHERIT 06/08/10 2,126 1,519	LICITION ON IT IN AIL			9.357	8 990	3		
INHERIT 06/08/10 2,126 1,519 6	MUNDER MID CAP COF		33, 37, 10	3,337	<u>0,00</u>			
		1	06/08/10	2.126	1.519			
Total. Combine the amounts in column (f). Enter here and on Schedule D. line 6b								
	Total. Combine the amounts in colum	nn (f) Enter here ar	nd on Schedule D. lin	ne 6b		22 6		

Schedule D-1 (Form 1041) 2010

Page 2

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

Employer identification number

4-1-09 AS EST UTD 10-10-96

27-6453100

		T	ld More Than One Y		
(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)	- (e) (d)
6a MUTUAL GLOBAL DISC	OVERY FD INHERIT	Z 06/08/10	2,641	2,251	39
NEW WORLD FUND CL	F1 INHERIT	VARIOUS	1,976	1,214	76
OPPENHEIMER INTL E		Y VARIOUS	1,923	1,684	23
OPPNHMR CMD STRAT	TTL TRN C		3,735	2,946	78
PIONEER FUND CL Y	INHERIT	VARIOUS	7,550	5,200	2,35
PIONEER CULLEN VAI			3,602	2,904	69
PROCTER & GAMBLE (O INHERIT	06/03/10	18,600	14,216	4,38
T ROWE PRICE BLUE	CHIP GROV		3,154	2,336	81
T ROWE PRICE EQUIT		FD VARIOUS	5,883	3 , 907	1,97
T PRICE SUMMIT MUN		FD 06/08/10	5,088	4,831	25
T ROWE PRICE NEW 1	NCOME FUN		3,884	3,498	38
TAX EXEMPT BOND FI		F1 06/08/10	5,103	4,697	40
THORNBURG LTD TERM			3,954	3,779	17
THORNBURG INVT TR	VALUE FD INHERIT	I VARIOUS	3,403	2,192	1,21
UNIV TX PERM UNIV	FD RFDG INHERIT	06/07/10	5,503	5,582	-7
	INTIBICE	00/07/10	3,303	<u> </u>	
H					
					·
· · · · · · · · · · · · · · · · · · ·	İ				
b Total. Combine the amounts in colum	nn (f). Enter here ar	nd on Schedule D, lii	ne 6b		14,76

SCHEDULE E (Form 1040)

Name(s) shown on return

Supplemental Income and Loss

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

OMB No. 1545-0074 **2010**

Your social security number

Department of the Treasury Internal Revenue Service (99) Attach to Form 1040, 1040NR, or Form 1041.

See Instructions for Schedule E (Form 1040).

Attachment Sequence No. 13

	LMER H BRUNSTING I -1-09 AS EST UTD 1					27-	File -6453100	Co	ру	
ok/oppo	Occupant distribution and			I Davelties N	. 15	21-	.0433100			
			ental Real Estate and	-					ty, use	
_			E-3). If you are an individua	, героп тагт rental		~ <u>-</u>		2 40.		
1	List the type and address of each r	<u>ental re</u>	al estate property:	*****	²	Por each rental real	,		Yes	_No
	FARMLAND					listed on line 1, did	•	ŀ		
Α	IOWA					use it during the tax	year for personal			
						purposes for more t	han the greater of.	A		_X_
						 14 days or 				
В						 10% of the total 	days rented at			
						fair rental value?)	В		
						(See page E-4)				
С						, , ,		ļ.		
•	*							С		
lnc	ome:			Properties	F			Totals		
	ome.	-	Δ	В	T	С	7		2 224 (٠,
_	Donate and a firm of		26,685				(Add colu		26,	
	Rents received	3	20,000				 		20,	005
	Royalties received	4					4			
	penses:									
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	10								
	Management fees	11								
	Mortgage interest paid to banks,									
	etc. (see page E-5)	12					12			
						**	12			
	Other interest	13			 -		-			
	Repairs	14					-			
	Supplies	15	0 (70				-			
	Taxes	16	2,672				-			
	Utilities	17								
18	Other (list)	l L					4 1			
		18								
19	Add lines 5 through 18	19	2,672				19		2,	672
20	Depreciation expense or							-	_	
	depletion (see page E-5)	20					20			
	Total expenses. Add lines 19 and 20	21	2,672							
•				* ***,						
22	Income or (loss) from rental real									
	estate or royalty properties.	}			Ì					
	Subtract line 21 from line 3 (rents)									
	or line 4 (royalties). If the result is		1		J					
	a (loss), see page E-6 to find out	1	24 012							
	if you must file Form 6198	22	24,013				-			
23	Deductible rental real estate loss.	1 1								
	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		į.		1					
	must complete line 43 on page 2	23 (O <u></u>		x					
24	Income. Add positive amounts shown	on line	22. Do not include any los	ses			24		24,0	<u> </u>
	Losses. Add royalty losses from line		•		al losses here		25 ()
	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 Form 1040NR, line 18. Otherwise, inc						26		24,0	013
205	Paperwork Reduction Act Notice see			<u>01. page 2</u>			Schedul			

		П	Final K-1	Amended	K-1	661110 OMB No. 1545-0092
Schedule K-1 (Form 1041)	2010	P	art III Benefi Deduc	ciary's Sha tions. Cred	re of (lits, an	Current Year Income, ad Other Items
Department of the Treasury Internal Revenue Service	For calendar year 2010, or tax year beginning	1	Interest income		11	Final year deductions
	and ending	2a	Ordinary dividends	, 239		File Copy
Beneficiary's Share Credits, etc.	of Income, Deductions, See back of form and instructions.	2b		, 857	_ 	
Part I Information	About the Estate or Trust	_ 3	Net short-term capi	tai gain		
A Estate's or trust's employer idea		4a	Net long-term capita	al gain		
27-6453100		4b	28% rate gain		12	Alternative minimum tax adjustment
B Estate's or trust's name		4c	Unrecaptured section	on 1250 gain	A	179
	TING DECEDENTS TR DTD UTD 10-10-96	5	Other portfolio and nonbusiness incom	e	J	179
C Fiduciary's name, address, city, ANITA BRUNSTI		6	Ordinary business i	income		
TRUSTEE 203 BLOOMINGD		7	Net rental real estat	te income	13	Credits and credit recapture
VICTORIA	TX 77904	8	Other rental income)		
		9	Directly apportioned	deductions		-
D Check if Form 1041-T was	filed and enter the date it was filed	1		*	14	Other information
E Check if this is the final Fo	orm 1041 for the estate or trust				A	2 , 070
CHECK II this is the initial FO	mii 1041 IOI die estate of dust	10	Estate tax deduction	n	В	90
Part II Information	About the Beneficiary				E	7,239
F Beneficiary's identifying number 481-30-4685	т				H *	STMT
G Beneficiary's name, address, cit	ty, state, and ZIP code					
NELVA BRUNSTI 13630 PINEROC		*00	e attached stater	nont for addit	tional in	formation
HOUSTON	TX 77079-5914	Not ber ded	te. A statement meficiary's share of fuctions from each er rental activity.	nust be attach f income and	ned show	wing the y apportioned
H X Domestic beneficiary	Foreign beneficiary	For IRS Use Only				

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule K-1 (Form 1041) 2010

9706 ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100 Federal Statements

FYE: 12/31/2010

Statement 1	- Form 1041, Pa	age 2, Question 1	- Tax Exempt Income

Payer		Municipal Bond		Private vity Bond
EDWARD JONES	\$_	1,891	\$	179
	\$	1,891		179
TOTAL TAX-EXEMPT INCOME				2,070
<u>Statement 2 - Schedule D. Part</u>	t II, Line 9 - Capital Ga	ain Distributions	i	
Description			A	mount
EDWARD JONES			\$	185
TOTAL			\$	185

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

<u>IA Tax Return (12/31/11) - IA Form IA 1041, Page 1</u> <u>IA Tax Return (12/31/11) - IA Form IA 1041, Page 2</u>

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	Caler	ndar Year 2011 or fiscal year beginning, and ending		lowa Fi	duciary Return
Na	me o	ELMER H BRUNSTING DECEDENTS TR DTD	Federal Employer ID Num	ber	Check one:
Es	tate o	Trust 4-1-09 AS EST UTD 10-10-96	27-6453100		Estate
Na	ıme,	Address, and Title of Fiduciary	Decedent's Social Security	Number	
Α	NI'	TA BRUNSTING			┞୷ᢨ®₫ڻѴ
		B BLOOMINGDALE CIR			X Complex Trust
		TORIA TX 77904	lowa County in which		21 Complex Trust
<u>T</u>	RUS	STEE	estate is pending		Bankruptcy Estate
		of Attorney, Mailing Address (city, state, ZIP)		•	
_		DACE KUNZ-FREED	·		If trust, check one:
		00 ST MARYS LANE, SUITE 230	Probate No.		X Testamentary
		STON TX 77079			Inter Vivos
At	ome	y's Phone Number $800-229-3002$ on is granted to the attorney listed above to receive confidential tax information under lowa Cod	o costion 421.60 to get as the tr	let or octato's ron	
		ntinent of Revenue and to make written or oral presentation <u>s o</u> n beh <u>alf o</u> f the trust or estate.	e section 421.00 to act as the th	isi di estates rep	
		or returns been filed for this estate or trust? X Yes No Is Income Ta	x Certificate of Acquittand	e requested?	Yes X No
ls th	is aı	n amended IA 1041? Yes \overline{X} No Is an Iowa 70	06 being filed? 🔲 Yes [X No	
	1.	Dividends. Enter full amount.	1.	8,092	
		Interest			
		Income from partnerships and other fiduciaries. Attach supporting schedule.	3.		
Ā	4.	Net rents and royalties	4.	1,938	
	5.	Net business and farm income or loss. Attach Schedules C or C-EZ and F, federal form 1040.	5		
2	6.	Net gain (loss) from capital assets		3,508	
_	-	Ordinary gains (losses). Attach federal form 4797.			
		Other income. State nature of income.			
		Total income. Add lines 1 through 8.			53,538 ▲
	10.	Interest. Enter on Schedule D, page 2.	10		
	11.	Taxes. Enter on Schedule D, page 2.	11	8,87 <u>5</u>	
	12.	Fluddary lees. Effect of Schedule D, page 2.			
		Charitable deduction from income in compliance with Will or Trust instrument	13		
ÿ	14.	Attorney, accountant, and return preparer fees. Enter on Schedule D, page 2	14		
2	15.	Other deductions not subject to 2% floor. Enter on Schedule D, page 2.	15		
5		Allowable miscellaneous itemized deductions. Enter on Schedule D, page 2			
here.		Total. Add lines 10 through 16.			8,875
P C	•	Balance. Subtract line 17 from line 9		18	<u>44,663</u> ▲
and voucher here.		Distributions to beneficiaries. Complete Schedule B on page 2 or attach federal Schedule K-1.			
and		Federal estate tax attributable to income in respect of a decedent (fiduciary's share			41,155
payment 		Total. Add lines 19 and 20.		21	2 500
		Taxable income of fiduciary. Subtract line 21 from line 18. Must be zero on final	return	22. <u> </u>	3,300
Staple		mplete lines 23-32. Nonresidents, also complete Schedule C and enter on line 28.		21	
	23.	Compute tax from rate Schedule E, page 2.			
Ź		Iowa lump sum tax. Attach federal Schedule 4972.			
		Iowa minimum tax. Attach IA 6251. Tax before credits. Add lines 23 through 25			31
ļ		Tax before credits. Add lines 23 through 25. Personal exemption credit. This is a nonrefundable credit.		^{26.} —	
<u>-</u>) 28	Out-of-state tax credit or nonresident credit. Attach copy of out-of-state return and			
2	•	Schedule IA 130 or IA 1041 Schedule C.	28		
ξ	3 29.	Motor fuel tax credit. Attach Schedule IA 4136.			
		Other credits. Attach IA 148 Tax Credits Schedule.			40
		Total credits. Add lines 27 through 30.			
	32. J.	Tax liability. Subtract line 31 from 26.			0
2	5 33.	Tax paid with additional Iowa Fiduciary Income Tax Payment Voucher	. ,	33. <u> </u>	
>		Refund. If line 33 is larger than line 32, enter the difference.			0 🛦
Š	35.	Amount due. If line 33 is less than line 32, enter the difference.		_	
	PE-	Mail to: Fiduciary Return Processing, lowa Department of Revenue, PO Box			
	adm:	CLARATION: The undersigned hereby certifies and declares that this return, and any schedules or papers atta wiedge and belief of the undersigned, it is a true, correct, and complete return for the taxable year as required to a and regulations issued under authority thereof. Note: State tax information may be disclosed to tax officials of inistrative purposes.	by the income tax law of the State of I another state or of the United States	owa and the for tax	
7	Sigr	ature of fiduciary or officer representing fiduciary			Date
<u> </u>	<u>'</u>	ature of preparer other than fiduciary Preparer's ID No. Address 540	NORTH MAIN AVENUE		Date
U	<u> </u>	RICHARD K RIKKERS CPA 42-1277139 SIC	UX CENTER, IA 51250-	1824	04/05/12
CS					63-001a (11/16/11)

ELMER H	BRUNSTING DECEDENTS T	R DTD 27-64	153100 F	<u>iduciary Schedu</u>	<u>les A, B, D, and E</u>
Schedule A	- Background Information: Answe	r all applicable question	ns.		
1. Date estat	e was opened or created:		_ 2. Date of de	ecedent's death:	
3. Decedent's	s business or occupation:		4. Decedent	s age at death:	
5. Was a de	cedent's final return filed? Yes N	0	— 6. Did will of	decedent create trust?	Yes No
7. Did deced	ent file IOWA return(s) up to the date of deatl	n? Tyes No If	f no. attach eamings s	statement or explanatory a	File Conv
	edent's name and address:		,	•	i iic copy
9 Name and	Social Security No. of decedent's spouse, if any:		•	•	, , ,
	e(s) of executor(s):				
	(s) and amount(s) of executor's fees paid to	executor(s):			
	al audit been made on prior returns of decede		Ves X No	le an audit now in the pro-	cess? Yes X No
	enses of administration or selling expenses be			Yes X No	0033: 103 2110
	s fiduciary withhold on income distributions m		· —	X No	
_	estate/trust elect to recognize the gain or loss		_		∑ No.
Schedule I	3 - Beneficiaries' Shares of Incom	e and Credits: Attact	additional pages as nec	essary. In lieu of Sch. B, attac	h federal Sch. K-1.
-		Beneficiary A	Beneficiary B	Beneficiary C	TOTALS
1. Names of	each beneficiary 1.		LE K-1 EQ		
2 Social Sec	curity Number 2.		~ ~ ~ ~ ~	· · · · · · · · · · · · · · · · · · ·	
	3.				
4 lows resid	ent (Yes/No) 4.				
5 Net short-	term capital gain 5.				
6 Net long-te	erm capital gain (100%) 6.				
	on and depletion 7.				
	ncome subject to Iowa income tax 8.				41,155
	t subject to Iowa income tax 9.		 		11,155
10. Excess de	.44				
	NG IOWA NONRESIDENT INCOME		<u> </u>		
			1286 - 1486 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	ne tax withheld, if any 11.				
	g agent's identification number		.1	J	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Schedule i	i				1
Line No.		Evolunation			Amount
11	TAX EXPENSE- STMT 1	Explanation			8,875
44	TAN ENTENDE DIMI I				0,075
· · · · · · · · · · · · · · · · · · ·					
		·- 			
	•				
				· ····································	
Cabadula I	Toy Defen				
Schedule i	- Tax Rates		0.5	F	
	Taxable Income Over But Not Ove	,	Tax Rate	Excess Over	
	\$0 \$1,439		(0.36% x	\$0)	
	\$1,439 \$2,878		•	\$1,439)	
	\$2,878 \$5,756 \$5,756 \$12,951		•	\$2,878) \$5,756)	
	\$5,756 \$12,951 \$12,951 \$21,585		•	\$5,756) :12,951)	
	\$21,585 \$28,780	\$937.66 +	(6.48% x \$	21,585)	
	\$28,780 \$43,170 \$43,470 \$64,755	·•		28,780)	
	\$43,170 \$64,755 \$64,755 ove		•	(43,170) (64,755)	
	+1 1,700	7 .,==	,·- · · · ·	- ·1·/	
					63-001b (09/21/11)

2011 IA 1041 Schedule C Computation of Nonresident's Tax Credit

Name of Estate or Trus	st		Federal Identification No.	ile Copy
ELMER H BRU	UNSTING DECEDENTS TR DTD		27-6453100	
4-1-09 AS E	ST UTD 10-10-96		Column B	Column A
			All Source (from IA 1041)	Iowa Source
 Ordinary dividend 	d income	1.	8,092	
2. Taxable interest	income	2.		
Income from par	tnerships and other fiduciaries	3.		
4. Net rents and ro	yalties	4.	41,938	41,938
5. Net business and	d farm income (loss)	5.		
	rom capital assets		3,508	
7. Ordinary gains (I	osses) from federal form 4797	7.		
8. Other income		8.		
9. Total income		9.	53,538	41,938
	eneficiaries		41,155	34,498
	t income (subtract line 10 from line 9)		12,383	7,440
12. lowa income per	centage: 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 n	nore than 100.0% and no less than 0.0%	12.		60.1
13. Nonresidential cr	redit percentage (subtract line 12 from 100.0%)	13.		39.9
14. lowa tax on total	income from line 23, IA 1041	14.		31
15. Personal exempt	tion credit from line 27, IA 1041	15.		\$ 40.00
	(subtract line 15 from line 14)			
17. Nonresident tax	oredit (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

	14 4044	i .	iovia ociicad	ic it i Equivalent	•	0044
Form	IA 1041					2011
		For calendar yea	ar 2011, or tax year beginning	, and	d ending	
	of trust	amila Dear				Amended K-1
			DENTS TR DTD			
		T UTD 10-1		г · · · ·		el Gopy
		number ▶ 481	<u>-30-4685</u>	Estate's or trust's EIN		
Benefic	ciary's name, address	s, and ZIP code		Fiduciary's name, address	•	•
				ANITA BRUNS	TING	
	LVA BRUNST			TRUSTEE		
	630 PINERO			2003 BLOOMI		
HO	USTON	_	X 77079-5914	VICTORIA	TX 779	04
	Resident state	: TEXAS				
		Enter the folio	owing items on the state inco	ome tax return of the above	e named individual.	
1 E	Beneficiary's Share	of Federal Taxable	Income 1	50,030	This data presented for informa	ition only
I	ncome					
2	Interest	· · · · · · · · · · · · · · · · · · ·			Schedule B, Part I or IA 126, lin	e 2
3	Ordinary dividends				Schedule B, Part II or IA 126, li	ne 3
4 a	Net short-term cap	ital gains	4 a		Form IA 1040, line 6 or IA 126,	line 6
b	Net long-term capit	al gains	b		Form IA 1040, line 6 or IA 126,	line 6
5	Business / Nonpas	sive				
а	Income		5 a		コ	
b			b		Net amount to: Form IA	1040, line 10 or
С			С		Form IA	126, line 10
d			d		_	
6	Rental and Passive	∌				
а	Income		6 а	34,498	コ	
b			b		Net amount to: Form IA	1040, line 10 or
С	B 1 0		с		Form IA	126, line 10
d	Amortization		d			
7 [Distributions in the	Final Year of Estate	e / Trust			
а	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
С	Long-term capital i	oss carryover	с		Form IA 1040, line 6 or IA 126,	line 6
d	Net operating loss		d		Form IA 1040, line 14 or IA 126	, line 14
8 1	Tax Preference Iter	ns				
а	Accelerated depre	ciation	8 a		Form IA 6251	
b	Danie Para		b		Form IA 6251	
С			С		Form IA 6251	
d	F1		_		Form IA 8801	
9 (Other Items					
а	Tax-exempt interes	st	9 a	·	This data presented for informa	ition only
	Estate tax deduction		b		This data presented for informa	ition only

c Withholding
Additional Information:

This data presented for information only

9706 ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100 lowa Statements

FYE: 12/31/2011

Statement 1 - Form IA 1041, Page 2, Schedule D - Taxes

Description	 Amount		
PAGE 1 - TAX EXPENSE	\$ 0		
FEDERAL TAXES PAID	 8,875		
TOTAL IOWA TAX EXPENSE	\$ 8,875		

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

For Paperwork Reduction Act Notice, see the separate instructions.

KROESE &

RICHARD K RIKKERS CPA

Firm's name

Paid

Preparer

Use Only

RICHARD K RIKKERS CPA

51250-1824

KROESE P.C

540 NORTH MAIN AVENUE SIOUX CENTER, IA 512

04/05/12

Firm's EIN

P00144154

▶ 42-1277139

712-722-3375 Form **1041** (2011)

Form	1041 (2011) ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100			Р	age 2
Sc	hedule A Charitable Deduction. Do not complete for a simple trust or a pooled income fun	d.			
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	Outtood Co. Office Co. 4	3		• • •	
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4	File Co	^	40
5	Add Free 2 and 4	5		YYY	esat.
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable	-			
•	number (and instructions)				
_	purposes (see instructions)	7			
7	Charitable deduction. Subtract line 6 from line 5. Enter here and on page 1, line 13	1		-	
-	hedule B Income Distribution Deduction	T .	<u> </u>	E 2 1	- 20
1	Adjusted total income (see instructions)	1		53,	<u> </u>
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,	<u> 508</u>
7	Distributable net income. Combine lines 1 through 6. If zero				
	or less, enter -0-	7		50,0	<u> 330</u>
8	If a complex trust, enter accounting income for the tax year as				
	determined under the governing instrument and applicable local law				
9	Income required to be distributed currently	9		50,0	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		50,0	030
12		12			
13	T (P)	13		50,0	030
14	Tentative income distribution deduction. Subtract line 12 from line 1.1 Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-	14		50,0	
15	Income distribution deduction. Enter the smaller of line 13 or line 14 here and on page 1, line 18	15	-	50,0	
Status-1990	hedule G. Tax Computation (see instructions)	15		30,	550
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)	19890349030			007
	d Total. Add lines 1a through 1c	1d			<u> 207</u>
2a	Foreign tax credit. Attach Form 1116				
b	General business credit. Attach Form 3800				
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			<u> 207</u>
5	Recapture taxes. Check if from: Form 4255 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	
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses				X
-	Enter the amount of tax-exempt interest income and exempt-interest dividends > \$				
2	Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any				
2					X
•	individual by reason of a contract assignment or similar arrangement?				
3	At any time during calendar year 2011, did the estate or trust have an interest in or a signature or other authority				v
	over a bank, securities, or other financial account in a foreign country?			63632	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the				
	foreign country >			200	
4	During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a				i
_	foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions			ļ	X
5	foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see the instructions for required attachment			353690000	Χ
6	If this is an estate or a complex trust making the section 663(b) election, check here (see instructions)		▶		
7	To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here (see instructions)				
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 instructions		· · · · · · · · · · · · · · · · · · ·		X
DAA				1041 (2011)

SCHEDULE I (Form 1041)

Alternative Minimum Tax—Estates and Trusts

▶ Attach to Form 1041. See the separate instructions for Schedule I (Form 1041).

OMB No. 1545-0092 2011

Department of the Treasury Internal Revenue Service

Employer identification number ELMER H BRUNSTING DECEDENTS TR DTD File Copy 4-1-09 AS EST UTD 10-10-96 Estate's or Trust's Share of Alternative Minimum Taxable Income Adjusted total income or (loss) (from Form 1041, line 17) 53,538 1 1 2 Interest 2 3 Taxes 3 Miscellaneous itemized deductions (from Form 1041, line 15b) 4 4 5 5 Depletion (difference between regular tax and AMT) 6 6 Net operating loss deduction. Enter as a positive amount 7 Interest from specified private activity bonds exempt from the regular tax 8 8 Qualified small business stock (see instructions) 9 9 Exercise of incentive stock options (excess of AMT income over regular tax income) 10 10 Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 11 11 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) 12 12 Disposition of property (difference between AMT and regular tax gain or loss) 13 13 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 14 14 Passive activities (difference between AMT and regular tax income or loss) 15 15 Loss limitations (difference between AMT and regular tax income or loss) 16 16 Circulation costs (difference between regular tax and AMT) 17 17 Long-term contracts (difference between AMT and regular tax income) 18 18 Mining costs (difference between regular tax and AMT) 19 19 Research and experimental costs (difference between regular tax and AMT) 20 20 Income from certain installment sales before January 1, 1987 21 21 Intangible drilling costs preference 22 22 Other adjustments, including income-based related adjustments 23 23 Alternative tax net operating loss deduction (See the instructions for the limitation that applies.) 24 24 Adjusted alternative minimum taxable income. Combine lines 1 through 24 Note: Complete Part II below before going to line 26. Income distribution deduction from Part II, line 44 26 26 Estate tax deduction (from Form 1041, line 19) 27 27 50,030 28 Add lines 26 and 27 28 3<u>,</u>508 Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25 29 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. Income Distribution Deduction on a Minimum Tax Basis 30 Adjusted alternative minimum taxable income (see instructions) Adjusted tax-exempt interest (other than amounts included on line 8) 31 31 Total net gain from Schedule D (Form 1041), line 15, column (1). If a loss, enter -0-32 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 Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions) 34 34 Capital gains computed on a minimum tax basis included on line 25 3,508) 35 35

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Total distributions. Add lines 38 and 39

Schedule I (Form 1041) (2011)

50,030

50,030

50,030

50,030

36

37

38

39

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41

36

37

38

39

40

Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount

Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-

Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)

Tax-exempt income included on line 40 (other than amounts included on line 8)

Income required to be distributed currently (from Form 1041, Schedule B, line 9)

Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40

DAA

Sched	ule I (Form 1041) (2011) ELMER H BRUNSTING DECEDENTS TR	DT	<u>'D 27-645310</u>	0	Page 2
Pa	nt III Income Distribution Deduction on a Minimum Tax Basis (co	ontinu	ued)		
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				is the substitute of the property of the substitute of the substit
	Enter here and on line 26			44	Eile Copy030
Pa	rt III. Alternative Minimum Tax			i i	
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	College of the CO from the AC			51	
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or h				
-	gain on lines 14a and 15 of column (2) of Schedule D (Form 1041) (as refigured for the AM				
	necessary). Otherwise, if line 51 is—	,			
	• \$175,000 or less, multiply line 51 by 26% (.26).				
				52	
5 2	Over \$175,000, multiply line 51 by 28% (.28) and subtract \$3,500 from the result			53	
53 54	Alternative minimum foreign tax credit (see instructions) Tentative minimum tax Subtract line 53 from line 53			54	
	Tentative minimum tax. Subtract line 53 from line 52			-	
55 56	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Sche			55	
56	Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0 Enter her	re and	1 on Form 1041,	50	
Da	Schedule G, line 1c Line 52 Computation Using Maximum Capital Gains Rates		<u> </u>	56	
				Т	
	Caution: If you did not complete Part V of Schedule D (Form 1041), the Schedule D Tax V		neet,		
	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			7.1	
	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% (.26).	3%			
	(.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)			70	
	If line 59 is zero or blank, skip lines 71 and 72 and go to line 73. Otherwise, go to lin	e 71.			
71	Subtract line 67 from line 61	71			
72	Multiply line 71 by 25% (.25)		<u> </u>	72	
73	Add lines 63, 70, and 72			73	
	If line 57 is \$175,000 or less, multiply line 57 by 26% (.26). Otherwise, multiply line 57 by 26	 3% (.2	8)		
	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 I (Form 1041) (2011)

SCHEDULE D (Form 1041)

Name of estate or trust

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

Employer identification number

2011

Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2010 Capital Loss Carryover Worksheet 11 (ELMER H BRUNSTING DE 4-1-09 AS EST UTD 1		R DTD		27-	6 453	ile Copy
10 Description of processors 10 Description of the control	Note: Form 5227 filers need to complete o	nly Parts I and II.					
Casargine 100 alream Pix selement of VT Cool (mos. sery, yz)	Part I Short-Term Capital	Gains and Los	ses – Assets H	leld One Year or Les	s		
VARIOUS VARIOUS 2,516 2,142 374		1 ' '	1 '''	(d) Sales price			the entire year
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 4 Short-term capital loss carryover: Enter the amount, if any, from line 9 of the 2010 Capital Loss Carryover Worksheet 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 For the 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 Net short-term capital Gains and Losses — Assets Held More Than One Year (a) Description of property (b) Cain acquired (c) Date acquired (c) Date sold (roc, day, yr.) (d) Sales price (e) Column (2) on the back (f) Cain or (loss) from the entire year shorted (love instruction) (f) Cain or (loss) from the entire year shorted (love instruction) (green instr	1a SEE ATTACHED EDWARI		VARIOUS	2,516	2,	142	374
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 4 Short-term capital loss carryover: Enter the amount, if any, from line 9 of the 2010 Capital Loss Carryover Worksheet 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 For the 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 Net short-term capital Gains and Losses — Assets Held More Than One Year (a) Description of property (b) Cain acquired (c) Date acquired (c) Date sold (roc, day, yr.) (d) Sales price (e) Column (2) on the back (f) Cain or (loss) from the entire year shorted (love instruction) (f) Cain or (loss) from the entire year shorted (love instruction) (green instr							
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 4 Short-term capital loss carryover: Enter the amount, if any, from line 9 of the 2010 Capital Loss Carryover Worksheet 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 For the 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 Net short-term capital Gains and Losses — Assets Held More Than One Year (a) Description of property (b) Cain acquired (c) Date acquired (c) Date sold (roc, day, yr.) (d) Sales price (e) Column (2) on the back (f) Cain or (loss) from the entire year shorted (love instruction) (f) Cain or (loss) from the entire year shorted (love instruction) (green instr							
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 4 Short-term gain or (loss). Cembre lines 1a through 4 in column (f). Enter here and on line 13. Column (3) on the back Part III Long-term Capital Gains and Losses — Assets Held More Than One Year (a) Description of property (example): 100 inaises 7% preferred of 12° Co.) (b) Date acquired (c) Date sould (e) Date sould (e) Date sould (mo. day, yr.) (a) Sales price (e) Coot or other basis (see instructions) (b) Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 7 Long-term capital gain or (loss) from Forms 2439, 4884, 6252, 6781, and 8824 8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 9 Capital gain distributions SEE STATEMENT 1 9 258 10 Gain from Form 4797, Part I 10 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2010 Capital Loss Carryover Worksheet Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the basis. 11 (Sales price (e) Coop of the basis (e) Corporation (e) Enter here and on line 14a, column (3) on the basis.							
4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2010 Capital Loss Carryover Worksheet 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 Fairt III Long-Term Capital Gains and Losses – Assets Held More Than One Year [a) Description of property [carryle: 100 shares 7½ preferred of 72° Co) [b) Dien acquired (inc., day, yr.) [carryle: 100 shares 7½ preferred of 72° Co)				tatas ar trusta			
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 Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year (a) Description of property (champier: 100 shares 7% preferred of 12° Co.) (b) Date acquired (mo., day, yr.) (champier: 100 shares 7% preferred of 12° Co.) (ch	4 Short-term capital loss carryover. Ent			2010 Capital Loss			
(a) Description of property (Example: 100 shares 7% preferred of 12° Co) (b) Date acquired (mo., day, yr.) (d) Sales price (e) Cost or other basis (see instructions)	5 Net short-term gain or (loss). Comcolumn (3) on the back	<u></u>	· · · · · · · · · · · · · · · · · · ·	nter here and on line 13,	.	5	374
(Example: 100 shares 7% preferred of "2" Co.) (mo., day, yr.) (mo., day, yr.) (mo., day, yr.) (d) Sales price (eee instructions) subtract (e) from (d) Subtract (e) from (d) 2,876 42,662 39,786 2,876 b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 7 Long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 Net long-term gain distributions SEE STATEMENT 1 9 259 10 Gain from Form 4797, Part I 10 Long-term capital loss carnyover. Enter the amount, if any, from line 14 of the 2010 Capital Loss Carnyover Worksheet Carnyover Worksheet Carlyover Worksheet Column (3) on the back 11 (3,134	Part II Long-Term Capital	Gains and Los	ses – Assets H	eld More Than One	Year		·
VARIOUS VARIOUS 42,662 39,786 2,876	(Example: 100 shares 7% preferred of "Z" Co.)	(mo., day, yr.)	1	(d) Sales price			the entire year
To Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts Capital gain distributions SEE STATEMENT 1 Gain from Form 4797, Part I Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2010 Capital Loss Carryover Worksheet 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 7 10 11 12 3,134	6a SEE ATTACHED EDWARI		VARIOUS	42,662	39,	786	2,876
To Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts Capital gain distributions SEE STATEMENT 1 Gain from Form 4797, Part I Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2010 Capital Loss Carryover Worksheet 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 7 10 11 12 3,134							
To Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts Capital gain distributions SEE STATEMENT 1 Gain from Form 4797, Part I Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2010 Capital Loss Carryover Worksheet 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 7 10 11 12 3,134					· · · · · · · · · · · · · · · · · · ·		
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 9 Capital gain distributions SEE STATEMENT 1 9 258 10 Gain from Form 4797, Part I Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2010 Capital Loss Carryover Worksheet 11 (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	b Enter the long-term gain or (loss), if a	any, from Schedule	D-1, line 6b			6b	
9 Capital gain distributions SEE STATEMENT 1 9 258 10 Gain from Form 4797, Part I Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2010 Capital Loss Carryover Worksheet 11 (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 11 3, 134	7 Long-term capital gain or (loss) from	Forms 2439, 4684,	6252, 6781, and 883	24		7	
Gain from Form 4797, Part I Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2010 Capital Loss Carryover Worksheet 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 10 11 (3,134	8 Net long-term gain or (loss) from par	tnerships, S corpora	ations, and other esta	ates or trusts		8	
Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2010 Capital Loss Carryover Worksheet 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 11 (3, 134	9 Capital gain distributions SEE STATEMENT 1						258
Carryover Worksheet 11 (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 11 (3,134					·	10	
column (3) on the back	Carryover Worksheet					11 ()
	column (3) on the back		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nter here and on line 14a,	>		

Sche	dule D (Form 1041) 2011 ELMER H BRUNSTING DE	ECEDE:		DTD	27-6453100	Page 2
Pa	Summary of Parts I and II Caution: Read the instructions before completing this pa	rt.	(1) Benef (see in		(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):					il interactivativa da a nacional de la como
а	Total for year	14a			3,134	File Copy134
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b			;	
C	28% rate gain	14c				<u> </u>
15	Total net gain or (loss). Combine lines 13 and 14a	15			3,508	
Note	: If line 15, column (3), is a net gain, enter the gain on Form 1041, line	4 (or For	rm 990-T, Pa	rt I, line 4a).	If lines 14a and 15, colum	∩ (2), are net
gains	s, go to Part V, and do not complete Part IV. If line 15, column (3), is a	net loss,	complete Pa	rt IV and the	Capital Loss Carryover	Worksheet, as
nece	ssary.					
Pa	irt IV Capital Loss Limitation					
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-	Γ, Part I, li	ine 4c, if a tr	ust), the sm a	aller of:	
а	The loss on line 15, column (3) or b \$3,000				16	<u>(</u>
Note	t: If the loss on line 15, column (3), is more than \$3,000, or if Form 10	41, page	1, line 22 (or	Form 990-T	, line 34), is a loss, comple	te the Capital
Loss	Carryover Worksheet in the instructions to figure your capital loss of			 .		
Pa	Tax Computation Using Maximum Capital	Gains F	Rates			
	n 1041 filers. Complete this part only if both lines 14a and 15 in colum		gains, or an	amount is e	ntered in Part I or Part II a	nd there is an
entry	on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.					
Caut	tion: Skip this part and complete the Schedule D Tax Worksheet in t	the instruc	ctions if.			
• E	ither line 14b, col. (2) or line 14c, col. (2) is more than zero, or					
 B 	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.					
Form	n 990-T trusts. Complete this part only if both lines 14a and 15 are g	ains, or qu	ualified divide	nds are incli	uded in income in Part I of	Form 990-T,
and	Form 990-T, line 34, is more than zero. Skip this part and complete the	e Sched u	ile D Tax W	orksheet in	the instructions if either line	≥ 14b, col. (2) or
line	14c, col. (2) is more than zero.			· · · · · · · · · · · · · · · · · · ·		
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	4)		17	3,408	
18	Enter the smaller of line 14a or 15 in column (2)					
	but not less than zero		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)					
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-		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	?				
	Yes. Skip lines 25 and 26; go to line 27 and check the "No" box.					The state of the s
	X 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?					
	Yes. Skip lines 27 thru 30; go to line 31.	ine 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		L	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 Sch					
	(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 Sch					
	(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 h					
	G. line 1a (or Form 990-T. line 36)				34	207

Schedule D (Form 1041) 2011

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

▶ Attach to Form 1040, 1040NR, or Form 1041. ▶ See separate instructions.

Attachment Sequence No.

	ets) snown on return				Yours	ociai s	ecumy n			-14
	CLMER H BRUNSTING DECEDENTS TR DTD)				C 41	ĽЩ	Эι	Сору	f ii
	-1-09 AS EST UTD 10-10-96				27-	64.	5310	 	Catalan Designation	
Α	Did you make any payments in 2011 that would require you to file f	Form(s)	1099? (see inst	tructions)				Н	Yes	No
B If "Yes," did you or will you file all required Forms 1099?							Ш	Yes	No	
P	art I Income or Loss From Rental Real Estate a	and Ro	oyalties Not	e. If you are	in the business of re	enting	persor	ıal pr	operty, use	e
	Schedule C or C-EZ (see instructions). If you are an ind	lividual, r	eport farm rent	al income or	loss from Form 48	35 on	page 2	, line	40.	
Cau	ition. For each rental property listed on line 1, check the box in the las	st column	n only if you ow	ned that pro	perty as a member o	of a				
qua	lified joint venture (QJV) reporting income not subject to self-employm	ent tax.	<u>.</u>							
1	Physical address of each property-street, city, state, zip			Type-from	2 For each rental real		Fair F	Rental	Personal	QJV
				list below	estate property listed report the number of	_	Da	ys	Use Days	—
<u>_A</u>	IOWA			1	days rented at fair re	ntal 🖊				<u>↓</u>
В					value and days with personal use. See					ļ
<u></u>					instructions.	c	:		l	<u> </u>
Тур	e of Property:									
1	Single Family Residence 3 Vacation/Short-Term Rental 5	Land	7 Se	elf-Rental						
2	Multi-Family Residence 4 Commercial 6	Royalt	ies 8 Ot	her (describ	e)					
Inco	ome:	!			Properties					
			Α	 	В				С	
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						
Exp	enses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6					1			
7	Cleaning and maintenance	7								
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11								
	Mortgage interest paid to banks, etc. (see instructions)	12					1			
	Other interest	13								
	Repairs	14								
	Supplies	15								
	Taxes	16		2,985						
	Utilities	17					1			
	Depreciation expense or depletion	18					1			
	Other (list)	19		•						
	Total expenses. Add lines 5 through 19	20		2,985						
	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	r	0	(¥)
23a	Total of all amounts reported on line 3a for all rental properties		A	23a						
	Total of all amounts reported on line 3a for all royalty properties									
	Total of all amounts reported on line 4 for all rental properties				44,	923	3			
	Total of all amounts reported on line 4 for all royalty properties				,					
	Total of all amounts reported on line 12 for all properties			····						
	Total of all amounts reported on line 18 for all properties			····	-					
	Total of all amounts reported on line 20 for all properties				2.	985	5			
	Income. Add positive amounts shown on line 21. Do not include any			يوتت		24	- 1000000000000000000000000000000000000		41,	938
	Losses. Add royalty losses from line 21 and rental real estate losses		e 22 Enter tota	l losses here	,	25	+			
	Total rental real estate and royalty income or (loss). Combine line						1			
_5	If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter									
	17, or Form 1040NR, line 18. Otherwise, include this amount in the to					26			41	938
For	Paperwork Reduction Act Notice, see your tax return instruction		o mi osi paye z		· · · · · · · · · · · · · · · · · · ·	_ 20		hedul	e E (Form 10	
DAA	• •									

			Final K-1	Amended K-	1 .	OMB No. 1545-0092
Schedule K-1 (Form 1041)	2011	P				Current Year Income, and Other Items
Department of the Treasury	For calendar year 2011,	1	Interest income	lucuons, credi	11 11	Id Uther Items Final year deductions
Internal Revenue Service	or tax year beginning	_ ,				er con agrico.
	and ending	2a	Ordinary dividend	8,092		File Copy
Beneficiary's Share	of Income, Deductions,	2b	Qualified dividend			
Credits, etc.	See back of form and instructions.	<u> </u>	Net deat (4,241	 	
Part I Information	About the Estate or Trust	3	Net short-term ca	ipital gain		
A Estate's or trust's employer identifica	tion number	4a	Net long-term cap	oital gain		
27-6453100		4b	28% rate gain		12	Alternative minimum tax adjustment
B Estate's or trust's name	•				 	
		4c	Unrecaptured sec	tion 1250 gain		
ELMER H BRUNS 4-1-09 AS EST	TING DECEDENTS TR DTD UTD 10-10-96	5	Other portfolio and			
C Fiduciary's name, address, city, state	, and ZIP code				-	
ANITA BRUNSTI	NG	6	Ordinary business	s income		
TRUSTEE	DATE CID	7	Net rental real est			
2003 BLOOMING VICTORIA	TX 77904	8	Other rental incon	41,938	13	Credits and credit recapture
, _ 0 _ 0 _ 0 _ 0 _ 0 _ 0 _ 0 _ 0 _ 0 _						<u> </u>
		9	Directly apportions	ed deductions	\vdash	
D Check if Form 1041-T was filed	and enter the date it was filed	-			1	
Oriosk if only 1941 was ned	and the date it was ned				14	Other information
					В *	123
E Check if this is the final Form 10	041 for the estate or trust	10	Estate tax deducti	ion	E *	8,092 STMT
	About the Beneficiary	4		10 (10) 10 (20) 10 (20)	<u>H</u> *	STMT
F Beneficiary's identifying number 481-30-4685				The state of the s		
G Beneficiary's name, address, city, sta	ite, and ZIP code	1	de la la			
NELVA BRUNSTI	NC					
13630 PINEROCI		*Se	ee attached sta	atement for additi	ional i	nformation.
HOUSTON	TX 77079-5914			nt must be attach		
				e of income and		
			ductions from e er rental activi	each business, re	ntal re	eal estate, and
		Olli		ity.		
). D	
		١			ă Mili	- Administration of the Control of the control of t
		se C				
H X Domestic beneficiary	Foreign beneficiary	For IRS Use Only				
- La- Bonnesso Bonenous						

9706 ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100 Federal Statements

27-6453100

FYE: 12/31/2011

Statement 1 - Schedule D, Part II, Line 9 - Capital Gain Distributions

Description)N	Amount
EDWARD JONES	\$_	258
TOTAL	\$	258