

| | | |
|-----------------|--|-------------|
| EFSTATUS | EF Transmission Status (Keep for your records) | 2011 |
|-----------------|--|-------------|

| | |
|--|---|
| Name(s) as shown on return GARY GREENE | Your social security number 400-00-3006 |
|--|---|

The following will be transmitted to the IRS.

- 1040
 4868
 2350
 9465
 Form 56

The following state returns will be transmitted:

| | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

The following returns have been suppressed or are not eligible and will NOT be transmitted.

| | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

EF Notes

1040 U.S. Individual Income Tax Return 2011

Department of the Treasury - Internal Revenue Service

(99)

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

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

See separate instructions.

Your first name and initial: GARY

Last name: GREENE

Your social security number: 400-00-3006

Home address (number and street): 5989 GATEWAY BLVD

Apt. no. and Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code: FORT MYERS FL 33908

Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.

Filing Status: 1 Single (checked), 2 Married filing jointly, 3 Married filing separately

4 Head of household (with qualifying person), 5 Qualifying widow(er) with dependent child

Exemptions: 6a Yourself (checked), 6b Spouse

Boxes checked on 6a and 6b: No. of children on 6c who: 1

Table with 4 columns: (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

d Total number of exemptions claimed: 1

Income section table with rows 7-22. Total income: 96,800

Adjusted Gross Income section table with rows 23-37. Adjusted gross income: 81,962

Tax and Credits

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, \$5,800
 - Married filing jointly or Qualifying widow(er), \$11,600
 - Head of household, \$8,500

| | | | |
|-----|--|-----|--------------------------|
| 38 | Amount from line 37 (adjusted gross income) | 38 | 81,962 |
| 39a | Check <input type="checkbox"/> You were born before January 2, 1947, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1947, <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 | 39b | <input type="checkbox"/> |
| 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 5,800 |
| 41 | Subtract line 40 from line 38 | 41 | 76,162 |
| 42 | Exemptions. Multiply \$3,700 by the number on line 6d | 42 | 3,700 |
| 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 72,462 |
| 44 | Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election | 44 | 14,244 |
| 45 | Alternative minimum tax (see instructions). Attach Form 6251 | 45 | |
| 46 | Add lines 44 and 45 | 46 | 14,244 |
| 47 | Foreign tax credit. Attach Form 1116 if required | 47 | |
| 48 | Credit for child and dependent care expenses. Attach Form 2441 | 48 | |
| 49 | Education credits from Form 8863, line 23 | 49 | |
| 50 | Retirement savings contributions credit. Attach Form 8880 | 50 | |
| 51 | Child tax credit (see instructions) | 51 | |
| 52 | Residential energy credits. Attach Form 5695 | 52 | |
| 53 | Other credits from Form: a <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 | |
| 55 | Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- | 55 | 14,244 |
| 56 | Self-employment tax. Attach Schedule SE | 56 | 11,890 |
| 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 | |
| 60 | Other taxes. Enter code(s) from instructions _____ | 60 | |
| 61 | Add lines 55 through 60. This is your total tax | 61 | 26,134 |

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

| | | | |
|-----|--|-----|--------|
| 62 | Federal income tax withheld from Forms W-2 and 1099 | 62 | |
| 63 | 2011 estimated tax payments and amount applied from 2010 return | 63 | 24,000 |
| 64a | Earned income credit (EIC) | 64a | |
| b | Nontaxable combat pay election | 64b | |
| 65 | Additional child tax credit. Attach Form 8812 | 65 | |
| 66 | American opportunity credit from Form 8863, line 14 | 66 | |
| 67 | First-time homebuyer credit from Form 5405, line 10 | 67 | |
| 68 | Amount paid with request for extension to file | 68 | |
| 69 | Excess social security and tier 1 RRTA tax withheld | 69 | |
| 70 | Credit for federal tax on fuels. Attach Form 4136 | 70 | |
| 71 | Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 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 | 24,000 |

Refund

Direct deposit? See instructions.

| | | | |
|-----|---|-----|--|
| 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 _____ | c | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d | Account number _____ | | |
| 75 | Amount of line 73 you want applied to your 2012 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 | 2,134 |
| 77 | Estimated tax penalty (see instructions) | 77 | |

Third Party Designee

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

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

Sign Here

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

| | | | | |
|---|---|---------------------------|---------------------|--|
| Joint return? See instructions. Keep a copy for your records. | Your signature 02006 | Date 01-01-2012 | Your occupation | Daytime phone number 239-787-4862 |
| | Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | Identity Protection PIN (see inst.) _____ |

| | | | |
|--|--------------------------------------|---|--------------------------|
| Preparer's signature | Date 12-29-2011 | Check <input type="checkbox"/> if self-employed | PTIN P00000777 |
| Print/Type preparer's name Preparer1 | Firm's name Drake Software | Firm's EIN 11-1222333 | |
| Firm's address 235 East Main Street Franklin, NC 28734 | Phone no. 828-524-1234 | | |

**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 GARY GREENE | | Social security number (SSN) 400-00-3006 |
| A Principal business or profession, including product or service (see instructions) RETAIL GOLF SUPPLY | | B Enter code from instructions ▶ 451110 |
| C Business name. If no separate business name, leave blank. GARY'S GREENE | | D Employer ID number (EIN), (see instr.) 24-1245484 |
| E Business address (including suite or room no.) ▶ 12515 COLONIAL BLVD City, town or post office, state, and ZIP code Fort Myers FL 33908 | | |
| F Accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" 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"/> Yes <input checked="" type="checkbox"/> No | | |
| 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 checked="" type="checkbox"/> No | | |

| Part I Income | | | |
|---|----|---------|--|
| 1 a 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 | 220,000 | |
| 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 | 220,000 | |
| 2 Returns and allowances plus any other adjustments (see instructions) | 2 | 0 | |
| 3 Subtract line 2 from line 1d | 3 | 220,000 | |
| 4 Cost of goods sold (from line 42) | 4 | 56,100 | |
| 5 Gross profit. Subtract line 4 from line 3 | 5 | 163,900 | |
| 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 | 163,900 | |

| Part II Expenses | | Enter expenses for business use of your home only on line 30. | | | |
|---|-----|---|---|-----|--------|
| 8 Advertising | 8 | 3,200 | 18 Office expense (see instructions) | 18 | 5,000 |
| 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 | 12,000 |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 13 | 1,600 | 21 Repairs and maintenance | 21 | 1,200 |
| 14 Employee benefit programs (other than on line 19) | 14 | | 22 Supplies (not included in Part III) | 22 | 2,400 |
| 15 Insurance (other than health) | 15 | 2,000 | 23 Taxes and licenses | 23 | 500 |
| 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 | 2,200 |
| 28 Total expenses before expenses for business use of home. Add lines 8 through 27a | 28 | | 26 Wages (less employment credits) | 26 | 37,000 |
| 29 Tentative profit or (loss). Subtract line 28 from line 7 | 29 | | 27 a Other expenses (from line 48) | 27a | |
| 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 | | | | |
| • 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 . | | | | | 96,800 |
| • 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 entered an amount on line 1c, see instructions for line 31. 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. | | |

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

▶ Attach to Form 1040 or Form 1040NR.

▶ See separate instructions.

OMB No. 1545-0074

2011

Attachment
Sequence No. **17**

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

GARY GREENE

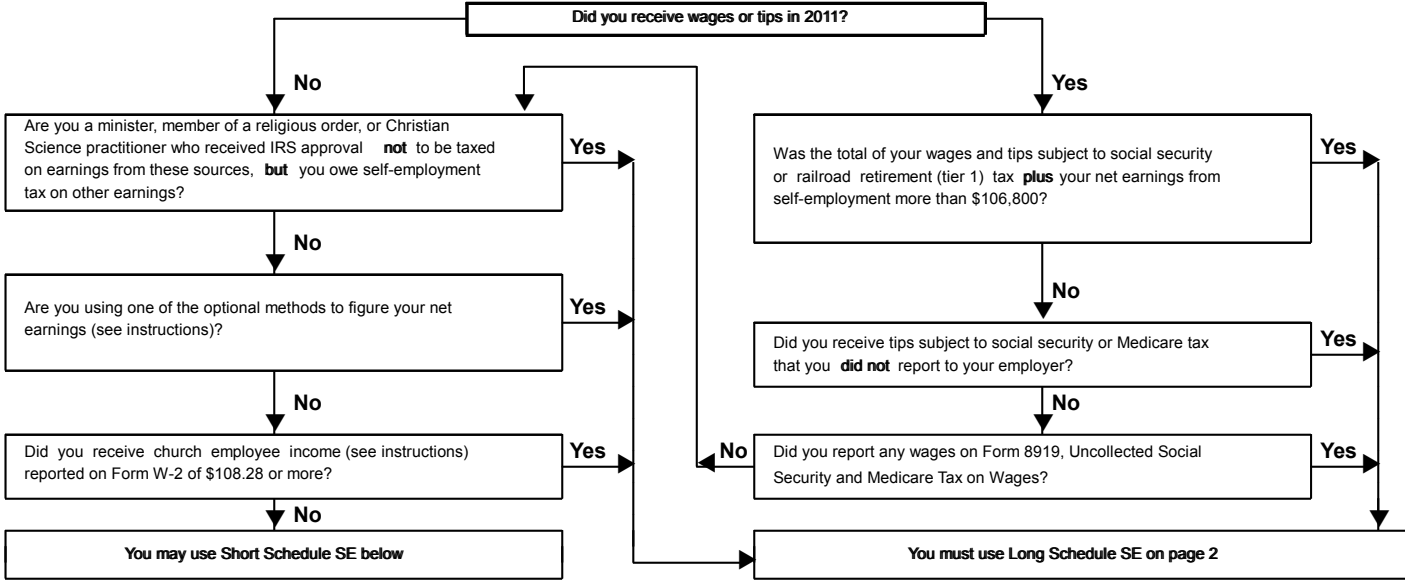
Social security number of person
with **self-employment** income ▶

400-00-3006

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 | 96,800 |
| 3 Combine lines 1a, 1b, and 2 | 3 | 96,800 |
| 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 | 89,395 |
| 5 Self-employment tax. If the amount on line 4 is: • \$106,800 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 \$106,800, multiply line 4 by 2.9% (.029). Then, add \$11,107.20 to the result. Enter the total here and on Form 1040, line 56 , or Form 1040NR, line 54 | 5 | 11,890 |
| 6 Deduction for employer-equivalent portion of self-employment tax. If the amount on line 5 is: • \$14,204.40 or less, multiply line 5 by 57.51% (.5751) • More than \$14,204.40, multiply line 5 by 50% (.50) and add \$1,067 to the result. Enter the result here and on Form 1040, line 27 , or Form 1040NR, line 27 | 6 | 6,838 |

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

EEA

Schedule SE (Form 1040) 2011

Depreciation and Amortization

(Including Information on Listed Property)

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

▶ See separate instructions. ▶ Attach to your tax return.

2011
Attachment
Sequence No. **179**

GARY GREENE

SCHEDULE C - 1

Identifying number
400-00-3006

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|-----------|---|-------------------------------------|-------------------------|
| 1 | Maximum amount (see instructions) | 1 | |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2010 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 | 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

| | | | |
|-----------|---|-----------|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

| | | | |
|-----------|--|-----------|--------------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2011 | 17 | 1,600 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | | |

Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

| | (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|------------|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a | 3-year property | | | | | | |
| b | 5-year property | | | | | | |
| c | 7-year property | | | | | | |
| d | 10-year property | | | | | | |
| e | 15-year property | | | | | | |
| f | 20-year property | | | | | | |
| g | 25-year property | | | 25 yrs. | | S/L | |
| h | Residential rental property | | | 27.5 yrs. | MM | S/L | |
| | | | | 27.5 yrs. | MM | S/L | |
| i | Nonresidential real property | | | 39 yrs. | MM | S/L | |
| | | | | | MM | S/L | |

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|------------|------------|--|--|---------|----|-----|
| 20a | Class life | | | | | S/L |
| b | 12-year | | | 12 yrs. | | S/L |
| c | 40-year | | | 40 yrs. | MM | S/L |

Part IV Summary (See instructions.)

| | | | |
|-----------|---|-----------|--------------|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions | 22 | 1,600 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Payment Voucher Filing Instructions

2011

Date to file by: 04-17-2012

Payment: \$2,134

Address to file: Internal Revenue Service
P.O. Box 1214
Charlotte, NC 28201-1214

Other Instructions: If paper-filing your 2011 return, mail the tax return, voucher, and check to the address on the voucher. Do not staple the voucher and payment to the return or to each other.

If your return was e-filed, mail the voucher and check to the address on the voucher.

Make your check or money order payable to "United States Treasury". Enter your SSN and "2011 Form 1040" on your check or money order.

To pay by credit card, go to www.1040paytax.com.

Taxpayer Records:

Amount Paid _____

Check Number _____

Date Mailed _____

EEA

Form 1040-V (2011)

Detach Here and Mail With Your Payment and Return

Form 1040-V Payment Voucher OMB No. 1545-0074 2011
1 Your social security number (SSN) 400-00-3006
2 If a joint return, SSN shown second on your return
3 Amount you are paying by check or money order 2,134 Dollars Cents

GARY GREENE
5989 GATEWAY BLVD
FORT MYERS, FL 33908

Internal Revenue Service
P.O. Box 1214
Charlotte, NC 28201-1214

400003006 LZ GREE 30 0 201112 610

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.

2011

Declaration Control Number (DCN)

00-561332-020062

Taxpayer's name

GARY GREENE

Social security number

400-00-3006

Spouse's name

Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2011 (Whole Dollars Only)

| | | | |
|---|--|---|--------|
| 1 | Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4) | 1 | 81,962 |
| 2 | Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10) | 2 | 26,134 |
| 3 | Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7) | 3 | |
| 4 | Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line 12a) | 4 | |
| 5 | Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12) | 5 | 2,134 |

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, 2011, 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). I authorize EFTPS to issue 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 request that my PIN be mailed to me, or to revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received 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 Drake Software to enter or generate my PIN 02006 as my signature on my tax year 2011 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 2011 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 12-29-2011

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN _____ as my signature on my tax year 2011 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 2011 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. 561332-12345
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2011 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 12-29-2011

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

**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically**

Thank you for participating in IRS e-file.

Taxpayer name GARY GREENE

Taxpayer address (optional)

5989 GATEWAY BLVD
FORT MYERS, FL 33908

1. Your federal income tax return for 2011 was filed electronically with the PHILADELPHIA Submission Processing Center. The electronic filing services were provided by Drake Software.
2. Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Declaration Control Number (DCN) assigned to your return is _____.
3. Your return was accepted on _____. Please allow 4-6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment was accepted.
5. Your electronic funds withdrawal payment was not accepted. You must pay the balance due by the prescribed due date. You may see your payment options in the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Declaration Control Number (DCN) assigned to your extension is _____.

**PLEASE DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, please allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Financial Management Service (FMS) offsets refunds through the Treasury Offset Program (TOP) to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. FMS sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically, you may use the Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537, to inquire about the status of an electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 8:00 p.m. Eastern time, two business days prior to the scheduled payment date.

Refund Anticipation Loans

A refund anticipation loan is money borrowed from a lender based on the refund you expect to receive. This loan is a contract between you and a lender. The IRS is not associated with this contract, nor does it grant or deny the loan. **If you have questions about a refund anticipation loan, contact your Electronic Return Originator or the lender.**

Instructions to Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a 1, 2, or 3. Form 8879, IRS e-file Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used.

Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS e-file Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099-R).

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "E." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "PYMNT RQST RECD."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "PYMNT RQST RECD." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

Name(s) as shown on return

Your social security number

GARY GREENE

400-00-3006

| | | |
|--|-----|-----------------------------|
| <p>1. Enter the total amount paid in 2011 for health insurance coverage established under your business for 2011 for you, your spouse, and your dependents. Your insurance can also cover your child who was under age 27 at the end of 2011, even if the child was not your dependent. But do not include the following.</p> <ul style="list-style-type: none"> • Amounts for any month you were eligible to participate in a health plan subsidized by your or your spouse's employer or the employer of either your dependent or your child who was under the age of 27 at the end of 2011. • Any amounts paid from retirement plan distributions that were nontaxable because you are a retired public safety officer. • Any amounts you included on Form 8885, line 4. • Any qualified health insurance premiums you paid to "U.S. Treasury-HCTC." • Any health coverage tax credit advance payments shown in box 1 of Form 1099-H. • Any payments for qualified long-term care insurance (see line 2) | 1. | <u>8,000</u> |
| <p>2. For coverage under a qualified long-term care insurance contract, enter for each person covered the smaller of the following amounts.</p> <p>a) Total payments made for that person during the year.</p> <p>b) The amount shown below. Use the person's age at the end of the tax year.</p> <p style="margin-left: 40px;">\$340 - if that person is age 40 or younger</p> <p style="margin-left: 40px;">\$640 - if age 41 to 50</p> <p style="margin-left: 40px;">\$1,270 - if age 51 to 60</p> <p style="margin-left: 40px;">\$3,390 - if age 61 to 70</p> <p style="margin-left: 40px;">\$4,240 - if age 71 or older</p> <p>Do not include payments for any month you were eligible to participate in a long-term care insurance plan subsidized by your or your spouse's employer or the employer of either your dependent or your child who was under the age of 27 at the end of 2011. If more than one person is covered, figure separately the amount to enter for each person. Then enter the total of those amounts</p> | | |
| | 2. | <u> </u> |
| 3. Add lines 1 and 2 | 3. | <u>8,000</u> |
| 4. Enter your net profit* and any other earned income** from the trade or business under which the insurance plan is established. Do not include Conservation Reserve Program payments exempt from self-employment tax. If the business is an S corporation, skip to line 11 | 4. | <u>96,800</u> |
| 5. Enter the total of all net profits* from: Schedule C (Form 1040), line 31; Schedule C-EZ (Form 1040), line 3; Schedule F (Form 1040), line 34; or Schedule K-1 (Form 1065), box 14, code A; plus any other income allocable to the profitable businesses. Do not include Conservation Reserve Program payments exempt from self-employment tax. See the instructions for Schedule SE (Form 1040). Do not include any net losses shown on these schedules | 5. | <u>96,800</u> |
| 6. Divide line 4 by line 5 | 6. | <u>1.000000</u> |
| 7. Multiply Form 1040, line 27, by the percentage on line 6 | 7. | <u>6,838</u> |
| 8. Subtract line 7 from line 4 | 8. | <u>89,962</u> |
| 9. Enter the amount, if any, from Form 1040, line 28, attributable to the same trade or business in which the insurance plan is established | 9. | <u> </u> |
| 10. Subtract line 9 from line 8 | 10. | <u>89,962</u> |
| 11. Enter your Medicare wages (Form W-2, box 5) from an S corporation in which you are a more-than-2% shareholder and in which the insurance plan is established | 11. | <u> </u> |
| 12. Enter any amount from Form 2555, line 45, attributable to the amount entered on line 4 or 11 above, or any amount from Form 2555-EZ, line 18, attributable to the amount entered on line 11 above | 12. | <u> </u> |
| 13. Subtract line 12 from line 10 or 11, whichever applies | 13. | <u>89,962</u> |
| 14. Enter the smaller of line 3 or line 13 here and on Form 1040, line 29. Do not include this amount when figuring any medical expense deduction on Schedule A (Form 1040) | 14. | <u>8,000</u> |

* If you used either optional method to figure your net earnings from self-employment from any business, do not enter your net profit from the business. Instead, enter the amount attributable to that business from Schedule SE (Form 1040), Section B, line 4b.

** **Earned income** includes net earnings and gains from the sale, transfer, or licensing of property you created. However, it does not include capital gain income.

Keep for Your Records

Name(s) as shown on return

Your social security number

GARY GREENE

400-00-3006

Use this worksheet if you answered "Yes" to Step 5, question 3.

- Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.
- If you are married filing a joint return, include your spouse's amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3.

| | | | |
|---|---|--------|--------|
| Part 1 Self-Employed, Members of the Clergy, and People With Church Employee Income Filing Schedule SE | 1a. Enter the amount from Schedule SE, Section A, line 3, or Section B, line 3, whichever applies. | 1a | 96,800 |
| | b. Enter any amount from Schedule SE, Section B, line 4b, and line 5a. | 1b | |
| | c. Combine lines 1a and 1b. | 1c | 96,800 |
| | d. Enter the amount from Schedule SE, Section A, line 6, or Section B, line 13, whichever applies. | 1d | 6,838 |
| | e. Subtract line 1d from 1c. | 1e | 89,962 |
| | Part 2 Self-Employed NOT Required To File Schedule SE For example, your net earnings from self-employment were less than \$400. | | |
| 2. Do not include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax. | | | |
| a. Enter any net farm profit or (loss) from Schedule F, line 34, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*. | 2a | | |
| b. Enter any 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*. | 2b | | |
| c. Combine lines 2a and 2b. | 2c | | |
| *If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Section A. Reduce the Schedule K-1 amounts as described in the Partner's Instructions for Schedule K-1. Enter your name and social security number on Schedule SE and attach it to your return. | | | |
| Part 3 Statutory Employees Filing Schedule C or C-EZ | | | |
| 3. Enter the amount from Schedule C, line 1c, or Schedule C-EZ, line 1c, that you are filing as a statutory employee. | 3 | | |
| Part 4 All Filers Using Worksheet B | | | |
| 4. Combine lines 1e, 2c, and 3. This is your total self-employed income. | 4 | 89,962 | |

Need more information or forms? Visit IRS.gov.

Depreciation Detail Listing

2011

GARY'S GREENE

PAGE 1

For your records only

* Item was disposed
of during current year.

Name(s) as shown on return

Social security number/EIN

GARY GREENE

400-00-3006

| No. | Description | Date | Cost | Salvage | Business percentage | Section 179 | Depreciation Basis | Life | Method | Rate | Current depr. | Accumulated Depreciation | Prior expense | Bonus depreciation | AMT Current |
|---------------|----------------------|----------|---------------|---------|---------------------|--------------|--------------------|------|-----------|-------|---------------|--------------------------|---------------|--------------------|--------------|
| 1 | DISPLAY CASE | 20090102 | 1,800 | | 100.00 | | 900 | 7 | 200 DB HY | 17.49 | | 1,800 | | PY 900 | |
| 2 | COMPUTERS | 20090103 | 1,500 | | 100.00 | | 750 | 5 | 200 DB HY | 19.2 | | 1,500 | | PY 750 | |
| 3 | PRINTER | 20090103 | 500 | | 100.00 | | 250 | 5 | 200 DB HY | 19.2 | | 500 | | PY 250 | |
| 4 | CHECK OUT STATION | 20090103 | 3,000 | | 100.00 | | 1,500 | 7 | 200 DB HY | 17.49 | | 3,000 | | PY 1,500 | |
| 5 | CHAIRS | 20090102 | 750 | | 100.00 | 750 | 0 | 5 | EXP | 0 | | 750 | 750 | | |
| 6 | TABLE | 20090102 | 300 | | 100.00 | 300 | 0 | 5 | EXP | 0 | | 300 | 300 | | |
| 7 | LIGHTING FIXTURES | 20090102 | 975 | | 100.00 | 975 | 0 | 5 | EXP | 0 | | 975 | 975 | | |
| 8 | BREAK ROOM FURNITURE | 20090301 | 225 | | 100.00 | 225 | 0 | 5 | EXP | 0 | | 225 | 225 | | |
| 9 | WALL MIRRORS | 20090102 | 200 | | 100.00 | 200 | 0 | 5 | EXP | 0 | | 200 | 200 | | |
| 10 | Machine 1 | 20090102 | 200 | | 100.00 | 200 | 0 | 5 | | 19.2 | | 200 | 200 | | |
| 11 | Machine 2 | 20100908 | 10,000 | | 100.00 | | 5,000 | 5 | 200 DB HY | 32 | 1,600 | 7,600 | | PY 5,000 | 1,600 |
| Totals | | | 19,450 | | | 2,650 | 8,400 | | | | 1,600 | 17,050 | 2,650 | | 1,600 |

Land Amount
Net Depreciable Cost

19,450

ST ADJ:

(1,224)

Carryover Worksheet
List of items that will carryover to the 2012 tax return

2011

(Keep for your records)

Name(s) as shown on return

Your social security number

GARY GREENE

400-00-3006

Itemized Deductions

Carryover Amount

| | |
|--|-------|
| Contributions subject to 100% of AGI limitations | _____ |
| Contributions subject to 50% of AGI limitations | _____ |
| Contributions subject to 30% of AGI limitations (50% capital gains appreciated property) | _____ |
| Contributions subject to 30% of AGI limitations | _____ |
| Contributions subject to 20% of AGI limitations (30% capital gains appreciated property) | _____ |
| Taxable state and local refunds to Form 1040, line 10 | _____ |
| State/local taxes paid in 2012 to flow to the Schedule A | _____ |
| Preparer Fee to flow to the Schedule A | _____ |
| State donations and contributions carryover | _____ |
| State overpayment applied to next year | _____ |

Expenses

| | |
|---|-------|
| Office in home operating expenses | _____ |
| Office in home excess casualty losses and depreciation | _____ |
| Disallowed investment interest expense | _____ |
| Section 179 expense | _____ |
| Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use | _____ |
| Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use | _____ |

Losses

| | |
|---|-------|
| Short-term capital loss | _____ |
| Long-term capital loss | _____ |
| Net operating loss | _____ |
| Nonrecaptured net section 1231 losses | _____ |

Credits

| | |
|---|-------|
| Mortgage interest credit | _____ |
| General business credit (should be carried back before being carried forward) | _____ |
| Credit for prior year minimum tax | _____ |
| Foreign Tax credit _____ AMT | _____ |
| District of Columbia first time home owner's credit | _____ |
| Res. energy efficient property credit | _____ |

Other

| | |
|--|---------------|
| Overpayment applied to next year's estimates | _____ |
| Federal tax liability for 2210 calculation | 26,134 |
| State tax liability for state 2210 calculation | _____ |
| IRA basis Taxpayer _____ Spouse _____ | _____ |

Passive Activity

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

At Risk Limitations

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |