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

<u>IA Tax Return (12/31/10) - IA Form 1040 Page 1</u> <u>IA Tax Return (12/31/10) - IA Form 1040 Page 2</u>

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

STEP 1:	Fill i	in a	all spaces. You MUST fill in your Social Security Number.		_	
Your last			Your first name/middle initial			of a management is a larger
BR	UNS	3T	'ING NELVA E			nformation below.
Spouse's	last na	ame	e Spouse's first name/middle initial			pox if you or your spouse were
						as of 12/31/10: IE CODY
Current m	nailing	ado	dress (number and street, apartment, lot, or suite number) or PO Box		Your Social Security Number • 481-30-4685	Spouse Social Security Number
136	30	F	PINEROCK LN			on 12/21/10
City, State	e, ZIP				County No.	ce on 12/31/10 ■ School District No. ●
HOU	STO	NC	TX 77079-5914		00_	0000
			Status: Mark one box only.		You must ans	swer these questions:
1 X	Sino	ile: V	Were you claimed as a dependent on another person's lowa return? YES	X NO A		m an exemption is claimed in Step 3
2	 		d filing a joint return. (Two-income families may benefit by using status		How many have health care (including Medicaid or hawk-i)	coverage?
3	-		filing separately on this combined return. Spouse use column B.		How many do not have hea	Ith care coverage? •
4	Mai	rried	d filing separate returns.	SSN:		Income: \$
5			e's <u>năme:</u> of household with qualifying person. If qualifying person is not claimed			and Social Security Number below.
6	1-		ying widow(er) with dependent child. Name:		SSN:	
STEP 3	Qu	a		head of household)		1 x \$ 40 = \$ 40
	ione	la				
Exempti	ions		filing igintly)			
			c. Dependents: Enter 1 for each dependent.			
			d. Enter first names of dependents here:			
					_ _	
		г	b. Enter 1 if 65 or older and/or 1 if blind. SPOUSE Dependents: Enter 1 for each dependent			
			(If filing C. Dependents, Little for each dependent		▲_	
			status 3) d. Enter first names of dependents here:			e. TOTAL \$
				B. Spouse/Status 3		Spouse/Status 3 A. You or Joint
STEP 4		1.				
Gross						
Income		3.	Ordinary dividend income. If more than \$1,500, complete Sch. B		21,685	
		4.	Alimony received 4.			
		5.				
		6.	Capital gain/(loss) from federal Sch. D if required for federal purposes 6.			
		7.	Other gains/(losses) from federal form 4797 7.			
		8.				
		9.				
	1	10.			23,013	
	1	11.				
	1	12.				
	1	13.	Taxable Social Security benefits 13.		5,067	
	1	14.	Other income, gambling income, bonus depreciation/sec. 179 adjustment 14.			
		15.	GROSS INCOME. ADD lines 1-14.		15.	▲ 67,933
STEI			D			
1.1	4					
↓ Adju	191-		4.0		1 1 5 0	
men			Penalty on early withdrawal of savings 19.			
Inco						
ere Ere		21.				
<u>-</u>		22.				
and voucher here		23.				
<u> </u>		24.	Other adjustments 24.		25.	▲ 7,158
and		25. 26	Total adjustments. ADD lines 16-24.			▲ 60,775
		26.	NET INCOME. SUBTRACT line 25 from line 15.			<u> </u>
STE Fede		27.				
						E 77
SZ- Addi	ition :	29.	Addition for federal taxes. ADD lines 27 and 28.		29.	
and			Total. ADD lines 26 and 29.	, , , , , , , , , , , , , , , , , , , ,	30	
Ded	uc-	31.	Federal tax withheld			
න් tion	;	32.	Federal estimated tax payments made in 2010	 -		
-	;	33.	-			
1		34.	***************************************			11,500
	;	35.	BALANCE. SUBTRACT line 34 from line 30. Enter here and on line	36, side 2.		49,852
CS						41-001a (07/23/10) L10

NTT-T T T7N	177	
NELVA	L	BRUNSTING

2010 IA	1 1)40, page 2	1	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	 A. You or Joint
STEP 7	36.	BALANCE. From side 1, line 35			36.		49,852
		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 lin	nes 37-40
Income		 BALANCE. Subtract line 38 from line 37 or enter the amount of itemized deductions from the lowa Schedule A 	39			ONLY if you	itemize.
		40. Other deductions	40.			₋ J Fi	le Copy
	41.	Deduction. Check one box. X Itemized. Add lines 39 ar	nd 40.	Standard	41.	•	5,738
	42.	TAXABLE INCOME, SUBTRACT line 41 from line 36.			42.		44,114
STEP 8		Tax from tables or alternate tax					
	44.	lowa lump-sum tax. 25% of federal tax from form 4972	_			=	
Тах,	45.	lowa minimum tax. Attach IA 6251.				-	
Credits	46.	Total tax. ADD lines 43, 44, and 45.			40	-	2,466
and	47.	***************************************					
Checkoff Contribu-	48.	Tuition and textbook credit for dependents K-12				_	
tions	49.					-	60
		Total credits. ADD lines 47 and 48. BALANCE. SUBTRACT line 49 from line 46. If less than zero.	enter 7	······································	50.		2,406
	50. E1	Credit for nonresident or part-year resident. Attach IA 126 and	d fodora	d roturn			
							907
	52.	BALANCE, SUBTRACT line 51 from 50. If less than or equal					
	53.	Other nonrefundable lowa credits. Attach IA 148 Tax Credits	Schedu	ie.	53.		907
	54.	BALANCE. SUBTRACT line 53 from line 52.			54.		
	55.	School district surtax/EMS surtax. Take percentage from table	e; multip	ly by line 54.	55.		0
	56.	Total Tax. ADD lines 54 and 55.			56.		907
	57. 58.	Contributions Contributions will reduce your refund or add to	and en	ter nere.	must be in whole dollars	57.	907
	50.	Fish/Wildlife State Fair	Fire	fighters/Veterans	Child Abuse Preve	ention Enter	
	5	8a: 🛦 58b: 🛦	58c	: 	58d; 📤	total. 58.	
	59.	TOTAL TAX AND CONTRIBUTIONS. ADD lines 57 and 58					907
	60.	lowa income tax withheld				_	
STEP 9	61.	Estimated and voucher payments made for tax year 2010				-	
	62.	Out-of-state tax credit. Attach IA 130.	62.			_	
Credits	63.	Motor fuel tax credit. Attach IA 4136.	63.			_	
	64.	Check One: Child and dependent care credit OR					
		Early childhood development credit	64.		<u> </u>	_	
	65.	lowa earned income tax credit. See Instructions.					
	66.	Other refundable credits. Attach IA 148 Tax Credits Schedule.	66.			_	
	67.	TOTAL. ADD lines 60 - 66.	67.		1,320	_	
	68.	TOTAL CREDITS. ADD columns A and B on line 67 and en					1,320
STEP 10	69.	If line 68 is more than line 59, SUBTRACT line 59 from line 6					▲ 413
						DECUME 70	
Refund or	, 0.	Amount of line 69 to be REFUNDED Mail return to lowa Income Tax - Refund Processing, I	loover	State Office Bldg, De	es Moines IA 50319-012	0	
Amount	71	Amount of line 69 to be applied to your 2011 estimated tax	71.		413		
You Owe		If line 68 is less than line 59, SUBTRACT line 68 from line 59		the AMOUNT OF TAX		_	A
		Penalty for underpayment of estimated tax from IA 2210 or IA		Check if	annualized income method	Lis used 73	Ā
		Penalty and interest 74a. Penalty	1 22 101	▲ 74b. Interest		ADD Enter total 74.	
		TOTAL AMOUNT DUE. ADD lines 72, 73, and 74, and enter	r horo				
	75.	Electronically pay by credit card or direct debit. Go to	www.s	state.ia.us/tax/			
		To pay by mail: Iowa Income Tax - Document Process	ing, PO	Box 9187, Des Moin	ies IA 50306-9187. Maki	check payable to Tr	easurer, State of Iowa.
		TICAL CHECKOFF. This checkoff does not increase the	STE				
•	arriou	nt of tax you owe or decrease your refund. SPOUSE ▲ YOURSELF		TYEAR,	and that 2. Thin		
\$1.50 to E	Repub	lican Party		d you like to receive a b i is not available to elec	1	Mailing Add	
	•	cratic Party \$1.50 to Democratic Party	op.iio.	0.	Yes	See lines 70	and 75 above.
\$1.50 to C				▲ 1	No No		
STEP 13	Janp	i (We), the undersigned, declare under pena	alty of p	orium that I (we) have		ding all accompanying s	chedules
		SIGN HERE and statements, and, to the best of my (our)					
Verify y			ation of v			an.	04/14/11
Rechect	•			RICHARD	K RIKKERS	CPA	04/14/11
• Attach	all W	28		Preparer's Signature			Date
					KROESE P.C		
Your Sign	ature		Date		I MAIN AVEN		
				SIOUX CEN	NTER	IA 51250-	-1824
Spouse's	Signa	ature	Date	Address			
				<u>712-722-3</u>			42-1277139
•	Telepi	none Number	ale ==	Daytime Telephone N		l	dentification Number 41-001b (07/19/10)
CS		i i	пэ ге	turn is due Ma	y z , z ui <i>i.</i>		41 55 ID (07710/10)

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.

			Security Namber OPY	
NELVA E			30-4685	
NOTE: If you have	fede	eral bonus depreciation/section 179, please see the 2010 Expanded Instructions on our Web site.		_
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. 2. 6,801	_	
	3.	Subtract line 2 from line 1. If less than zero, enter zero.	3.	0
Taxes You	4.	Other state and local income taxes. DO NOT INCLUDE IOWA STATE INCOME TAX. Include School District Surtax and EMS Surtax paid in 2010. 4.	_	
Paid	5.	Include School District Surtax and EMS Surtax paid in 2010. 4. Real estate taxes 5. 1,298	_	
	6.	Personal property taxes, including annual vehicle registration DO NOT INCLUDE new motor vehicle taxes deducted on federal Schedule A, line 7. 6. 55	<u>.</u>	
	7.	Other taxes. List the type and amount. FOREIGN TAXES - 1041-GT 790	<u>ı</u>	
	8.	Add amounts on lines 4, 5, 6, and 7. Enter the total here.		43
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		
	111.	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. 4 , 295		
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.	17. 4,2	95
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	_	
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. 23.	_	
	24.	Subtract line 23 from line 22. Enter the total. If less than zero, enter zero.	_ 24.	0
Other Misc. Deductions	25.	Other miscellaneous deductions not subject to 2% AGI Limit. List type and amount.		
Total	26	Add lines 3, 8, 13, 17, 18, 24, and 25, and enter the total here		38
Itemized	120.	Add lines 3, 6, 13, 17, 10, 24, and 25, and office to total field		
Deductions		If using filing statuses 1, 2, 5, or 6, enter the amount on Step 7, line 39 of the IA 1040.		
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.		
Spouses	30.	Multiply line 26 by the percentage on line 29. Enter here and on IA 1040, line 39, column A (YOU)	30	
	31.	Subtract line 30 from line 26. Enter here and on IA 1040, line 39, column B. If you are using		
		filing status 4, enter this amount on line 39, column A of your spouse's return (SPOUSE)	31	

2010 IA 1040 Schedule B

www.state.ia.us/tax

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.

You must complete this part if you received more than \$1,500 in interest in 2010. Interest income which should be reported includes earnings from savings and loan associations, mutual savings banks, cooperative banks, credit unions, and bank deposits; state and municipal bonds (see instructions for IA 1040, line 2,

INTEREST INCOME

Taxable Interest Income), and interest from tax refunds. Do not report interest from federal securities. 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.

N 65	Check one for each payer					
Name of Payer	Тахрауег	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>			7,162		

PART II:

You must complete this part if you received more than \$1,500 in gross dividends in 2010. Deduct that portion

of any net dividend from mutual funds that is attributable to federal securities.

DIVIDEND

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.

	Check o	Check one for each payer				
Name of Payer	Taxpayer	Spouse	Joint	AMOUNT		
CHEVRON CORPORATION	X			4,002		
EDWARD JONES	X			1,340		
METLIFE	X	<u> </u>		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		i 	7,239		
		-	-			
Total Taxable Dividend Income.						
Add the amounts. Enter here and on IA 1040, line 3.		<u> </u>		21,685		

41-004b (05/24/10)

Iowa Nonresident and Part-year Resident Credit

Name(s) as shown on page 1 of the IA 1040	1	Social Security Number
NELVA E BRUNSTING	VOLL BALLOT ELL E TIL	<u>481File 4685py</u>
MARK THE APPROPRIATE BOX FOR YOU AND YOUR SPOUSE	YOU MUST FILE TH	
You are a nonresident of lowa		esident of lowa with income
	from lowa source	
You are a part-year resident of lowa	• You are a part-	year lowa resident
Date moved into lowa:	Attack this fame	
and/or		and a copy of your federal
Date moved out of lowa:		va return. (IA 1040)
Your spouse is a nonresident of lowa		-source income on the IA 126. by using filing status 3 or 4.
Your spouse is a part-year resident of lowa	IO)A/A	SOURCE INCOME
Date moved into lowa:	IOWA	-SOURCE INCOME
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 l
4. Alimony received	4.	
5. Business income or (loss)		
6. Capital gain or (loss)	6.	
7. Other gains or (losses)	7.	
3. Taxable IRA distributions	8.	
9. Taxable pensions and annuities	9.	
Rents, royalties, partnerships, estates, etc.	10.	
1. Farm income or (loss)	11.	
2. Unemployment compensation	12.	
3. Taxable Social Security benefits.	13.	
4. Other income, gambling income, bonus depreciation/section 179		
adjustment	14	
5. GROSS INCOME. ADD lines 1-14.		
6. Payments to an IRA, Keogh, or SEP while an lowa resident	16.	
7. Deduction for self-employment tax		
8. Health insurance deduction	18.	
	10	
O Alimana matel	20	
Allmony paid Pension/retirement income exclusion		
Moving expense deduction into lowa only	22	
lowa capital gain deduction Other adjustments	0.4	
Total adjustments. ADD lines 16-24. IOWA NET INCOME. SUBTRACT line 25 from line 15.	26.	22,924
		60,775
7. All-source net income from line 26, IA 1040		100.0% 100.0%
8. lowa 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>37.7</u> %
9. Nonresident/part-year resident credit percentage:		·
Subtract the percentage on line 28 from 100.0%.	29	
0. lowa tax on total income from line 43, IA 1040	30	
1. Total credits from line 49, IA 1040	24	60
2. Tax after credits. Subtract line 31 from line 30.	32.	1 0 100
3. Nonresident/part-year resident tax credit. Multiply line 32 by the percentage on line 29	. 33	1,499

ENTER THIS AMOUNT ON LINE 51 OF IA 1040

www.state.ia.us/tax _ **Iowa Minimum Tax Computation** SSN or FEIN Name(s) as shown on IA 1040 or IA 1041:

Name(s) as shown on IA 1040 or IA 1041:	SSN or FEIN	
	_ <u> </u>	Eile Copy
NELVA E BRUNSTING	481-30-468	35
PART I: Adjustments and Preferences. See instructions.	<u></u> .	· · · · · · · · · · · · · · · · · · ·
If you itemized deductions on Schedule A, start on line 1. If you did not itemize on your IA 10	040, start on line 7.	
1. Medical and dental from line 2, federal form 6251	1. <u> </u>	
2. Taxes from line 3, federal form 6251, less any lowa income tax included on that line		1,443
3. Certain interest on a home mortgage not used to build, buy, or improve your home, from line 4, federal form	6251 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	6. _	0
7. Post - 1986 depreciation from line 18, federal form 6251	7	
8. Adjusted gain or loss from line 17, federal form 6251		
9. Incentive stock options from line 14, federal form 6251		
10. Passive activities from line 19, federal form 6251	10	
11. Beneficiaries of estates and trusts from line 15, federal form 6251	11.	
12. Enter the amount for each corresponding item from federal form 6251. Enter total on line 12.		
a. Circulation expenditures (line 21) a h. Patron's adjustment h		
b. Depreciation (pre-1987) b i. Pollution control facilities i.		
C. Installment sales (line 25) C. j. Research and experimental (line 24) j.		
d. Large partnerships (line 16) d. k. Section 1202 exclusion (line 13) k.		
e. Long-term contracts (line 22) . e. I. Tax shelter farm activities I.		
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.		
PART II: Alternative Minimum Taxable Income		
14. Taxable income from IA 1040, line 42; or IA 1041, line 22	14.	44,114
15. Net operating loss deduction. Do not enter as a negative amount.	15.	
16. Combine lines 14 and 15.		44,114
	17	45,736
17. Add lines 13 and 16. 18. Alternative tax net operating loss deduction. See instructions.		
19. Alternative Minimum Taxable Income. Subtract line 18 from line 17.	19	45,736
The state of the s		
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
20. Enter \$55,000 (*\$77,000 if filling status 3 or 4; \$12,500 if single, head of household or qualifying widow(er)		112,500
		•
22. Subtract line 21 from line 19. If the result is zero or less, enter zero.		
23. Multiply line 22 by 25% (0.25).		26,000
24. Subtract line 23 from line 20. If the result is zero or less, enter zero.	0.5	
25, Subtract line 24 from line 19.		1,322
26. Multiply line 25 by 6.7% (0.067).		2,406
27. Regular tax after credits. See instructions.		2,100
28. lowa Minimum Tax. Subtract line 27 from line 26, enter here and on IA 1040, line 45, or IA 1041,	20	0
line 25. See instructions for Minimum Tax Limited to Net Worth. If less than zero, enter zero.		
PART IV: NONRESIDENTS AND PART-YEAR RESIDENTS ONLY - Complete lines 29 - 32.		00.001
29. Enter lowa net income plus lowa adjustments and preferences. See instructions. If less than zero, enter zero		
30. Total net income plus total adjustments and preferences. See instructions.		
31. Divide line 29 by line 30 and enter the result to three (3) decimal places.	31. <u>–</u>	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.

2010 Form IA 1040 Iowa Return Carryover Summary Taxpayer Identification Number Name 481-30-4685 NELVA E BRUNSTING File Copy Carryover to 2011 Activity, Form or Screen Unit Description 413 STPMT OVERPAYMENT APPLIED TO NEXT YEAR'S ESTIMATES PMT CALCULATED **ESTIMATES** 47 PAYMENT 2ND QUARTER 230 3RD QUARTER PAYMENT $4\,\mathrm{TH}$ QUARTER PAYMENT 230 330 ESTIMATES PAID DEDUCTIBLE NEXT YEAR

Form	IA1040	Iowa Fe	deral Tax Adjustment	t Worksheet		2010
me						Identification Number
NEI	JVA E BRUN					0-4685
			II Refund - Iowa Form 10 ⁴		, F	ile Copy
1.	2009 federal refund	d			1	5//
		earned income credit (less federal adva				
3. 4.	Less 2009 addition	al child tax credit			···· 3. —	
4. 5.	Less 2009 Inst-tilling	e homebuyer credit			···· * —	
	Less 2009 reidilda	ble education creditwork pay credit			6. 6.	
7.	Prior vear federa	I refund after adjustments			7,	
	2009 deduction for	federal taxes (lowa Form 1040, line 34)			8.	12,935
9.	Lesser of line 7 of	or line 8				57 <u>7</u>
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Spouse		Taxpayer/Joint
		refund after adjustments from line 9,				<u> </u>
		eral refunds (From years prior to 2009) .				
12.	Federal income t	ax refund / overpayment received	in 2010 (Line 10 plus line 11)	12	= =	577
1. 2.		Self Employment and Hotaxes yment taxes		Spouse 1.		Taxpayer/Joint
3.	Total Self-employ	ment and Household Employment	t Taxes	3.		
		rederal i	ax Withheld - Iowa Form	Spouse		Taxpayer/Joint
1.	W-2. W-2G. 1099	R, 1099M, interest, dividend, K-1		1.		
2.		ilroad, unemployment, other income,				
3.		ome Tax Withheld				
						-
			Payments Made in 2010			577
1.		lied from 2009 return				10,923
2. 3.		2010				11 500
э.	Total rederal Es	timated tax payments made in 201	•	Spouse	····· •• —	Taxpayer/Joint
4.	Total Federal Es	timated Taxes Paid from line 3, all	ocated, if applicable	•		· · ·
1.	2000 federal tay li		I Taxes Paid in 2010 - lov			11,368
2.	Evoise tay on early	ability y withdrawal from qualified plans, rep	payment of first-time homehuver or	redit advance FIC navment	····	
3.		inus Line 2)				11,368
4.	Less payments ma	ade against 2009 federal tax liability			4.	11,945
5.	2009 unpaid liabi	lity before federal refundable cred	lits (Line 3 minus Line 4)		5	
6.	Refundable cred					
	Earned income	credit a	Making work pay credit	d		
	Refundable edu	cation credit b	Additional child tax credit	e		
		buyer credit c		. <u>f</u> :		
_					— <u> </u>	
_		ndable credits to 2009 unpaid federa				
8.	Faderal extension	deral tax return (No penalties)	fodoral return			
9. 10		and additional payments from 2009 nicle Fuel Tax Credit from 2010 feder				
		rted on 2010 federal return				
12	Total additional f	ederal tax payments made in 2010	(Add lines 7 thru 11)		12.	
		part partition times in Acto	, , , , , , , , , , , , , , , , , , , ,	Spouse		Taxpayer/Joint
13.	Total additional fe	deral tax payments from line 12, allo	cated, if applicable	13		
		taxes paid in 2010 for tax years prior				

15. Total additional federal taxes paid in 2010 for 2009 and prior years (Add lines 13 and 14)15.

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

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

Documents for: BRUNSTING, NELVA E

Tax Documents

US Tax Return (12/31/10) - Form 1040 Page 1

US Tax Return (12/31/10) - Form 1040 Page 2

US Tax Return (12/31/10) - Schedule B

US Tax Return (12/31/10) - Schedule D Page 1

US Tax Return (12/31/10) - Schedule D Page 2

US Tax Return (12/31/10) - Schedule D-1 Page 1 - Unit #1

US Tax Return (12/31/10) - Schedule E Page 1 - FARMLAND

US Tax Return (12/31/10) - Schedule E Page 2

US Tax Return (12/31/10) - Form 6251 Page 1

US Tax Return (12/31/10) - Form 6251 Page 2

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 INSULICIONS.		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.	1	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
_						200000000000	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 health 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 20a 22 23 24 25 26 27 28 29 30 31 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							. 4	181-30-4685 Page 2
Tax and	38	Amount from line 37 (adjusted gross inc	come)						38	90,681
Credits	39a	Check X You were born before J	anuary 2, 19	946,	Blind.	1 .	Total boxes			
0.00		if: Spouse was born befor	e January 2	, 1946	s, Blind.		checked 🕨	39a	_1	
	b	If your spouse itemizes on a separate return of	or you were a	dual-st	atus alien, check	here	•	39b		
	40	Itemized deductions (from Schedule A						,	40	7,100
	41	Subtract line 40 from line 38								- 10 0 0 E 0 1
	42	Exemptions. Multiply \$3,650 by the nur							42	
	43	Taxable income. Subtract line 42 from line 41. If line				• • • • • •			· ·	70 021
	44	Tax (see instr.). Check if any tax is from:		_						1 4 4 5 5
	45	Alternative minimum tax (see instructi		_	COE4				AE	T
		·	•						46	14 455
	46	Add lines 44 and 45				47			70	± 1 / 100
	47									
	48	Credit for child and dependent care exp			F	48				
	49	Education credits from Form 8863, line				49				
	50	Retirement savings contributions credit.				50				
	51	Child tax credit (see instructions)				51				
	52	Residential energy credits. Attach Form				52				
	53	Other credits from Form: a 3800 b			l	53				
	54	Add lines 47 through 53. These are you	r total cred	its					54	
	55	Subtract line 54 from line 46. If line 54 is	s more than	line 4	6, enter -0-		<u></u>		▶ 55	14,455
Other	56	Self-employment tax. Attach Schedule SE							. 56	<u> </u>
Taxes	57	Unreported social security and Medicare	tax from F	orm:	a 413	7 b			57	
Idacs	58	Additional tax on IRAs, other qualified re	etirement pla	ans, et	tc. Attac <u>h</u> Form	n 5329				
	59	a Form(s) W-2, box 9 b	Schedule H		c 📙 F	orm 54	405, line 16		59	
	60	Add lines 55 through 59. This is your total ta	x						▶ 60	14,455
•	61	Federal income tax withheld from Forms	s W-2 and 1	1099		61				
Payments	62	2010 estimated tax payments and amount ap	plied from 200	09 retur	n [62		11,3	60	
	63	Making work pay credit. Attach Schedul	e M		.,,,,,,,	63				
If you have a	64a					64a				
qualifying	ь	` ` · · · · · · · · · · · · · · · · · ·	64b							
child, attach Schedule EIC.	65	Additional child tax credit. Attach Form	8812			65				
Constant List.	66	American opportunity credit from Form				66				
	67	First-time homebuyer credit from Form				67				
	68	Amount paid with request for extension				68	_			
	69	Excess social security and tier 1 RRTA				69				
	70	Credit for federal tax on fuels. Attach Fo		•		70				
	71		3839 c	9901	d 8885	71	-			
				'	ا استا	7.			▶ 72	11,360
D. C	72	Add tines 61, 62, 63, 64a, and 65 through 71. These are				maunt	vou exerneid		73	
Refund	73	If line 72 is more than line 60, subtract I						ا		
	74a	Amount of line 73 you want refunded to	−i .			Г	¬ ······	1	74 a	· · · · · · · · · · · · · · · · · · ·
Direct deposit? See	▶ b	Routing number	▶ c	туре	: Checki	ang [Savings			
instructions.	► d	Account number			<u>.</u>	1				
	75	Amount of line 73 you want applied to	•			75				3 005
Amount	76	Amount you owe. Subtract line 72 from line		ils on h	ow to pay, see in	! 1	ons		▶ 76	3,095
You Owe	77	Estimated tax penalty (see instructions)			<u></u>	77	52)			
Third Part	v Do you	want to allow another person to discuss	this return v	with th	•		, L		plete bel	
Designee	Designe				Pe	ersonal	identification nur	mber (PIN		84948
	name	► RICHARD K RIKKERS				dulaa a	and atatements of	Phone no		12-722-3375
Sign	Under po	enalties of perjury, I declare that I have examine true, correct, and complete. Declaration of prep	ed this return a parer (other th	and acc an taxp	companying sche payer) is based o	n all inf	omation of which	and to the ch prepare	r has any	knowledge.
Here	Your sig	nature	t.	Date	Your occupation	on				Daytime phone number
Joint retum? See page 12.					RETIRED				 ,	
Keep a copy	Spouse's	s signature. If a joint return, both must sign.	[Date	Spouse's occu	pation				
for your records.										
	Print/Type	preparer's name	Preparer's	signatu	re			Date	C	heck if PTIN
Paid	RICHARD	K RIKKERS CPA	RICHARD	K RI	KKERS CPA			04/14	/11 se	eff-employed P00144154
Preparer	Firm's name	► KROESE & KROESE	P.C.						Firm's	EIN ▶ 42-1277139
	Firm's addres	LAC MODELL MATELL	AVENUE						Phone	
,		SIOUX CENTER			IA 51	.250	-1824		71	2-722-3375
										Form 1040 (2010)

SCHEDULE B

(Form 1040A or 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

Attach to Form 1040A or 1040.

See instructions on back.

Department of the Treasury Internal Revenue Service Your social security number Name(s) shown on return 481-30-4685 BRUNSTING NELVA Ε File Good 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 EDWARD JONES JONES EDWARD 596 BANK OF AMERICA 4 (See instructions on back and the BANK OF AMERICA 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 15,837 name as the 2 Add the amounts on line 1 payer and enter Excludable interest on series EE and I U.S. savings bonds issued after 1989. 3 the total interest Attach Form 8815 shown on that Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form form. 15,837 Note. If line 4 is over \$1,500, you must complete Part III. Amount Part II List name of payer ▶ CHEVRON CORPORATION 002 340 EDWARD JONES Ordinary 70 METLIFE 6, 830 **Dividends** EXXON MOBILE 14 EDWARD JONES 179 EDWARD JONES (See instructions on back and the & COMPANY DEERE instructions for 239 ELMER H BRUNSTING DECEDENTS Form 1040A, or Form 1040. line 9a.) Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary Add the amounts on line 5. Enter the total here and on Form 1040A, or Form dividends shown 21,685 on that form. Note. If line 6 is over \$1,500, you must complete Part III. Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. Yes No Foreign 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? Χ See instructions on back for exceptions and filing requirements for Form TD F 90-22.1 and Trusts If "Yes," enter the name of the foreign country ▶ (See instructions on During 2010, did you receive a distribution from, or were you the grantor of, or transferor to, a Χ back.) foreign trust? If "Yes," you may have to file Form 3520. See instructions on back

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

Schedule B (Form 1040A or 1040) 2010

DAA

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)						l '
	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

Part III Summary

		1	i
16	Combine lines 7 and 15 and enter the result	16	File Copys26
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14.	1	,
	Then go to line 17 below.		
	 If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. 		
	• If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form		
	1040NR, line 14. Then go to line 22.		
17	Are lines 15 and 16 both gains?		
	Yes. Go to line 18.		
	No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-8 of the		
	instructions	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page		
	D-9 of the instructions	19	
20	Are lines 18 and 19 both zero or blank?		
	Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the		
	Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040, line 44		
	(or in the Instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below.		
	No. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the		
	Schedule D Tax Worksheet on page D-10 of the instructions. Do not complete lines 21 and 22	ŝ	
	below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
	The loss on line 16 or	21	3,000
	Ine loss on line 16 or (\$3,000), or if married filing separately, (\$1,500)		<u> </u>
	(\$5,000), or it married ming separately, (\$1,000)		
	Note. When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
	X Yes Complete Form 1040 through line 43 or Form 1040NR through line 41. Then complete the		90.0
	Tes. Complete form 1646 alreagn line 46, of form 1646 alreagn line 4.		
	Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040, line 44		
	(or in the Instructions for Form 1040NR, line 42).		
	No. Complete the rest of Form 1040 or Form 1040NR.		

Schedule D (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. Attachment

Sequence No. 12A

OMB No. 1545-0074

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

BRUNSTING NELVA

Your social security number

481-30 Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less (d) Sales price (e) Cost or other basis (b) Date (f) Gain or (loss) (a) Description of property (c) Date sold (see page D-7 of the (see page D-7 of the acquired Subtract (e) from (d) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) instructions) instructions) MUTUAL GLOBAL DISCOVERY FD28 596 568 VARIOUS 03/09/10 NEUBERGER&BRM MIDCAP GRW INSTL 212 184 28 10/28/09 03/09/10 GRW INSTL NEUBERGER&BRM MIDCAP 300 2,253 1,953 10/28/09 03/09/10 PIONEER CULLEN VALUE FUND CI 7 98 03/09/10 105 10/28/09 T ROW PRICE BLUE CHIP FROWTH 1,337 1,213 10/28/09 03/09/10 124 Totals. Add the amounts in column (d). Also, combine the

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

amounts in column (f). Enter here and on Schedule D, line 2

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

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

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

▶ See Instructions for Schedule E (Form 1040).

Attachment Sequence No. Your social security number

N	JELVA E BRUNSTING						481-3	File 0-468	Cc	ру	
P			ntal Real Estate and 3). If you are an individual,							ty, us∈	
1				report familiental inc	JOINE OF IOS		•		40.	V	NI.
	FARMLAND	ental real	estate property.			2 For each re				Yes	No
Α	IOWA						e 1, did you or				
^							g the tax year i		١.		3.7
							r more than th	e greater of:	_ <u>A</u> _		_X
_						 14 days 			ĺ		
В	* * * * * * * * * * * * * * * * * * * *					• 10% of	the total days r	ented at			
	· · · · · · · · · · · · · · · · · · ·					fair rent	al value?		В		
						(See page	E-4)				
С									ļ		
									С		
Inc	ome:			Properties				Т	otals		
			Α	В		С		(Add colun	ıns A, E	B, and C	C.)
3	Rents received	3					3		-		
4	Royalties received	4					4				
	penses:			-			log.				
	Advertising	5									
	Auto and travel (see page E-5)	6			-		 				
	,	7									
	Cleaning and maintenance	—									
	Commissions	8									
	Insurance	9	1 000		-						
	Legal and other professional fees	10	1,000		-						
	Management fees	11									
	Mortgage interest paid to banks,										
	etc. (see page E-5)	12					12	2			
13	Other interest	13									
14	Repairs	14									
15	Supplies	15									
	Taxes	16									
	Utilities	17									
	Other (list)										
		18									
٠											
19	Add lines 5 through 18	19	1,000	·			19	``1		1 (000
	Depreciation expense or	1.0					<u> </u>	-			, , , , , , , , , , , , , , , , , , ,
	depletion (see page E-5)	20					٠,				
	Total expenses. Add lines 19 and 20	21	1,000			,	20				
	rotal expenses. Add tilles 15 and 20										
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								
	if you must file Form 6198	22	-1,000								
	Deductible rental real estate loss.										
	Caution. Your rental real estate loss on line 22 may be limited. See page		·								
	E-6 to find out if you must file Form										
	8582. Real estate professionals										
	must complete line 43 on page 2	23 (1,000x		_x						
	Income. Add positive amounts shown	on line 2	2. Do not include any losse	s			24				0
25	Losses. Add royalty losses from line	22 and rer	ntal real estate losses from I	ine 23. Enter total lo	sses here		25	; k		1,0	000)
26	Total rental real estate and rovalty	income o	r (loss). Combine lines 24 a	and 25 Enter the res	ult bere. If			1			
	Parts II, III, IV, and line 40 on page 2 Form 1040NR, line 18. Otherwise, inc	uo not app lude this a	ory to you, also enter this am mount in the total on line 41	iount on Form 1040, on page 2	ine 1/, or		26	: [-	-1,0	000
or l	Paperwork Reduction Act Notice, see	our tax re	turn instructions.					Schedule			

Sche	edule E (Fo	orm 1040) 2010					Att	achm	ent Sec	uence	No. 1	3	Pag	e 2
Name(s) shown on return. Do not enter name and social 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	<-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	coorting 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 corporation partnership						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				1,72			- 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	nese ether SEE	~ 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**

achment quence No. 3

Form 6251 (2010)

Department of the Treasury Internal Revenue Service (99

► Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 or Form 1040NR Your social security number 481-30**F4625Con** NELVA E BRUNSTING Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.) 1 If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 6. (If less than zero, enter as a negative amount.) 90,681 2 Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If Taxes from Schedule A (Form 1040), lines 5, 6, and 8 3 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions Miscellaneous deductions from Schedule A (Form 1040), line 27 5 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 7 Investment interest expense (difference between regular tax and AMT) 8 Depletion (difference between regular tax and AMT) 9 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount 10 Alternative tax net operating loss deduction Interest from specified private activity bonds exempt from the regular tax 215 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 15 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) 16 Disposition of property (difference between AMT and regular tax gain or loss) 17 17 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 18 18 Passive activities (difference between AMT and regular tax income or loss) 179 19 19 Loss limitations (difference between AMT and regular tax income or loss) 20 20 Circulation costs (difference between regular tax and AMT) 21 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 Income from certain installment sales before January 1, 1987 25 Intangible drilling costs preference 26 Other adjustments, including income-based related adjustments 27 27 28 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$219,900, see page 8 of the instructions.) 91,075 Part II Alternative Minimum Tax (AMT) 29 Exemption. (If you were under age 24 at the end of 2010, see page 8 of the instructions.) IF your filing status is . . . AND line 28 is not over . . . THEN enter on line 29 . . . Single or head of household \$112,500 \$47 450 Married filing jointly or qualifying widow(er) 150,000 72,450 Married filing separately 75,000 47,450 29 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 35 and skip the rest of Part II. 43,625 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 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)

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

<u>IA Tax Return (12/31/11) - IA Form 1040 Page 1</u> <u>IA Tax Return (12/31/11) - IA Form 1040 Page 2</u>

IA Tax Return (12/31/11) - IA Schedule A

IA Tax Return (12/31/11) - IA Schedule B

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

IA Tax Return (12/31/11) - IA Form 6251

IA Tax Return (12/31/11) - IA Federal Tax Adjustment Worksheet

IA Tax Return (12/31/11) - IA Low Income Exemption Worksheet

2011 IA 1040 Iowa Individual Income Tax Form

Your first name/middle initial BRUNSTING NELVA E Spouse's first name/middle initial Spouse's last name File Copy Current mailing address (number and street, apartment, lot, or suite number) or PO Box 203 BLOOMINGDALE CIR City, State, ZIP VICTORIA 481-30-4685 Check this box if you or your spouse were 65 or older as of 12/31/11. Your SSN • 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 Married filing a joint return. (Two-income families may benefit by using status 3 or 4.) 2 How many have health care coverage? (including Medicaid or hawk-i) How many do not have health care coverage? 3 Married filing separately on this combined return. Spouse use column B. Married filing separate returns. ▲ Income: \$ 4 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 5 Qualifying widow(er) with dependent child. A. You or Joint STEP 3 Exemptions B. Spouse (Filing Status 3 ONLY) $1 \times $40 = $$ 40 X \$ 40 = \$ Personal Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3 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 X \$ 40 = \$ 60 TOTAL \$ Enter first names of dependents here: B Spouse/Status 3 B. Spouse/Status 3 V STEP 4 1. Wages, salaries, tips, etc. Gross 2. Taxable interest income. If more than \$1,500, complete Sch. B. 850 Income 13**,**239 3. Ordinary dividend income. If more than \$1,500, complete Sch. B. 4. Alimony received Business income/(loss) from federal Schedule C or C-EZ NOTE: Use only 9,756 Capital gain/(loss) from federal Sch. D if required for federal purposes blue or black ink, 7. Other gains/(losses) from federal form 4797 no pencils or red ink. 58,792 Taxable IRA distributions 9,920 Rents, royalties, partnerships, estates, etc. Farm income/(loss) from federal Schedule F Unemployment compensation. See instructions. Taxable Social Security benefits Other income, gambling income, bonus depreciation/sec, 179 adjustment, 14. 137,901 GROSS INCOME. ADD lines 1-14. STEP 5 16. Adjust-17. Deductible part of self-employment tax ments and payment to Income 19. Penalty on early withdrawal of savings 20. Alimony paid Pension/retirement income exclusion Moving expense deduction from federal form 3903 lowa capital gain deduction certain asset sales ONLY (see instructions) 7,062 25. Total adjustments. ADD lines 16-24. 130,839 NET INCOME. SUBTRACT line 25 from line 15. 2,967 STEP 6 27. Federal income tax refund / overpayment received in 2011 Federal 28. Self-employment/household employment taxes Tax 2,967 Addition for federal taxes. ADD lines 27 and 28. Addition 29. 133,806 and ↑ Deduc-



32. Federal estimated tax payments made in 2011 Additional federal tax paid in 2011 for 2010 and prior years

Deduction for federal taxes. ADD lines 31, 32, and 33.

tion

12,180

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

12,180

		NELVA E BRUNSTING					481-	30-4685
2011 IA	1	040, page 2	В.	Spouse/Status 3	A. You or Joint E	3. Spouse/Status 3	Α.	You or Joint
STEP 7		RALANCE From side 1 line 35		·	36			121,626
Taxable	•0.	Total itemized deductions from federal Schedule A			109,824			121,020
Income		Taxpayers with bonus depreciation/sec. 179 must use Iowa Sch. A. 38. Iowa income tax if included in line 5 of federal Schedule A		 -	100,024	7	. 07.40	
		39. BALANCE. Subtract line 38 from line 37 or enter the			100.004	Complete I		
		amount of itemized deductions from the Iowa Schedule A 39.			109,824	ONLY if yo		FEN LED FÖR SKUNKTISK
		40. Other deductions 40.	·			-	ile C	vao
	41.	Deduction. Check one box. X Itemized. Add lines 39 and 40.		Standard	41	[7](\$)		109,824
	42.	TAXABLE INCOME. SUBTRACT line 41 from line 36.			42.			11,802
STEP 8	43.				359			
Tax,	44.							
Credits	45.	lowa minimum tax. Attach IA 6251. 45.						
and Checkoff	46.	T-1-14 ADD F 40 44 145			46.			359
Contribu-	47.	***************************************				.,-		
tions		Total exemption dealt amounts) norm step 3, side 1						
	48.		_					60
	49.				49			60
	50.				50	(<u> </u>	299
	51.	, ,	n					299
	52.	BALANCE. SUBTRACT line 51 from 50. If less than or equal to zero, enter	zero.		52.	(<u> </u>	0
	53.				53	-		
	54.	BALANCE. SUBTRACT line 53 from line 52.						
	55.		ine 54.		55.	(<u> </u>	0
	56.							
	57.	Total tax before contributions. ADD columns A & B on line 56 and enter here	e.		·····	57.		0
	58.	Contributions. Contributions will reduce your refund or add to the amount you	u owe.	Amounts must be in whole	dollars.			
			_	ers/Veterans	Child Abuse Prevention	Enter		
			58c: ⊿	·	58d: 📤			0
STEP 9	<u>59.</u>	· · · · · · · · · · · · · · · · · · ·		 		59.		<u> </u>
	60.							
Credits	61.		_		690			
	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.							
	66.	Other refundable credits. Attach IA 148 Tax Credits Schedule. 66.						
	67.	TOTAL, ADD lines 60 - 66. 67.			(00			
	68.	TOTAL CREDITS. ADD columns A and B on line 67 and enter here.				. 68.		690
STEP 10	69.	If line 68 is more than line 59, SUBTRACT line 59 from line 68. This is the air	mount	vou overnaid		69.	_	690
Refund	70.						-	690
or	, 0.	For a faster refund file electronically. Go to www.iowa.gov/tax for detail	ils or r	nail return to	• • • • • • • • • • • • • • • • • • • •	KLI OND 70.		0,50
Amount You Owe	74	lowa Income Tax - Refund Processing, Hoover State Office Bldg, Des M		IA 50319-0120				
TOU OWE	71.	***************************************	_					
	72.	,	MOUNT			72.		
	73.	Penalty for underpayment of estimated tax from IA 2210 or IA 2210F		Check if annualized i	ncome method is used	73.	_	
	74.	Penalty and interest	_ 4	74b. Interest	🛦 AD	D Enter total 74.		
	75.	- · · · · · · · · · · · · · · · · · · ·			PAY TI	HIS AMOUNT 75.	A	
		You can pay online at www.iowa.gov/tax or pay by mail to lowa Income PO Box 9187, Des Moines IA 50306-9187. Make Check payable to Treas						
STEP 11 F	POLIT	TCAL CHECKOFF. This checkoff does not increase the		\$1.50 to Democratic Pa	arty	\$1.50 to De	mocratic Party	
		nt of tax you owe or decrease your refund.	:-	\$1.50 to Republican Pa	. —		publican Party	H
				\$1.50 to Campaign Fun	· H		-	\vdash
							mpaign Fund	
STEP 12		(We), the undersigned, declare under penalty of perjury th			_			
	á	and statements, and, to the best of my (our) knowledge and	d beli	ef, it is a true, correc	t, and complete return.	Declaration of pr	eparer	
PLEASE	E (other than taxpayer) is based on all information of which th	e pre	parer has any knowl	edge.			
SIGN HER	55 F		[x 11/11/11	RICHARD K RI	KKERS CPA		04/05/12
SIGIT FIER	-	our Signature Date Ch	neck if	Deceased Date of Death	Preparer's Signature	IUUINO CEA		04/05/12 Date
CICN LIES		Date Of	" . [The state of post of p	· -			Pare
SIGN HER	-	Spouse's Signature Date Che	ack if C	eceased Date of Death	42-1277139	TINI		
		Special Signature Date Che	SUK II D	eceased Date of Death	Preparer's SSN, FEIN, or PT	HIN		700 05==
			_					722-3375
			∪ayti	ne Telephone Number			Daytime Tele	ephone Number



This return is due April 30, 2012. Please sign, enclose W-2s, and verify SSNs. MAILING ADDRESSES: See lines 70 and 75 above.

41-001b (09/21/11)

2011 IA 1040 Schedule A

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	n or	n page 1 of the IA 1040 Social	Security	Runki opy
NELVA E	BF	RUNSTING 481	<u>-30-4</u>	1685
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.	· · · · · · · · · · · · · · · · · · ·	
Dental	1.	Medical and dental expenses 1. 117,831	_	
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		
	3.		-	106,420
		Subtract line 2 from line 1. If less than zero, enter zero. State and Local (Check only one box):		100,420
Taxes	4.			
You		Other state and local income taxes Do not include lowa Income Tax Include School District Surtax and EMS Surtax paid in 2011 OR 4		
Paid			-	
		b X General sales taxes only from line 5b of the Federal Schedule A.		
	5.	Real estate taxes 5 5 2,027	_	
	6.	Personal property taxes, including annual vehicle registration 6. 57	_	
	7.	Other taxes. List the type and	_	
		amount FOREIGN TAXES - 1041-GT 7. 123	_	
	8.	Add amounts on lines 4, 5, 6, and 7. Enter the total here.		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.	13.	
Gifts	14.	Contributions by cash or check. 1460	_	
to	15.	Other than by cash or check. You must attach federal form 8283 if more than \$50015		
Charity	16.	Carryover from prior year as adjusted for disallowance of bonus depreciation	-	
•	17.	Add lines 14 through 16. Enter total here.	- 17.	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		
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	_	0
	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	ļ	and amount.	25.	
Total	26.	Add lines 3, 8, 13, 17, 18, 24, and 25, and enter the total here	26.	109,824
Itemized				
Deductions		If using filing statuses 1, 2, 5, or 6, enter the amount on Step 7, line 39 of the IA 1040.		
Proration		Complete lines 27 through 31 ONLY if you are using filing status 3 or 4. SPOUSE		YOU
of	27.		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.		
Spouses	30.	Multiply line 26 by the percentage on line 29. Enter here and on IA 1040, line 39, column A (YOU)		
	31.	Subtract line 30 from line 26. Enter here and on IA 1040, line 39, column B. If you are using		-
		filing status 4, enter this amount on line 39, column A of your spouse's return (SPOUSE)	31	

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



2011 IA 1040 Schedule B

Interest and Dividend Income

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

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.

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

PART II:

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

DIVIDEND

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 " laint " Cl

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

Dividend Income. List Names of All Pavers.

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



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



iowa	Department	of Revenu
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		
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

ame NET	LVA E BRUNSTING	, , ,	Identification Number 30-4685
	Federal Refund - Iowa Form 1040 Line 27	F	ile Copy
1.	2010 federal refund	1. <u> </u>	2 ,9 67
2.	Less 2010 federal earned income credit (less federal advance earned income payment)	2.	
3.	Less 2010 additional child tax credit	3. <u> </u>	
4.	Less 2010 first-time homebuyer credit	4.	
5.	Less 2010 refundable education credit	<mark>5.</mark> —	
6.	Less 2010 making work pay credit	<mark>6.</mark> —	
7.	Less 2010 adoption credit	<mark>7</mark>	2.067
8.	Prior year federal refund after adjustments	<mark>8.</mark> —	2,967 11,500
9.	2010 deduction for federal taxes (Iowa Form 1040, line 34)	<mark>9.</mark>	11,500
10.	Lesser of line 8 or line 9	10 .	2,967
	Spouse		Taxpayer/Joint
11.	Prior year federal refund after adjustments from line 10, allocated, if applicable 11		
12.	Total of other federal refunds (From years prior to 2010) 12.		2,967
13.	Federal income tax refund / overpayment received in 2011 (Line 11 plus line 12) 13.		
	Self Employment and Household Employment Taxes - Iowa Form 1040 Spouse	Line 28	Taxpayer/Joint
1.	•		
2.	Self-employment taxes 1. Household employment taxes 2.		
3.	Total Self-employment and Household Employment Taxes 3.		
J.	total Self-employment and household Employment raxes	= =	
	Federal Tax Withheld - Iowa Form 1040 Line 31		
	Spouse		Taxpayer/Joint
1.	W-2, W-2G, 1099R, 1099M, interest, dividend, K-1, Schedule D 1.		
2.	Social security, railroad, unemployment, other income, backup withholding, other 2.		
3.	Total Federal Income Tax Withheld 3.	_ =	
	Federal Estimated Tax Payments Made in 2011 - Iowa Form 1040 Lin	ie 32	
	•		
1.	Overpayment applied from 2010 return		
2.	Estimates paid in 2011	2. —	
3.	Total Federal Estimated tax payments made in 2011 Spouse	 —	Taxpayer/Joint
4.	Total Federal Estimated Taxes Paid from line 3, allocated, if applicable 4.		12,180
7.	Total Federal Estimated Taxes Full Holl line of anothered, it applied to	= =	
	Additional Federal Taxes Paid in 2011 - Iowa Form 1040 Line 33		8 , 393
1.	2010 federal tax liability	1.	
2.			
_	Excise tax on early withdrawal from qualified plans, repayment of first-time homebuyer credit, advance EIC payment	2.	
3.	Subtotal (Line 1 minus Line 2)	2 3	8,393
4.	Subtotal (Line 1 minus Line 2) Less payments made against 2010 federal tax liability	2 3 4	8,393 11,360
4. 5.	Subtotal (Line 1 minus Line 2) Less payments made against 2010 federal tax liability 2010 unpaid liability before federal refundable credits (Line 3 minus Line 4)	2 3 4	8,393
4.	Subtotal (Line 1 minus Line 2) Less payments made against 2010 federal tax liability 2010 unpaid liability before federal refundable credits (Line 3 minus Line 4) Refundable credits:	2 3 4 5	8,393 11,360
4. 5.	Subtotal (Line 1 minus Line 2) Less payments made against 2010 federal tax liability 2010 unpaid liability before federal refundable credits (Line 3 minus Line 4) Refundable credits: Earned income credit a. Making work pay credit e.	2 3 4 5	8,393 11,360
4. 5.	Subtotal (Line 1 minus Line 2) Less payments made against 2010 federal tax liability 2010 unpaid liability before federal refundable credits (Line 3 minus Line 4) Refundable credits: Earned income credit a. Making work pay credit e. Refundable education credit b. Additional child tax credit f.	2 3 4 5	8,393 11,360
4. 5.	Subtotal (Line 1 minus Line 2) Less payments made against 2010 federal tax liability 2010 unpaid liability before federal refundable credits (Line 3 minus Line 4) Refundable credits: Earned income credit a. Making work pay credit e. Refundable education credit b. Additional child tax credit f. First-time home buyer credit c. Other refundable credits g.	2 3 4 5	8,393 11,360
4. 5.	Subtotal (Line 1 minus Line 2) Less payments made against 2010 federal tax liability 2010 unpaid liability before federal refundable credits (Line 3 minus Line 4) Refundable credits: Earned income credit a. Making work pay credit e. Additional child tax credit f. First-time home buyer credit c. Other refundable credits g. Adoption credit d.	2 3 4 5	8,393 11,360
4. 5. 6.	Subtotal (Line 1 minus Line 2) Less payments made against 2010 federal tax liability 2010 unpaid liability before federal refundable credits (Line 3 minus Line 4) Refundable credits: Earned income credit a. Making work pay credit e. Maditional child tax credit f. Other refundable credits g. Adoption credit d. Total refundable credits 6.	2	8,393 11,360
4. 5. 6.	Subtotal (Line 1 minus Line 2) Less payments made against 2010 federal tax liability 2010 unpaid liability before federal refundable credits (Line 3 minus Line 4) Refundable credits: Earned income credit a. Making work pay credit e. Additional child tax credit f. First-time home buyer credit c. Other refundable credits g. Adoption credit d. Total refundable credits 6. Application of refundable credits to 2010 unpaid federal tax liability (Lesser of line 5 or line 6)	2	8,393 11,360
4. 5. 6.	Subtotal (Line 1 minus Line 2) Less payments made against 2010 federal tax liability 2010 unpaid liability before federal refundable credits (Line 3 minus Line 4) Refundable credits: Earned income credit a Making work pay credit e Refundable education credit b Additional child tax credit f Other refundable credits g Adoption credit d Other refundable credits f Adoption credit d Protal refundable credits for unpaid federal tax liability (Lesser of line 5 or line 6) Paid with 2010 federal tax return (Does not include penalties and interest or additional taxes or repayments (from line 2))	2	8,393 11,360
4. 5. 6.	Subtotal (Line 1 minus Line 2) Less payments made against 2010 federal tax liability 2010 unpaid liability before federal refundable credits (Line 3 minus Line 4) Refundable credits: Earned income credit a. Making work pay credit e. Refundable education credit b. Additional child tax credit f. First-time home buyer credit c. Other refundable credits g. Adoption credit d. Total refundable credits 6. Application of refundable credits to 2010 unpaid federal tax liability (Lesser of line 5 or line 6) Paid with 2010 federal tax return (Does not include penalties and interest or additional taxes or repayments (from line 2)) Federal extension and additional payments from 2010 federal return	2	8,393 11,360
4. 5. 6.	Subtotal (Line 1 minus Line 2) Less payments made against 2010 federal tax liability 2010 unpaid liability before federal refundable credits (Line 3 minus Line 4) Refundable credits: Earned income credit a. Making work pay credit e. Refundable education credit b. Additional child tax credit f. First-time home buyer credit c. Other refundable credits g. Adoption credit d. Total refundable credits 6. Application of refundable credits to 2010 unpaid federal tax liability (Lesser of line 5 or line 6) Paid with 2010 federal tax return (Does not include penalties and interest or additional taxes or repayments (from line 2)) Federal Motor Vehicle Fuel Tax Credit from 2011 federal return	2	8,393 11,360
4. 5. 6. 7. 8. 9. 10.	Subtotal (Line 1 minus Line 2) Less payments made against 2010 federal tax liability 2010 unpaid liability before federal refundable credits (Line 3 minus Line 4) Refundable credits: Earned income credit a. Making work pay credit e. Refundable education credit b. Additional child tax credit f. First-time home buyer credit c. Other refundable credits g. Adoption credit d. Total refundable credits 6. Application of refundable credits to 2010 unpaid federal tax liability (Lesser of line 5 or line 6) Paid with 2010 federal tax return (Does not include penalties and interest or additional taxes or repayments (from line 2)) Federal extension and additional payments from 2010 federal return Federal Motor Vehicle Fuel Tax Credit from 2011 federal return Excess FICA reported on 2011 federal return	2	8,393 11,360
4. 5. 6.	Subtotal (Line 1 minus Line 2) Less payments made against 2010 federal tax liability 2010 unpaid liability before federal refundable credits (Line 3 minus Line 4) Refundable credits: Earned income credit a. Making work pay credit e. Additional child tax credit f. First-time home buyer credit c. Other refundable credits g. Adoption credit d. Total refundable credits 6. Application of refundable credits to 2010 unpaid federal tax liability (Lesser of line 5 or line 6) Paid with 2010 federal tax return (Does not include penalties and interest or additional taxes or repayments (from line 2)) Federal extension and additional payments from 2010 federal return Excess FICA reported on 2011 federal return Total additional federal tax payments made in 2011 (Add lines 7 thru 11)	2	8,393 11,360
4. 5. 6. 7. 8. 9. 10. 11.	Subtotal (Line 1 minus Line 2) Less payments made against 2010 federal tax liability 2010 unpaid liability before federal refundable credits (Line 3 minus Line 4) Refundable credits: Earned income credit a. Making work pay credit e. Refundable education credit b. Additional child tax credit f. First-time home buyer credit c. Other refundable credits g. Adoption credit d. Total refundable credits 6. Application of refundable credits to 2010 unpaid federal tax liability (Lesser of line 5 or line 6) Paid with 2010 federal tax return (Does not include penalties and interest or additional taxes or repayments (from line 2)) Federal extension and additional payments from 2010 federal return Federal Motor Vehicle Fuel Tax Credit from 2011 federal return Excess FICA reported on 2011 federal return Total additional federal tax payments made in 2011 (Add lines 7 thru 11) Spouse	2	8,393 11,360 Taxpayer/Joint
4. 5. 6. 7. 8. 9. 10. 11. 12.	Subtotal (Line 1 minus Line 2) Less payments made against 2010 federal tax liability 2010 unpaid liability before federal refundable credits (Line 3 minus Line 4) Refundable credits: Earned income credit a. Making work pay credit e. Additional child tax credit f. First-time home buyer credit c. Other refundable credits g. Adoption credit d. Total refundable credits 6. Application of refundable credits to 2010 unpaid federal tax liability (Lesser of line 5 or line 6) Paid with 2010 federal tax return (Does not include penalties and interest or additional taxes or repayments (from line 2)) Federal extension and additional payments from 2010 federal return Excess FICA reported on 2011 federal return Total additional federal tax payments made in 2011 (Add lines 7 thru 11)	2	8,393 11,360 Taxpayer/Joint

				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–Dec. 31, 2011, or other tax year beginning , 20				0	See separate instructions.					
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 r	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.	A 1	Make sure the SSN(s)	ΓJ
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	w(er) 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	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
481-30**F466**5**COO**V

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	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	12			
13 Capital gain distributions. See the instructions	13	1		
14 Long-term capital loss carryover. Enter the amount		ur Capital Loss Carryover		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	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 Made by Archael College					
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

Form **8949**

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

achment quence No. 12

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

Your social security number

481-30**F4@5Cop**V NELVA E BRUNSTING Part I Short-Term Capital Gains and Losses-Assets Held One Year or Less Note: You must check one of the boxes below. Complete a separate Form 8949, page 1, for each box that is checked. *Caution. Do not complete column (b) or (g) until you have read the instructions for those columns (see the Instructions for Schedule D (Form 1040)). Columns (b) and (g) do not apply for most transactions and should generally be left blank. (A) Short-term transactions reported on (B) Short-term transactions reported on Form X (C) Short-term transactions for which 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) (c) (g) Description of property Code, if any, Date acquired Date sold Sales price Cost or other basis Adjustments to 1 (Example: 100 sh. XYZ Co.) for column (g)* (Mo., day, yr.) (Mo., day, yr.) (see instructions) (see instructions) gain or loss, if any* INVSCO BLD AMER BDS INCM 11/22/10 11/10/11 10,509 9,880 DEERE & CO 05/20/10 02/03/11 25,098 15,800 2 Totals. Add the amounts in columns (e) and (f). Also, combine the amounts in column (g). Enter here and include on Schedule D, line 1 (if box A above is checked), line 2 (if box B above is checked), or line 3 (if

25,680

35,607

Form 8949 (2011)

Page 2

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

NELVA E BRUNSTING Your social security number 481-30-4685

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

Note: You must check one of the boxes below. Complete a separate Form 8949, page 2, for each box that is checked. *Caution. Do not complete column (b) or (g) until you have read the instructions for those columns (see the Instructions for Schedule

File Copy

(A) Long-term transactions reported on (B) Long-term transactions reported on Form 1099-B with basis reported to the IRS (C) Long-term transactions reported to the IRS you cannot check						
(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		(, -9,),,	((200 11.00.20.00.0)	gam o, 1555, ii dity
			10/07/11	14,493	13,919	
EERE & CO						
	_	05/20/10	06/07/11	50 , 391	35,794	
DEERE & CO						
· · · · · · · · · · · · · · · · · · ·		05/20/10	10/21/11	30,006	24,418	
DEERE & CO		05 (00 (10	11/00/11			
		05/20/10	11/09/11	14,110	11,204	
SMAC SMARTNO	TES	02/20/02	04/11/11	0 705	0 000	
יוויייז אל דאריי דא	DEM DADK	03/20/03	04/11/11	8 , 725	9,000	
N FIN AUTH	REV PARKI		04/35/11	14 010	14 050	
OYOTA MOTOR	CR CORP	08/14/09	04/15/11	14,819	14,850	
OTOTA MOTOR	CR CORP	07/13/07	04/11/11	4,995	5,000	
		07713707	04/11/11	4,990	3,000	
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		;				
		{				
						
		.				
				· · · · · · · · · · · · · · · · · · ·		
		 				
4 Totals. Add the amo	unts in columns (e) ar	nd (f). Also, combine the	e			
		ude on Schedule D, lin	, , ,			
box A above is check	ked), line 9 (if box B	above is checked), or f	ine 10			
(if box C above is ch	ecked)		- ∧	137,539	114,185	

Sch	edule E (For	m 1040) 2011						Atta	chmen	t Seque	nce N	lo. 13		Page 2
Name	e(s) shown on re	turn. Do not enter name and social sec	urity number if shown on other sid	le.						Your socia	al secu	rity numb	ег	
У.	F.T.VA F	BRUNSTING								481-	30-	4685	;	
		S compares amounts reporte	d on your tax return with	amounts shown or	n Schedu	ıle(s) K	-1.			101	50	1000		
\$100.00 P.O.	art II	Income or Loss From	Partnerships and	S Corporation	ns Not	e. If yo	и героі	t a lo	ss fror	n an at-r	isk ac	i i/e or	@or)V
		any amount is not at risk, yo	u must check the box in	column (e) on line	28 and a	ttach F	orm 6	198.	See in	structions	s. 🌷		ggrafgert all g	.
		orting any loss not allowed in					ar				١.,	☑		
		ss from a passive activity (if t expenses? If you answered "	·	,,		bursed					Yes		No	
				oro compressing time	(b) Enter P	for (c	c) Chec			mploye		(e) C	heck if
28 ——		(a	i) Name		pa for	irtnership; S corpora	S p	foreigr artnersi			fication mber			nount is at risk
<u> </u>							\perp					-		
<u>в</u> С							+		++					
<u> </u>							_		\vdash					+
		Passive Income and	Loss			N	onpass	sive I	ncome	and Lo	oss			
		Passive loss allowed	(g) Passive income		assive loss		-	-	on 179 e	-			onpassive in	
_	(attach	Form 8582 if required)	from Schedule K-1	from Sci	hedule K-1		de	duction	from Fe	orm 4562		fron	1 Schedule	K-1
<u>А</u> В				- 		+								
C														
D														
29a	Totals					1		di				838164000	1 2 5	
ь 30	Totals	l ns (g) and (j) of line 29a	Little of the							1.	20	100		
30 31		ins (g) and (j) of line 29a ins (f), (h), and (i) of line 29b									30 31 (
32		nership and S corporation	income or (loss). Comb											
ancen	CONCOMPOSITION AND	e and include in the total on li									32			
P	art III	Income or Loss From	Estates and Trust	S				-						
33			(a) Name										Employer tion numbe	r
A		ELMER H BF	RUNSTING DECE	DENTS TR	DTD						2	7-64	15310	0
В														
	(a) Pagain	Passive Income	e and Loss (d) Passive ind			(=) D	No eduction of		sive I	ncome a	e and Loss (f) Other income from			
		Form 8582 if required)	from Schedule				Schedul			_		• •	duie K-1	11
A		0		41,938										
В				11 000				esses a co	instate :	000000000000000000000000000000000000000				
34a b				41,938										
35		Ins (d) and (f) of line 34a					.			- 88	35		41	, 938
36		ins (c) and (e) of line 34b									36 (0)
37	Total esta	te and trust income or (los								[
	S20 H100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	the total on line 41 below	Daal Fatata Mareta						·····		37		41	, 938
	art IV	Income or Loss From	(b) Employer	(c) Excess inclusi			(KEI			esidua	II HC		ome from	
38		(a) Name	identification number	Schedules Q, i (see instruction		,	from Sch		•	′ 1			es Q, line 3	b
					·									
39		columns (d) and (e) only. Ente	r the result here and inclu	ide in the total on l	line 41 be	elow				:	39			
		Summary	4925 Alex	E 40 b-l						1	40			
40 41		ental income or (loss) from Fonce or (loss). Combine lines 26, 3					rm 1040	NR lir	 ne 18	··: —	40 41		41	, 938
42		ation of farming and fishing			0,	., 5, 10	10-10		.5 10	-			1 1	, , , ,
	_	d fishing income reported on	•											
		5), box 14, code B; Schedule hedule K-1 (Form 1041), line	· ·	•		42	1 1/3/4							
43		nedule K-1 (Form 1041), line ation for real estate profess	•	*		44				$\overline{}$				
	professiona	al (see instructions), enter the	net income or (loss) you	reported							14.5			Ď
		on Form 1040 or Form 1040N			1893	43			#45000000000000000000000000000000000000					

_{...} 6251

Alternative Minimum Tax—Individuals

► See separate instructions.

OMB No. 1545-0074 **2011**

achment 32

Department of the Treasury Internal Revenue Service (99

▶ Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 or Form 1040NR Your social security number NELVA E BRUNSTING 481-30-46635 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 41,256 amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.) 1 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 zero or less, enter -0-3,344 Taxes from Schedule A (Form 1040), line 9 3 4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line 5 Miscellaneous deductions from Schedule A (Form 1040), line 27 6 Skip this line. It is reserved for future use 6 488 7 Tax refund from Form 1040, line 10 or line 21 8 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 12 Interest from specified private activity bonds exempt from the regular tax 12 Qualified small business stock (7% of gain excluded under section 1202) 13 14 Exercise of incentive stock options (excess of AMT income over regular tax income) 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 Disposition of property (difference between AMT and regular tax gain or loss) 17 17 18 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 0 19 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 Income from certain installment sales before January 1, 1987 25 26 Intangible drilling costs preference 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.) AND line 28 is not over . . . THEN enter on line 29 . . . IF your filing status is . . . 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, 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) 432

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	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

www	/.stat	e.ia.us/tax			
For	Caler	ndar Year 2010 or fiscal year beginning, and ending		lowa Fi	duciary Return
Na	me o	ELMER H BRUNSTING DECEDENTS TR DTD	Dept. of Revenue No.		Check one:
Es	tate o	r Trust 4-1-09 AS EST UTD 10-10-96	'		Estate
Na	ame,	Address, and Title of Fiduciary	Federal Identification No.		
Α	NI	TA BRUNSTING			File Copy
2	03	BLOOMINGDALE CIRCLE	27-6453100		1
V	IC.	TORIA TX 77904	Iowa County in which		X Complex Trust
T	RU	STEE	estate is pending		Bankruptcy Estate
Na	ame (of Attomey, Address (Number and Street), City, State, and Zip Code	1		
С	AN!	DACE KUNZ-FREED			If trust, check one:
1	481	00 ST MARYS LANE, SUITE 230	Probate No.		X Testamentary
H	OU:	STON TX 77079]		
		y's Phone Number 800-229-3002			Inter Vivos
		tion is granted to the attorney listed above to receive confidential tax information ur			
		epresentative before the lowa Department of Revenue and to make written or oral or returns been filed for this estate or trust? \square Yes $[X]$ No \square Is Income Table			e. Yes X No
				X No	T les [V] MO
13 (1)					
		Dividends. Enter full amount.			
		Interest	2		
ш	3. 1.	Income from partnerships and other fiduciaries. Attach supporting schedule.		14 010	
TACON.	4.	Net rents and royalties	· · · · · · · · · · · · · · · · · · ·	24,013	
ح ح	5.	Net business and farm income or loss. Attach Schedules C or C-EZ and F, federal form 1040.			
2	-	Net gain (loss) from capital assets	6. <u></u>		
	7.	Ordinary gains (losses). Attach federal form 4797.	······ ^{7.}		
		Other income. State nature of income.			24 012
		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.	11		
	12.	Fiduciary fees. Enter on Schedule D, page 2.			
"		Charitable deduction from income in compliance with Will or Trust instrument.			
S NO	14.	Attorney, accountant, and return preparer fees. Enter on Schedule D, page 2.			
Ĕ		Other deductions not subject to 2% floor. Enter on Schedule D, page 2.			
<u>C</u>		Allowable miscellaneous itemized deductions. Enter on Schedule D, page 2.			0.0
here.	5 17.	Total. Add lines 10 through 16.			
and voucher here.)	Balance. Subtract line 17 from line 9 Distributions to beneficiaries. Complete Schedule B on page 2 or attach federal Schedule K-1			ZJ, 9Z4_A
NO.		Federal estate tax attributable to income in respect of a decedent (fiduciary's share)	• • • • • • • • • • • • • • • • • • • •		
		7.1.4.1.5			23,924
ayment 		Taxable income of fiduciary. Subtract line 21 from line 18. Must be zero on final		· · · · · · · ·	
α.		sidents complete lines 23-32. Nonresidents complete Schedule C and enter on line			
Staple		Compute tax from rate Schedule E, page 2.		0	
×	\$ 24.	Iowa lump sum tax. Attach federal Schedule 4972.	24.		
ĿÈ	25.	Iowa minimum tax. Attach IA 6251.	25.		
SIDENT		Tax before credits. Add lines 23 through 25.			0
兴Ε		Personal exemption credit. This is a nonrefundable credit.			
RES	- 20	Out-of-state tax credit. Attach copy of out-of-state return and Schedule IA 130.	28.		
	5 29.	Motor fuel tax credit. Attach Schedule IA 4136.	29.		•
C	3 0.	Other credits. Attach IA 148 Tax Credits Schedule.	30.		
		Total credits. Add lines 27 through 30.			
ш	32	Tax liability. Residents subtract line 31 from 26. Nonresidents enter amount from	line 19, Schedule C.		0
2		Tax paid with additional Iowa Fiduciary Income Tax Payment Voucher	,,,,,,,		
-	34.	Refund. If line 33 is larger than line 32, enter the difference.			
2	35.	Amount due. If line 33 is less than line 32, enter the difference		35.	0 🛦
	_	Mail to: Fiduciary Return Processing, Iowa Department of Revo	enue, PO Box 10467,	Des Moines	s, IA 50306-0467
ц	DE	CLARATION: The undersigned hereby certifies and declares that this return, and a united that to the best knowledge and belief of the undersigned it is a true correct.	any schedules or papers atta	ched hereto, ha	as been duly
D.	by	CLARATION: The undersigned hereby certifies and declares that this return, and a mined; that to the best knowledge and belief of the undersigned, it is a true, correct the income tax law of the State of lowa and the rules and regulations issued under closed to tax officials of another state or of the United States for tax administrative	authority thereof. Note: State	tax information	n may be
Ī	uis Sigi	closed to tax officials of another state or of the United States for tax administrative nature of fiduciary or officer representing fiduciary	purposes.		Date
Z.	<u> </u>) NORTH MAIN AVENUE		Date
7	_		DUX 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	hedule B - Beneficiaries' Shares of Income	and Credit	S: Attach	additional pa	ages as necess	sary. In Neu of Sch. B	, attach tederal	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> </u>	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 Share of Federal Taxable Income 1 31, 252 This data presented for information or					
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		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	b		► 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		ь		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

ne		Subtract line 24b from line 24a						24c			
Tax and Payme	(d Tax paid with Form 7004 (see page 24 of the in	structions)	 .				24d			
		d Tax paid with Form 7004 (see page 24 of the in Federal income tax withheld. If any is from Form	n(s) 1099, check ▶	X				24e			123
		Other payments: f Form 2439	; g 8	Form 4136		; Tota	▶	24h			
	25							25			123
	26	Estimated tax penalty (see page 24 of the instru						26			
_	27						1	27			7 , 095
	28	Overpayment. If line 25 is larger than the total of						28			
	29	Amount of line 28 to be: a Credited to 2011	estimated tax			Refunded		29			
Sigr Here	1 1	der penalties of perjury, I declare that I have examined this return, inclue, correct, and complete. Declaration of preparer (other than taxpayer) is	ding accompanying sched is based on all information	ules and statements, an of which preparer has	nd to the best of my known any knowledge.	owledge and 1	belief, it	is	retum	ne IRS disc with the p below (se	
пен		Signature of fiduciary or officer representing fiduciary		Date	EIN of fiduciary	if a financ	al insti	itution		X Yes	No
	P	rint/Type preparer's name	Preparer's signature	е		Date		Check [if	PTIN	
Paid	R.	ICHARD K RIKKERS CPA	RICHARD K RIK	KERS CPA		08/29		self-emplo		P00144	
⊃repar	er F	irm's name ► KROESE & KROESE	P.C.				Firm'	s EIN 🕨	42-	-1277	<u> 1139 </u>
Jse O		540 NORTH MAIN	AVENUE								
	L CTOLLY CENTED IN 51250-1924								712-	722-	3375

24a

Form 1041 (2010)

Payments: a 2010 estimated tax payments and amount applied from 2009 return

b Estimated tax payments allocated to beneficiaries (from Form 1041-T)

24

9589/21886	1041 (2010) ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100			F	Page 2
Sc	hedule A Charitable Deduction. Do not complete for a simple trust or a pooled income	fund.	1		
1	Amounts paid or permanently set aside for charitable purposes from gross income (see page 25)		-		
2	Tax-exempt income allocable to charitable contributions (see page 25 of the instructions)	. 2			
3	Subtract line 2 from line 1	. 3		 	
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	. 4	File C	vao	
5	Add lines 3 and 4	. 5		- T.H.J.)ska
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				
220122626	hedule B Income Distribution Deduction		•		
1	Adjusted total income (see page 25 of the instructions)	1	T	81,	774
2					070
3	Adjusted tax-exempt interest Total net gain from Schedule D (Form 1041), line 15, column (1) (see page 26 of the instructions)	· · ·			0
_			1		
4	Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)		+		0
5	Capital gains for the tax year included on Schedule A, line 1 (see page 26 of the instructions)	3	 		- 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			ΕO	E 0 0
	as a positive number	6	 	-50 ,	522
7	Distributable net income. Combine lines 1 through 6. If zero			~ ~	000
	or less, enter -0-	7	20	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 33,3	22			
9	Income required to be distributed currently	9		33,	322
10	Other amounts paid, credited, or otherwise required to be distributed				0
11	Total distributions. Add lines 9 and 10. If greater than line 8, see page 26 of the instructions			33,	322
12	Enter the amount of tax-exempt income included on line 11			2,	070
13	Tentative income distribution deduction. Subtract line 12 from line 11	13			252
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-				252
15	Income distribution deduction. Enter the smaller of line 13 or line 14 here and on page 1, line 18				252
355000000	hedule G Tax Computation (see page 27 of the instructions)	10			
1	Tax: a Tax on taxable income (see page 27 of the instructions) 1a 7,2	18			
•	· · · · · · · · · · · · · · · · · · ·				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	c Alternative minimum tax (from Schedule I (Form 1041), line 56)	198300.000		7	218
	d Total. Add lines 1a through 1c	▶ 1d			210
2a	Foreign tax credit. Attach Form 1116				
b	General business credit. Attach Form 3800				
С	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		, <u> </u>	0
4	Subtract line 3 from line 1d. If zero or less, enter -0-	4		7,	218
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		7,	218
	Other Information			Yes	No
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses			X	
	Enter the amount of tax-exempt interest income and exempt-interest dividends ▶ \$ 2,070 S	EE S'	TMT 1	W.	
2	Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any		7.7,77		
-	individual by reason of a contract assignment or similar arrangement?			1,714,67533333	Х
•	At any time during calendar year 2010, did the estate or trust have an interest in or a signature or other authority				
3					v
	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, or transferor to, a				
_	foreign trust? If "Yes," the estate or trust may have to file Form 3520. See page 29 of the instructions				X
5	Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see page 29 for required attachment			_	X
6	If this is an estate or a complex trust making the section 663(b) election, check here (see page 29)				
7	To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here (see page 29) If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the				
8	If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the estate, and check here		▶ [
9	Are any present or future trust beneficiaries skip persons? See page 29 of the instructions	· · · · · · · · · · · · · · · · · · ·	<u>-</u> <u></u>		Χ
DAA				ո 1041	(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 for Service

ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

Employer identification number
File Copy
27-6453100

Estate's or Trust's Share of Alternative Minimum Taxable Income		
Adjusted total income or (loss) (from Form 1041, line 17)	1	81,774
	2	
Taxes	3	
Miscellaneous itemized deductions (from Form 1041, line 15b)	4	
	5	
	6	
	7	
Interest from specified private activity bonds exempt from the regular tax	8	179
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	
Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	11	
Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	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	
Passive activities (difference between AMT and regular tax income or loss)	15	
Loss limitations (difference between AMT and regular tax income or loss)		
Circulation costs (difference between regular tax and AMT)	<u> </u>	
Long-term contracts (difference between AMT and regular tax income)		
Mining costs (difference between regular tax and AMT)	19	
Research and experimental costs (difference between regular tax and AMT)		
Income from certain installment sales before January 1, 1987	21	<u>(</u>
Intangible drilling costs preference	22	
Other adjustments, including income-based related adjustments		
Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)		01.052
Adjusted alternative minimum taxable income. Combine lines 1 through 24	25	81,953
Note: Complete Part II below before going to line 26.		
Income distribution deduction from Part II, line 44	4	
Estate tax deduction (from Form 1041, line 19)		21 /21
Add lines 26 and 27	28	31,431
Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25	29	50,522
	Adjusted total income or (loss) (from Form 1041, line 17) Interest Taxes Miscellaneous itemized deductions (from Form 1041, line 15b) Refund of taxes Depletion (difference between regular tax and AMT) Net operating loss deduction. Enter as a positive amount Interest from specified private activity bonds exempt from the regular tax Qualified small business stock (see page 2 of the instructions) Exercise of incentive stock options (excess of AMT income over regular tax income) Other 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) Disposition of property (difference between AMT and regular tax gain or loss) Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) Passive activities (difference between AMT and regular tax income or loss) Loss limitations (difference between AMT and regular tax income or loss) Circulation costs (difference between AMT and regular tax income or loss) Circulation costs (difference between RAMT and regular tax income) Mining costs (difference between regular tax and AMT) Long-term contracts (difference between RAMT and regular tax income) Mining costs (difference between regular tax and AMT) Research and experimental costs (difference between regular tax and AMT) Income from certain installment sales before January 1, 1987 Intangible drilling costs preference Other adjustments, including income-based related adjustments Alternative tax net operating loss deduction (See the instructions for the limitation that applies.) Adjusted atternative 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 Estate tax deduction (from Form 1041, line 19) Add lines 26 and 27	Adjusted total income or (loss) (from Form 1041, line 17) Interest 2 2 2 2 2 2 2 2 2

- \$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.

If line 29 is:

• \$165,000 or more, enter the amount from line 29 on line 51 and go to line 52.

Pa	rt II Income Distribution Deduction on a Minimum Tax Basis		
30	Adjusted alternative minimum taxable income (see page 6 of the instructions)	30	81,953
31	Adjusted tax-exempt interest (other than amounts included on line 8)	31	1,891
32	Total net gain from Schedule D (Form 1041), line 15, column (1). If a loss, enter -0-	32	
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable		
	purposes (from Form 1041, Schedule A, line 4)	33	
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see page 6 of the instructions)	34	
35	Capital gains computed on a minimum tax basis included on line 25	35	(50,522)
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount	36	
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-	37	33,322
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	38	33,322
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	39	
40	Total distributions. Add lines 38 and 39	40	33,322
41	Tax-exempt income included on line 40 (other than amounts included on line 8)	41	1,891
42	Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40	42	31,431

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

Schedule I (Form 1041) (2010)

DAA

Schedi	ule I (Form 1041) (2010) ELMER H BRUNSTING DECEDENTS TR DTD 27-6453100)	Page 2
Pa	nt II Income Distribution Deduction on a Minimum Tax Basis (continued)		
A. S. S. S. S. C. C.	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 37.		
70	If zero or less, enter -0-	43	31,431
44	Income distribution deduction on a minimum tax basis. Enter the smaller of line 42 or line 43.	N Nr. 171,6866	ssedemene Richardos dos dos dos dos dos dos dos dos dos
	Enter here and on line 26	44 File	Coay431
Pa	rt III Alternative Minimum Tax	245.44. T	
45	Exemption amount	45	22,500
46	Enter the amount from line 29 46 50, 522		
47	Phase-out of exemption amount 47 75,000		
48	Subtract line 47 from line 46. If zero or less, enter -0-		
49	Multiply line 48 by 25% (.25)	49	
50	Subtract line 49 from line 45. If zero or less, enter -0-	50	22,500
51	Subtract line 50 from line 46	51	28,022
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a		
32	gain on lines 14a and 15 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if		
	necessary). Otherwise, if line 51 is—		
	• \$175,000 or less, multiply line 51 by 26% (.26).		
	Over \$175,000, multiply line 51 by 28% (.28) and subtract \$3,500 from the result	52	3,858
53	Alternative minimum foreign tax credit (see page 7 of the instructions)	53	
54	Tentative minimum tax. Subtract line 53 from line 52	54	3,858
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a)	55	7,218
56	Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0 Enter here and		
30	on Form 1041, Schedule G, line 1c	56	0
Pa	irt IV Line 52 Computation Using Maximum Capital Gains Rates		
	Caution: If you did not complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet,		
	or the Qualified Dividends Tax Worksheet, see page 8 of the instructions before completing this part.		
57	Enter the amount from line 51	57	28,022
58	Enter the amount from Schedule D (Form 1041), line 22, line 13 of the		
-	Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax		
	Worksheet, whichever applies (as refigured for the AMT, if necessary) 58 50,522		
59	Enter the amount from Schedule D (Form 1041), line 14b, column (2) (as		
•	refigured for the AMT, if necessary). If you did not complete Schedule D		
	for the regular tax or the AMT, enter -0-		
60	If you did not complete a Schedule D Tax Worksheet for the regular tax		•
••	or the AMT, enter the amount from line 58. Otherwise, add lines 58 and		
	59 and enter the smaller of that result or the amount from line 10 of the		
	Schedule D Tax Worksheet (as refigured for the AMT, if necessary) 60 50,522		
61		61	28,022
62	Subtract line 61 from line 57	62	
63	If line 62 is \$175,000 or less, multiply line 62 by 26% (.26). Otherwise, multiply line 62 by 28%		
	(.28) and subtract \$3,500 from the result	63	
64	Maximum amount subject to the 0% rate 64 2,300		
65	Enter the amount from line 23 of Schedule D (Form 1041), line 14 of the		
	Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax		
	Worksheet on page 27 of the Instructions for Form 1041, whichever		
	applies (as figured for the regular tax). If you did not complete		
	Schedule D or either worksheet for the regular tax, enter -0-		
66	Subtract line 65 from line 64. If zero or less, enter -0-		
67	Enter the smaller of line 57 or line 58 67 28,022		
68	Enter the smaller of line 66 or line 67 68 2,300		
69	Subtract line 68 from line 67]	
70	Multiply line 69 by 15% (.15)	70	3,858
	If line 59 is zero or blank, skip lines 71 and 72 and go to line 73. Otherwise, go to line 71.		
71	Subtract line 67 from line 61		
72	Multiply line 71 by 25% (.25)	72	
73	Add lines 63, 70, and 72	73	3,858
74	If line 57 is \$175,000 or less, multiply line 57 by 26% (.26). Otherwise, multiply line 57 by 28% (.28)		
	and subtract \$3,500 from the result	74	7,286
75	Enter the smaller of line 73 or line 74 here and on line 52	75	3 , 858
DAA		Schedule I	(Form 1041) (2010)

SCHEDULE D (Form 1041)

Capital Gains and Losses

0040

Employer identification number

Department of the Treasury internal Revenue Service

Name of estate or trust

► 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).

2010

OMB No. 1545-0092

ELMER H BRUNSTING D 4-1-09 AS EST UTD 1	ECEDENTS T 0-10-96	R DTD		27-645	File Copy
Note: Form 5227 filers need to complete of					
		ses – Assets I	Held One Year or Les	SS	
(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>				
	<u> </u>	.,,,-			
b Enter the short-term gain or (loss), if	any, from Schedule	D-1, line 1b		1ь	
2 Short-term capital gain or (loss) from	Forms 4684, 6252,	6781, and 8824		2	
3 Net short-term gain or (loss) from pa				3	
4 Short-term capital loss carryover. En	ter the amount, if an	y, from line 9 of the	2009 Capital Loss	4	(
Carryover Worksheet Net short-term gain or (loss). Con	hine lines 1a through	h 4 in column (f) F	nter here and on line 13	·····)
				. • 5	
	O-i		Iold More Than One		'
Part II Long-Term Capital	Gains and Loss	ses – Assels r	Telu More Illan One	rear	
Part II Long-Term Capital (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)
(a) Description of property	(b) Date acquired (mo., day, yr.) TIONAL GRT	(c) Date sold (mo., day, yr.) FUNDY	(d) Sales price	(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	(b) Date acquired (mo., day, yr.) TIONAL GRT INHERIT	(c) Date sold (mo., day, yr.)		(e) Cost or other basis	the entire year
(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.) TIONAL GRT INHERIT	(c) Date sold (mo., day, yr.) FUNDY 06/08/10	(d) Sales price	(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 BRANDYWINE BLUE FU	(b) Date acquired (mo., day, yr.) TIONAL GRT INHERIT	(c) Date sold (mo., day, yr.) FUNDY	(d) Sales price	(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	(b) Date acquired (mo., day, yr.) TIONAL GRT INHERIT	(c) Date sold (mo., day, yr.) FUNDY 06/08/10 VARIOUS	(d) Sales price	(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 BRANDYWINE BLUE FU	(b) Date acquired (mo., day, yr.) TIONAL GRT INHERIT ND INHERIT INHERIT	(c) Date sold (mo., day, yr.) FUNDY 06/08/10 VARIOUS	(d) Sales price 2,933 2,945 69,378	(e) Cost or other basis (see instructions) 2,234 2,220 62,556	the entire year Subtract (e) from (d) 699 725 6,822
(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.) 6a INVESCO VK INTERNA BRANDYWINE BLUE FU CHEVRON CORP CITIGROUP INC	(b) Date acquired (mo., day, yr.) TIONAL GRT INHERIT ND INHERIT	(c) Date sold (mo., day, yr.) FUNDY 06/08/10 VARIOUS	(d) Sales price 2,933 2,945	(e) Cost or other basis (see instructions) 2,234	the entire year Subtract (e) from (d) 699
(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.) 6a INVESCO VK INTERNA BRANDYWINE BLUE FU CHEVRON CORP CITIGROUP INC	(b) Date acquired (mo., day, yr.) TIONAL GRT INHERIT ND INHERIT INHERIT INHERIT	(c) Date sold (mo., day, yr.) FUNDY 06/08/10 VARIOUS	(d) Sales price 2,933 2,945 69,378	(e) Cost or other basis (see instructions) 2,234 2,220 62,556	the entire year Subtract (e) from (d) 699 725 6,822
(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.) 6a INVESCO VK INTERNA BRANDYWINE BLUE FU CHEVRON CORP CITIGROUP INC	(b) Date acquired (mo., day, yr.) TIONAL GRT INHERIT ND INHERIT INHERIT INHERIT ALUE FUND INHERIT	(c) Date sold (mo., day, yr.) FUNDY 06/08/10 VARIOUS 06/03/10 06/03/10 VARIOUS	(d) Sales price 2,933 2,945 69,378 10,217 2,992	(e) Cost or other basis (see instructions) 2,234 2,220 62,556 6,682 1,827	the entire year Subtract (e) from (d) 699 725 6,822 3,535
(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) Date acquired (mo., day, yr.) TIONAL GRT INHERIT ND INHERIT INHERIT INHERIT ALUE FUND INHERIT any, from Schedule	(c) Date sold (mo., day, yr.) FUNDY 06/08/10 VARIOUS 06/03/10 VARIOUS D-1, line 6b	(d) Sales price 2,933 2,945 69,378 10,217 2,992	(e) Cost or other basis (see instructions) 2,234 2,220 62,556 6,682 1,827 6b	the entire year Subtract (e) from (d) 699 725 6,822 3,535 1,165
(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	(b) Date acquired (mo., day, yr.) TIONAL GRT INHERIT ND INHERIT INHERIT INHERIT ALUE FUND INHERIT any, from Schedule	(c) Date sold (mo., day, yr.) FUNDY 06/08/10 VARIOUS 06/03/10 06/03/10 VARIOUS D-1, line 6b 6252, 6781, and 86	(d) Sales price 2,933 2,945 69,378 10,217 2,992	(e) Cost or other basis (see instructions) 2,234 2,220 62,556 6,682 1,827 6b	the entire year Subtract (e) from (d) 699 725 6,822 3,535 1,165
(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	(b) Date acquired (mo., day, yr.) TIONAL GRT INHERIT ND INHERIT INHERIT ALUE FUND INHERIT any, from Schedule Forms 2439, 4684,	(c) Date sold (mo., day, yr.) FUNDY 06/08/10 VARIOUS 06/03/10 VARIOUS D-1, line 6b 6252, 6781, and 864 ations, and other estates	(d) Sales price 2,933 2,945 69,378 10,217 2,992	(e) Cost or other basis (see instructions) 2,234 2,220 62,556 6,682 1,827 6b 7	the entire year Subtract (e) from (d) 699 725 6,822 3,535 1,165
(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	(b) Date acquired (mo., day, yr.) TIONAL GRT INHERIT ND INHERIT INHERIT ALUE FUND INHERIT any, from Schedule Forms 2439, 4684, artnerships, S corpora	(c) Date sold (mo., day, yr.) FUNDY 06/08/10 VARIOUS 06/03/10 VARIOUS D-1, line 6b 6252, 6781, and 8i ations, and other es	(d) Sales price 2,933 2,945 69,378 10,217 2,992 states or trusts SEE STATEME	(e) Cost or other basis (see instructions) 2,234 2,220 62,556 6,682 1,827 6b 7 8 NT 2 9	the entire year Subtract (e) from (d) 699 725 6,822 3,535 1,165 37,391
(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. En	(b) Date acquired (mo., day, yr.) TIONAL GRT INHERIT ND INHERIT INHERIT ALUE FUND INHERIT any, from Schedule Forms 2439, 4684, artnerships, S corpora	(c) Date sold (mo., day, yr.) FUNDY 06/08/10 VARIOUS 06/03/10 VARIOUS D-1, line 6b 6252, 6781, and 86 ations, and other es	(d) Sales price 2,933 2,945 69,378 10,217 2,992 824 states or trusts SEE STATEME see 2009 Capital Loss	(e) Cost or other basis (see instructions) 2,234 2,220 62,556 6,682 1,827 6b 7 8 NT 2 9	the entire year Subtract (e) from (d) 699 725 6,822 3,535 1,165 37,391

Sche	dule D (Form 1041) 2010 ELMER H BRUNSTIN	G DECED	ENTS TR	DTD	27-6453100	Page 2
Pa	rt III Summary of Parts I and II		(1) Benefi		(2) Estate's	(3) Total
	Caution: Read the instructions before completing	this part.	(see in:	str.)	or trust's	(5) Total
13	Net short-term gain or (loss)	13			·	
14	Net long-term gain or (loss):					
а	Total for year	14a			50,522	² File_Copy ⁵²²
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b				S TOURN'S Charles Side to Make to
С	28% rate gain	14c				
15	Total net gain or (loss). Combine lines 13 and 14a	▶ 15			50,522	
Note:	If line 15, column (3), is a net gain, enter the gain on Form 10)41, line 4 (or F	Form 990-T, Pa	rt I, line 4a).	If lines 14a and 15, colur	nn (2), are net
gains	, go to Part V, and do not complete Part IV. If line 15, column	(3), is a net los	ss, complete Pa	rt IV and the	Capital Loss Carryove	r Worksheet, as
neces	ssary.					
Pa	rt IV Capital Loss Limitation					
16	Enter here and enter as a (loss) on Form 1041, line 4 (or For	m 990-T, Part	I, line 4c, if a tru	ust), the sm	aller of:	
а	The loss on line 15, column (3) or b \$3,000					<u> </u>
Note	: If the loss on line 15, column (3), is more than \$3,000, or if F	orm 1041, pag	e 1, line 22 (or	Form 990-T	, line 34), is a loss, compl	lete the Capital
	Carryover Worksheet on page 7 of the instructions to figure					
Control (A)	rt V Tax Computation Using Maximum Ca					
Form	1041 filers. Complete this part only if both lines 14a and 15			amount is e	ntered in Part I or Part II a	and there is an
	on Form 1041, line 2b(2), and Form 1041, line 22, is more that					
	ion: Skip this part and complete the worksheet on page 8 of the		if:			
	ther line 14b, col. (2) or line 14c, col. (2) is more than zero, or					
 Both 	oth Form 1041, line 2b(1), and Form 4952, line 4g are more that	an zero.				
	1 990-T trusts. Complete this part only if both lines 14a and 1		qualified divide	nds are incl	uded in income in Part I o	of Form 990-T,
and	Form 990-T, line 34, is more than zero. Skip this part and com	plete the works	sheet on page 8	of the instr	uctions if either line 14b,	col. (2) or line
	col. (2) is more than zero.					
17	Enter taxable income from Form 1041, line 22 (or Form 990-	T, line 34)		17	50,422	
18	Enter the smaller of line 14a or 15 in column (2)	T í				
	but not less than zero 18	:	50,522			
19	Enter the estate's or trust's qualified dividends from					
	Form 1041, line 2b(2) (or enter the qualified dividends					
	included in income in Part I of Form 990-T) 19	,				
20	Add lines 19 and 10		50,522			
21	If the estate or trust is filing Form 4952, enter the					
21	amount from line 4g; otherwise, enter -0-	.	ol			
22				22	50,522	
23				23	0	
23	Subtract line 22 from line 17. If zero of less, effect -5					
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 or					
23	Yes. Skip lines 25 through 26; go to line 27 and check th					
	No. Enter the amount from line 23			25	20 S	
26	Subtract line 25 from line 24			26	2,300	
26 27	Are the amounts on lines 22 and 26 the same?					
21	Yes. Skip lines 27 through 30; go to line 31. X No. Enter the	he smaller of line	e 17 or line 22	27	50,422	
	Tes, Skip lines 27 through 50, go to line 31.	ne Striction of an	C 17 OF III C LL			
20	Enter the amount from line 26 (If line 26 is blank, enter -0-)			28	2,300	
28	Enter the amount from line 26 (if line 26 is blank, enter -0-)				2,000	
20	Subtract line 28 from line 27			29	48,122	
29						7,218
30	Multiply line 29 by 15% (.15) Figure the tax on the amount on line 23. Use the 2010 Tax F	Onto Cohodula	for Estates and	Truete		1/229
31					2	1
	(see the Schedule G instructions in the instructions for Form	1041)				-
					2	7,218
32	Add lines 30 and 31 Figure the tax on the amount on line 17. Use the 2010 Tax F		for Estates and	Truete		- ,,210
33					3:	16,623
	(see the Schedule G instructions in the instructions for Form					=
34	Tax on all taxable income. Enter the smaller of line 32 or I				3	7,218
	G, line 1a (or Form 990-T, line 36)			<u> </u>		chedule D (Form 1041) 2010
					3	UNCULIE D (1 OITH 1041) 4010

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

	(b) Date	(c) Date sold	d More Than One Y		File Gopy
(a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.)	acquired (mo., day, yr.)	(mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	Subtract (e) from (d)
DWS SMALL CAP VALU	E FUND IN INHERIT	STL VARIOUS	1,890	1,118	7.
DALLAS TX AREA RAF	ID TRAN INHERIT	06/07/10	10,057	9,875	18
DC REV MEDLANTIC/H	ELIX SER INHERIT	B 06/07/10	19,800	19,010	79
DODGE & COX INTL S	TOCK FUNI INHERIT	VARIOUS	10,773	6,473	4,30
DODGE & COX INCOME	FUND INHERIT	VARIOUS	4,592	4,016	5
E I DU PONT DE NEM	OURS & CO	06/03/10	7,274	4,527	2,74
EATON VANCE TAX MA	NAGED VAI INHERIT	06/08/10	4,640	3,754	8 8
EXXON MOBIL CORP	INHERIT	06/03/10	16,476	18,289	-1,81
FIDELITY NEW INSIG	HTS FD IN	STL VARIOUS	4,590	3,128	1,46
FIDELITY INTER MUN	I INCM FI INHERIT	VARIOUS	6,229	5,986	2.
FRANKLIN FED TAX F	REE INCM INHERIT	ADV 06/08/10	4,572	4,234	3:
FRANKLIN HIGH YLD	TAX FREE INHERIT	ADV 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		31,500	29,742	1,7
ING GLOBAL REAL ES	TATE FUNI INHERIT	VARIOUS	2,946	1,763	1,1
IN MUN PWR AGY PWE	SUPPLY S INHERIT	YS 06/07/10	30,930	30,263	6
INVESTMENT CO OF A	MERICA CI INHERIT		6,007	4,420	1,5
PERKINS MID CAP VA	LUE 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 BONI			3,952	3,702	2
JPMORGAN HIGH YIEI			1,343	998	3
MFS RESEARCH INTL	FD CL I INHERIT	VARIOUS	7,566	5,156	2,4
MONROE CNTY NY ARI			9,357	8,990	
MUNDER MID CAP COL	E GROWTH				
	INHERIT	06/08/10	2,126	1,519	6

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

Long-Term Capital C (a) Description of property (Example:	(b) Date	(c) Date sold		(e) Cost or other basis	- (d) (d)
100 sh. 7% preferred of "Z" Co.)	acquired (mo., day, yr.)	(то., day, уг.)	(d) Sales price	(see instructions)	Subtract (e) Form (d)
MUTUAL GLOBAL DISC		Z	0 (41	0 051	3:
NOTE FIORED CE	INHERIT	06/08/10	2,641	2,251	3.
NEW WORLD FUND CL	F1 INHERIT	VARIOUS	1,976	1,214	7.
OPPENHEIMER INTL B	OND FUND	AYITOOD	1,510	1/211	., .
	INHERIT	VARIOUS	1,923	1,684	23
OPPNHMR CMD STRAT	TTL TRN C				
	INHERIT	VARIOUS	3,735	2,946	78
PIONEER FUND CL Y			_		
	INHERIT	VARIOUS	7,550	5,200	2,3
PIONEER CULLEN VAL			2 (00	2 004	6
DDOGEDD 6 CAMPIE (INHERIT	06/08/10	3,602	2,904	6:
PROCTER & GAMBLE C	O INHERIT	06/03/10	18,600	14,216	4,38
T ROWE PRICE BLUE	CHIP GROV		10,000	11/210	1,30
I NOWE INICE BLOE	INHERIT	06/08/10	3,154	2,336	8:
T ROWE PRICE EQUIT		FD			
1 1.0 13.1.0 2	INHERIT	VARIOUS	5,883	3 , 907	1,9
T PRICE SUMMIT MUN	I INTERM	FD			
	INHERIT	06/08/10	5 , 088	4,831	2.
T ROWE PRICE NEW	NCOME FUN			2 400	,
	INHERIT	VARIOUS	3,884	3,498	3
TAX EXEMPT BOND FI	1	F1	E 103	1 607	4
THORNOLD I TO TED	INHERIT MUNI FUN	06/08/10	5,103	4,697	<u> </u>
THORNBURG LTD TERM	INHERIT	06/08/10	3,954	3,779	1
THORNBURG INVT TR	VALUE FD	T	3/301	<u> </u>	
Includono invi in	INHERIT	VARIOUS	3,403	2,192	1,2
UNIV TX PERM UNIV	FD RFDG				
	INHERIT	06/07/10	5,503	5,582	
				•	
·					
	1				
					
	1				
		 		 .	
		<u> </u>			
	 	 			
					
	1				

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

OMB No. 1545-0074 **2010**

Attachment Sequence No. 13

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

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

ELMER H BRUNSTING DECEDENTS TR DTD

See Instructions for Schedule E (Form 1040).

Your social security number
File Copy
27-6453100

4-1-09 AS EST UTD 10-10-96 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. No 2 For each rental real estate property Yes List the type and address of each rental real estate property: FARMLAND listed on line 1, did you or your family use it during the tax year for personal IOWA Α Χ purposes for more than the greater of: 14 days or 10% of the total days rented at В В fair rental value? (See page E-4) С **Properties** Totals Income: С (Add columns A. B. and C.) 26,685 26,685 3 3 Rents received 4 4 4 Royalties received Expenses: 5 Advertising 6 6 Auto and travel (see page E-5) ... 7 7 Cleaning and maintenance 8 8 Commissions Insurance 9 10 10 Legal and other professional fees 11 Management fees 11 12 Mortgage interest paid to banks, 12 12 13 Other interest 13 14 Repairs 14 **15** Supplies 15 2,672 16 Taxes 16 17 Utilities 17 18 Other (list) ▶ 18 2**,**672 2,672 19 19 Add lines 5 through 18 19 20 Depreciation expense or 20 20 depletion (see page E-5) 2,672 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 24,013 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 must complete line 43 on page 2 24,013 24 Income. Add positive amounts shown on line 22. Do not include any losses 25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total 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 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 24,013 For Paperwork Reduction Act Notice, see your tax return instructions.

DAA Schedule E (Form 1040) 2010

Final K-1	Amende	ј K-

Schedule K-1 (Form 1041)	2010	Pa	Beneficiary's Shar Deductions, Credi		Current Year Income, nd Other Items
Department of the Treasury	For calendar year 2010,	1	Interest income	11	Final year deductions
Internal Revenue Service	or tax year beginning,	ļ		_	- 17 annua - 18 annua
	and ending	2a	Ordinary dividends 7,239		File Copy
Beneficiary's Share	of Income, Deductions,	2b	Qualified dividends	†	
Credits, etc.	See back of form and instructions.		2,857	<u> </u>	
·	About the Estate or Trust	3	Net short-term capital gain		
A Estate's or trust's employer ide		4a	Net long-term capital gain		
07 (450100			000/	40	Alta-ativa minimum tay adiyatmant
27-6453100 B Estate's or trust's name		4b	28% rate gain	12 A	Alternative minimum tax adjustment 179
Estates of trasto frame		4c	Unrecaptured section 1250 gain	J	179
 ELMER H BRUNS	TING DECEDENTS TR DTD	5	Other portfolio and	0	113
	UTD 10-10-96]	nonbusiness income		
C Fiduciary's name, address, city,	state, and ZIP code			-{	
ANITA BRUNSTI	NG	6	Ordinary business income	-	
TRUSTEE		7	Net rental real estate income	1	
203 BLOOMINGE			24,013	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
				A	2,070
E Check if this is the final Fo	orm 1041 for the estate or trust			- _	0.0
		10	Estate tax deduction	<u>B</u>	90
Part II Information	1 About the Beneficiary			E_	7,239
F Beneficiary's identifying number	रा			H *	STMT
481-30-4685 G Beneficiary's name, address, ci	fy state and ZIP code	1		11	SIMI
Donolloury's Hame, address, G	y, cale, and an educ				
NELVA BRUNSTI 13630 PINEROC		+0-	ee attached statement for addit	:	afarmation
HOUSTON	TX 77079-5914	1	te. A statement must be attach		
			neficiary's share of income and		•
			ductions from each business, re		
		oth	er rental activity.		
					CARNES PAR PAR PROCESSOR PAR III
		1		X # X	
		1			
		on y	IIII KAY DIRABAAN KARDAN KAN	$Y_i Y_i$	
		Jse			
		RS 1			
H X Domestic beneficiary	Foreign beneficiary	For IRS Use Only			
Ex Comesso Deficionary	L. Foreign bonomatry	<u> </u>			

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

FYE: 12/31/2010

Statement 1 -	Form 1041,	, Page 2, Questio	on 1 - Tax Exempt Income

Payer			unicipal Bond	rivate rity Bond
EDWARD JONES	\$	\$	1,891	\$ 179
	\$	\$	1,891	179
TOTAL TAX-EXEMPT INCOME				 2,070
FOTAL TAX-EXEMPT INCOME Statement 2 - Schedule D. Part	II. Line 9 - Capital (Gain [Distributions	 2,070
· · · · · · · · · · · · · · · · · · ·	II. Line 9 - Capital (Gain [Distributions	2,070 mount
Statement 2 - Schedule D. Part	II, Line 9 - Capital (Gain [Distributions	

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 set 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 🛦
Ź	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	.4				
	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 Trust			Federal Identification No. File 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	1044	a ocneau	ic it i Equivalent	1	0044
Form	IA 1041					2011
		For calendar year 2011, or tax ye	ear beginning	, and	d ending	
	of trust		, pmp			Amended K-1
		ISTING DECEDENTS TE	R DTD		- 85°C	
		ST UTD 10-10-96				ile.Gopy
		number ▶ 481-30-4685		Estate's or trust's EIN		
3enefic	ciary's name, address	s, and ZIP code		Fiduciary's name, address	-	•
				ANITA BRUNS	TING	
	LVA BRUNST		Ì	TRUSTEE		
	630 PINERO			2003 BLOOMI		
HO	USTON	TX 77079-	·5914	VICTORIA	TX 77	904
	Resident state	: TEXAS				
		Enter the following items on	the state inco	me tax return of the abov	e named individual.	
1 E	Beneficiary's Share	of Federal Taxable Income	1	50,030	This data presented for inform	nation only
I	ncome					
2	Interest		2		Schedule B, Part I or IA 126,	line 2
3	Ordinary dividends		3		Schedule B, Part II or IA 126,	line 3
4 a	Net short-term cap	ital gains	4 a		Form IA 1040, line 6 or IA 126	6, line 6
b	Net long-term capit	tal gains	b		Form IA 1040, line 6 or IA 126	6, line 6
5	Business / Nonpas	sive				
а	Income		5 a			
b					Net amount to: Form I	A 1040, line 10 or
C					Form I	A 126, line 10
d	Amortization		d		_	
6	Rental and Passive	∌				
а	Income		6а	34,498	7	
b		· · · · · · · · · · · · · · · · · · ·			Net amount to: Form I	A 1040, line 10 or
С	D 1 0				Form 1	A 126, line 10
d	Amortization		d			
7 [Distributions in the	Final Year of Estate / 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	5, line 6
С	Long-term capital l	oss carryover	с	_	Form IA 1040, line 6 or IA 126	6, line 6
d	Net operating loss		d		Form IA 1040, line 14 or IA 12	26, line 14
8 7	Tax Preference Iter					
а	Accelerated depre	ciation	8a		Form IA 6251	
b	Danielan.				Form IA 6251	
С	Amortization		с		Form IA 6251	
d	Exclusion items		d		Form IA 8801	
9 (Other Items					
а	Tax-exempt interes	st	9 a	·	This data presented for inform	nation only
	Estate tax deduction		b		This data presented for inform	nation 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. O from 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		JUY	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 >			25	
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

Name of estate or trust

ELMER H BRUNSTING DECEDENTS TR DTD

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

Part I Estate's or Trust's Share of Alternative Minimum Taxable Income

Pa	et l Estate's or Trust's Share of Alternative Minimum Taxable Income		
1	Adjusted total income or (loss) (from Form 1041, line 17)	1	53,538
2	Interest	2	
3	Taxes	3	
4	Miscellaneous itemized deductions (from Form 1041, line 15b)	4	
5	Refund of taxes	5	(
6	Depletion (difference between regular tax and AMT)	6	
7	Net operating loss deduction. Enter as a positive amount	7_	
8	Interest from specified private activity bonds exempt from the regular tax	8	
9	Qualified small business stock (see instructions)	9	
10	Exercise of incentive stock options (excess of AMT income over regular tax income)	10	
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	_11	
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	12	
13	Disposition of property (difference between AMT and regular tax gain or loss)	_13	
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	14	
15	Passive activities (difference between AMT and regular tax income or loss)	15	
16	Loss limitations (difference between AMT and regular tax income or loss)	16	
17	Circulation costs (difference between regular tax and AMT)	17	
18	Long-term contracts (difference between AMT and regular tax income)	18	,
19	Mining costs (difference between regular tax and AMT)	19	
20	Research and experimental costs (difference between regular tax and AMT)	20	
21	Income from certain installment sales before January 1, 1987	21	()
22	Intangible drilling costs preference	22	
23	Other adjustments, including income-based related adjustments	23	
24	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)	24	[[]
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24	25	53,538
	Note: Complete Part II below before going to line 26.		
26	Income distribution deduction from Part II, line 44 26 50,030		
27	Estate tax deduction (from Form 1041, line 19)		E0 030
28	Add lines 26 and 27	28	50,030
29	Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25	29	3,508

- If line 29 is:

 \$22,500 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust is not liable for the alternative minimum tax.
- Over \$22,500, but less than \$165,000, go to line 45.

• \$165,000 or more enter the amount from line 29 on line 51 and go to line 52

Pa	\$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)	30	53,538
31	Adjusted tax-exempt interest (other than amounts included on line 8)	31	
32	Total net gain from Schedule D (Form 1041), line 15, column (1). If a loss, enter -0-	32	
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable		
	purposes (from Form 1041, Schedule A, line 4)	33	
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	34	
35	Capital gains computed on a minimum tax basis included on line 25	35 (3,508)
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount	36	
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-	37	50,030
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	38	50,030
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	39	
40	Total distributions. Add lines 38 and 39	40	50,030
41	Tax-exempt income included on line 40 (other than amounts included on line 8)	41	
42	Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40	42	50,030

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

Schedule I (Form 1041) (2011)

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 state of the sta
	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	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)

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No. 1545-0092

2011

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

ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96

File Copy
27-6453100

Note: Form 5227 filers need to complete of					
(a) Description of property	(b) Date acquired	(c) Date sold	eld One Year or Les	(e) Cost or other basis	(f) Gain or (loss) for the entire year
(Example: 100 shares 7% preferred of "Z" Co.)	(mo., day, yr.)	(mo., day, yr.)	(u) Sales price	(see instructions)	Subtract (e) from (d)
1a SEE ATTACHED EDWAR		III D T OFF G	0 516	0 7 4 0	0 = .
<u> </u>	VARIOUS	VARIOUS	2,516	2,142	374
			· · · · · · · · · · · · · · · · · · ·		·
					·
		<u> </u>		<u> </u>	
b Enter the short-term gain or (loss), if	any, from Schedule	e D-1, line 1b		1b	
2 Short-term capital gain or (loss) from	Forms 4684, 6252	, 6781, and 8824		2	
3 Net short-term gain or (loss) from pa	artnerships, S corpo	rations, and other est	ates or trusts	3	
4 Short-term capital loss carryover. En	ter the amount, if ar	ny, from line 9 of the 2	2010 Capital Loss		· -
Carryover Worksheet				4	·
5 Net short-term gain or (loss). Con	ndine lines 1a throug	gn 4 in column (f). En	ter here and on line 13,	_ _	374
column (3) on the back	Gains and Los	ses – Assets He	eld More Than One		3/4
(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
6a SEE ATTACHED EDWAR		TAND TOLIC	10.660	20.706	Subtract (e) from (d)
	VARIOUS	VARIOUS	42,662	39,786	2,876
					
16.1					
b Enter the long-term gain or (loss), if a	any, from Schedule	D-1, line 6b		6b	
7 Long-term capital gain or (loss) from	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				
			•		
9 Capital gain distributions			SEE STATEMEN	NT 1 9	258
Gain from Form 4797, Part I Long-term capital loss carryover. Enti			2010 Capital Loss	10	
Carryover Worksheet		•		11 (
12 Net long-term gain or (loss). Comb	oine lines 6a through	n 11 in column (f). Enf	ter nere and on line 14a,	10	2 121

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

Schedule D (Form 1041) 2011

Sche	dule D (Form 1041) 2011 ELMER H BRUNST	ING DE	CEDENTS	TR DTD	27-6453100	Page 2
Maria Sales	Summary of Parts I and II Caution: Read the instructions before compl		(1)	Beneficiaries' see instr.)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)		13		37	74 374
14	Net long-term gain or (loss):					Se chest of testing auto-phonocol (account).
а	Total for year		14a		3,13	34File Copy134
b	Unrecaptured section 1250 gain (see line 18 of the wrks		14b			
С	28% rate gain	,,,,,,	14c			
15	Total net gain or (loss). Combine lines 13 and 14a	▶	15		3,50	3,508
Note	If line 15, column (3), is a net gain, enter the gain on For	rm 1041, line	4 (or Form 990	-T, Part I, line 4a)	. If lines 14a and 15, colu	umn (2), are net
gains	go to Part V, and do not complete Part IV. If line 15, col	umn (3), is a	net loss, compl	ete Part IV and th	e Capital Loss Carryov	ver Worksheet, as
neces	sary.					
Pa	rt IV Capital Loss Limitation					
16	Enter here and enter as a (loss) on Form 1041, line 4 (o	r Form 990-T	Part I, line 4c,	if a trust), the sn	naller 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, o	r if Form 104	1, page 1, line	22 (or Form 990-	T, line 34), is a loss, com	plete the Capital
Loss	Carryover Worksheet in the instructions to figure your	capital loss ca	arryover.			
Pa	nt V Tax Computation Using Maximum	Capital C	ains Rates		•	
	1041 filers. Complete this part only if both lines 14a and	d 15 in colum	n (2) are gains,	or an amount is	entered in Part I or Part I	I and there is an
entry	on Form 1041, line 2b(2), and Form 1041, line 22, is more	re than zero.				
Caut	on: Skip this part and complete the Schedule D Tax Wo	orksheet in th	ne instructions i	f.		
• Ei	ther line 14b, col. (2) or line 14c, col. (2) is more than zero	o, or				
 Both 	oth Form 1041, line 2b(1), and Form 4952, line 4g are mo	re than zero.				
Form	990-T trusts. Complete this part only if both lines 14a a	and 15 are ga	ins, or qualified	dividends are inc	duded in income in Part I	of Form 990-T,
and l	Form 990-T, line 34, is more than zero. Skip this part and	complete the	Schedule D T	ax Worksheet in	the instructions if either	line 14b, col. (2) or
line 1	4c, col. (2) is more than zero.					
17	Enter taxable income from Form 1041, line 22 (or Form	990-T, line 34	1)	17	3,408	
18	Enter the smaller of line 14a or 15 in column (2)					
	but not less than zero	18	3,1	L34		
19	Enter the estate's or trust's qualified dividends from					
	Form 1041, line 2b(2) (or enter the qualified dividends					
	included in income in Part I of Form 990-T)	19				
20	Add lines 18 and 19	20	3,1	L34		
21	If the estate or trust is filing Form 4952, enter the		•			
	amount from line 4g; otherwise, enter -0-	21		0		
22	Subtract line 21 from line 20. If zero or less, enter -0-			22	3,134	
23	Subtract line 22 from line 17. If zero or less, enter -0-			22	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 amou					
	Yes. Skip lines 25 and 26; go to line 27 and check t					
	X No. Enter the amount from line 23			25	274	
26	Subtract line 25 from line 24			00	2,026	
27	Are the amounts on lines 22 and 26 the same?					
	Yes. Skip lines 27 thru 30; go to line 31. X No. Ente	r the smaller of li	ne 17 or line 22	27	3,134	
28	Enter the amount from line 26 (If line 26 is blank, enter -	-0-)		28	2,026	
	·					
29	Subtract line 28 from line 27			29	1,108	
30	Multiply line 29 by 15% (.15)				3.000	30 166
31	Figure the tax on the amount on line 23. Use the 2011 1					
•	(see the Schedule G instructions in the instructions for F				1 :	31 41
	The state of the s	= , , ,				
32	Add lines 30 and 31					32 207
33	Figure the tax on the amount on line 17. Use the 2011					
	(see the Schedule G instructions in the instructions for F				3	622
34	Tax on all taxable income. Enter the smaller of line 3.	* * * *				
V -7	O " / / E T "				. ا	207
	-,			<u></u>		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
ELMER H BRUNSTING DECEDENTS TR DTD 4-1-09 AS EST UTD 10-10-96 27-6453100						ÌЧ	opyر	f ii		
	-1-09 AS EST UTD 10-10-96				27-	64.	031U	 	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
В	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	E	3			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	+			<u> </u>
	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 nonbusiness incom			
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			
VICTORIA	2003 BLOOMINGDALE CIR /ICTORIA TX 77904			41,938	13	Credits and credit recapture
, _ 0 _ 0 _ 0 _ 0 _ 0 _ 0 _ 0 _ 0 _ 0 _			Other rental incon			<u> </u>
		9	Directly apportions	ed deductions	\vdash	
D Check if Form 1041-T was filed	and enter the date it was filed	-			1	
Orlean II of I was like	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 (1) 10 (2) 10 (3)	<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	
) L			ă Mili	- Administration of the Condition ()
		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