

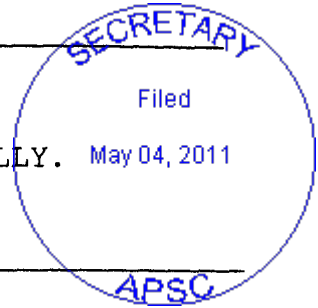
FOSTER TAX AND ACCOUNTING, LLC
518 FLEMMING STREET
Enterprise AL 36330
(334) 494-7879

02-22-2011

BLANCHE CADDELL

INSTRUCTIONS FOR FILING 2010 FEDERAL FORM 1040

- .You will receive a refund of \$1,185.00.
- .You have elected to file your Federal return ELECTRONICALLY. May 04, 2011
- .You must sign FORM 8879.
- .DO NOT MAIL A PAPER COPY OF YOUR RETURN TO THE IRS.



INSTRUCTIONS FOR FILING 2010 ALABAMA FORM 40

- .You will receive a refund of \$21.00.
- .You have elected to file your State return ELECTRONICALLY.
- .You must sign AL Form 8453.
- .DO NOT MAIL A PAPER COPY OF YOUR STATE RETURN.

A.P.S.C. DOCKET NO 31613
Applicants & EX. NO. 1

WITNESS Blanche Caddell

IRS e-file Signature Authorization

Department of the Treasury
Internal Revenue Service

- ▶ Do not send to the IRS. This is not a tax return.
- ▶ Keep this form for your records. See instructions.

2010

Declaration Control Number (DCN) ▶ [REDACTED]

Taxpayer's name
BLANCHE CADDELL

Social security number
[REDACTED]

Spouse's name

Spouse's social security number

Part I Tax Return Information -- Tax Year Ending December 31, 2010 (Whole Dollars Only)		
1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	12,722
2	Total tax (Form 1040, line 60; Form 1040A, line 37; Form 1040EZ, line 11)	
3	Federal income tax withheld (Form 1040, line 61; Form 1040A, line 38; Form 1040EZ, line 7)	729
4	Refund (Form 1040, line 74a; Form 1040A, line 46a; Form 1040EZ, line 12a; Form 1040-SS, Part I, line 12a)	1,185
5	Amount you owe (Form 1040, line 76; Form 1040A, line 48; Form 1040EZ, line 13)	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2010, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate further payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize FOSTER TAX AND ACCOUNTING, LLC to enter or generate my PIN [REDACTED] as my signature on my tax year 2010 electronically filed income tax return. **ERO firm name** Enter five numbers, but do not enter all zeros
- I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN [REDACTED] as my signature on my tax year 2010 electronically filed income tax return. **ERO firm name** Enter five numbers, but do not enter all zeros
- I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication -- Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [REDACTED]
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2010 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.**

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form -- See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

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

Declaration Control Number (DCN)

00 - [REDACTED]

FORM AL8453

ALABAMA DEPARTMENT OF REVENUE Individual Income Tax Declaration for Electronic Filing For the year January 1 - December 31, 2010

2010

Label Use Alabama label. Otherwise, please type or print.

Label L A B E L H E R E Your first name and initial BLANCHE Last name CADDELL Your social security number [REDACTED] If a joint return, spouse's first name and initial Last name Spouse's soc. sec. no. if joint return Home address (number and street). If a P. O. Box, see instructions. Apt. no. 497 PHYLLIS AVE Telephone number (optional) (334) 498-1671 City, town or post office, state, and ZIP code Enterprise AL 36330 FN (For official use only)

Part I

Tax Return Information

(Whole dollars only.)

Table with 5 rows: 1 Alabama taxable income (Form 40, line 16) 5,725.00; 2 Total tax liability (Form 40, line 21) 248.00; 3 Total payments (Form 40, line 25) 269.00; 4 Refund (Form 40, line 33) 21.00; 5 Amount you owe (Form 40, line 28) .00

Part II

Direct Deposit and Debit

1 Routing number: [REDACTED] 2 Account number: [REDACTED] 3 Type of account: [] Checking [] Savings 4 Direct Debit: []

Part III

Declaration of Taxpayer

(Sign only after Part I is completed.)

Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator and that the amounts described in Part 1 above agree with the amounts shown on the corresponding lines of my 2010 Alabama individual income tax return. To the best of my knowledge and belief this return, including any accompanying schedules and statements, is true, correct, and complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below, any information concerning the disbursement of the refund requested or any problems encountered in the processing of my return. [] I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

Sign Here

Signatures and dates for taxpayer and spouse.

Part IV

Declaration of Electronic Return Originator (ERO) and Paid Preparer

(See instructions.)

I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries on this form are complete and correctly represented based on all information of which I have any knowledge. I also declare that I have followed all other requirements described in IRS PUB. 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2010), and the Alabama Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2010). If I am also the paid preparer, 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.

ERO's Use Only: ERO's signature, Date, Check if also paid preparer [X], Preparer's SSN or PTIN, Firm's name (or yours if self-employed) and address: FOSTER TAX AND ACCOUNTING, LLC, 518 FLEMMING STREET, Enterprise AL, E.I. No., ZIP Code 36330

Paid Preparer's Use Only

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.

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed [], Preparer's SSN or PTIN, Firm's name (or yours if self-employed) and address, E.I. No., ZIP Code

DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

Form AL8453 2010

Name, Address, and SSN
 See separate instr.
 PRINT CLEARLY
 BLANCHE CADDELL
 497 PHYLLIS AVE
 Enterprise AL 36330

Your social security number
 Spouse's social security no.
 Make sure the SSN(s) above and on line 6c are correct
 Checking a box below will not change your tax or refund.
 You Spouse

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) You Spouse

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

Exemptions
 6a Yourself. If someone can claim you as a dependent, do not check box 6a
 b Spouse
 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 inst.)
 Boxes checked on 6a and 6b: 1
 No. of children on 6c who:
 • lived with you: 0
 • did not live with you due to divorce or separation (see inst.)
 Dependents on 6c not entered above
 Add numbers on lines above: 1

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	10,715
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	8a	Taxable interest. Attach Schedule B if required	8a	
	b	Tax-exempt interest. Do not include on line 8a	8b	
	9a	Ordinary dividends. Attach Schedule B if required	9a	
	b	Qualified dividends	9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	3,600
	12	Business income or (loss). Attach Schedule C or C-EZ	12	-1,593
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
If you did not get a W-2, see instructions.	15a	IRA distributions	15a	
	b	Taxable amount	15b	
	16a	Pensions and annuities	16a	
	b	Taxable amount	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
Enclose, but do not attach, any payment. Also, please use Form 1040-V.	20a	Social security benefits	20a	
	b	Taxable amount	20b	
	21	Other income	21	
	22	Combine amounts in the far right column for lines 7 through 21. This is your total income	22	12,722

Adjusted Gross Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106/2106-EZ	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses. Attach Form 3903	26	
	27	One-half of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid	31a	
	b	Recipient's SSN		
	32	IRA deduction	32	
	33	Student loan interest deduction	33	
	34	Tuition and fees. Attach Form 8917	34	
	35	Domestic production activities ded. Attach Form 8903	35	
	36	Add lines 23 through 31a and 32 through 35	36	0
	37	Subtract line 36 from line 22. This is your adjusted gross income	37	12,722

Tax and Credits

Table with 2 columns: Line number and Amount. Rows include: 38 Amount from line 37 (adjusted gross income) 12,722; 39a Check [] You were born before January 2, 1946, [] Blind. Total boxes checked 39a []; 40 Itemized deductions (from Schedule A) or your standard deduction (see instructions) 5,700; 41 Subtract line 40 from line 38 7,022; 42 Exemptions. Multiply \$3,650 by the number on line 6d 3,650; 43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 3,372; 44 Tax (see inst.). Check if any tax is from: a [] Form(s) 8814 b [] Form 4972 338; 45 Alternative minimum tax (see instructions). Attach Form 6251; 46 Add lines 44 and 45 338; 47 Foreign tax credit. Attach Form 1116 if required; 48 Credit for child & dependent care expenses. Attach Form 2441; 49 Education credits from Form 8863, line 23; 50 Retirement savings contributions credit. Attach Form 8880; 51 Child tax credit (see instructions); 52 Residential energy credits. Attach Form 5695 338; 53 Other credits from Form: a [] 3800 b [] 8801 c []; 54 Add lines 47 through 53. These are your total credits 338; 55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 0.

Other Taxes

Table with 2 columns: Line number and Amount. Rows include: 56 Self-employment tax. Attach Schedule SE; 57 Unreported social security and Medicare tax from Form: a [] 4137 b [] 8919; 58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required; 59 a [] Form(s) W-2, box 9 b [] Schedule H c [] Form 5405, line 16; 60 Add lines 55 through 59. This is your total tax 0.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 2 columns: Line number and Amount. Rows include: 61 Federal income tax withheld from Forms W-2 and 1099 729; 62 2010 estimated tax payments & amt. applied from 2009 return; 63 Making work pay credit. Attach Schedule M 400; 64a Earned income credit (EIC) 56; 64b Nontaxable combat pay election; 65 Additional child tax credit. Attach Form 8812; 66 American opportunity credit from Form 8863, line 14; 67 First-time homebuyer credit from Form 5405, line 10; 68 Amount paid with request for extension to file; 69 Excess social security and tier 1 RRTA tax withheld; 70 Credit for federal tax on fuels. Attach Form 4136; 71 Credits from Form: a [] 2439 b [] 8839 c [] 8801 d [] 8885; 72 Add lines 61, 62, 63, 64a, and 65 through 71. These are your total payments 1,185.

Refund

Direct deposit? See instructions.

Table with 2 columns: Line number and Amount. Rows include: 73 If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid 1,185; 74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here. [] 1,185; 74b Routing no. [XXXXXXXXXXXXXXXXXXXX] c Type: [] Checking [] Savings; 74d Account no. [XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX]; 75 Amt. of line 73 you want applied to your 2011 estimated tax 75; 76 Amount you owe. Subtract line 72 from line 60. For details on how to pay, see instructions; 77 Estimated tax penalty (see instructions).

Amount You Owe

Third Party Designee

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

Sign Here

Joint return? See instructions. Keep a copy for your records.

Your signature, Date, Your occupation, Daytime phone number, Spouse's signature, Date, Spouse's occupation.

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date, Check [] if self-employed, PTIN, Firm's name FOSTER TAX AND ACCOUNTING, LLC, Firm's EIN, Firm's address 518 FLEMMING STREET, Enterprise AL 36330, Phone no. (334) 494-7879.

#1
SCHEDULE C
(Form 1040)

Profit or Loss From Business
 (Sole Proprietorship)

OMB No. 1545-0074

2010

Attachment
 Sequence No. **09**

Department of the Treasury
 Internal Revenue Service (99)

▶ Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.

▶ Attach to Form 1040, 1040NR, or 1041. ▶ See instructions for Schedule C (Form 1040).

Name of proprietor
BLANCHE CADDELL Social security number (SSN) [REDACTED]

A Principal business or profession, including product or service (see instructions)
TAXI DRIVER **B** Enter code from instructions [REDACTED]

C Business name. If no separate business name, leave blank.
MOMI TAXI **D** Employer ID no. (EIN), if any

E Business address (including suite or room no.) ▶ **497 PHYLLIS AVE**
 City, town or post office, state, and ZIP code **Enterprise AL 36330**

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2010? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2010, check here ▶

Part I Income

1 Gross receipts or sales. Caution. See instructions 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, or ● You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see instructions for limit on losses. <input type="checkbox"/>	1	0
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	0
4 Cost of goods sold (from line 42 on page 2)	4	
5 Gross profit. Subtract line 4 from line 3	5	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	800
7 Gross income. Add lines 5 and 6	7	800

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

8 Advertising	8	54	18 Office expense	18	
9 Car and truck expenses (see instructions)	9		19 Pension & 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	2,082
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	36
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		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27 Other expenses (from line 48 on page 2)	27	221

28 Total expenses before expenses for business use of home. Add lines 8 through 27 ▶ **28** **2,393**

29 Tentative profit or (loss). Subtract line 28 from line 7 **29** **-1,593**

30 Expenses for business use of your home. Attach Form 8829 **30**

31 Net profit or (loss). Subtract line 30 from line 29.
 ● If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.
 ● If a loss, you must go to line 32.

31 **-1,593**

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, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the instructions). Estates and trusts, enter on Form 1041, line 3.
 ● If you checked 32b, you must attach Form 6198. Your loss may be limited.

32a All investment is at risk.
32b Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation Yes 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 page 1, 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 2010, 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? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47a Do you have evidence to support your deduction? Yes No

b If "Yes," is the evidence written? Yes No

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

Miscellaneous	221
48 Total other expenses. Enter here and on page 1, line 27	48 221

Residential Energy Credits

▶ See instructions.
▶ Attach to Form 1040 or Form 1040NR.

Name(s) shown on return
BLANCHE CADDELL

Your social security number
[REDACTED]

Part I Nonbusiness Energy Property Credit (See instructions before completing this part.)

1 Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions) ▶	1 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Caution: If you checked the "No" box, you cannot claim the nonbusiness energy property credit. Do not complete Part I.	
2 Qualified energy efficiency improvements (see instructions).	2a
a Insulation material or system specifically and primarily designed to reduce the heat loss or gain of your home	2b
b Exterior windows (including certain storm windows) and skylights	2c
c Exterior doors (including certain storm doors)	
d Metal roof with appropriate pigmented coatings or asphalt roof with appropriate cooling granules that are specifically and primarily designed to reduce the heat gain of your home, and the roof meets or exceeds the Energy Star program requirements in effect at the time of purchase or installation	2d
3 Residential energy property costs (see instructions).	3a
a Energy-efficient building property	3b
b Qualified natural gas, propane, or oil furnace or hot water boiler	3c
c Advanced main air circulating fan used in a natural gas, propane, or oil furnace	
4 Add lines 2a through 3c	4
5 Multiply line 4 by 30% (.30)	5
6 Maximum credit amount. (If you jointly occupied the home, see instructions)	6 \$1,500
7 Enter the amount, if any, from your 2009 Form 5695, line 11. Otherwise enter -0-	7
8 Subtract line 7 from line 6	8
9 Enter the smaller of line 5 or line 8	9
10 Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet (see instructions)	10
11 Nonbusiness energy property credit. Enter the smaller of line 9 or line 10. Also include this amount on Form 1040, line 52, or Form 1040NR, line 49	11

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

Part II Residential Energy Efficient Property Credit (See instructions before completing this part.)

Note. Skip lines 12 through 21 if you only have a credit carryforward from 2009.

12	Qualified solar electric property costs	12	
13	Qualified solar water heating property costs	13	
14	Qualified small wind energy property costs	14	
15	Qualified geothermal heat pump property costs	15	
16	Add lines 12 through 15	16	
17	Multiply line 16 by 30% (.30)	17	
18	Qualified fuel cell property costs	18	
19	Multiply line 18 by 30% (.30)	19	
20	Kilowatt capacity of property on line 18 above \blacktriangleright <u>0</u> x \$1,000	20	
21	Enter the smaller of line 19 or line 20	21	
22	Credit carryforward from 2009. Enter the amount, if any, from your 2009 Form 5695, line 28	22	808
23	Add lines 17, 21, and 22	23	808
24	Enter the amount from Form 1040, line 46, or Form 1040NR, line 44	24	338
25	<p>1040 filers: Enter the total, if any, of your credits from Form 1040, lines 47 through 50; line 11 of this form; line 12 of the Line 11 worksheet in Pub. 972 (see instructions); Form 8396, line 9; Form 8859, line 3; Form 8834, line 22; Form 8910, line 21; Form 8936, line 14; and Schedule R, line 22.</p> <p>1040NR filers: Enter the amount, if any, from Form 1040NR, lines 45 through 47; line 11 of this form; line 12 of the Line 11 worksheet in Pub. 972 (see instructions); Form 8396, line 9; Form 8859, line 3; Form 8834, line 22; Form 8910, line 21; and Form 8936, line 14.</p>	25	
26	Subtract line 25 from line 24. If zero or less, enter -0- here and on line 27	26	338
27	Residential energy efficient property credit. Enter the smaller of line 23 or line 26. Also include this amount on Form 1040, line 52, or Form 1040NR, line 49	27	338
28	Credit carryforward to 2011. If line 27 is less than line 23, subtract line 27 from line 23	28	470

SCHEDULE M
(Form 1040A or 1040)

Making Work Pay Credit

OMB No. 1545-0074

2010

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040A or 1040.

▶ See separate instructions.

Attachment
Sequence No. 166

Name(s) shown on return
BLANCHE CADDELL

Your social security number
[REDACTED]



To take the making work pay credit, you must include your social security number (if filing a joint return, the number of either you or your spouse) on your tax return. A social security number does not include an identification number issued by the IRS. Only the Social Security Administration issues social security numbers.



You cannot take the making work pay credit if you can be claimed as someone else's dependent or if you are a nonresident alien.

Important: Check the "No" box on line 1a and see the instructions if:

- (a) You have a net loss from a business,
- (b) You received a taxable scholarship or fellowship grant not reported on a Form W-2,
- (c) Your wages include pay for work performed while an inmate in a penal institution,
- (d) You received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or
- (e) You are filing Form 2555 or 2555-EZ.

1a Do you (& your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?

- Yes. Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.
- No. Enter your earned income (see instructions)

1a	9,122
-----------	-------

b Nontaxable combat pay included on line 1a (see instructions)

1b

2 Multiply line 1a by 6.2% (.062)

2	566
----------	-----

3 Enter \$400 (\$800 if married filing jointly)

3	400
----------	-----

4 Enter the smaller of line 2 or line 3 (unless you checked "Yes" on line 1a)

4	400
----------	-----

5 Enter the amount from Form 1040, line 38*, or Form 1040A, line 22

5	12,722
----------	--------

6 Enter \$75,000 (\$150,000 if married filing jointly)

6	75,000
----------	--------

7 Is the amount on line 5 more than the amount on line 6?

- No. Skip line 8. Enter the amount from line 4 on line 9 below.
- Yes. Subtract line 6 from line 5

7	
----------	--

8 Multiply line 7 by 2% (.02)

8

9 Subtract line 8 from line 4. If zero or less, enter -0-

9	400
----------	-----

10 Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2010? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions).

- No. Enter -0- on line 10 and go to line 11.
- Yes. Enter the total of the payments you (and your spouse, if filing jointly) received in 2010. Do not enter more than \$250 (\$500 if married filing jointly)

10	0
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11 Making work pay credit. Subtract line 10 from line 9. If zero or less, enter -0-. Enter the result here and on Form 1040, line 63; or Form 1040A, line 40

11	400
-----------	-----

*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

Paid Preparer's Earned Income Credit Checklist

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

For the definitions of the following terms, see Pub. 596 for the year for which you are completing this form.

- Investment Income
- Qualifying Child
- Earned Income
- Full-time Student

A Taxpayer's name ▶ BLANCHE CADDELL

B If joint return, spouse's name ▶ _____

Part I All Taxpayers

1 Year after 2008 for which you are completing this form ▶ 2010

2 Is the taxpayer's filing status married filing separately? Yes No

▶ If you checked "Yes" on line 2, stop; the taxpayer cannot take the EIC. Otherwise, continue.

3 Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work or is valid for EIC purposes? See the instructions before answering Yes No

▶ If you checked "No" on line 3, stop; the taxpayer cannot take the EIC. Otherwise, continue.

4 Is the taxpayer filing Form 2555 or Form 2555-EZ (relating to the exclusion of foreign earned income)? Yes No

▶ If you checked "Yes" on line 4, stop; the taxpayer cannot take the EIC. Otherwise, continue.

5a Was the taxpayer a nonresident alien for any part of the year on line 1? Yes No

▶ If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.

b Is the taxpayer's filing status married filing jointly? Yes No

▶ If you checked "Yes" on line 5a and "No" on line 5b, stop; the taxpayer cannot take the EIC. Otherwise, continue.

6 Is the taxpayer's Investment Income more than the limit that applies to the year on line 1? See Pub. 596 for the limit Yes No

▶ If you checked "Yes" on line 6, stop; the taxpayer cannot take the EIC. Otherwise, continue.

7 Could the taxpayer, or the taxpayer's spouse if filing jointly, be a qualifying child of another person for the year on line 1? Yes No

▶ If you checked "Yes" on line 7, stop; the taxpayer cannot take the EIC. Otherwise, go to Part II or Part III, whichever applies.

For Paperwork Reduction Act Notice, see instructions.

Part II Taxpayers With a Child

Caution. If there is more than one child, complete lines 8 through 14 for one child before going to the next column.

	Child 1	Child 2	Child 3
8 Child's name			
9 Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, or a descendant of any of them?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10 Is either of the following true? <ul style="list-style-type: none"> • The child is unmarried, or • The child is married, can be claimed as the taxpayer's dependent, and is not filing a joint return (or is filing it only as a claim for refund) 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11 Did the child live with the taxpayer in the United States for over half of the year? See the instructions before answering	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12 Was the child (at the end of the year on line 1) – <ul style="list-style-type: none"> • Under age 19 and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), • Under age 24, a full-time student, and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), or • Any age and permanently and totally disabled? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13a Could any other person check "Yes" on lines 9, 10, 11, and 12 for the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
▶ If you checked "No" on line 13a, go to line 14. Otherwise, go to line 13b.			
b Enter the child's relationship to the other person(s)			
c Under the tiebreaker rules, is the child treated as the taxpayer's qualifying child? See the instructions before answering	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
▶ If you checked "Yes" on line 13c, go to line 14. If you checked "No," the taxpayer cannot take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If there is more than one child, see the Note at the bottom of this page. If you checked "Don't know," explain to the taxpayer that, under the tiebreaker rules, the taxpayer's EIC and other tax benefits may be disallowed. Then, if the taxpayer wants to take the EIC based on this child, complete lines 14 and 15. If not, and there are no other qualifying children, the taxpayer cannot take the EIC, including the EIC for taxpayers without a qualifying child; do not complete Part III. If there is more than one child, see the Note at the bottom of this page.			
14 Does the qualifying child have an SSN that allows him or her to work or is valid for EIC purposes? See the instructions before answering	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
▶ If you checked "No" on line 14, the taxpayer cannot take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If there is more than one child, see the Note at the bottom of this page. If you checked "Yes" on line 14, continue.			
15 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for the year on line 1? See Pub. 596 for the limit			<input type="checkbox"/> Yes <input type="checkbox"/> No
▶ If you checked "No" on line 15, stop; the taxpayer cannot take the EIC. If you checked "Yes" on line 15, the taxpayer can take the EIC. Complete Schedule EIC and attach it to the taxpayer's return. If there are two or three qualifying children with valid SSNs, list them on Schedule EIC in the same order as they are listed here. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to see if Form 8862 must be filed. Go to line 20.			
Note. If you checked "No" on line 13c or 14 but there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than three qualifying children). Also do this if you checked "Don't know" on line 13c and the taxpayer is not taking the EIC based on this child.			

Part III Taxpayers Without a Qualifying Child

16 Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period. See Pub. 596.)

Yes No

▶ If you checked "No" on line 16, stop; the taxpayer cannot take the EIC. Otherwise, continue.

17 Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of the year on line 17?

Yes No

▶ If you checked "No" on line 17, stop; the taxpayer cannot take the EIC. Otherwise, continue.

18 Is the taxpayer, or the taxpayer's spouse if filing jointly, eligible to be claimed as a dependent on anyone else's federal income tax return for the year on line 17?

Yes No

▶ If you checked "Yes" on line 18, stop; the taxpayer cannot take the EIC. Otherwise, continue.

19 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for the year on line 17? See Pub. 596 for the limit.

Yes No

▶ If you checked "No" on line 19, stop; the taxpayer cannot take the EIC. If you checked "Yes" on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if Form 8862 must be filed. Go to line 20.

Part IV Due Diligence Requirements

20 Did you complete Form 8867 based on information provided by the taxpayer or reasonably obtained by you?

Yes No

21 Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or your own worksheet that provides the same information as the 1040, 1040A, or 1040EZ worksheet)?

Yes No

22 Did you comply with the knowledge requirements? (To comply with the knowledge requirements, you must not know or have reason to know that any information used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to or known by you, and you must make reasonable inquiries if the information furnished appears to be incorrect, inconsistent, or incomplete. At the time you make these inquiries, you must document in your files the inquiries you made and the responses you received.)

Yes No

23 Did you keep the following records?
● Form 8867 (or your own form or files),
● The EIC worksheet(s) or your own worksheet(s), and
● A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained

Yes No

▶ If you checked "Yes" on lines 20, 21, 22, and 23, and keep the records described on line 23 for 3 years (see instructions), you have complied with all the due diligence requirements.

▶ If you checked "No" on line 20, 21, 22, or 23, you have not complied with all the due diligence requirements and may have to pay a \$100 penalty for each failure to comply.

Individual Income Tax Return
RESIDENTS & PART-YEAR RESIDENTS

For year Jan. 1 - Dec. 31, 2010, or other tax year:

Beginning: Your social security number [redacted] Ending: Spouse's SSN if joint return [redacted]

Your first name, Initial, Last name

● BLANCHE CADDELL

Spouse's first name, Initial, Last name

Present home address (number and street or P.O. Box number)

● 497 PHYLLIS AVE

City, town or post office

● Enterprise

State

AL

ZIP code

36330

Check if address outside U.S. Foreign Country

▶ CHECK BOX IF AMENDED RETURN

Filing Status/Exemptions
 1 ● \$1,500 Single 3 ● \$1,500 Married filing separate. Complete Spouse SSN
 2 ● \$3,000 Married filing joint 4 ● \$3,000 Head of Family (with qualifying person).

Income and Adjustments		A - Alabama tax withheld	B - Income
5	Wages, salaries, tips, etc. (list each employer and address separately):		
a	RYAN'S RESTAURANT GROUP INC Eagan	5a ● 269 .00	5a ● 10,715 .00
b		5b ● .00	5b ● .00
c		5c ● .00	5c ● .00
d		5d ● .00	5d ● .00
6	Interest and dividend income (also attach Schedule B if over \$1,500)	6 ●	6 ● .00
7	Other income (from page 2, Part I, line 9)	7 ●	7 ● 2,007 .00
8	Total income. Add amounts in the income column for line 5a through line 7	8 ●	8 ● 12,722 .00
9	Total adjustments to income (from page 2, Part II, line 10)	9 ●	9 ● .00
10	Adjusted gross income. Subtract line 9 from line 8	10 ●	10 ● 12,722 .00
Deductions			
11 Box a or b MUST be checked. Check box a, if you itemize deductions, and enter amount from Schedule A, line 27. Check box b, if you do not itemize deductions, and enter standard deduction (see instructions)			
● a <input checked="" type="checkbox"/> Itemized Deductions ● b <input type="checkbox"/> Standard Deduction		11 ● 5,497 .00	
12	Federal tax deduction (see instructions) DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)	12 ●	12 ● .00
13	Personal exemption (from line 1, 2, 3, or 4)	13 ● 1,500 .00	
14	Dependent exemption (from page 2, Part III, line 2)	14 ●	14 ● .00
15	Total deductions. Add lines 11, 12, 13, and 14	15 ●	15 ● 6,997 .00
16	Taxable income. Subtract line 15 from line 10	16 ●	16 ● 5,725 .00
17	Income Tax due. Enter amount from tax table or check if from <input type="checkbox"/> Form NOL-85A	17 ●	17 ● 248 .00
18	Less credits from: <input type="checkbox"/> Schedule CR and/or <input type="checkbox"/> Schedule OC	18 ●	18 ● .00
19a	Net tax due Alabama. Subtract line 18 from line 17	19a ●	19a ● 248 .00
Tax			
b Consumer Use Tax (use worksheet in the instructions)			
20 Alabama Election Campaign Fund. You may make a voluntary contribution to the following:			
a	Alabama Democratic Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input checked="" type="checkbox"/> none	20a ●	20a ● .00
b	Alabama Republican Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input checked="" type="checkbox"/> none	20b ●	20b ● .00
21	Total tax liability and voluntary contribution. Add lines 19a, 19b, 20a, and 20b	21 ●	21 ● 248 .00
Payments			
22	Alabama income tax withheld (from Forms W-2, W-2G, and/or 1099)	22 ● 269 .00	
23	2010 estimated tax payments/Automatic Extension Payment	23 ●	23 ● .00
24	Amended Returns Only - Previous payments (see instructions)	24 ●	24 ● .00
25	Total payments. Add lines 22, 23 and 24	25 ●	25 ● 269 .00
26	Amended Returns Only - Previous refund (see instructions)	26 ●	26 ● .00
27	Adjusted Total Payments. Subtract line 26 from line 25	27 ●	27 ● 269 .00
AMOUNT YOU OWE			
28	If line 21 is larger than line 27, subtract line 27 from line 21, and enter AMOUNT YOU OWE. Place pymt., along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PYMT.)	28 ●	28 ● .00
29	Estimated tax penalty. Also include on line 28 (see instructions)	29 ●	29 ● .00
OVERPAID			
30	If line 27 is larger than line 21, subtract line 21 from line 27, and enter amount OVERPAID	30 ●	30 ● 21 .00
31	Amount of line 30 to be applied to your 2011 estimated tax	31 ●	31 ● .00
Donations			
32	Total Donation Check-offs from Schedule DC, line 2	32 ●	32 ● .00
REFUND			
33	REFUNDED TO YOU. (CAUTION: You must sign this return on page 2.) Subtract lines 31 and 32 from line 30. For Direct Deposit, check here <input type="checkbox"/> and complete Part V, Page 2	33 ●	33 ● 21 .00

CADDELL

PART I

1	Alimony received	1	3,600.00
2	Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)	2	-1,593.00
3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3	.00
4a	Total IRA distributions 4a <input type="radio"/> .00	4b	Taxable amount (see instructions) 4b .00
5a	Total pensions and annuities 5a <input type="radio"/> .00	5b	Taxable amount (see instructions) 5b .00
6	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	6	.00
7	Farm income or (loss) (attach Federal Schedule F)	7	.00
8	Other income (state nature & source -- see inst.)	8	.00
9	Total other income. Add lines 1 through 8. Enter here and also on page 1, line 7	9	2,007.00

PART II

1a	Your IRA deduction	1a	.00
b	Spouse's IRA deduction	1b	.00
2	Payments to a Keogh retirement plan and self-employment SEP deduction	2	.00
3	Penalty on early withdrawal of savings	3	.00
4	Alimony pd. Recipient's last name _____ SSN _____	4	.00
5	Adoption expenses	5	.00
6	Moving Expenses (Attach Federal Form 3903) to: City _____ State _____ ZIP _____	6	.00
7	Self-employed health insurance deduction	7	.00
8	Payments to Alabama PACT Program or Alabama College Education Savings Program	8	.00
9	Health insurance deduction for small employer employee (see instructions)	9	.00
10	Total adjustments. Add lines 1 through 9. Enter here and also on page 1, line 9	10	.00

PART III

(1) First name	Last name	(2) Dependent's Social Security Number	(3) Dependent's Relationship to You	(4) Did you provide more than 1/2 dep. support?

b Total number of dependents claimed above **1b**

2 Amount allowed. (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart in the instructions.)
Enter amount here and on page 1, line 14 **2** .00

PART IV

1 Residency Check only 1 box Full Year Part Year From 2010 through 2010.

2 Did you file an Alabama income tax return for year 2009? Yes No If no, state reason _____

3 Give name and address of present employer(s). Yours RYAN'S RESTAURANT GROUP INC 1020 DISCOVERY Egan MN 55121
Your Spouse's _____

4 Enter Fed. Adjusted Gross Income ● \$ 12,722 and Fed. Taxbl. Income ● \$ 3,372 as reported on your 2010 Federal Individual Income Tax Return.

5 Do you have income which is reported on your Federal return, but not reported on your AL return (other than your state tax refund)? Yes No
If yes, enter source(s) and amount(s) below: (other than state income tax refund)

Source _____	Amount <input type="radio"/> .00
Source _____	Amount <input type="radio"/> .00

6 Do you have income included in this return from a grantor trust? Yes No

PART V

For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See instructions to see if you qualify.)

1 Routing Number: _____ **2 Type:** Checking Savings **3 Account Number:** _____

4 Is this refund going to or through an account that is located outside of the United States? Yes No

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer. 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 _____	Date _____	Daytime Telephone Number _____	Your Occupation _____
Spouse's Signature (if joint return, BOTH must sign) _____	Date _____	Daytime Telephone Number _____	Spouse's Occupation _____
Preparer's Signature _____	Date _____	Check if Self-employed <input type="checkbox"/>	Preparer's SSN or PTIN _____ E.I. Number _____

Paid Preparer's Use Only

Firm's Name (or yours if self employed) FOSTER TAX AND ACCOUNTING Daytime Telephone No. 334-494-7879 ZIP Code 36330
Address 518 FLEMMING STREET Enterprise AL

WHERE TO FILE FORM 40

If you are not making a payment, mail your return to: Alabama Department of Revenue, PO Box 154, Montgomery, AL 36135-0001

If you are making a pymt., mail your return, Form 40V, and pymt. to: Alabama Department of Revenue, PO Box 2401, Montgomery, AL 36140-0001

Mail only your 2010 Form 40 to one of the above addresses. Prior year returns, amended returns, and all other correspondence should be mailed to Alabama Department of Revenue, PO Box 327464, Montgomery, AL 36132-7464.

**SCHEDULES
A, B, CR, & DC
(FORM 40)**

**ALABAMA DEPARTMENT OF REVENUE
Schedule A -- Itemized Deductions 2010**

(Schedules B, CR and DC are on page 2)

ATTACH TO FORM 40 -- SEE INSTRUCTIONS FOR SCHEDULE A

Name(s) as shown on Form 40 **BLANCHE CADDELL** Your social security number **[REDACTED]**

The itemized deductions you may claim for the year 2010 are similar to the itemized deductions claimed on your Federal return, however, the amounts may differ. Please see instructions before completing this schedule. **PART-YEAR RESIDENTS:** A resident of Alabama for only a part of the year should list below only those deductions actually paid while a resident of Alabama.

CAUTION: Do not include expenses reimbursed or paid by others.					
Medical and Dental Expenses (See instructions)	1 Medical and dental expenses	1	2,883	00	
	2 Enter amount from Form 40, line 10	2	12,722	00	
	3 Multiply the amount on line 2 by 4% (.04). Enter the result	3	509	00	
	4 Subtract line 3 from line 1. Enter the result. If zero or less, enter -0-	4	2,374	00	
Taxes You Paid (See instructions)	5 Real estate taxes	5	505	00	
	6 FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax	6	819	00	
	7 Railroad Retirement (Tier 1 only)	7		00	
	8 Other taxes. (List - include personal prop. taxes.)	8		00	
	9 Add the amounts on lines 5 through 8. Enter the total here	9	1,324	00	
Interest You Paid (See instructions)	10a Home mortg. interest & points reported to you on Fed. Form 1098	10a	1,153	00	
	b Home mortgage interest not reported to you on Fed. Form 1098. (If paid to an individual, show that person's name & addr.)				
		10b		00	
	NOTE: Personal interest is not deductible.	11 Qualified mortgage insurance premiums	11		
	12 Points not reported to you on Form 1098	12		00	
	13 Investment interest. (Attach Form 4952A.)	13		00	
	14 Add the amounts on lines 10a through 13. Enter the total here	14	1,153	00	
Gifts to Charity (See instructions)	CAUTION: If you made a charitable contribution and received a benefit in return, see instructions.				
	15 Contributions by cash or check	15	150	00	
	16 Other than cash/check. (You MUST attach Fed. Form 8283 if over \$500.)	16		00	
	17 Carryover from prior year	17		00	
	18 Add the amounts on lines 15 through 17. Enter the total here	18	150	00	
Casualty and Theft Loss (Attach Form 4684)	19a Enter the amount from Federal Form 4684, line 16 (See instructions)	19a		00	
	b Enter 10% of your Adjusted Gross Income (Form 40, line 10)	19b	0	00	
	c Subtract line 19b from line 19a. If zero or less, enter -0-	19c		00	
Job Expenses & Most Other Miscellaneous Deductions (See instructions)	20 Unreimbursed employee expenses - job travel, union dues, job education, etc. (You MUST attach Federal Form 2106 if required. See inst.)	20	540	00	
	21 Other expenses (investment, tax preparation, safe deposit box, etc.) List type and amount. TAX PREP FEE \$210	21	210	00	
	22 Add the amounts on lines 20 and 21. Enter the total	22	750	00	
	23 Multiply amount on Form 40, line 10 by 2% (.02). Enter result here	23	254	00	
	24 Subtract line 23 from line 22. Enter the result. If zero or less, enter -0-	24	496	00	
Other Miscellaneous Deductions	25 Other (from list in the instructions). List type and amount.	25		00	
Qualified Long-Term Care Ins. Premiums	CAUTION: Do not include medical premiums.				
	26 Enter amount here	26		00	
Total Itemized Deductions	27 Add the amounts on lines 4, 9, 14, 18, 19c, 24, 25, and 26. Enter the total here. Then enter on Form 40, page 1, line 11	27	5,497	00	

Schedule A (Form 40) 2010

2010

OMB No. 1545-0008

Form W-2 Wage and Tax Statement

State Filing Copy

Copy 2 - To Be Filed With Employee's State, City or Local Income Tax Return. Department of the Treasury - Internal Revenue Service

a Employee's social security number	d Control number	7 Social security tips	1 Wages, tips, other compensation	2 Federal income tax withheld	
[REDACTED]	[REDACTED]		10715.18	728.67	
b Employer's name, address, and ZIP code RYAN'S RESTAURANT GROUP, INC. 1020 DISCOVERY ROAD, SUITE 100 EAGAN, MN 55121		8 Allocated tips	3 Social security wages	4 Social security tax withheld	
			10715.18	664.34	
		9 Advance EIC payment	5 Medicare wages and tips	6 Medicare tax withheld	
			10715.18	155.37	
c Employer identification number (EIN)	[REDACTED]	10 Dependent care benefits	12a See instructions for box 12	12b	
e Employee's first name and initial	Last name	Suff.	11 Nonqualified plans	12c	
BLANCHE CADDELL	[REDACTED]		13 Statutory Retirement Third-party employee plan sick pay	14 Other	
f Employee's address and ZIP code	[REDACTED]		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
15 State Employer's State ID No	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
AL	10715.18	268.77			

RECEIPT

DATE _____

FROM Blanche Cadell \$ 80.00

Eighty DOLLARS

FOR RENT

FOR Income Tax

ACCT.	<u>80</u>	<input checked="" type="checkbox"/> CASH	FROM _____ TO _____
PAID		<input type="checkbox"/> CHECK	BY <u>[Signature]</u>
DUE	<u>0</u>	<input type="checkbox"/> MONEY ORDER	

Uniforms 250
Shoes 300

Medical 10.05 Goodwill 250.00

25.00
50.00
46.00
385.00
605.00
385.00
83.00
385.00
20.84
2005.94

Alimony

Refund last years

Misname Momi

1999 Buick Century

1-334-498-1671

Amount on Invoice ~~552.00~~ / Taxes 179.95

Taxi expense

Business license 5.00

10.00

35.00

Filing fee 100.00

50.00

Signs
For Business 21.70
Cards 32.55
54.25

Supplies .97 Stereo PMT
Food 2.17 22.00
1.39 1.39
2.58 35.19
1.00 8.00
35.94

Car expense
For Business

45.58
149.61
9.20

Drivers license

23.50

15.00

Renewal 18.50

56.50

Cell Phone for
business 75.94
72.71
72.71

115.47
69.95
30.00
44.95
44.05
167.00
1174.98
169.00
42.39

Profit 800.00

220.74

2082.19

600
20.08 ✓
30.00 ✓
19.99 ✓
10.83 ✓
20.00 ✓
10.01 ✓
20.01 ✓
20.01 ✓
14.90 ✓
20.00 ✓
10.04 ✓
20.01 ✓
42.39 ✓
13.33 ✓
8.04 ✓
20.00 ✓

20.00 ✓
15.10 ✓
20.00 ✓
20.00 ✓
15.02 ✓
20.00 ✓
19.98 ✓
15.20 ✓
15.09 ✓
10.01 ✓
10.02 ✓
10.27 ✓
20.00 ✓
20.00 ✓
14.94 ✓
15.01 ✓
20.00 ✓
14.16 ✓
20.02 ✓

20.01 ✓
20.00 ✓
21.70 ✓
20.01 ✓
20.19 ✓
20.00 ✓
21.01 ✓
20.00 ✓
20.01 ✓
20.06 ✓
18.29 ✓
15.07 ✓
15.22 ✓
20.39 ✓
25.00 ✓
15.25 ✓
20.02 ✓

15.18 ✓
20.09 ✓
15.09 ✓
34.00 ✓
14.99 ✓
15.05 ✓
15.02 ✓
20.00 ✓
30.00 ✓
1118.01

Burger King Corporation

Acknowledges the successful completion of

Guest Service

by

Blanche Caddell

January 11, 1999

“Increased Productivity Through People Management”

Cindy Williams

Kevin A. McNamee

Director of Training

Classroom Trainers