

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

Your first name and initial **Bruce H** Last name **Mann** See separate instructions. Your social security number **[REDACTED]**

If a joint return, spouse's first name and initial **Elizabeth A** Last name **Warren** Spouse's social security number **[REDACTED]**

Home address (number and street). If you have a P.O. box, see instructions. **[REDACTED]** Apt. no. **[REDACTED]** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Cambridge MA 02138** Presidential Election Campaign

Foreign country name Foreign province/county Foreign postal code Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☒ You ☒ Spouse

Filing Status 1 ☐ Single 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. ▶ 2 ☒ Married filing jointly (even if only one had income) 3 ☐ Married filing separately. Enter spouse's SSN above and full 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 } No. of children on 6c who:
c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ If child under age 17 qualifying for child tax credit (see instructions)

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

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

 Add numbers on lines above ▶ **2**

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 **536,824.**
8a Taxable interest. Attach Schedule B if required 8a **8,150.**
b Tax-exempt interest. Do not include on line 8a 8b **[REDACTED]**
9a Ordinary dividends. Attach Schedule B if required 9a **3,130.**
b Qualified dividends 9b **3,130.**
10 Taxable refunds, credits, or offsets of state and local income taxes 10 **2,481.**
11 Alimony received 11 **[REDACTED]**
12 Business income or (loss). Attach Schedule C or C-EZ 12 **59,688.**
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 13 **-3,000.**
14 Other gains or (losses). Attach Form 4797 14 **[REDACTED]**
15a IRA distributions 15a **[REDACTED]** b Taxable amount 15b **[REDACTED]**
16a Pensions and annuities 16a **[REDACTED]** b Taxable amount 16b **[REDACTED]**
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 **242.**
18 Farm income or (loss). Attach Schedule F 18 **[REDACTED]**
19 Unemployment compensation 19 **[REDACTED]**
20a Social security benefits 20a **[REDACTED]** b Taxable amount 20b **[REDACTED]**
21 Other income. List type and amount **PERSONAL PROPERTY RENTAL INCOME** 21 **8,666.**
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 **616,181.**

Adjusted Gross Income 23 Educator expenses 23 **[REDACTED]**
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 **[REDACTED]**
25 Health savings account deduction. Attach Form 8889 25 **[REDACTED]**
26 Moving expenses. Attach Form 3903 26 **1,039.**
27 Deductible part of self-employment tax. Attach Schedule SE 27 **820.**
28 Self-employed SEP, SIMPLE, and qualified plans 28 **12,085.**
29 Self-employed health insurance deduction 29 **[REDACTED]**
30 Penalty on early withdrawal of savings 30 **[REDACTED]**
31a Alimony paid b Recipient's SSN ▶ 31a **[REDACTED]**
32 IRA deduction 32 **[REDACTED]**
33 Student loan interest deduction 33 **[REDACTED]**
34 Tuition and fees. Attach Form 8917 34 **[REDACTED]**
35 Domestic production activities deduction. Attach Form 8903 35 **[REDACTED]**
36 Add lines 23 through 35 36 **13,944.**
37 Subtract line 36 from line 22. This is your adjusted gross income ▶ 37 **602,237.**

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions**

▶ Attach to Form 1040.

▶ See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

2011Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

Bruce H Mann & Elizabeth A Warren

**Medical
and
Dental
Expenses****Caution.** Do not include expenses reimbursed or paid by others.**1** Medical and dental expenses (see instructions)**2** Enter amount from Form 1040, line 38 **2****3** Multiply line 2 by 7.5% (.075)**4** Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-**Taxes You
Paid****5** State and local (check only one box):**a** ☒ Income taxes, or**b** ☐ General sales taxes**6** Real estate taxes (see instructions)**7** Personal property taxes**8** Other taxes. List type and amount ▶**9** Add lines 5 through 8**Interest
You Paid****10** Home mortgage interest and points reported to you on Form 1098**11** Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶**Note.**
Your mortgage
interest
deduction may
be limited (see
instructions).**12** Points not reported to you on Form 1098. See instructions for special rules**13** Mortgage insurance premiums (see instructions)**14** Investment interest. Attach Form 4952 if required. (See instructions.)**15** Add lines 10 through 14**Gifts to
Charity****16** Gifts by cash or check. If you made any gift of \$250 or more, see instructions**17** Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500**18** Carryover from prior year**19** Add lines 16 through 18If you made a
gift and got a
benefit for it,
see instructions.**Casualty and
Theft Losses****20** Casualty or theft loss(es). Attach Form 4684. (See instructions.)**Job Expenses
and Certain
Miscellaneous
Deductions****21** Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶ Deductible expenses from Form 2106**22** Tax preparation fees**23** Other expenses—investment, safe deposit box, etc. List type and amount ▶**24** Add lines 21 through 23**25** Enter amount from Form 1040, line 38 **25** 602,237**26** Multiply line 25 by 2% (.02)**27** Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-**Other
Miscellaneous
Deductions****28** Other—from list in instructions. List type and amount ▶**Total
Itemized
Deductions****29** Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40**30** If you elect to itemize deductions even though they are less than your standard deduction, check here ☐

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

OMB No. 1545-0074

2011

Attachment
Sequence No. **09**

Name of proprietor Bruce H Mann		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) Consulting, Lecturing, Writing, Investing		B Enter code from instructions ▶ 5 4 1 9 9 0
C Business name. If no separate business name, leave blank.		D Employer ID number (EIN), (see instr.) [REDACTED]
E Business address (including suite or room no.) ▶ [REDACTED] City, town or post office, state, and ZIP code Cambridge, MA 02138		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2011? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2011, check here		<input type="checkbox"/>
I Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file all required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1a Merchant card and third party payments. For 2011, enter -0-	1a	0.
b Gross receipts or sales not entered on line 1a (see instructions)	1b	257.
c Income reported to you on Form W-2 if the "Statutory Employee" box on that form was checked. Caution. See instr. before completing this line	1c	
d Total gross receipts. Add lines 1a through 1c	1d	257.
2 Returns and allowances plus any other adjustments (see instructions)	2	
3 Subtract line 2 from line 1d	3	257.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	257.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	257.

Part II Expenses

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

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17	752.	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	1,061.
30 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere	30		b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29.	31				
<ul style="list-style-type: none"> • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see instr. Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. 					
32 If you have a loss, check the box that describes your investment in this activity (see instructions).					
<ul style="list-style-type: none"> • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see the instructions for line 31. Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited. 					
			32a <input checked="" type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No			
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		

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

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____		
44	Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:		
	a Business _____	b Commuting (see instructions) _____	c Other _____
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No		
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No		
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

Books and Professional Journals	1,061.
48 Total other expenses. Enter here and on line 27a	48 1,061.

**SCHEDULE C-EZ
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)

Name of proprietor

Elizabeth A Warren

Net Profit From Business

(Sole Proprietorship)

- Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
► Attach to Form 1040, 1040NR, or 1041. ► See instructions on page 2.

OMB No. 1545-0074

2011
Attachment
Sequence No. **09A**

Social security number (SSN)

Part I General Information

**You May Use
Schedule C-EZ
Instead of
Schedule C
Only If You:**

- Had business expenses of \$5,000 or less.
- Use the cash method of accounting.
- Did not have an inventory at any time during the year.
- Did not have a net loss from your business.
- Had only one business as either a sole proprietor, qualified joint venture, or statutory employee.
- Did not receive any credit card or similar payments that included amounts that are not includible in your income (see instructions for line 1a).

And You:

- Had no employees during the year.
- Are not required to file Form 4562, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.
- Do not deduct expenses for business use of your home.
- Do not have prior year unallowed passive activity losses from this business.

A Principal business or profession, including product or service
Consulting/Lecturing/Writing/Investing

B Enter business code (see page 2)

5 4 1 9 9 0

C Business name. If no separate business name, leave blank.

D Enter your EIN (see page 2)

E Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.

City, town or post office, state, and ZIP code
Cambridge, MA 02138

F Did you make any payments in 2011 that would require you to file Form(s) 1099? (see the Schedule C instructions)

☐ Yes ☒ No

G If "Yes," did you or will you file all required Forms 1099?

☐ Yes ☐ No**Part II Figure Your Net Profit**

1a Merchant card and third party payments. For 2011, enter -0-	1a	0.	
b Gross receipts or sales not entered on line 1a (see instructions)	1b	65,224.	
c Income reported to you on Form W-2 if the "Statutory Employee" box on that form was checked. Caution. See Schedule C instructions before completing this line	1c		
d Total of lines 1a, 1b, and 1c. If any adjustments to line 1a, you must use Schedule C (see instructions)	1d	65,224.	
2 Total expenses (see page 2). If more than \$5,000, you must use Schedule C	2	3,980.	
3 Net profit. Subtract line 2 from line 1d. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 and Schedule SE, line 2 (see instructions). (If you entered an amount on line 1c, do not report the amount from line 1c on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3	3	61,244.	

Part III Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 2.

- 4** When did you place your vehicle in service for business purposes? (month, day, year) ►
- 5** Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:
- a** Business **b** Commuting (see page 2) **c** Other
- 6** Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No
- 7** Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
- 8a** Do you have evidence to support your deduction? ☐ Yes ☐ No
- b** If "Yes," is the evidence written? ☐ Yes ☐ No

**SCHEDULE D
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Capital Gains and Losses▶ Attach to Form 1040 or Form 1040NR. ▶ See instructions for Schedule D (Form 1040).
▶ Use Form 8949 to list your transactions for lines 1, 2, 3, 8, 9, and 10.

OMB No. 1545-0074

2011Attachment
Sequence No. **12**

Bruce H Mann & Elizabeth A Warren

Your social security number

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

Complete Form 8949 before completing line 1, 2, or 3.

This form may be easier to complete if you round off cents to whole dollars.

	(e) Sales price from Form(s) 8949, line 2, column (e)	(f) Cost or other basis from Form(s) 8949, line 2, column (f)	(g) Adjustments to gain or loss from Form(s) 8949, line 2, column (g)	(h) Gain or (loss) Combine columns (e), (f), and (g)
1 Short-term totals from all Forms 8949 with box A checked in Part I		()		
2 Short-term totals from all Forms 8949 with box B checked in Part I		()		
3 Short-term totals from all Forms 8949 with box C checked in Part I		()		
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	()
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back			7	

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

Complete Form 8949 before completing line 8, 9, or 10.

This form may be easier to complete if you round off cents to whole dollars.

	(e) Sales price from Form(s) 8949, line 4, column (e)	(f) Cost or other basis from Form(s) 8949, line 4, column (f)	(g) Adjustments to gain or loss from Form(s) 8949, line 4, column (g)	(h) Gain or (loss) Combine columns (e), (f), and (g)
8 Long-term totals from all Forms 8949 with box A checked in Part II		()		
9 Long-term totals from all Forms 8949 with box B checked in Part II		()		
10 Long-term totals from all Forms 8949 with box C checked in Part II		()		
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
13 Capital gain distributions. See the instructions			13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	(299,487.)
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (h). Then go to Part III on the back			15	-299,487.

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

REV 11/22/11 TTW

Schedule D (Form 1040) 2011

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	-299,487.
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
17 Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions . . . ▶	18	
19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions ▶	19	
20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 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. <input type="checkbox"/> No. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div style="border-bottom: 1px solid black; width: 150px;"></div> </div>	21	(3,000.)
Note. When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 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). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

2011

Attachment
Sequence No. **13**

Name(s) shown on return
Bruce H Mann & Elizabeth A Warren

Your social security number

A Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)

☐ Yes ☒ No

B If "Yes," did you or will you file all required Forms 1099?

☐ Yes ☐ No

Part I **Income or Loss From Rental Real Estate and Royalties** **Note.** If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

Caution. For each rental property listed on line 1, check the box in the last column only if you owned that property as a member of a qualified joint venture (QJV) reporting income not subject to self-employment tax.

1	Physical address of each property—street, city, state, zip	Type—from list below	2	For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions.	Fair Rental Days	Personal Use Days	QJV
A		6	A				
B		6	B				
C		6	C				

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:

		Properties		
		A	B	C
3a	Merchant card and third party payments. For 2011, enter -0-	0.	0.	0.
b	Payments not reported to you on line 3a.		241.	60.
4	Total not including amounts on line 3a that are not income (see instructions)	0.	241.	60.

Expenses:

5	Advertising	5			
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7			
8	Commissions	8			
9	Insurance	9			
10	Legal and other professional fees	10			
11	Management fees	11			
12	Mortgage interest paid to banks, etc. (see instructions)	12			
13	Other interest	13			
14	Repairs	14			
15	Supplies	15			
16	Taxes	16		11.	3.
17	Utilities	17			
18	Depreciation expense or depletion	18		36.	9.
19	Other (list) ▶	19			
20	Total expenses. Add lines 5 through 19	20		47.	12.
21	Subtract line 20 from line 4. If result is a (loss), see instructions to find out if you must file Form 6198	21	0.	194.	48.
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	()	()

23a	Total of all amounts reported on line 3a for all rental properties	23a	
b	Total of all amounts reported on line 3a for all royalty properties	23b	0.
c	Total of all amounts reported on line 4 for all rental properties	23c	
d	Total of all amounts reported on line 4 for all royalty properties	23d	301.
e	Total of all amounts reported on line 12 for all properties	23e	
f	Total of all amounts reported on line 18 for all properties	23f	45.
g	Total of all amounts reported on line 20 for all properties	23g	59.

24	Income. Add positive amounts shown on line 21. Do not include any losses	24	242.
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	()
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2.	26	242.

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

Elizabeth A Warren

Social security number of person with self-employment income ▶

Section B—Long Schedule SE**Part I Self-Employment Tax**

Note. If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I <input type="checkbox"/>	
1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b ()
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note. Skip this line if you use the nonfarm optional method (see instructions)	2 61,244.
3 Combine lines 1a, 1b, and 2	3 61,244.
4a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3 Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a 56,559.
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b
c Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue ▶	4c 56,559.
5a Enter your church employee income from Form W-2. See instructions for definition of church employee income 5a	
b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b 0.
6 Add lines 4c and 5b	6 56,559.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 4.2% portion of the 5.65% railroad retirement (tier 1) tax for 2011	7 106,800 00
8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$106,800 or more, skip lines 8b through 10, and go to line 11	8a 213,600.
b Unreported tips subject to social security tax (from Form 4137, line 10)	8b
c Wages subject to social security tax (from Form 8919, line 10)	8c
d Add lines 8a, 8b, and 8c	8d
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . ▶	9
10 Multiply the smaller of line 6 or line 9 by 10.4% (.104)	10
11 Multiply line 6 by 2.9% (.029)	11 1,640.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56, or Form 1040NR, line 54	12 1,640.
13 Deduction for employer-equivalent portion of self-employment tax. Add the two following amounts. • 59.6% (.596) of line 10. • One-half of line 11. Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27 13	820.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income ¹ was not more than \$6,720, or (b) your net farm profits ² were less than \$4,851.	
14 Maximum income for optional methods	14 4,480 00
15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$4,480. Also include this amount on line 4b above	15
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$4,851 and also less than 72.189% of your gross nonfarm income, ⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five times.	
16 Subtract line 15 from line 14	16
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.⁴ From Sch. C, line 7; Sch. C-EZ, line 1d; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Alternative Minimum Tax—Individuals

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2011Attachment
Sequence No. **32**

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

Bruce H Mann & Elizabeth A Warren

Your social security number

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

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	522,799.
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	0.
3	Taxes from Schedule A (Form 1040), line 9	3	62,229.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	0.
6	Skip this line. It is reserved for future use	6	
7	Tax refund from Form 1040, line 10 or line 21	7	(2,481.)
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	()
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock (7% of gain excluded under section 1202)	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	0.
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	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)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987.	25	()
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$223,900, see instructions.)	28	582,547.

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2011, see instructions.)		
	IF your filing status is . . . AND line 28 is not over . . . THEN enter on line 29 . . .		
	Single or head of household . . . \$112,500 . . . \$48,450		
	Married filing jointly or qualifying widow(er) . . . 150,000 . . . 74,450		
	Married filing separately . . . 75,000 . . . 37,225		
	If line 28 is over the amount shown above for your filing status, see instructions.	29	
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	582,547.
31	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 54 here. • All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.	31	159,207.
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	159,207.
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see instructions)	34	149,636.
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	9,571.

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for this line	36	582,547.
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	3,130.
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see 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 instructions for the amount to enter	39	3,130.
40	Enter the smaller of line 36 or line 39	40	3,130.
41	Subtract line 40 from line 36	41	579,417.
42	If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result . . . ▶	42	158,737.
43	Enter: <ul style="list-style-type: none"> • \$69,000 if married filing jointly or qualifying widow(er), • \$34,500 if single or married filing separately, or • \$46,250 if head of household. 	43	69,000.
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0-	44	512,269.
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	3,130.
47	Enter the smaller of line 45 or line 46	47	0.
48	Subtract line 47 from line 46	48	3,130.
49	Multiply line 48 by 15% (.15) ▶	49	470.
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	159,207.
53	If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	53	159,613.
54	Enter the smaller of line 52 or line 53 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	54	159,207.

Moving Expenses

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2011
Attachment
Sequence No. **170**

Name(s) shown on return

Your social security number

Bruce H Mann & Elizabeth A Warren

Before you begin: ✓ See the Distance Test and Time Test in the instructions to find out if you can deduct your moving expenses.

✓ See Members of the Armed Forces in the instructions, if applicable.

1	Transportation and storage of household goods and personal effects (see instructions)	1	673.
2	Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals	2	366.
3	Add lines 1 and 2	3	1,039.
4	Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code P	4	
5	Is line 3 more than line 4? <input type="checkbox"/> No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8. <input checked="" type="checkbox"/> Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction	5	1,039.

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

Form **3903** (2011)

2011 Form 1 MA1100111555
Massachusetts Resident Income Tax Return
FOR FULL YEAR RESIDENTS ONLY

For the year January 1–December 31, 2011 or other taxable

Year beginning

Ending

BRUCE
ELIZABETH

H. MANN
A. WARREN

CAMBRIDGE

MA 02138

Apt. no.

State Election Campaign Fund:

Fill in if veteran of U.S. armed forces who served in Operation Enduring Freedom, Iraqi Freedom or Noble Eagle ▶

Taxpayer deceased ▶

Fill in if under age 18 ▶

<input checked="" type="checkbox"/> \$1 You	<input checked="" type="checkbox"/> \$1 Spouse	TOTAL ▶	2
You ▶	Spouse		
<input type="checkbox"/> You ▶	Spouse		
<input type="checkbox"/> You ▶	Spouse		
▶ Name/address changed since 2010			
▶ Fill in if noncustodial parent			
▶ Fill in if filing Schedule TDS			

1. Filing status (select one only): ▶

Single
☒ Married filing jointly
Married filing separate return
Head of household ▶ You are a custodial parent who has released claim to exemption for child(ren).

2. Exemptions

a. Personal exemptions	2a	8800
b. Number of dependents. (Do not include yourself or your spouse.) Enter number ▶	× \$1,000 = 2b	0
c. Age 65 or over before 2012 You + Spouse = ▶	× \$700 = 2c	0
d. Blindness You + Spouse = ▶	× \$2,200 = 2d	0
e. 1. Medical/dental ▶ 0 2. Adoption ▶ 0	1 + 2 = 2e	0
f. Total exemptions. Add lines 2a through 2e. Enter here and on line 18 ▶	2f	8800
3. Wages, salaries, tips ▶	3	536824
4. Taxable pensions and annuities ▶	4	0
5. Mass. bank interest: a. ▶ 18 – b. exemption 200	5	0
6. Business/profession or farm income or loss ▶	6	59688
7. Rental, royalty and REMIC, partnership, S corp., trust income/loss ▶	7	242
8a. Unemployment ▶	8a	0
8b. Mass. lottery winnings ▶	8b	0
9. Other income from Schedule X, line 5 ▶	9	8666
10. TOTAL 5.3% INCOME ▶	10	605420

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature

Date

Spouse's signature

Date

May the Department of Revenue discuss this return with the preparer shown here? ▶

Yes

I do not want preparer to file my return electronically ▶

(this may delay your refund)

Print paid preparer's name

Date

Check if self-employed

Paid preparer's SSN

Paid preparer's signature

Paid preparer's phone

Paid preparer's EIN

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

04/11/2012 04:41 PM

REV 11/14/11 TTW

2011 Form 1, pg. 2 MA1100121555
Massachusetts Resident Income Tax Return

11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	▶ 11a	2000
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	▶ 11b	2000
12.	Child under age 13, or disabled dependent/spouse care expenses	▶ 12	0
13.	Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/11, or disabled dependent(s) Not more than two. a. ▶	× \$3,600 = ▶ 13	0
14.	Rental deduction. a. ▶ 0	+ 2 = ▶ 14	0
15.	Other deductions from Schedule Y, line 16.	▶ 15	1039
16.	Total deductions. Add lines 11 through 15	▶ 16	5039
17.	5.3% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	600381
18.	Exemption amount	18	8800
19.	5.3% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	591581
20.	INTEREST AND DIVIDEND INCOME	▶ 20	9262
21.	TOTAL TAXABLE 5.3% INCOME. Add lines 19 and 20	21	600843
22.	TAX ON 5.3% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585 ▶	22	31845
23.	12% INCOME. Not less than "0." a. ▶ 0	× .12 = 23	0
24.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-1S ▶ Fill in if any excess exemptions were used in calculating lines 20, 23 or 24 ▶	▶ 24	0
25.	Credit recapture amount ▶ BC EOA LTH HR	▶ 25	0
26.	Additional tax on installment sale	▶ 26	0
27.	If you qualify for No Tax Status, fill in and enter "0" on line 28 ▶		
28.	TOTAL INCOME TAX. Add lines 22 through 26	28	31845
29.	Limited Income Credit	▶ 29	0
30.	Other credits from Schedule Z, line 13	▶ 30	5565
31.	INCOME TAX AFTER CREDITS. Subtract the total of lines 29 and 30 from line 28. Not less than "0"	31	26280

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

2011 Form 1, pg. 3 MA1100131555
Massachusetts Resident Income Tax Return

32. Voluntary Contributions			
a. Endangered Wildlife Conservation	► 32a		0
b. Organ Transplant Fund	► 32b		0
c. Massachusetts AIDS Fund	► 32c		0
d. Massachusetts U.S. Olympic Fund	► 32d		0
e. Massachusetts Military Family Relief Fund	► 32e		0
Total. Add lines 32a through 32e	32		0
33. Use tax due on out-of-state purchases. If no use tax due enter "0"	► 33		0
34. Health care penalty a. You ► 0 b. Spouse ► 0	a + b = 34		0
35. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 31 through 34	35		26280
36. Massachusetts income tax withheld	► 36		22214
37. 2010 overpayment applied to your 2011 estimated tax	► 37		0
38. 2011 Massachusetts estimated tax payments	► 38		12524
39. Payments made with extension	► 39		0
40. Earned Income Credit. a. Number of qualifying children ► Amount from U.S. return ► 0 × .15 =	► 40		0
41. Senior Circuit Breaker Credit	► 41		0
42. Other Refundable Credits	► 42		0
43. TOTAL. Add lines 36 through 42	43		34738
44. Overpayment. Subtract line 35 from line 43	► 44		8458
45. Amount of overpayment you want applied to your 2012 estimated tax	► 45		0
46. Refund. Subtract line 45 from line 44. Mail to: Massachusetts DOR, PO Box 7001, Boston, MA 02204	► 46		8458

Direct deposit of refund. Type of account ► checking
savings

RTN # ► account # ►

47. Tax due. Mail to: Massachusetts DOR, PO Box 7002, Boston, MA 02204	► 47		0
Interest ► 0 Penalty ► 0 M-2210 amt. ► 0			
		EX. enclose	
		Form M-2210	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

2011 Schedule X & Y MA11SXY11555

BRUCE

H MANN

Schedule X. Other Income

1. Alimony received	▶ 1	0
2. Taxable IRA/Keogh and Roth IRA conversion distributions	▶ 2	0
3. Other gambling winnings. Not less than "0." Gambling losses are not deductible under Massachusetts law	▶ 3	0
4. Fees and other 5.3% income. Not less than "0"	▶ 4	8666
5. Total other 5.3% income. Add lines 1 through 4. Not less than "0"	▶ 5	8666

Schedule Y. Other Deductions

1. Allowable employee business expenses	▶ 1	0
2. Penalty on early savings withdrawal	▶ 2	0
3. Alimony paid	▶ 3	0
4. Amounts excludible under MGL Ch. 41, sec. 111F or U.S. tax treaty incl. in Form 1, line 3 or Form 1-NR/PY, line 5 Income received by a firefighter or police officer incapacitated in the line of duty, per MGL Ch. 41, sec. 111F Income exempt under U.S. tax treaty	▶ 4	0
5. Moving expenses	▶ 5	1039
6. Medical savings account deduction	▶ 6	0
7. Self-employed health insurance deduction	▶ 7	0
8. Health care accounts deduction	▶ 8	0
9. Certain qualified deductions from U.S. Form 1040 Certain business expenses from U.S. Form 1040	▶ 9	0
10. Student loan interest	▶ 10	0
11. College Tuition Deduction	▶ 11	0
12. Undergraduate student loan interest deduction	▶ 12	0
13. Deductible amount of qualified contributory pension income from another state or political subdivision included in Form 1, line 4 or Form 1-NR/PY, line 6	▶ 13	0
14. Claim of right deduction	▶ 14	0
15. Commuter deduction	▶ 15	0
16. Total other deductions. Add lines 1 through 15.	▶ 16	1039

2011 Schedule Z MA11SZZ11555

BRUCE

H MANN

Schedule Z. Other Credits

Part 1. Credits

1. Lead Paint	Number of units ▶	▶ 1	
2. Economic Opportunity Area		▶ 2	
3. Septic		▶ 3	
4. Brownfields. Certificate number	▶	▶ 4	
5. Low-Income Housing. Certificate number	▶	▶ 5	
6. Historic Rehabilitation. Certificate number	▶	▶ 6	
7. Film Incentive. Certificate number	▶	▶ 7	
8. Medical Device. Certificate number	▶	▶ 8	
9. Add lines 1 through 8. Nonresidents and part-year residents, enter the result here and on Form 1-NR/PY, line 34. Part-year residents, also complete lines 10 through 12, if applicable. Full-year residents, also complete lines 10 through 13, if applicable		9	0

Part 2. Credits for Full-Year and Part-Year Residents Only

10. Income tax paid to another state or jurisdiction	▶ DC ▶	▶ 10	5565
11. Solar and wind energy		▶ 11	

Part 3. Totals

12. Add lines 10 and 11	12	5565
13. Add lines 9 and 12	13	5565

Schedule RF. Other Refundable Credits

1. Refundable Film Credit	▶ 1	0
2. Refundable Dairy Credit. Certificate number	▶ 2	0
3. Refundable conservation tax credit. Certificate number	▶ 3	
4. Total. Add lines 1 through 3. Enter result here and on Form 1, line 42 or Form 1-NR/PY, line 47	4	

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2011 Schedule B MA1101011555

BRUCE

H MANN

Part 1. Interest and Dividend Income

1. Total interest income	1	8150
2. Total ordinary dividends	2	3130
3. Other interest and dividends not included above	3	
4. Total interest and dividends	4	11280
5. Total interest from Massachusetts banks	5	18
6. Other interest and dividends to be excluded	6	
7. Subtotal	7	11262
8. Allowable deductions from your trade or business	8	0
9. Subtotal	9	11262

Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

10. Short-term capital gains	10	0
11. Long-term capital gains on collectibles and pre-1996 installment sales	11	0
12. Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	12	0
13. Add lines 10 through 12	13	0
14. Allowable deductions from your trade or business	14	0
15. Subtotal	15	0
16. Short-term capital losses	16	0
17. Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	17	0
18. Prior short-term unused losses for years beginning after 1981	18	0
19. Combine lines 15 through 18	19	0
20. Short-term losses applied against interest and dividends	20	0

2011 Schedule B, pg. 2 MA1101021555

21. Available short-term losses	21	0
22. Short-term losses applied against long-term gains	22	0
23. Short-term losses available for carryover in 2012	23	0
24. Short-term gains and long-term gains on collectibles	24	0
25. Long-term losses applied against short-term gain	25	0
26. Subtotal	26	0
27. Long-term gains deduction	27	0
28. Short-term gains after long-term gains deduction	28	0

Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

29. Enter the amount from line 9	29	11262
30. Short-term losses applied against interest and dividends	30	0
31. Subtotal interest and dividends	31	11262
32. Long-term losses applied against interest and dividends	32	2000
33. Adjusted interest and dividends	33	9262
34. Enter the amount from line 28	34	0

Part 4. Taxable Interest, Dividends and Certain Capital Gains

35. Adjusted gross interest, dividends and certain capital gains	▶ 35	9262
36. Excess exemptions	36	0
37. Subtract line 36 from line 35	37	9262
38. Interest and dividends taxable at 5.3%	▶ 38	9262
39. Taxable 12% capital gains	▶ 39	0
40. Available short-term losses for carryover in 2012	40	0

2011 Schedule C MA1101111555
Massachusetts Profit or Loss From Business

ELIZABETH

A. WARREN

CONSULTING/LECTURING/WRITING/INVESTING 541990

CAMBRIDGE

MA 02138

Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify)

No. of employees 0

Did you materially participate in the operation of this business during 2011? Yes ☒ No

Did you claim the small business exemption from the sales tax on purchase of taxable energy or heating fuel during 2011? Yes ☐ No

Exclude interest (other than from Massachusetts banks) and dividends from lines 1 and 4 and enter the result in line 32 and in Schedule B, line 3.

Caution: If this income was reported to you on Form W-2 and the "statutory employee" box on that form was checked, fill in here:

1. a. Gross receipts or sales	65224		
b. Returns and allowances	0	a - b = 1	65224
2. Cost of goods sold and/or operations		2	0
3. Gross profit. Subtract line 2 from line 1.		3	65224
4. Other income		4	0
5. Total income. Add line 3 and line 4		5	65224
6. Advertising		6	0
7. Bad debts from sales or services		7	0
8. Car and truck expenses		8	0
9. Commissions and fees		9	0
10. Depletion		10	0
11. Depreciation and Section 179 deduction		11	0
12. Employee benefit programs		12	0
13. Insurance		13	0
14. Interest			
a. mortgage interest paid to financial institutions	0		
b. other interest	0	a + b = 14	0
15. Legal and professional services		15	254
16. Office expense		16	0
17. Pension and profit-sharing		17	0

2011 Schedule C, pg. 2 MA1101121555

18. Rent or lease a. vehicles, machinery and equipment	0		
b. other business property	0	a + b = 18	0
19. Repairs and maintenance		19	0
20. Supplies		20	597
21. Taxes and licenses		21	0
22. Travel		22	0
23. a. Total meals and entertainment	0		
b. Enter 50% of 23a subject to limitations.	0	a - b = 23	0
24. Utilities		24	1653
25. Wages		25	0
26. Other expenses	SEE EXP STMT	26	1476
27. Total expenses. Add lines 6 through 26		27	3980
28. Tentative profit or loss. Subtract line 27 from line 5		28	61244
29. Expenses for business use of your home		29	0
30. Abandoned Building Renovation Deduction		30	0
31. Net profit or loss. Subtract total of line 29 and line 30 from line 28		31	61244
32. Is interest (other than from Massachusetts banks) or dividend income reported on U.S. Schedule C, lines 1 and/or 6 or Schedule C-EZ, line 1?			
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If "yes," enter amount here and in Massachusetts Schedule B, line 3		32	0
33. If you have a loss, you must check the statement that describes your investment in this activity.			
		33a. All investment at risk	
		33b. Some investment is not at risk	

Schedule C-1. Cost of Goods Sold and/or Operations

Method(s) used to value closing inventory:	Cost	Lower of cost or market	Other		
Was there any change in determining quantities, costs or valuations between opening & closing inventory? If "yes," encl. explanation				Yes	No
1. Inventory at beginning of year				1	0
2. a. Purchases	0				
b. Items withdrawn for personal use	0			a - b = 2	0
3. Cost of labor				3	0
4. Materials and supplies				4	0
5. Other costs				5	0
6. Add lines 1 through 5				6	0
7. Inventory at end of year				7	0
8. Cost of goods sold and/or operations. Subtract line 7 from line 6				8	0

2011 Schedule C MA1101111555
Massachusetts Profit or Loss From Business

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CONSULTING, LECTURING, WRITING, INVESTI 541990

CAMBRIDGE

MA 02138

Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify)

No. of employees 0

Did you materially participate in the operation of this business during 2011? Yes ☒ No

Did you claim the small business exemption from the sales tax on purchase of taxable energy or heating fuel during 2011? Yes ☐ No

Exclude interest (other than from Massachusetts banks) and dividends from lines 1 and 4 and enter the result in line 32 and in Schedule B, line 3.

Caution: If this income was reported to you on Form W-2 and the "statutory employee" box on that form was checked, fill in here:

1. a. Gross receipts or sales	257		
b. Returns and allowances	0	a - b = 1	257
2. Cost of goods sold and/or operations		2	0
3. Gross profit. Subtract line 2 from line 1		3	257
4. Other income		4	0
5. Total income. Add line 3 and line 4		5	257
6. Advertising		6	0
7. Bad debts from sales or services		7	0
8. Car and truck expenses		8	0
9. Commissions and fees		9	0
10. Depletion		10	0
11. Depreciation and Section 179 deduction		11	0
12. Employee benefit programs		12	0
13. Insurance		13	0
14. Interest			
a. mortgage interest paid to financial institutions	0		
b. other interest	0	a + b = 14	0
15. Legal and professional services		15	752
16. Office expense		16	0
17. Pension and profit-sharing		17	0

2011 Schedule C, pg. 2 MA1101121555

18.	Rent or lease	a. vehicles, machinery and equipment	0			
		b. other business property	0	a + b = 18		0
19.	Repairs and maintenance			19		0
20.	Supplies			20		0
21.	Taxes and licenses			21		0
22.	Travel			22		0
23.	a. Total meals and entertainment	0				
	b. Enter 50% of 23a subject to limitations	0		a - b = 23		0
24.	Utilities			24		0
25.	Wages			25		0
26.	Other expenses			26		1061
27.	Total expenses. Add lines 6 through 26			27		1813
28.	Tentative profit or loss. Subtract line 27 from line 5			28		-1556
29.	Expenses for business use of your home			29		0
30.	Abandoned Building Renovation Deduction			30		0
31.	Net profit or loss. Subtract total of line 29 and line 30 from line 28			31		-1556
32.	Is interest (other than from Massachusetts banks) or dividend income reported on U.S. Schedule C, lines 1 and/or 6 or Schedule G-EZ, line 1?			32		0
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If "yes," enter amount here and in Massachusetts Schedule B, line 3					
33.	If you have a loss, you must check the statement that describes your investment in this activity.			<input checked="" type="checkbox"/> 33a. All investment at risk		
				33b. Some investment is not at risk		

Schedule C-1. Cost of Goods Sold and/or Operations

Method(s) used to value closing inventory:		Cost	Lower of cost or market	Other		
Was there any change in determining quantities, costs or valuations between opening & closing inventory? If "yes," encl. explanation						Yes No
1.	Inventory at beginning of year				1	0
2.	a. Purchases	0				
	b. Items withdrawn for personal use	0			a - b = 2	0
3.	Cost of labor				3	0
4.	Materials and supplies				4	0
5.	Other costs				5	0
6.	Add lines 1 through 5				6	0
7.	Inventory at end of year				7	0
8.	Cost of goods sold and/or operations. Subtract line 7 from line 6				8	0

2011 Schedule D MA1101211555
Long-Term Capital Gains and Losses
Excluding Collectibles

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Part 1. Long-Term Capital Gains and Losses, Excluding Collectibles

1. Enter amounts included in U.S. Schedule D, line 8, col. h	1	0
2. Enter amounts included in U.S. Schedule D, line 9, col. h	2	0
3. Enter amounts included in U.S. Schedule D, line 10, col. h	3	0
4. Enter amounts included in U.S. Schedule D, line 11, col. h	4	0
5. Enter amounts included in U.S. Schedule D, line 12, col. h	5	0
6. Enter amounts included in U.S. Schedule D, line 13, col. h	6	0
7. Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II	7	0
8. Carryover losses from prior years	8	-88695
9. Combine lines 1 through 8	9	-88695
10. Differences, if any	10	0
11. Adjusted capital gains and losses	11	-88695
12. Long-term gains on collectibles and pre-1996 installment sales	12	0
13. Subtotal	13	-88695
14. Capital losses applied against capital gains	14	0
15. Subtotal	15	-88695
16. Long-term capital losses applied against interest and dividends	16	2000
17. Subtotal	17	-86695
18. Allowable deductions from your trade or business	18	0
19. Subtotal	▶ 19	0
20. Excess exemptions	20	0
21. Taxable long-term capital gains	▶ 21	0
22. Tax on long-term capital gains	▶ 22	0
23. Available losses for carryover	23	-86695

2011 Schedule INC MA11INC11555

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Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
04-2103580	4179	82673	0	6243	W2
04-2103580	18035	346677	10071	0	W2
04-1442480	0	0	0	0	1099R
04-1442480	0	0	0	0	1099R

TOTALS	22214	429350	10071	6243	
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2011 Schedule HC MA1102911555

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

Note: Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

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1a. Date of birth ▶ 04271950 1b. Spouse's date of birth ▶ 06221949 1c. Family size ▶ 2

2. Federal adjusted gross income ▶ 2 602237

3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. **Note:** MassHealth, Commonwealth Care, Commonwealth Care Bridge, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2011, you turned 18, you were a part-year resident or a taxpayer was deceased.

▶ 3a You:	<input checked="" type="checkbox"/> Full-year MCC	Part-year MCC	No MCC/None
▶ 3b Spouse:	<input checked="" type="checkbox"/> Full-year MCC	Part-year MCC	No MCC/None

If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6.

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2011, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth, Commonwealth Care or Commonwealth Care Bridge, and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

4a. Private insurance (completes line(s) 4f and/or 4g below). If more than two, complete Schedule HC-CS	<input checked="" type="checkbox"/> You	<input checked="" type="checkbox"/> Spouse
4b. MassHealth, Commonwealth Care or Commonwealth Care Bridge. Fill in and go to line 5	You	Spouse
4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5	You	Spouse
4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5	You	Spouse
4e. Other government program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net is not considered insurance or minimum creditable coverage.	You	Spouse

4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC.

HARVARD PILGRIM HEALTH CARE INC

4g. Spouse's Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC.

HARVARD PILGRIM HEALTH CARE INC

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or Commonwealth Care Bridge, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2011, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

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2011 Schedule HC, pg. 2

MA1102921555

Uninsured for All or Part of 2011

6. Was your income in 2011 at or below 150% of the federal poverty level?

► 6 Yes No

If you answer Yes, you are not subject to a penalty in 2011. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2011, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section only if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2011. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least **15 days or more**. If, during 2011, you turned **18**, you were a **part-year resident** or a taxpayer was **deceased**, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

Months Covered By Health Insurance

You	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Spouse	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2011. Skip the remainder of this schedule and complete your tax return.

Religious Exemption and Certificate of Exemption

8a. Religious exemption: Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs?

► 8a You Yes No
Spouse Yes No

If you answer Yes, go to line 8b. If you answer No, go to line 9.

8b. If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2011 tax year?

► 8b You Yes No
Spouse Yes No

If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9.

9. Certificate of exemption: Have you obtained a Certificate of Exemption issued by the Commonwealth Health Insurance Connector Authority for the 2011 tax year?

► 9 You Yes No
Spouse Yes No

If you answer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.

2011 Schedule HC, pg. 3

MA1102931555

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Affordability as Determined By State Guidelines

Note: This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2011 tax year.

- | | | | |
|--|----------|-----|----|
| 10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 10 in the instructions? | ▶ 10 You | Yes | No |
| | Spouse | Yes | No |

Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed.

- | | | | |
|---|----------|-----|----|
| 11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC Worksheet for Line 11 in the instructions? | ▶ 11 You | Yes | No |
| | Spouse | Yes | No |

If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

- | | | | |
|--|----------|-----|----|
| 12. Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 12 in the instructions? | ▶ 12 You | Yes | No |
| | Spouse | Yes | No |

If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

Complete Only If You Are Filing An Appeal

You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2011 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Commonwealth Health Insurance Connector Authority. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Connector Authority for purposes of deciding your appeal. **You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty.** Once your documentation is received, it will be reviewed by the Commonwealth Health Insurance Connector Authority and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

Note: If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do **not** assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Commonwealth Health Insurance Connector Authority for purposes of deciding this appeal.

Spouse I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Commonwealth Health Insurance Connector Authority for purposes of deciding this appeal.

2011 Schedule E MA1101341555

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Income or Loss from Real Estate and Royalties:

Income

1. Rents received	1	
2. Royalties received	2	301

Expenses

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	
10. Mortgage interest paid to banks, etc.	10	
11. Other interest	11	
12. Repairs	12	
13. Supplies	13	
14. Taxes	14	14
15. Utilities	15	
16. Other expenses	16	
17. Add lines 3 through 16	17	14
18. Depreciation expense or depletion	18	45
19. Total expenses. Add lines 17 and 18	19	59
20. Income or loss from rental real estate or royalty properties	20	242
21. Deductible rental real estate loss	21	
22. Income. Enter positive amounts shown on line 20	22	242
23. Losses. Add royalty losses from line 20 and real estate losses from line 21	23	
24. Rental real estate and royalty income or loss	24	242

2011 Schedule E, pg. 2
MA1101351555

Income or Loss from Partnerships and S Corporations

25. Passive loss allowed	25	
26. Passive income	26	
27. Non-passive loss	27	
28. Section 179 expense deduction	28	
29. Non-passive income	29	
30. Combine lines 26 and 29	30	
31. Combine lines 25, 27 and 28	31	
32. Partnership and S corporation income or loss. Combine lines 30 and 31	32	0
33. Interest (other than MA banks) and dividends if included in line 32	33	0
34. Interest from Massachusetts banks if included in line 32	34	0
35. Total income or loss from partnerships and S corporations	35	0
36. Are you reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses?	Yes No	

Income or Loss from Estates and Trusts

37. Passive deduction or loss allowed	37	
38. Passive income	38	
39. Non-passive deduction or loss	39	
40. Non-passive other income	40	
41. Add lines 38 and 40	41	
42. Add lines 37 and 39	42	
43. Estate and trust income or loss. Combine lines 41 and 42	43	0
44. Estate or non-grantor-type trust income	44	0
45. Grantor-type trust and non-Massachusetts estate and trust income	45	0
46. Interest and dividends if included in line 45	46	0
47. Adjustments to 5.3% income	47	0
48. Subtotal. Combine lines 46 and 47	48	0
49. Income or loss from grantor type and non-Mass estates and trusts	49	0

Income or Loss from REMICs

50. Excess inclusion	50	
51. Taxable income or loss	51	0
52. Income	52	
53. Combine lines 51 and 52	53	

Farm Income

54. Net farm rental income or loss	54	
------------------------------------	----	--

Summary

55. Income or loss. Combine lines 24, 35, 49, 53 and 54	55	242
56. Massachusetts differences. Enclose statement	56	
57. Abandoned building renovation deduction	57	
58. Total income or loss. Combine lines 55, 56 and 57	58	242

2011 Schedule E-1 MA1101311555

BRUCE
GAS WELLS
OKLAHOMA

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Check one: Real estate ☐ Royalty ☒

Income or Loss from Real Estate and Royalties

Income

1. Rents received	1	
2. Royalties received	2	0

Expenses

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	
10. Mortgage interest paid to banks, etc.	10	
11. Other interest	11	
12. Repairs	12	
13. Supplies	13	
14. Taxes	14	
15. Utilities	15	
16. Other expenses	16	
17. Add lines 3 through 16	17	
18. Depreciation expense or depletion	18	
19. Total expenses. Add lines 17 and 18	19	
20. Income or loss from rental real estate or royalty properties	20	0
21. Deductible rental real estate loss	21	
22. Income. Enter positive amounts shown on line 20	22	
23. Losses. Add royalty losses from line 20 and real estate losses from line 21	23	
24. Rental real estate and royalty income or loss	24	
25. Was this rental property used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

2011 Schedule E-1 MA1101311555

BRUCE
GAS WELLS
OIL & GAS

H MANN

OK

Check one: Real estate ☒ Royalty

Income or Loss from Real Estate and Royalties

Income

1. Rents received	1	
2. Royalties received	2	241

Expenses

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	
10. Mortgage interest paid to banks, etc.	10	
11. Other interest	11	
12. Repairs	12	
13. Supplies	13	
14. Taxes	14	11
15. Utilities	15	
16. Other expenses	16	
OTHER EXPENS		
17. Add lines 3 through 16	17	11
18. Depreciation expense or depletion	18	36
19. Total expenses. Add lines 17 and 18	19	47
20. Income or loss from rental real estate or royalty properties	20	194
21. Deductible rental real estate loss	21	
22. Income. Enter positive amounts shown on line 20	22	194
23. Losses. Add royalty losses from line 20 and real estate losses from line 21	23	
24. Rental real estate and royalty income or loss	24	194
25. Was this rental property used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value?		Yes <input checked="" type="checkbox"/> No

2011 Schedule E-1 MA1101311555

BRUCE
GAS WELLS
GAS WELLS

H MANN

OK

Check one: Real estate ☒ Royalty

Income or Loss from Real Estate and Royalties

Income

1. Rents received	1	
2. Royalties received	2	60

Expenses

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	
10. Mortgage interest paid to banks, etc.	10	
11. Other interest	11	
12. Repairs	12	
13. Supplies	13	
14. Taxes	14	3
15. Utilities	15	
16. Other expenses	16	
OTHER EXPENS		
17. Add lines 3 through 16	17	3
18. Depreciation expense or depletion	18	9
19. Total expenses. Add lines 17 and 18	19	12
20. Income or loss from rental real estate or royalty properties	20	48
21. Deductible rental real estate loss	21	
22. Income. Enter positive amounts shown on line 20	22	48
23. Losses. Add royalty losses from line 20 and real estate losses from line 21	23	
24. Rental real estate and royalty income or loss	24	48
25. Was this rental property used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value? Yes <input checked="" type="checkbox"/> No		

Additional information from your 2011 Massachusetts Tax Return

Some forms were not able to fit all of the information you entered. We've included this information below.

Schedule C-C1: Profit/Loss from Business (Copy 1)**Other Expenses****Continuation Statement**

Type	Federal Amount	MA Amount
BOOKS	1176	1176
TURBOTAX	205	205
SKYGUIDE	95	95
Total	1476	1476

2011 D-40 SUB Individual
Income Tax Return

Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

STAPLE W-2s AND ANY OTHER WITH-HOLDING STATEMENTS HERE

STAPLE CHECK OR MONEY ORDER HERE

Personal information

Mark if

Amended return

SOFTWARE DEVELOPER USE ONLY

Mark if

Filing for a deceased taxpayer

VENDOR D# 1555

Your social security number (SSN)

Spouse's/registered domestic partner's SSN

Your daytime phone number

Your first name

BRUCE

M.I.

H

Last name

MANN

Spouse's/domestic partner's first name

ELIZABETH

M.I.

A

Last name

WARREN

Home address (number, street and apartment number if applicable)

City

CAMBRIDGE

State

MA

Zipcode + 4

02138

Filing Status

- 1 Mark only one: ☒ Single ☐ Married filing jointly ☐ Married filing separately ☐ Dependent claimed by someone else
- ☐ Married filing separately on same return ☐ Enter combined amounts for lines 4 - 42. See instructions.
- ☐ Registered domestic partners filing jointly or ☐ filing separately on same return
- ☐ Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.
- 2 Mark if you are: ☒ Part-year resident in DC from (month) to (month), # of months in DC See instructions.

Complete your federal return first – Enter your dependents' information on DC Schedule S**Income Information**

- a Wages, salaries, unemployment compensation and/or tips, see instructions a \$ 536824.00
- b Business income or loss, see instructions Mark if loss b \$ 59688.00
- c Capital gain or loss Mark if loss X c \$ 3000.00
- d Rental real estate, royalties, partnerships, etc. Mark if loss d \$ 242.00

Computation of DC Gross and Adjusted Gross Income

- 3 Federal adjusted gross income From 1040, Line 37; 1040A, Line 21; Mark if loss 3 \$ 602237.00
1040EZ, Line 4; 1040NR, Line 36 plus Sch NEC, Line 13; 1040NR-EZ, Line 10

Additions to DC Income

- 4 Franchise tax deducted on federal forms, see instructions 4 \$.00
- 5 Other additions from DC Schedule I, Calculation A, Line 8 5 \$.00
- 6 Add lines 3, 4 and 5 Mark if loss 6 \$ 602237.00

Subtractions from DC Income

- 7 Part year residents, enter income received during period of nonresidence, see instructions 7 \$.00
- 8 Taxable refunds, credits or offsets of state and local income tax 8 \$ 2481.00
- 9 Taxable amount of social security and tier 1 railroad retirement 9 \$.00
Forms 1040 Line 20b, or 1040A Line 14b
- 10 Income reported and taxed this year on a DC franchise or fiduciary return 10 \$.00
- 11 DC and federal government pension and annuity limited exclusion, see instructions 11 \$.00
Mark if you are 62 or older if your spouse/domestic partner is 62 or older
- 12 DC and federal government survivor benefits, see instructions 12 \$.00
- 13 Other subtractions from DC Schedule I, Calculation B, Line 16. 13 \$ 0.00
- 14 Total the subtractions from DC income, Lines 7 - 13 14 \$ 2481.00
- 15 DC adjusted gross income, Line 6 minus Line 14. Mark if loss 15 \$ 599756.00

Enter your last name
Enter your SSN

MANN

16	Deduction type Take the same type of deduction you took on your federal return. Mark which type: Standard <input checked="" type="checkbox"/> Itemized See instructions for amount to enter on Line 17.		
17	DC deduction amount. Do not copy from federal form. For amount to enter, see instructions.	17	\$.00
17a	RESERVED \$.00		
18	Number of exemptions If more than 1 (more than 2 if filing jointly), or if you or your spouse/domestic partner are over 65 or blind, attach a completed Calculation G, Schedule S.	18	2
19	Exemption amount Multiply \$1,675 by number on line 18. Part-year DC residents see Cal E	19	\$ 3350.00
20	Add Lines 17 and 19.	20	\$ 3350.00
21	DC Taxable income Subtract Line 20 from Line 15. Enter result. Mark if loss	21	\$ 596406.00

DC tax, credits and payments

22	Tax If Line 21 is \$100,000 or less, use tax tables. If more, use Calculation I Mark <input checked="" type="checkbox"/> if filing separately on same return. Complete Calculation J on Schedule S.	22	\$ 48579.00
23	Credit for child and dependent care expenses \$.00 x .32 Enter result From Line 9 of fed. Form 2441; from Line 5 of DC Form D-2441, if part-year DC resident.	23	\$.00
24	Non-refundable credits from DC Schedule U, Part 1a, line 6 Attach DC Schedule U	24	\$.00
25	DC Low Income Credit See LIC table (instructions). Take either this credit or Line 28 credit-not both	25	\$.00
25a	Enter the number of exemptions claimed on your federal return.	25a	
26	Total non-refundable credits. Add Lines 23, 24 and 25.	26	\$.00
27	Total tax Subtract Line 26 from Line 22. If Line 22 is less than Line 26, leave Line 27 blank.	27	\$ 48579.00
28	DC Earned Income Tax Credit Enter your federal EIC \$.00 x .40 Enter result	28	\$.00
28a	Enter the number of qualified EITC children	28a	
29	Property Tax Credit From your DC Schedule H; attach a copy.	29	\$.00
30	Refundable credits from DC Schedule U, Part 1b, line 4 Attach DC Schedule U	30	\$.00
31	DC income tax withheld shown on Forms W-2 and 1099. Attach these forms.	31	\$ 8155.00
32	2011 estimated income tax payments	32	\$.00
33	Tax paid with extension of time to file or with original return if this is an amended return.	33	\$.00
34	Total payments and refundable credits. Add lines 28, 29 - 33.	34	\$ 8155.00

Refund Complete if Line 34 is more than Line 27.

35	Amount you overpaid Subtract Line 27 from Line 34	35	\$.00
36	Amount to be applied to your 2012 estimated tax	36	\$.00
37	Penalty See instructions	37	\$.00
38	Refund Subtract sum of Lines 36 and 37 from Line 35	38	\$ 0.00
39	Contribution amount from Sched. U, Part II, Line 6 Can not exceed refund amt. on Line 38 Put additional amt. on Line 42	39	\$.00
40	Net Refund Subtract Line 39 from Line 38	40	\$.00

Amount owed Complete if Line 34 is equal to or less than Line 27.

41	Tax due	41	\$ 40424.00
	Subtract Line 34 from Line 27		
42	Contribution amount from Schedule U, Part II, Line 7	42	\$.00
43a	Penalty \$ 0.00		
43b	Interest \$.00		
	Enter total P & I. See instructions	43	\$ 0.00
44	Total amount due Add Lines 41 - 43	44	\$ 40424.00

Will this refund you requested go to an account outside of the U.S.? Yes No See instructions

Direct Deposit To have your refund deposited into your checking or savings account, mark X and enter bank routing and account numbers below, see instructions.

Routing Number

Account Number

Third Party Designee To authorize another person to discuss this return with the OTR, check here and enter the name and phone number of that person. See instructions.

Designee's name

Phone number

Signature Under penalties of law, I declare that, to the best of my knowledge, this return is correct. Declaration of paid preparer is based on all the information available to the preparer.

Your signature

Date

Paid preparer's signature

Date

SELF PREPARED

Spouse's/domestic partner's signature if filing jointly or separately on same return Date

Paid preparer's PTIN

Paid preparer's phone number

2011 SCHEDULE S Supplemental Information and Dependents

Unless instructed otherwise -

If you fill in any part of this schedule, attach it to your D-40.

Print in CAPITAL letters using black ink.

Enter your last name.

MANN

VENDOR ID# **1555**
Enter your social security number

[REDACTED]

Dependents if you have more than 8 dependents, list them on an attachment.

First name	M.I.	Last name	Social security number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name	Social security number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name	Social security number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name	Social security number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name	Social security number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name	Social security number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name	Social security number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name	Social security number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name	Social security number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name	Social security number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name	Social security number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name	Social security number	Relationship	Date of Birth (MMDDYYYY)

Head of household filers SSN of qualifying non-dependent person Date of Birth of qualifying non-dependent person (MMDDYYYY)
Do not enter your information

First name of qualifying non-dependent person M.I. Last name

Your last name **MANN**
Your SSN [REDACTED]

Calculation G Number of exemptions

Do not attach Schedule S to your D-40, if you only filled in Lines a, f, and i of this Calculation and have not filled in any other sections of Schedule S.

- | | | | |
|---|--|---|---|
| a | Enter 1 for yourself and | a | 1 |
| b | Enter 1 if you are filing as a head of household and | b | |
| c | Enter 1 if you are 65 or over and | c | |
| d | Enter 1 if you are blind | d | |
| e | Enter number of dependents | e | |
| f | Enter 1 for your spouse or registered domestic partner if married filing jointly or married filing separately on same return | f | 1 |
| g | Enter 1 if you are married filing jointly or married filing separately on same return and your spouse/partner is 65 or over | g | |
| h | Enter 1 if you are married filing jointly or married filing separately on same return and your spouse/partner is blind | h | |
| i | Total number of exemptions Add Lines a - h and enter on D-40, Line 18. | i | 2 |

Calculation J Tax computation for married or registered domestic partners filing separately on same DC return.

Enter separate amounts in each column. Do not combine amounts until Line k.

	You	Your spouse or domestic partner
a Federal adjusted gross income <i>If you and your spouse filed a joint federal return, enter each person's portion of federal adjusted gross income. Each registered domestic partner should enter the federal AGI reported on their separate federal returns.</i>	a 358331.00	243906.00
b Total additions to federal adjusted gross income <i>Enter each person's portion of additions entered on D-40, Lines 4 and 5.</i>	b .00	.00
c Add Lines a and b.	c 358331.00	243906.00
d Total subtractions from federal adjusted gross income <i>Enter each person's portion of subtractions entered on D-40, Line 14</i>	d 2481.00	.00
e D.C. adjusted gross income Subtract Line d from Line c.	e 355850.00	243906.00
f Deduction amount Enter each person's portion of deductions entered on D-40, Line 17. <i>(You may allocate this amount any way you like.)</i>	f 0.00	0.00
g Exemption amount Enter each person's portion of the exemption amount entered on D-40, Line 19.	g .00	.00
h Add Lines f and g.	h 0.00	0.00
i Taxable income Subtract Line h from Line e. <i>Mark if minus</i>	i 355850.00	243906.00
j Tax If Line i is \$100,000 or less, use tax tables. If more than \$100,000, use Calculation I.	j 29047.00	19532.00
k Add the amounts on Line j, enter here and on D-40, Line 22	k \$ 48579.00	Total tax