

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2012** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2012, or other tax year beginning , 2012, ending , 20 **See separate instructions.**

Your first name and initial **Brandon** Last name **Tankersley** Your social security number **259-51-7291**

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

Home address (number and street). If you have a P.O. box, see instructions. **848 Grove Circle Avenue** Apt. no. **▲ 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). **Cleveland TN 37311** **Presidential Election Campaign** 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

Foreign country name Foreign province/state/county Foreign postal code

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) 5 Qualifying widow(er) with dependent child **3** Married filing separately. Enter spouse's SSN above and full name here. **Check only one box.**

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a } Boxes checked on 6a and 6b **1**
b Spouse } No. of children on 6c who:
c Dependents: ● lived with you **1**
● did not live with you due to divorce or separation (see instructions)

(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 qual. for child tax credit (see instr.)
Jaxon	Tankersley	759-12-0297	Son	<input checked="" type="checkbox"/>

If more than four dependents, see instructions and check here

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

Income	7	8a	8b	9a	9b	10	11	12	13	14	15a	15b	16a	16b	17	18	19	20a	20b	21	22	
7 Wages, salaries, tips, etc. Attach Form(s) W-2																						
8a Taxable interest. Attach Schedule B if required																						
b Tax-exempt interest. Do not include on line 8a																						
9a Ordinary dividends. Attach Schedule B if required																						
b Qualified dividends																						
10 Taxable refunds, credits, or offsets of state and local income taxes																						
11 Alimony received																						
12 Business income or (loss). Attach Schedule C or C-EZ																						26,079
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>																						
14 Other gains or (losses). Attach Form 4797																						
15a IRA distributions																						
b Taxable amount																						
16a Pensions and annuities																						
b Taxable amount																						
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E																						
18 Farm income or (loss). Attach Schedule F																						
19 Unemployment compensation																						
20a Social security benefits																						
b Taxable amount																						
21 Other income. List type and amount																						
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income																						26,079

Adjusted Gross Income	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
23 Educator expenses															
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ															
25 Health savings account deduction. Attach Form 8889															
26 Moving expenses. Attach Form 3903															
27 Deductible part of self-employment tax. Attach Schedule SE															
28 Self-employed SEP, SIMPLE, and qualified plans															
29 Self-employed health insurance deduction															
30 Penalty on early withdrawal of savings															
31a Alimony paid b Recipient's SSN															
32 IRA deduction															
33 Student loan interest deduction															
34 Tuition and fees. Attach Form 8917															
35 Domestic production activities deduction. Attach Form 8903															
36 Add lines 23 through 35															1,842
37 Subtract line 36 from line 22. This is your adjusted gross income															24,237

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	24,237
39a	Check <input type="checkbox"/> You were born before January 2, 1948, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1948, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	13,021
41	Subtract line 40 from line 38	41	11,216
42	Exemptions. Multiply \$3,800 by the number on line 6d	42	7,600
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	3,616
44	Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 elec.	44	363
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	363
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 19	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit. Attach Schedule 8812, if required	51	363
52	Residential energy credits. Attach Form 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	363
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	0

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others:
Single or Married filing separately, \$5,950
Married filing jointly or Qualifying widow(er), \$11,900
Head of household, \$8,700

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	3,203
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	500
60	Other taxes. Enter code(s) from instructions	60	
61	Add lines 55 through 60. This is your total tax	61	3,703

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	
63	2012 estimated tax payments and amount applied from 2011 return	63	
64a	Earned income credit (EIC)	64a	
b	Nontaxable combat pay election <input type="checkbox"/> 64b		
65	Additional child tax credit. Attach Schedule 8812	65	637
66	American opportunity credit from Form 8863; line 8	66	
67	Reserved	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 <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	637

Refund

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	
b	Routing number <input type="text"/>	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number <input type="text"/>		
75	Amount of line 73 you want applied to your 2013 estimated tax	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	3,121
77	Estimated tax penalty (see instructions)	77	55

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 **Joe P. Honey** Personal identification number (PIN) **11291**

Phone no. **423-553-7220**

Sign Here

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

Your signature **Business Owner** Date _____ Your occupation _____ Daytime phone number _____

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

If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

Paid

Print/Type preparer's name **Joe P. Honey** Preparer's signature **Joe P. Honey** Date **06/11/14** Check if self-employed PTIN **P00747663**

Preparer Use Only

Firm's name **Joe P. Honey, CPA** Firm's EIN **26-0722835**

Firm's address **419 North Market St Ste 200 Chattanooga TN 37405-3974** Phone no. **423-553-7220**

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2012

Attachment Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ 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.

Name of proprietor Brandon Tankersley		Social security number (SSN) 259-51-7291
A Principal business or profession, including product or service (see instructions) Moving Service		B Enter code from instructions ▶ 484110
C Business name. If no separate business name, leave blank. Cleveland Moving dba Southeast Movi		D Employer ID number (EIN), (see instr.)
E Business address (including suite or room no.) ▶ 848 Grove Circle Avenue City, town or post office, state, and ZIP code Cleveland TN 37311		
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 2012? 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 2012, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2012 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 checked="" type="checkbox"/> No

Part I Income		
1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	▶ <input type="checkbox"/>	1 176,695
2 Returns and allowances (see instructions)		2
3 Subtract line 2 from line 1		3 176,695
4 Cost of goods sold (from line 42)		4 1,283
5 Gross profit. Subtract line 4 from line 3		5 175,412
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		7 175,412

Part II Expenses			Enter expenses for business use of your home only on line 30.		
8 Advertising	8	19,099	18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	24,401	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	512	a Vehicles, machinery, and equipment	20a	1,811
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	177
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15	4,700	23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	2,028
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	2,655
17 Legal and professional services	17		25 Utilities	25	3,070
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	90,260
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a			28		148,713
29 Tentative profit or (loss). Subtract line 28 from line 7			29		26,699
30 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere			30		620
31 Net profit or (loss). Subtract line 30 from line 29.					
• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.			31		26,079
• 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).					
• 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 checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.			32a	<input type="checkbox"/>	All investment is at risk.
• If you checked 32b, you must attach Form 6198. Your loss may be limited.			32b	<input type="checkbox"/>	Some investment is not at risk.

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

Schedule C (Form 1040) 2012

Brandon Tankersley

259-51-7291

Schedule C (Form 1040) 2012 Moving Service

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	0
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 See Statement 1	39	1,283
40	Add lines 35 through 39	40	1,283
41	Inventory at end of year	41	0
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	1,283

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) ▶ See Stmt 2
44	Of the total number of miles you drove your vehicle during 2012, enter the number of miles you used your vehicle for:
	a Business 42,019 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.

Telephone Expense	8,100
Bad Check	240
Labor	45,416 ✓
Damages	550
Office Expense	1,457
Merchant Fees	648
Credit Card Processing	900
Postage	81
Uniform	1,129
Maintenance on Sterling	3,558
Fuel on Sterling	26,514
Amortization	1,667 ✓

48	Total other expenses. Enter here and on line 27a	48	90,260
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**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

▶ Information about Schedule SE and its separate instructions is at www.irs.gov/form1040.

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2012

Attachment
Sequence No. **17**

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

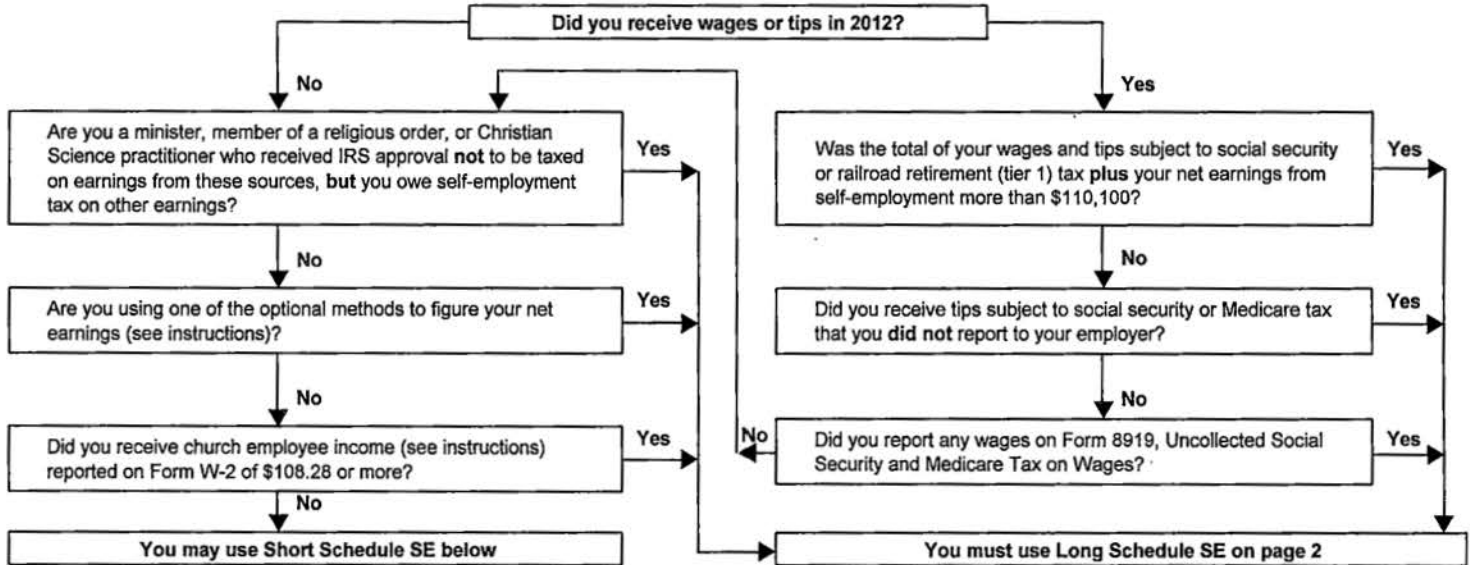
Social security number of person
with self-employment income ▶

259-51-7291

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



Section A — Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	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	2	26,079
3 Combine lines 1a, 1b, and 2	3	26,079
4 Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b	4	24,084
Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 Self-employment tax. If the amount on line 4 is: • \$110,100 or less, multiply line 4 by 13.3% (.133). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54 • More than \$110,100, multiply line 4 by 2.9% (.029). Then, add \$11,450.40 to the result. Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54	5	3,203
6 Deduction for employer-equivalent portion of self-employment tax. If the amount on line 5 is: • \$14,643.30 or less, multiply line 5 by 57.51% (.5751) • More than \$14,643.30, multiply line 5 by 50% (.50) and add \$1,100 to the result. Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	1,842

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

Schedule SE (Form 1040) 2012

SCHEDULE 8812
(Form 1040A
or 1040)

Department of the Treasury
Internal Revenue Service (99)

Child Tax Credit

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

▶ Information about Schedule 8812 and its separate instructions is at www.irs.gov/form1040.

OMB No. 1545-0074

2012

Attachment
Sequence No. **47**

Name(s) shown on return

Your social security number

Brandon Tankersley

259-51-7291

Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification Number)



Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit. If your dependent does not qualify for the credit, you cannot include that dependent in the calculation of this credit.

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an ITIN (Individual Taxpayer Identification Number) and that you indicated qualified for the child tax credit by checking column (4) for that dependent.

A For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes No

B For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes No

C For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes No

D For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes No

Note. If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see the instructions and check here

Part II Additional Child Tax Credit Filers

1	1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51).			
	1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).			
	1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).			
	If you used Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.			
2	Enter the amount from Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48	2		363
3	Subtract line 2 from line 1. If zero, stop ; you cannot take this credit	3		637
4a	Earned income (see separate instructions)	4a	24,237	
b	Nontaxable combat pay (see separate instructions)	4b		
5	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result	5	21,237	
6	Multiply the amount on line 5 by 15% (.15) and enter the result Next. Do you have three or more qualifying children? <input checked="" type="checkbox"/> No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.	6		3,186

Part III Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see separate instructions	7	
8	1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on line 60. 1040A filers: Enter -0-. 1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 55, plus any taxes that you identified using code "UT" and entered on line 59.	8	
9	Add lines 7 and 8	9	
10	1040 filers: Enter the total of the amounts from Form 1040, lines 64a and 69. 1040A filers: Enter the total of the amount from Form 1040A, line 38a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 41 (see separate instructions). 1040NR filers: Enter the amount from Form 1040NR, line 65.	10	
11	Subtract line 10 from line 9. If zero or less, enter -0-		11
12	Enter the larger of line 6 or line 11 Next, enter the smaller of line 3 or line 12 on line 13.		12

Part IV Additional Child Tax Credit

13	This is your additional child tax credit	13	637
			Enter this amount on Form 1040, line 65, Form 1040A, line 39, or Form 1040NR, line 63.

Expenses for Business Use of Your Home

Form **8829**

Department of the Treasury
Internal Revenue Service (99)

▶ **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**

▶ **Information about Form 8829 and its separate instructions is at www.irs.gov/form8829.**

OMB No. 1545-0074

2012

Attachment
Sequence No. **176**

Name(s) of proprietor(s)

Your social security number

Brandon Tankersley

259-51-7291

Part I Part of Your Home Used for Business

1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	225
2 Total area of home	2	1500
3 Divide line 1 by line 2. Enter the result as a percentage	3	15.00%
For daycare facilities not used exclusively for business, go to line 4. All others go to line 7.		
4 Multiply days used for daycare during year by hours used per day	4	hr.
5 Total hours available for use during the year (366 days x 24 hours) (see instructions)	5	8,784 hr.
6 Divide line 4 by line 5. Enter the result as a decimal amount	6	
7 Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	15.00%

Part II Figure Your Allowable Deduction

8 Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home and shown on Schedule D or Form 4797, minus any loss from the trade or business not derived from the business use of your home and shown on Schedule D or Form 4797. See instructions. See instructions for columns (a) and (b) before completing lines 9-21.	8	26,699			
		(a) Direct expenses		(b) Indirect expenses	
9 Casualty losses (see instructions)	9				
10 Deductible mortgage interest (see instructions)	10				
11 Real estate taxes (see instructions)	11				
12 Add lines 9, 10, and 11	12				
13 Multiply line 12, column (b) by line 7			13		
14 Add line 12, column (a) and line 13				14	
15 Subtract line 14 from line 8. If zero or less, enter -0-	15				26,699
16 Excess mortgage interest (see instructions)	16				
17 Insurance	17				
18 Rent	18				
19 Repairs and maintenance	19				
20 Utilities	20				
21 Other expenses (see instructions)	21				
22 Add lines 16 through 21	22				
23 Multiply line 22, column (b) by line 7			23		
24 Carryover of operating expenses from 2011 Form 8829, line 42			24		
25 Add line 22, column (a), line 23, and line 24	25				
26 Allowable operating expenses. Enter the smaller of line 15 or line 25	26				0
27 Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27				26,699
28 Excess casualty losses (see instructions)	28				
29 Depreciation of your home from line 41 below	29		620		
30 Carryover of excess casualty losses and depreciation from 2011 Form 8829, line 43	30				
31 Add lines 28 through 30	31				620
32 Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	32				620
33 Add lines 14, 26, and 32	33				620
34 Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions)	34				
35 Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	35				620

Part III Depreciation of Your Home

36 Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	36	161,000
37 Value of land included on line 36	37	
38 Basis of building. Subtract line 37 from line 36	38	161,000
39 Business basis of building. Multiply line 38 by line 7	39	24,150
40 Depreciation percentage (see instructions)	40	2.5640%
41 Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41	620

Part IV Carryover of Unallowed Expenses to 2013

42 Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	0
43 Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	0

Federal Statements

Moving Service

Statement 1 - Schedule C, Cost of Goods Sold, Line 39 - Other Costs

Description	Amount
Boxes	\$ 834
Tools	449
Total	<u>\$ 1,283</u>

Moving Service

Statement 2 - Schedule C, Page 2, Line 43 - Vehicle Information

Date In Service	Business Miles	Commuting Miles	Other Miles	Off Duty?		Other Vehicle?		Evidence?		Written?	
				Y	N	Y	N	Y	N	Y	N
1/01/10					X			X	X		X
5/01/07					X	X			X		X
10/01/07					X	X			X		X
2/01/07					X	X			X		X
3/31/08					X			X	X		X
1/01/11	42,019				X			X	X		X

Year Ending: December 31, 2012

259-51-7291

Brandon Tankersley
848 Grove Circle Avenue
Cleveland, TN 37311

NOL Carryback Election

Under IRC Section 172(b)(3), the taxpayer elects to relinquish the entire carryback period with respect to the regular tax and AMT net operating losses incurred during the current tax year.