Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return 2010** (99) IRS Use Only—Do not write or staple in this space.

OMB No. 1545-0074

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

Name, Address, and SSN See separate instructions.

PRINT CLEARLY

Your first name and initial: Joseph A.	Last name: [redacted]
If a joint return, spouse's first name and initial: Sharon	Last name: [redacted]
Home address (number and street). If you have a P.O. box, see instructions. [redacted]	Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. [redacted]	

Your social security number: [redacted]

Spouse's social security number: [redacted]

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

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund ▶ ☐ You ☐ Spouse

Checking a box below will not change your tax or refund.

Filing Status Check only one box.

1 ☐ Single
2 ☒ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a ▶ Boxes checked on 6a and 6b: 2

b ☒ Spouse

c Dependents:

(1) First name / Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qual. child for child tax cr. (see page 15)	No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions)
Laura A. [redacted]	[redacted]	Daughter		2
Ryan D. [redacted]	[redacted]	Son		
				Dependents on 6c not entered above

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

d Total number of exemptions claimed ▶ Add numbers on lines above ▶ 4

Income

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

If you did not get a W-2, see page 20.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	53,531
8a	Taxable interest. Attach Schedule B if required	8a	3
b	Tax-exempt interest. Do not include on line 8a (8b)		
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (9b)		
10	Taxable refunds, credits, or offsets of state and local income taxes	10	341
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions (15a) b Taxable amount	15b	27,114
16a	Pensions and annuities (16a) b Taxable amount	16b	15,245
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits (20a) b Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	96,234

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

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶	37	96,234

[redacted] [redacted] T-396 [redacted]

Tax and Credits	38	Amount from line 37 (adjusted gross income)		38	96,234
	39a	Check if: [ ] You were born before January 2, 1946, [ ] Blind. [ ] Spouse was born before January 2, 1945, [ ] Blind. Total boxes checked ▶ 39a [ ]			
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b [ ]			
	40	Itemized deductions (from Schedule A) or your standard deduction (see instructions)		40	30,912
	41	Subtract line 40 from line 38		41	65,322
	42	Exemptions. Multiply $3,650 by the number on line 6d		42	14,600
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	50,722
	44	Tax (see instr.). Check if any tax is from: a [ ] Form(s) 8814 b [ ] Form 4972		44	6,771
	45	Alternative minimum tax (see instructions). Attach Form 6251		45	
	46	Add lines 44 and 45 ▶		46	6,771
	47	Foreign tax credit. Attach Form 1116 if required	47		
	48	Credit for child and dependent care expenses. Attach Form 2441	48		
	49	Education credits from Form 8863, line 23	49	2,014	
	50	Retirement savings contributions credit. Attach Form 8880	50		
	51	Child tax credit (see instructions)	51		
	52	Residential energy credits. Attach Form 5695	52		
	53	Other credits from Form: a [ ] 3800 b [ ] 8801 c [ ]	53		
	54	Add lines 47 through 53. These are your total credits		54	2,014
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶		55	4,757
Other Taxes	56	Self-employment tax. Attach Schedule SE		56	
	57	Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919		57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required NO		58	2,711
	59	a [ ] Form(s) W-2, box 9 b [ ] Schedule H c [ ] Form 5405, line 18		59	
	60	Add lines 55 through 59. This is your total tax ▶		60	7,468
Payments	61	Federal income tax withheld from Forms W-2 and 1099	61	8,201	
	62	2010 estimated tax payments and amount applied from 2009 return	62		
	63	Making work pay credit. Attach Schedule M	63	800	
If you have a qualifying child, attach Schedule EIC.	64a	Earned income credit (EIC)	64a		
	b	Nontaxable combat pay election 64b			
	65	Additional child tax credit. Attach Form 8812	65		
	66	American opportunity credit from Form 8863, line 14	66	1,000	
	67	First-time homebuyer credit from Form 5405, line 10	67		
	68	Amount paid with request for extension to file	68		
	69	Excess social security and tier 1 RRTA tax withheld	69		
	70	Credit for federal tax on fuels. Attach Form 4136	70		
	71	Credits from Form: a [ ] 2439 b [ ] 8839 c [ ] 8801 d [ ] 8885	71		
	72	Add lines 61, 62, 63, 64a, and 65 through 71. These are your total payments ▶		72	10,001
Refund	73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid		73	2,533
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ [ ]		74a	2,533
Direct deposit? See instructions.	▶ b	Routing number [redacted] ▶ c Type: [X] Checking [ ] Savings			
	▶ d	Account number [redacted]			
	75	Amount of line 73 you want applied to your 2011 estimated tax ▶ 75			
Amount You Owe	76	Amount you owe. Subtract line 72 from line 60. For details on how to pay, see instructions ▶		76	
	77	Estimated tax penalty (see instructions) 77			

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? [ ] Yes. Complete below. [ ] No

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

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

Joint return? See page 12. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
[redacted]			
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
[redacted]			

Paid Preparer Use Only

Print/type preparer's name	Preparer's signature	Date	Check [X] if self-employed	PTIN
[redacted]	[redacted]	03/15/11		P01308530

Firm's name [redacted] Firm's EIN ▶ [redacted]

Firm's address [redacted] Ave WI 53207-4045 Phone no. 414-486-9548

Form 1040 (2010)

DAA

DO NOT STAPLE ← Mode

1 Wisconsin Income tax 2010

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

Complete form using BLACK INK

Your social security number	Spouse's social security number
[redacted]	[redacted]

Your legal last name	Legal first name	M.I.
[redacted]	[redacted]	A
If a joint return, spouse's legal last name	Spouse's legal first name	M.I.
[redacted]	[redacted]	
Home address (number and street). If you have a PO Box, see page 7. [redacted]		Apt. no.
City or post office [redacted]	State WI	Zip code [redacted]

Campaign fund If you want $3 to go to the State Election Campaign Fund and the Democracy Trust Fund, check here. ___ You ___ Your spouse
Designating an amount will not change your tax or refund.

Filing status Check ✔ below

___ Single

X Married filing joint return

___ Married filing separate return. Fill in spouse's SSN above and full name here ▶ Legal last name / Legal first name / M.I.

___ Head of household (see page 8). Also, check here if married ▶ ___ If married, fill in spouse's SSN above and full name here

Tax district
Check below then fill in either the name of city, village, or town and the county in which you lived at the end of 2010.

X City ___ Village ___ Town

City, village, or town ▶ [redacted]

County of ▶ MILWAUKEE

School district number See page 37 [redacted]

Special conditions

See page 34 before assembling return

NO COMMAS; NO CENTS

1	Federal adjusted gross income (see page 9)	1	96234.00
	Form W-2 wages included in line 1 ▶ 53531.00		
2	State and municipal interest (see page 9)	2	.00
3	Capital gain/loss addition (see page 10)	3	.00
4	Other additions } Fill in code number and amount, see page 10. Fill in total other additions on line 4.	4	.00
	[ ] .00 [ ] .00 [ ] .00 [ ] .00		
5	Add the amounts in the right column for lines 1 through 4	5	96234.00
6	State tax refund (Form 1040, line 10)	6	341.00
7	United States government interest	7	.00
8	Unemployment compensation (see page 13)	8	.00
9	Social security adjustment (see page 13)	9	.00
10	Capital gain/loss subtraction (see page 13)	10	500.00
11	Other subtractions } Fill in code number and amount, see page 13. Fill in total other subtractions on line 11.		
	[03] 1314.00 [ ] .00 [ ] .00 SEE STMT		
	[ ] .00 [ ] .00	11	1314.00
12	Add lines 6 through 11	12	2155.00
13	Subtract line 12 from line 5. This is your Wisconsin income	13	94079.00

PAPER CLIP payment here

I-010i

CS Professional Suite

Form 1 (2010) | Name [redacted] | SSN [redacted] | Page 2 of 4

NO COMMAS; NO CENTS

14 Wisconsin income from line 13		14	94079.00
15 Standard deduction. See table on page 45, OR ▼		15	1831.00
If someone else can claim you (or your spouse) as a dependant, see page 22 and check here ▶ ___			
16 Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0		16	92248.00
17 Exemptions (Caution: See page 22)			
a Fill in exemptions from your federal return 4 x $700	17a 2800.00		
b Check if 65 or older ___ You + ___ Spouse = ___ x $250	17b .00		
c Add lines 17a and 17b		17c	2800.00
18 Subtract line 17c from line 16. If line 17c is larger than line 16, fill in 0. This is taxable income		18	89448.00
19 Tax (see table on page 38)		19	5512.00
20 Itemized deduction credit. Enclose Schedule 1, page 4	20 1008.00		
21 Armed forces member credit (must be stationed outside U.S. See page 23)	21 .00		
22 School property tax credit			
a Rent paid in 2010–heat included .00 / Rent paid in 2010–heat not included .00 — Find credit from table page 24	22a .00		
b Property taxes paid on home in 2010 4341.00 — Find credit from table page 25	22b 300.00		
23 Historic rehabilitation credits	23 .00		
24 Working families tax credit — If line 14 is less than $10,000 ($19,000 if married filing joint), see page 25	24 .00		
25 Certain nonrefundable credits from line 5 of Schedule CR	25 .00		
26 Add credits on lines 20 through 25		26	1308.00
27 Subtract line 26 from line 19. If line 26 is larger than line 19, fill in 0		27	4204.00
28 Alternative minimum tax. Enclose Schedule MT		28	.00
29 Add lines 27 and 28		29	4204.00
30 Married couple credit. Enclose Schedule 2, page 4	30 480.00		
31 Other credits from Schedule CR, line 18	31 .00		
32 Net income tax paid to another state. Enclose Schedule OS ___	32 .00		
33 Add lines 30, 31, and 32		33	480.00
34 Subtract line 33 from line 29. If line 33 is larger than line 29, fill in 0. This is your net tax		34	3724.00
35 Recycling surcharge. Enclose Schedule RS		35	.00
36 Sales and use tax due on out-of-state purchases (see page 28)		36	0.00
37 Advance earned income credit (see page 28)		37	.00

38 Donations (decreases refund or increases amount owed)

a Endangered resources	.00	f Firefighters memorial	.00
b Packers football stadium	.00	g Prostate cancer research	.00
c Breast cancer research	.00	h Military family relief	.00
d Veterans trust fund	.00	i Second Harvest	.00
e Multiple sclerosis	.00	Total (add lines a through i) ▶38j	.00

39 Penalties on IRAs, retirement plans, MSAs, etc. (see page 29)	2711.00 x .33 =	39	895.00
40 Credit repayments and other penalties (see page 29)		40	.00
41 Add lines 34 through 37, and 38j through 40		41	4619.00

[redacted] [redacted] T-396 P0004/0057 F-897

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Name(s) shown on Form 1	Your social security number
[redacted]	[redacted]

NO COMMAS; NO CENTS

42	Amount from line 41		42	4619.00
43	Wisconsin tax withheld. Enclose withholding statements	43	4586.00	
44	2010 estimated tax payments and amount applied from 2009 return	44	.00	
45	Earned income credit. Number of qualifying children ▶ ___ Federal credit .00 x ___ % =	45	.00	
46	Farmland preservation credit. a Schedule FC, line 18	46a	.00	
	b Schedule FC-A, line 13	46b	.00	
47	Repayment credit (see page 31)	47	.00	
48	Homestead credit. Enclose Schedule H or H-EZ	48	.00	
49	Eligible veterans and surviving spouses property tax credit	49	.00	
50	Other credits from Schedule CR, line 27. Enclose Schedule CR	50	.00	
51	Add lines 43 through 50		51	4586.00
52	If line 51 is larger than line 42, subtract line 42 from line 51. This is the AMOUNT YOU OVERPAID		52	.00
53	Amount of line 52 you want REFUNDED TO YOU		53	.00
54	Amount of line 52 you want APPLIED TO YOUR 2011 ESTIMATED TAX	54	.00	
55	If line 51 is smaller than line 42, subtract line 51 from line 42. This is the AMOUNT YOU OWE. Paper clip payment to front of return		55	33.00
56	Underpayment interest. Fill in exception code - See Sch. U [ ] Also include on line 55 (see page 33)	56	.00	

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 34)? ___ Yes Complete the following. ___ No

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

Paper clip copies of your federal income tax return and schedules to this return.
Assemble your return (pages 1-4) and withholding statements in the order listed on page 34.

Sign here

▼ Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Your signature | Spouse's signature (if filing jointly, BOTH must sign) | Date | Daytime phone

I-010a]

Mail your return to: Wisconsin Department of Revenue

If tax due ..... PO Box 268, Madison WI 53790-0001
If refund or no tax due ..... PO Box 59, Madison WI 53785-0001
If homestead credit claimed ..... PO Box 34, Madison WI 53786-0001

For Department Use Only C

Do Not Submit Photocopies

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48	**Enter the amount from Line 18 (Current monthly income for § 707(b)(2))**	$	5,988.42
49	**Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))**	$	4,560.50
50	**Monthly disposable income under § 707(b)(2).** Subtract Line 49 from Line 48 and enter the result.	$	1,427.92
51	**60-month disposable income under § 707(b)(2).** Multiply the amount in Line 50 by the number 60 and enter the result.	$	85,675.20
52	**Initial presumption determination.** Check the applicable box and proceed as directed. ☐**The amount on Line 51 is less than $7,025***. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. ■**The amount set forth on Line 51 is more than $11,725*** Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. ☐**The amount on Line 51 is at least $7,025*, but not more than $11,725*.** Complete the remainder of Part VI (Lines 53 through 55).		
53	**Enter the amount of your total non-priority unsecured debt**	$	
54	**Threshold debt payment amount.** Multiply the amount in Line 53 by the number 0.25 and enter the result.	$	
55	**Secondary presumption determination.** Check the applicable box and proceed as directed. ☐**The amount on Line 51 is less than the amount on Line 54.** Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. ☐**The amount on Line 51 is equal to or greater than the amount on Line 54.** Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.		

Part VII. ADDITIONAL EXPENSE CLAIMS

56 **Other Expenses.** List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

	Expense Description	Monthly Amount
a.	Older vehicle deduction	$ 200.00
b.	12m average of bonus in CMI period	$ 300.00
c.	Salary increase for change in CMI period	$ -500.00
d.	Decrease in hours for spouse	$ 800.00
	Total: Add Lines a, b, c, and d	$ 800.00

Part VIII. VERIFICATION

57 I declare under penalty of perjury that the information provided in this statement is true and correct. *(If this is a joint case, both debtors must sign.)*

Date: March 15, 2012 Signature: /s/ John Doe
John Doe
(Debtor)

Date: March 15, 2012 Signature /s/ Jane Doe
Jane Doe
(Joint Debtor, if any)

* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

