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| U | | OMB No. | 1545+0074 | IRS Use Only - Do not write or staple in this space. |
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| 1040 | U. | S. Individual Inco | ne Tax Returr | 2011 OME | 3 No. 1545+0074 | 4 IRS Use (| only - Do not | : write o | or staple in this space. | |
|--------------------------------|----------|---|---|---|---------------------|----------------------|--|------------------------|---|---------------------------|
| For the year Jan. 1-Dec | . 31, 20 | 011, or other tax year beginning | | 2110.2011101111011111111111111111111111 | , ending | <u> </u> | ,20 | | See separate insti | ructions. |
| Your first name and | initial | | Last name | | | | | | Your social security nu | ımber |
| KAVEH | | | KHAJAVI | | | | | | 157 50 7 | 100 |
| If a joint return, spor | use's | first name and initial | Last name | | | | | | Spouse's social securi | |
| MARGARET | ĸ. | | KHAJAVI | | | | | | 077 68 9 | 591 |
| Home address (num | ber a | nd street). If you have a P.(|). box, see instructio | ns. | | | Apt. no | - | . Make sure the SSN | N(s) above |
| 886 CUMBE | RL | AND RD | | | | | | | and on line 6c are | correct. |
| | | , and ZIP code. If you have a for | eign address, also comp | lete spaces below. | | | | | Presidential Election C | |
| ATLANTA, | GA | 30306 | | | | | | | Check here if you, or y if filing jointly, want \$3 | to go to |
| Foreign country nan | | | Foreign | province/county | 1 | Forei | on postal c | | this fund. Checking a k will not change your to | ox pelow ox or refund. |
| • | | | | , | | | | | You | Spouse |
| FT OL. | 1 | Single | | | 4 Head | i of househ | old (with a | ualifyir | ng person). If the qu | |
| Filing Status | 2 | X Married filing jointly | even if only one had | l income) | | | - | | pendent, enter this | |
| Ohanis anti- | 3 | Married filing separa | | | | e here. 🕨 | | | | |
| Check only one box. | | and full name here. | | | | ifving widov | v(er) with (| depend | dent child | |
| | 6a | | | dependent, do not check bo | | | | |) Boxes checked | 2 |
| Exemptions | | | | | | | | | on 6a and 6b | |
| | - | Dependents: | *************************************** | (2) Dependent's social | (3) | Dependent's | | (4)√if cl under age | नात on 6c who: | 4 |
| | · | (1) First name | Last name | security number | re | lationship to you | RI | alifying f | or child and live w | vith |
| | - | SEE STATEME | | | | , | | WA GIOU | or separation | |
| If more than four | - | ODE STATES | 747 7 | <u> </u> | | | | | (see instruction: | s) |
| dependents, see | - | | | | - | | | | Dependents on | |
| instructions and | | | ···· · · · · · · · · · · · · · · · · · | | | | | | not entered abo |)Ve |
| check here 🕨 📖 | . ل | | | <u> </u> | | | | | Add numbers on lines | ا ہ ا |
| | <u></u> | | | | | | | 1 | above | 6 |
| Income | 7 | Wages, salaries, tips, etc. | , , | *************************************** | | | | 7 | | 130 |
| | 8a | Taxable interest. Attach | | | | | | 8a | | 138. |
| Attach Form(s) | þ | | | a | | | ,566. | 7 | | |
| W-2 here. Also | 9a | | | ired | | | | <u>9a</u> | 3, | 884. |
| attach Forms | b | Qualified dividends | | | 9b | | <u>,897.</u> | 4 | | |
| W-2G and 1099-R if tax | 10 | Taxable refunds, credits, | or offsets of state an | d local income taxes | | | | 10 | | |
| was withheld. | 11 | | | | | | | 11 | | |
| | 12 | | | or C-EZ | | | | 12 | 1,134, | 011. |
| If you did not | 13 | Capital gain or (loss). Att | ach Schedule D if red | quired. If not required, check | chere |) | - | 13 | -3, | .000. |
| get a W-2, | 14 | Other gains or (losses). | Attach Form 4797 | ***** | | | | 14 | | |
| see instructions. | 15a | IRA distributions | 15a | 10,000. | b Taxable an | nount | | 15b | | 0. |
| | 16a | Pensions and annuities | 16a | | b Taxable an | nount | | 16b | 1 | |
| | 17 | | | orporations, trusts, etc. Atta | ch Schedule E | = | | 17 | | 0. |
| Enclose, but do | 18 | Farm income or (loss). A | ttach Schedule F | | | | | 18 | | |
| not attach, any payment. Also, | 19 | | | | | | | 19 | | |
| please use | 20a | | | | b Taxable ar | mount | | 20b |) | |
| Form 1040-V. | 21 | Other income. List type a | | | | | | 21 | | |
| | 22 | | | for lines 7 through 21. This | is your total i | ncome | | 22 | 1,135, | 033. |
| | 23 | Educator avenances | | | 00 | | | | | |
| Adjusted | 24 | Certain business expenses of officials, Attach Form 2108 or | reservists, performing a 2106-EZ | rtists, and fee-basis government | 24 | | ······································ | 7 | | |
| Gross | 25 | | | m 8889 | | | | 7 | | |
| Income | 26 | | | | | | -, | 7 | | |
| | 27 | | | h Schedule SE | | 21 | ,806 | | | |
| | 28 | | | ans | | | ,000 | | | |
| | 29 | | | | | | ,145 | | | |
| | 30 | | | | | | , = = - | 1 | | |
| | 31a | | | | 31a | | | + | | |
| | | | | | | | | ┥ | | |
| | 32 | | | | | | | - | | |
| | 33 | Student loan interest ded | *********** | | | | ···· | - | | |
| | 34 | | | COO | | | | - | | |
| | 35 | | | ach Form 8903 | | | | ا | 0.5 | 0 = 1 |
| 110001 | 36 | | | | | | | 36 | | <u>,951.</u> |
| 11-07-11 | 37 | Subtract line 36 from line | 22. This is your adj | usted gross income | | | > | 37 | 1,049 | , UOZ. |

| Form 1040 (2011) | K | AVEH & MARGARET K. KHAJAVI | 157-50-7 | 100 | | Page 2 |
|------------------------------------|------|--|--|---|---------|--------------------------------|
| Tax and | | Amount from line 37 (adjusted gross income) | | | 38 | 1,049,082. |
| Credits | | | ind. Total boxes | *************************************** | | |
| Standard | - | if: Spouse was born before January 2, 1947, B | D 1 | | | |
| Deduction for - | h | If your spouse itemizes on a separate return or you were a dual-status | | | | |
| People who Licheck any | 40 | Itemized deductions (from Schedule A) or your standard deduction (s | | | 40 | 157,551. |
| box on line 39a or 39b or | 41 | Subtract line 40 from line 38 | • | | 41 | 891,531. |
| who can be claimed as a | 42 | Exemptions. Multiply \$3,700 by the number on line 6d | | | 42 | 22,200. |
| dependent. | 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than li | | | 43 | 869,331. |
| | | Tax. Check if any from: a Form(s) 8814 b Form 4972 | | | 44 | 273,558. |
| | 44 | • | | | 45 | 1,458. |
| All others; | 45 | Alternative minimum tax. Attach Form 6251 | | | 46 | 275,016. |
| Single or | 46 | Add lines 44 and 45 | | 100. | 40 | 2/2/010. |
| Married filing separately, | 47 | Foreign tax credit. Attach Form 1116 if required | | 700. | | |
| \$5,800 | 48 | Credit for child and dependent care expenses. Attach Form 2441 | | | | |
| Married filing jointly or | 49 | Education credits from Form 8863, line 23 | | | | |
| Qualifying widow(er), | 50 | Retirement savings contributions credit. Attach Form 8880 | | | | |
| \$11,600 | 51 | Child tax credit (see instructions) | | | | |
| Head of household. | 52 | Residential energy credits. Attach Form 5695 | 52 | | | |
| \$8,500 | 53 | Other credits from Form: a 3800 b 8801 c | | | | 100 |
| | 54 | Add lines 47 through 53. These are your total credits | | | 54 | 100. |
| | 55 | Subtract line 54 from line 46, If line 54 is more than line 46, enter -0 | | | 55 | 274,916. |
| <u>O</u> ther | 56 | Self-employment tax. Attach Schedule SE | · · · · · · · · · · · · · · · · · · · | | 56 | 41,478. |
| Taxes | 57 | Unreported social security and Medicare tax from Form: a 4137 | | | 57 | |
| | 58 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form | | | 58 | |
| | | Household employment taxes from Schedule H | | | 59a | |
| | b | First-time homebuyer credit repayment. Attach Form 5405 if required ${}_{\mbox{\tiny J}}$ | | | 59b | |
| | 60 | Other taxes. Enter code(s) from instructions | | | 60 | |
| | 61 | Add lines 55 through 60. This is your total tax | | | 61 | 316,394. |
| Payments | | Federal income tax withheld from Forms W-2 and 1099 | | | | |
| | 63 | 2011 estimated tax payments and amount applied from 2010 return | 63 149 | 840. | | |
| If you have a qualifying | 64 a | Earned income credit (EIC) | 64a | | | |
| child, attach | b | Nontaxable combat pay election | | | | |
| Schedule EIC. | 65 | Additional child tax credit. Attach Form 8812 | 65 | , | | |
| | 66 | American opportunity credit from Form 8863, line 14 | | | | |
| | 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 | | | | |
| | 70 | Credit for federal tax on fuels. Attach Form 4136 | | | | |
| | 71 | Credits from Form: a 2439 b 8839 c 8801 d 8 | 885 71 | | | |
| | 72 | Add lines 62, 63, 64a, and 65 through 71. These are your total paymen | nts | | 72 | 149,840. |
| Refund | 73 | If line 72 is more than line 61, subtract line 61 from line 72. This is the | amount you overpaid | | 73 | |
| | 74a | Amount of line 73 you want refunded to you. If Form 8888 is attached | , check here | - | 74a | |
| Direct deposit? | | Routing number C Type: Checking Savings de | Account | | | |
| instructions. | 75 | Amount of line 73 you want applied to your 2012 estimated tax | > 75 | | | |
| Amount | 76 | Amount you owe. Subtract line 72 from line 61. For details on how to | | > | 76 | 166,554. |
| You Owe | 77 | Estimated tax penalty (see instructions) | 77 | | | |
| Third Part | | o you want to allow another person to discuss this return with the IRS (| see instructions)? X Yes. Co | mplete be | low. | No |
| Designee | Di | slønee's ►MARK A. ESTROFF, CPA | Phone ► (404)266- | | number | |
| Sign | | Under penalties of perjury, I declare that I have examined this return and accompany correct, and complete. Declaration of preparer (other than taxpayer) is based on all in | ing schedules and statements, and to the | e best of my wiedge. | knowled | lge and belief, they are true, |
| Here | | Your signature Your | occupation | | Day | time phone number |
| Joint return? See instructions. | | PH | YSICIAN | | | |
| Keep a copy | | Spouse's signature. If a joint return, both must sign. Date Spou | use's occupation | | | IRS sent you an Identity |
| for your records. | | HOI | MEMAKER | | | ection PIN, r It here |
| | Prir | t/Type preparer's name Preparer's signature | Date Chec | k | lf P | TIN |
| Paid | | | self- | employed | | |
| Preparer | MA | RK A. ESTROFF, CPA | | | P | 00082636 |
| | | s name ► PERSHING YOAKLEY & ASSOCIA | TES, P.C. | m's EIN | | 1517792 |
| • | | 3424 PEACHTREE ROAD, NE #7 | | | 04) | 266-9876 |
| 110002 11-07-11 | Fir | o's address ► ATLANTA, GA 30326 | <u> </u> | | | |



PERSHING YOAKLEY & ASSOCIATES, P.C.

Monarch Tower, Suite 700

3424 Peachtree Road, N.E.

Atlanta, Georgia 30326
p: (404) 266-9876 | f: (404) 266-2669

www.pyapc.com | www.GatesMoore.com

April 13, 2012

Kaveh and Margaret Khajavi 886 Cumberland Rd Atlanta, GA 30306

Dear Kaveh & Peg:

Enclosed are your 2011 income tax returns and 2012 estimated tax vouchers, as follows...

2011 U.S. INDIVIDUAL INCOME TAX RETURN

2012 FEDERAL ESTIMATED TAX VOUCHERS

2011 GEORGIA INDIVIDUAL INCOME TAX RETURN

2012 GEORGIA ESTIMATED TAX VOUCHERS

Attached is the details for your 2011 401(k)/Profit sharing contribution amount due. Please ensure that all payments due, both for you and the staff are made prior to April 17, 2012, the due date of your tax return.

Your copy should be retained for your files.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

Very truly yours,

Mark A. Estroff, CPA

Name

X-Tested Group

Khajavi Kaveh Owner

| 25,150,00 25,150,00 25,150,00 25,150,00 3,486,35 613,47 1,329,43 |
|--|
|--|

\$23,420.23 \$32,772.64

16,070.23

7,622.64

1,209.32 2,189.49

1,038.55 573,62

\$56,192.87

Totals

Eason
Gullick
Hall
Huthchison
Strachan
Schroeder

Maddie Slaff
Richard Slaff
Tashara Slaff
Annthony Slaff
Annette Staff
Dana Slaff

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Tax Year 2011 e-file Jurat/Disclosure for Form 1040, 1040A, or 1040EZ using Practitioner PIN method (with or without Electronic Funds Withdrawal)

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN

62073216401

(enter EFIN plus 5 self-selected numerics)

Taxpayer Declarations

Perjury Statement

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return/form to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Taxpayer's PIN: 57100

Date 04132012

Spouse's PIN:

49591

| | Child Tax Credit | Worksheet (keep for your records) | |
|----------------|---|--|-------------|
| Name(s): First | Last | | Your SSN |
| KAVEH & | | AJAVI | 157-50-7100 |
| Part 1 | | X \$1,000. Enter the result. | .14,000. |
| | 2. Enter the amount from Form 1040, line 38, Form 104 | 2 <u>1,049,082.</u> | |
| | | 2 1,049,082. | |
| | 3. 1040 filers: Enter the total of any- | 3 0. | |
| | Exclusion of income from Puerto Rico, and Amounts from Form 2555, lines 45 and 50; Form | 2555.57 | |
| | line 18; and Form 4563, line 15. | 12000-12. | |
| | 1040A and 1040NR filers: Enter -0 | , | |
| | | 41,049,082. | |
| | 5. Enter the amount shown below for your filing status. | | |
| | A Manufact Office Indiant - 0440 000 | | |
| | Single, head of household, or qualifying widow(e) | r)-\$75,000 } 5 <u>110,000</u> . | |
| | Married filing separately - \$55,000 | | |
| | 6. Is the amount on line 4 more than the amount on line | e 5? | |
| | No. Leave line 6 blank, Enter -0- on line 7. | | |
| | X Yes. Subtract line 5 from line 4. | 66_940,000. | |
| | If the result is not a multiple of \$1,000, incre | ase it to the next multiple of | |
| | \$1,000 (for example, increase \$425 to \$1,00 | 00, increase \$1,025 to \$2,000, etc). | |
| | 7. Multiply the amount on line 6 by 5% (.05). Enter the | result | 7 47,000. |
| | 8. Is the amount on line 1 more than the amount on line | e 7? | |
| | X No. STOP | | |
| | You cannot take the child tax credit on Form | 1040, line 51, Form 1040A, line 33, | |
| | or Form 1040NR, line 48. | | |
| | | sult | 8 |
| Part 2 | 9. Enter the amount from Form 1040, line 46, Form 104 | · | |
| | Form 1040NR, line 44. | | . 9 |
| | | s 47 through 50.* 10 | |
| | 1040A filers: Enter the total of the amounts from line | - , | |
| | 1040NR filers: Enter the total of the amounts from li | nes 45 tillough 47.) | |
| | 11. Are you claiming any of the following credits? | | |
| | Residential energy efficient property credit, Form | 5695 Part II | |
| | Mortgage interest credit, Form 8396 | 00009 1 411 112 | |
| | District of Columbia first-time homebuyer credit, | Form 8859 | |
| | No. Enter the amount from line 10. | _ | 11 |
| | Yes. Complete the Line 11 Worksheet to fig | | |
| | | | 12 |
| | 13. Is the amount on line 8 of this worksheet more than | | |
| | No. Enter the amount from line 8. | This is your | |
| | Yes. Enter the amount from line 12. | child tax credit. | 13 |
| | | | |
| | | | |
| | * Also include amounts from: | | |
| | Form 5695, line 14 | | |
| | Form 8834, line 23 Form 8910, line 22 | | |
| | Form 8936, line 15 | | |
| | Schedule R, line 22 | | |

103711 10-25-11

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040

Itemized Deductions

Attach to Form 1040.

► See Instructions for Schedule A (Form 1040).

2011 Attachment

KAVEH & MARGARET K. KHAJAVI 157 50 7100 Medical Caution. Do not include expenses reimbursed or paid by others. and Medical and dental expenses (see instructions) Dental Enter amount from Form 1040, line 38 ______2 **Expenses** Multiply line 2 by 7.5% (.075) Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-Taxes You State and local (check only one box): Paid a X Income taxes, or SEE STATEMENT 7 86,609. General sales taxes Real estate taxes (see instructions) 18,988. Personal property taxes 32. Other taxes. List type and amount Add lines 5 through 8 105,629. Interest Home mortgage interest and points reported to you on Form 1098 45,831. You Paid Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address Note. Your mortgage Points not reported to you on Form 1098. See instructions for special rules interest Mortgage insurance premiums (see instructions) deduction may 13 be limited (see Investment interest. Attach Form 4952 if required. (See instructions.) instructions). Add lines 10 through 14 45,831. Gifts to 4,491. Gifts by cash or check. If you made any gift of \$250 or more, see instructions Charity Other than by cash or check. If any gift of \$250 or more, see instructions. If you made a You must attach Form 8283 if over \$500 SEE STATEMENT 9 1,600. gift and got a Carryover from prior year benefit for it. see instructions. 19 Add lines 16 through 18 19 6,091. Casualty and Theft Losses Casualty or theft loss(es). Attach Form 4684. (See instructions.) 20 Job Expenses Unreimbursed employee expenses - job travel, union dues, job education, etc. and Certain Attach Form 2106 or 2106-EZ if required, (See instructions.) Miscellaneous **Deductions** 1,125. Tax preparation fees _____ 22 23 Other expenses - investment, safe deposit box, etc. List type and amount Add lines 21 through 23 1,125. 24 26 Multiply line 25 by 2% (.02) 20,982 0 . Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-27 Other Other - from list in instructions. List type and amount Miscellaneous **Deductions** Total Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, **Itemized** 157,551. **Deductions** If you elect to itemize deductions even though they are less than your standard deduction, LHA 119501 11-03-11 For Paperwork Reduction Act Notice, see Form 1040 instructions. Schedule A (Form 1040) 2011

SCHEDULE B

Name(s) shown on return

(Form 1040A or 1040)
Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

Attach to Form 1040A or 1040.

See instructions.

2011 Attachment 08

Your social security number

157 50 <u>7100</u> KAVEH & MARGARET K. KHAJAVI Part I Amount List name of payer. If any interest is from a seller-financed mortgage and the buyer used the Interest property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address NATIONAL FINANCIAL SERVICES LLC 3,566. SCAN Note. If you received a Form 1099-INT. Form 1099-OID. 1 or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form. SUBTOTAL FOR LINE 1 3,704. TAX-EXEMPT INTEREST SEE STATEMENT 10 -3,566. 2 Add the amounts on line 1 2 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. 138. Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a 4 Note. If line 4 is over \$1,500, you must complete Part III. **Amount** Part II List name of payer Ordinary NATIONAL FINANCIAL SERVICES LLC 3,582. Dividends USAA S&P 500 INDEX FUND MEMBER SHARES Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, 5 list the firm's name as the payer and enter the ordinary dividends shown on that form. 3,884. 6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ... Note. If line 6 is over \$1,500, you must complete Part III. Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign Yes No Foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. Accounts 7a At any time during 2011, did you have a financial interest in or signature authority over a financial account (such and as a bank account, securities account, or brokerage account) located in a foreign country? See instructions X Trusts If "Yes," are you required to file Form TD F 90-22.1 to report that financial interest or signature authority? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements **b** If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the financial account 8 During 2011, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Interest and Dividend Summary

| Payer | Interest | Ordinary Dividends | Qualified Dividends | Capital Gain Distributions |
|--------------------------|---|-----------------------|--|---|
| NATIONAL FINANCIAL | | | | |
| | | | | |
| SERVICES LLC | | | | ······································ |
| NATIONAL FINANCIAL | | | | |
| SERVICES LLC | | 3,582. | 2,595. | 536 |
| USAA S&P 500 INDEX FUND | | | | |
| MEMBER SHARES | | 302. | 302. | * · · · · · · · · · · · · · · · · · · · |
| SCAN | 138. | | | |
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| 30191 1-07-11 TOTALS: | 138. | 3,884. | 2,897. | 536 |

15280413 781621 3252.C01 2011.03042 KHAJAVI, KAVEH

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

OMB No. 1545-0074

Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065. Name of proprietor Social security number (SSN) KAVEH KHAJAVI 157-50-7100 Principal business or profession, including product or service (see instructions) R Enter code from Instructions MEDICAL PRACTICE ▶ 621111 Business name, If no separate business name, leave blank. D Employer ID number (EIN), (see instr.) GEORGIA SPINE & NEUROSURGEY CENTER, LLC 20-0149156 Business address (including suite or room no.) ▶ 2675 N. DECATUR RD, STE 110 City, town or post office, state, and ZIP code DECATUR, GA 30033 (2) Accrual (3) Other (specify) ▶ Accounting method: (1) X Cash G Did you "materially participate" in the operation of this business during 2011? If "No," see instructions for limit on losses If you started or acquired this business during 2011, check here Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions) X Yes Nο If "Yes." did you or will you file all required Forms 1099? X Yes Part I Income 1 a Merchant card and third party payments. For 2011, enter -0-1a 0. Gross receipts or sales not entered on line 1a (see instructions) 1,920,936. 1b 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 1,920,936. d Total gross receipts. Add lines 1a through 1c 1d Returns and allowances plus any other adjustments (see instructions) 16,238. 2 Subtract line 2 from line 1d 3 904,698. Cost of goods sold (from line 42) 4 1,904,698. Gross profit. Subtract line 4 from line 3 5 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) SEE STATEMENT 6 608,441. Gross income. Add lines 5 and 6. 2,513,139. 7 Part II | Expenses Enter expenses for business use of your home only on line 30. Advertising 5,957. 18 2,435. Office expense 18 Car and truck expenses Pension and profit-sharing plans 19 44,767. 4,658. (see instructions) STMT 11 9 Rent or lease (see instructions): 5,754. 10 Commissions and fees 10 20a a Vehicles, machinery, and equipment 112,390. Contract labor (see instructions) **b** Other business property 11 11 20b Repairs and maintenance 12 Depletion 12 21 21 13 Depreciation and section 179 22 Supplies (not included in Part III) 12,868. Taxes and licenses STMT 12 3,048. expense deduction (not included in 23 23 Part III) (see instructions) 15,417. 24 Travel, meals, and entertainment Employee benefit programs (other 8,255. a Travel 14 24a 8,032. than on line 19) b Deductible meals and 15 Insurance (other than health) 15 119,746. entertainment (see instructions) 24b 2,277. 25 1,015. Utilities 25 761,662. 16a 26 Wages (less employment credits) а Mortgage (paid to banks, etc.) 26 13,417. 27 a Other expenses (from line 48) 235,459. 16b 27a 21.971. 17 17 Legal and professional services b Reserved for future use 27b 379,128. 28 Total expenses before expenses for business use of home. Add lines 8 through 27a 28 Tentative profit or (loss). Subtract line 28 from line 7 134,011. 29 29 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere 30 31 Net profit or (loss). Subtract line 30 from line 29. If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. 1,134,011. If you entered an amount on line 1c, see instr. Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32. 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. All investment If you entered an amount on line 1c, see the instructions for line 31. Estates and trusts, enter on Form 1041, line 3. 32a If you checked 32b, you must attach Form 6198. Your loss may be limited.

120001

Schedule C (Form 1040) 2011

LHA For Paperwork Reduction Act Notice, see separate instructions.

| | e C (Form 1040) 2011 KAVEH KHAJAVI | 15 | 7-50-71 | 00 Page 2 |
|---|--|--|---|-------------|
| | 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 (a | ttach explanatio | n) |
| 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 | <u></u> | , |
| 38 | Materials and supplies | 38 | *************************************** | |
| 39 | Other costs | 39 | | |
| 40 | Add lines 35 through 39 | 40 | | |
| 41 | Inventory at end of year | 41 | | |
| 42 | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 | | | |
| Part | Information on Your Vehicle. Complete this part only if you are claiming car or true are not required to file Form 4562 for this business. See the instructions for line 13 Form 4562. | | | |
| 43 44 a | When did you place your vehicle in service for business purposes? (month, day, year) ►/ / Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for: Business b Commuting c Other | | STATEME | |
| 45 | Was your vehicle available for personal use during off-duty hours? | | | No |
| 46 | Do you (or your spouse) have another vehicle available for personal use? | | Yes | No |
| 47 a | Do you have evidence to support your deduction? If "Yes," is the evidence written? | | X Yes | No No |
| | V Other Expenses. List below business expenses not included on lines 8-26 or line 3 | O. | 121 163 | 1 140 |
| | E STATEMENT 14 | | 23 | 5,459. |
| | | | | |
| | | <u>_</u> | | |
| | | ······ | | |
| | | ····· | | |
| | | | | ··········· |
| | | ······································ | | |
| | | | | |
| *************************************** | | | | |
| 48 | Total other expenses. Enter here and on line 27a | 48 | 23 | 5,459. |
| 120002 | 10-25-11 | Sc | hedule C (Form | 1040) 2011 |

2011 DEPRECIATION AND AMORTIZATION REPORT

| GEORGIA | A SPINE & NEUROSURGEY CENTER, | 77 | | ŀ | - | | SCHE | SCHEDULE C- 1 | - | | | | | |
|--------------------|--|------------------|--------|--------|-------------------|-----------------------------|-------|------------------------|----------------------------|---------------------------|---|-------------------------------|---------------------------|---------------------------------------|
| Asset No. | Description | Date Acquired | Method | Life | C Line v n No. | Unadjusted Cost Or Basis | Bus 8 | Section 179 Expense | * Reduction in Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
| ~ | ITC TELEPHONE NETWORK | 10/31/03 | 200DB | 7.00 | мо17 | 1,000. | | | | 1,000. | 1,000. | | 0 | 1,000. |
| 2 | | 10/31/03 | 200DB | 7,00 | MQ17 | 4,721. | | | | 4,721. | 4,721. | | 0 | 4,721. |
| 4 | OFFICE FURNITURE-OFFICE LIQUIDATORS | 10/24/03 | 200DB | 7.00 | MQ17 | 4,785, | | | | 4,785, | 4,785. | | 0 | 4,785. |
| 5 | MEDICAL EQUIPMENT | 10/23/03 | 200DB | 5.00 | MQ17 | 1,930. | | | • | 1,930, | 1,930. | | 0 | 1,930. |
| 9 | BRITESTAR ILLUMINATOR | 10/20/03 | 200DB | 5.00 1 | MQ17 | 2,461. | | | | 2,461. | 2,461. | | o O | 2,461. |
| ₩ | 19 INCH MONITOR | 01/16/04 | 200DB | 5.00 | MQ17 | 584. | | 584. | | 0. | · | | 0 | 0 |
| <u>.</u> | BRIN'S LAPTOP | 01/16/04 | 200DE | 5,00 | MQ17 | 2,077. | | 2,077. | | 0 | | | 0 | .0 |
| 10 | DICTA MOUSE | 01/16/04 | 200DE | 5.00 | MQ17 | 188, | | 188. | | 0 | | | ó | .0 |
| 듺 | DATA EXCHANGE PORT | 03/11/04 | 200DE | 5.00 | MQ17 | .69 | | 69. | | 0 | | | 0 | 6 |
| 12 | | 03/11/04 | 200DB | 5.00 | MQ17 | 53. | | 53, | | 0. | | | 0 | 0. |
| 13 | | 03/05/04 | 200DB | 7.00 | жс17 | 548. | | 548. | | 0. | | | 0 | 0 |
| 14 | BILLING OFFICE FURNITURE OFFICE LIQUIDATORS | 04/20/04 | 200DB | 7.00 | МФ17 | 1,177. | | 1,177. | | 0 | | | 0 | .0 |
| 15 | | 08/25/04 | 200DB | 5.00 | MQ17 | 1,000. | | 1,000. | | Ö | | | 0 | ó |
| 16 | DELL LATITUDE D820 LAPTOP FOR DR, KHAJAVI | 90/60/90 | 200DB | 5.00 | HX17 | 3,362, | | 3,362. | | 0 | | | 0 | 0 |
| 17 | DESKTOP | 10/31/06 | 200DB | 5.00 | HW1.7 | 720. | | 720. | | 0 | | | ó | Ö |
| 18 | SERVER | 10/31/06 | 200DE | 5.00 | нх17 | 2,162. | | 2,162. | | o | | | Ó | .0 |
| 19 | SONY VAIO MICRO COMPUTER | 12/04/06 | 200DB | 5.00 | HY17 | 1,450. | | 1,450. | | 0 | | | Ċ | .0 |
| 20 | 20 VOICEMAIL MODULE | 12/22/06 | 200DE | 5.00 | HY17 | 1,654. | | 1,654. | | 0. | | | 0, | 0. |
| 128111 05-01-11 | | | | | | (D) - Asset disposed | peso | | * | ITC, Salvage, | * ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone | ercial Revital | ization Deduct | lion, GO Zone |

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2011 DEPRECIATION AND AMORTIZATION REPORT

| GEORGIA | SPINE & NEUROSURGEY CENTER | LL | | | - | ļ- | SCI | SCHEDULE C- 1 | | | <u>.</u> | | | |
|---------|--|------------------|--------|------------|----------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|---|-------------------------------|---------------------------|---------------------------------------|
| | Description | Date Acquired | Method | Life | C C Clue | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | Reduction in Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
| 21 | UPPRONT LICENSE - SOFTWARE | 01/01/07 | SL | 3,00 | HY17 | 8,025. | | 8,025, | | .0 | | | 0 | ö |
| 22 | HP2840 LASERJET PRINTER | 02/20/07 | 200DB | 5.00 | HXI17 | .696 | | 969 | | 0 | | | 0 | Ö |
| 23 | CARD SCANNER | 02/26/07 | 200DB | 5.00 | HX117 | 517. | | 517. | | 0 | | | Ö | ó |
| 24 | PALM TREO | 06/15/07 | 200рв | 5.00 | нх17 | 661. | | 661. | | Ö | | | 0 | 0 |
| 25 | | 04/02/07 | SE | 3.00 | HY17 | 5,000. | | 5,000. | | ó | | | 0, | 0 |
| 26 | BAL ON LICE WORK EMR | 02/22/07 | SL | 3.00 | HX17 | 8,025, | | 8,025. | | 0 | | | 0. | 0 |
| 27 | NEW SERVER (DYNAMIC TECHNOLOGIES) | 03/06/08 | 200рв | 5,00 | MQ17 | 1,605. | | | | 1,605. | 1,229. | | 177. | 1,406. |
| 28 | INTEL CORE DUO HP7500 | 03/21/08 | 200DB | 5,00 | MQ17 | 1,476. | | | | 1,476, | 1,131. | | 162. | 1,293. |
| 29 | LAPTOP & DESKTOP | 04/01/08 | 200DB | 5,00 | MQ17 | 6,340. | | | | 6,340. | 4,628. | | 721. | 5,349. |
| | | 07/18/08 | 200DB | 5,00 | ж017 | 1,503. | | | | 1,503, | 1,043. | | 184. | 1,227. |
| 31 | CORE 2 DUO T8100-GULLICK LAPTOP | 08/19/08 | 200DB | 5.00 | MQ17 | 2,386. | | | | 2,386, | 1,656. | | 292. | 1,948. |
| 32 | QUAD CORE 2,4 GHZ-KAJAVI | 08/26/08 | 200DB | 5,00 | жо17 | 1,657. | | | | 1,657, | 1,150. | | 203. | 1,353. |
| 33 | SULTE 110 RENOVATIONS | 10/01/08 | TS | 15,00 | MQ17 | 105,395. | | | 52,698. | 52,697. | 7,465. | | 3,513. | 10,978. |
| 34 | CABLE TV ROUGH IN | 10/01/08 | ЛS | 15.00 | MQ17 | 4,105. | | | 2,053. | 2,052. | 291. | | 137. | 428. |
| 35 | SOFAS FOR OFFICE | 12/16/08 | 200DB | 7,00 | MQ17 | 837, | | | | 837. | 426. | | 117. | 543. |
| 36 | TABLES, LAMPS AND FRAMING | 12/16/08 | 200DE | 7.00 | MQ17 | 2,024. | | | | 2,024. | 1,028. | | 285, | 1,313. |
| | TABLES FOR NEW OFFICE | 12/19/08 | 200DB | 7.00 | жд17 | 1,116. | | ,, | | 1,116. | 567, | | 157, | 724. |
| | 38 ARCHITECTUAL FEE/RENOVATIONS 10/21/08 | 10/21/08 | SL | 15.00 MQ17 | MQ17 | 5,477. | | | 2, 739. | 2,738. | 388. | | 183, | 571, |
| | | | | | | (D) - Asset disposed | pesod | | * | ITC, Salvage, | * ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone | ercial Revital | ization Deduct | ion, GO Zone |

2011 DEPRECIATION AND AMORTIZATION REPORT

| | Ending Accumulated Depreciation | 1,352. | 813. | 10,541, | 475. | 1,116. | 16,886. | 7,505. | 711. | 772. | 4,277. | Ö | .0 | .0 | .0 | 769. | 2,215. | 89,462. | on, GO Zone |
|-------------------------------|--|-----------------|--------------------|--|------------------------|----------------|----------------|---|-------------|----------|---|----------|-----------------------------------|-------------------|----------------|--------------------------|------------------|--------------------------|--|
| • | Current Year Deduction | 293. | 176. | 2,285. | 152. | 328. | 2,906. | 1,292. | 145, | 227. | 1,482, | ó | ó | 0 | ó | 0 | ó | 15,417. | * ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone |
| | Current Sec 179 Expense | | | | | | | | | | | | | | | | | | nercial Revital |
| | Beginning Accumulated Depreciation | 1,059. | 637. | 8,256. | 323. | 788. | 13,980. | 6,213. | 566, | 545, | 2,795. | | | | | 769. | 2,215, | 74,045. | Bonus, Comm |
| | Basis For Depreciation | 2,085. | 1,254. | 16,252. | 2,277. | 1,609, | 21,246. | 9,442. | 928, | 1,113. | 6,500. | 0 | 0. | .0 | .0 | 769. | 2,215. | 157,018. | ITC, Salvage, |
| | * Reduction In Basis | | | | 2,278. | | | | | | | | | | | | | 59,768. | * |
| SCHEDULE C- 1 | Section 179 Expense | | | | | | | | | | | 1,585. | 8,000. | 884. | 7,821. | | | 56,531, | |
| SCI | Bus % Excl | | | | | | | | | | | | | | | | , | | pesoc |
| | Unadjusted Cost Or Basis | 2,085. | 1,254. | 16,252. | 4,555. | 1,609. | 21,246. | 9,442. | 928. | 1,113. | 6,500. | 1,585. | 8,000. | 884. | 7,821. | 769. | 2,215. | 273,317. | (D) - Asset disposed |
| | Line No. | 0117 | d1.7 | 17 | 017 | 1017 | 817 | 617 | МФ17 | 1011 | MQ17 | <u>K</u> | <u>x17</u> | <u>x</u> 17 | <u>x17</u> | <u>x</u> 16 | MQ17 | | |
| | ე ი ⊏ > | Σ | <u> </u> | 23 | 15.00 M | ≥; | Σ. | | | 22 | | <u> </u> | | === | | H 00 | | | |
| | d Life | В 7.00 | B 7.00 | B 7,00 | 15 | E 5.00 | B 5,00 | B 5.00 | B 5.00 | B 5,00 | B 5.00 | B 5,00 | B 5,00 | B 5,00 | B 5,00 | 3,00 | 17.00 | | |
| | Method | 200D | 200DB | 200DE | SL | 200D | 200D | 200DB | 200DB | 200DB | 200DB | 200DB | 200DB | 200D | 200D | SL | 200DE | | |
| LL | Date Acquired | 12/16/08 200DB | 12/16/08 | 11/01/08 | 10/20/08 | 08/04/09 200DE | 11/01/08 200DB | 11/14/08 | 03/31/09 | 07/20/09 | 10/15/09 | 06/25/10 | 09/17/10 | 03/19/10 200DB | 12/15/10 200DB | 10/20/03 | 10/20/03 | | The second secon |
| A SPINE & NEUROSURGEY CENTER, | Description | ART/DECOR ITEMS | 40 ART/DECOR ITEMS | OFFICE EXPO (32 GUEST CHAIRS 10 STACK | LEASEHOLD IMPROVEMENTS | | | AUREUS COMPUTER EQUIP (2 APPLES, ACCER WIDESCREEN, HDD, | NEW PRINTER | SCANNERS | ECLINICAL WORKS TRANSCRIPTION INTERFACE | | NERVE CONDUCTION VELOCITY MACHINE | FRONT DESK SCNNER | DELL SERVER | DRAGON MEDICAL SUITE 7.0 | OFFICE FURNITURE | TOTAL SCH C DEPRECIATION | |
| GEORGIA | Asset No. | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | | 128111 05-01-11 |

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

OMB No. 1545-0074

2011

Attachment Sequence No. 12

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

Your social security number

KAVEH & MARGARET K. KHAJAVI

157 50 7100

| This fo | lete Form 8949 before completing line 1, 2, or 3. orm may be easier to complete if you round off to whole dollars. | (e) Sales price from Form(s) 8949, line 2, column (e) | (f) Cost or other basis from Form(s) 8949, line 2, column (f) | (g) Adjustments gain or loss fror Form(s) 8949, line 2, column (g | n | (h) Gain or (loss) Combine columns (e), (f), and (g) |
|----------------------|--|---|--|--|-----|--|
| 1 : | Short-term totals from all Forms 8949 with | | | | | |
| | box A checked in Part I | | () | | | |
| 2 | Short-term totals from all Forms 8949 with | | | | | |
| | box B checked in Part I | | () | | | |
| 3 | Short-term totals from all Forms 8949 with | | | | | |
| | box C checked in Part I | | () | · · · · · · · · · · · · · · · · · · · | , | |
| | 0 | | | | | |
| | Short-term gain from Form 6252 and short-term g | | | | 4 | |
| | Net short-term gain or (loss) from partnerships, S | • | | | | |
| _ ′ | from Schedule(s) K-1 | | | | 5 | |
| | Short-term capital loss carryover. Enter the amou | • • | • | | | |
| | Carryover Worksheet in the instructions | | | | 6 | |
| | Net short-term capital gain or (loss). Combine l | | • • • | • | | |
| | capital gains or losses, go to Part II below. Other | vise, go to Part III on p | age 2 | | 7 | |
| Parl | t II Long-Term Capital Gains and Los | ses - Assets Hel | d More Than One Y | ear | | |
| omple | ete Form 8949 before completing line 8, 9, or 10. | (e) Sales price from | (f) Cost or other basis | (g) Adjustments | | (h) Gain or (loss) |
| | orm may be easier to complete if you round off to whole dollars. | Form(s) 8949, line 4, column (e) | from Form(s) 8949, line 4, column (f) | gain or loss from Form(s) 8949, line 4, column (| | Combine columns (e), (f), and (g) |
| 8 | Long-term totals from all Forms 8949 with | | | | | |
| | box A checked in Part II | | (| | | |
| | Long-term totals from all Forms 8949 with | | | | | *************************************** |
| | box B checked in Part II | | (| | | |
| | Long-term totals from all Forms 8949 with | | | | | |
| 0 | | | 1 | | | |
| - | box C checked in Part II | | () | | - 1 | |
| | box C checked in Part II Gain from Form 4797, Part I; long-term gain from I | Forms 2439 and 6252; | and long-term gain or (los | ss) | | |
| 11 | box C checked in Part II Gain from Form 4797, Part I; long-term gain from I from Forms 4684, 6781, and 8824 | | | | 11 | |
| 11 | Gain from Form 4797, Part I; long-term gain from I | | | | 11 | |
| 1 | Gain from Form 4797, Part I; long-term gain from I from Forms 4684, 6781, and 8824 | corporations, estates, a | and trusts from Schedule(| s) K-1 | 12 | |
| 1 2 | Gain from Form 4797, Part I; long-term gain from I from Forms 4684, 6781, and 8824 Net long-term gain or (loss) from partnerships, S c | corporations, estates, a | and trusts from Schedule(| s) K-1 | | 536 |
| 1 2 3 4 | Gain from Form 4797, Part I; long-term gain from I from Forms 4684, 6781, and 8824 Net long-term gain or (loss) from partnerships, S of Capital gain distributions Long-term capital loss carryover. Enter the amour | corporations, estates, a | and trusts from Schedule(CATEMENT 16 If your Capital Loss Carr | s) K-1 | 12 | |
| 12 2 3 | Gain from Form 4797, Part I; long-term gain from I from Forms 4684, 6781, and 8824 Net long-term gain or (loss) from partnerships, S of Capital gain distributions Long-term capital loss carryover. Enter the amour Worksheet in the instructions | corporations, estates, a SEE ST nt, if any, from line 13 o | and trusts from Schedule(CATEMENT 16 If your Capital Loss Carr | s) K-1 | 12 | |
| 11 12 13 14 | Gain from Form 4797, Part I; long-term gain from I from Forms 4684, 6781, and 8824 Net long-term gain or (loss) from partnerships, S of Capital gain distributions Long-term capital loss carryover. Enter the amour | SEE ST nt, if any, from line 13 ones 8 through 14 in col | and trusts from Schedule(ATEMENT 16 If your Capital Loss Carr umn (h). Then go to | s) K-1 | 12 | 536. (4,916. |

| га | outiniary | | | |
|----|---|----|----------|---------|
| 16 | If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. | 16 | | <4,380. |
| 17 | Are lines 15 and 16 both gains? Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. | | | |
| 18 | Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions | 18 | | |
| 19 | Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions | 19 | | |
| 20 | Are lines 18 and 19 both zero or blank? Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below. No. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below. | | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: | | | |
| | The loss on line 16 or (\$3,000), or if married filing separately, (\$1,500) SEE STATEMENT 17 | 21 | <u> </u> | 3,000.) |
| | Note. When figuring which amount is smaller, treat both amounts as positive numbers. | | | |
| 22 | Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? X Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). No. Complete the rest of Form 1040 or Form 1040NR. | | | |

Schedule D (Form 1040) 2011

| | e(s) shown on return | | Your SSN | |
|---------------|--|--|---------------|-------------|
| <u>KAV</u> | EH & MARGARET K. KHAJAVI | | | 157-50-7100 |
| Bef | ore you begin: See the instructions for line 44 to see if you can use the | is worksheet to figure your ta | x. | |
| | √ If you do not have to file Schedule D and you received checked the box on line 13 of Form 1040. | capital gain distributions, be | sure you | |
| 1. | Enter the amount from Form 1040, line 43. However, if you are filing Form | 1 11 11 11 11 | | |
| | 2555 or 2555-EZ (relating to foreign earned income), enter the amount from | | | |
| | line 3 of the Foreign Earned Income Tax Worksheet | 1. 869,331 | • | |
| 2. | Enter the amount from Form 1040, line 9b* 2. 2,897. | ************************************** | _ | |
| | Are you filing Schedule D?* | | | |
| | Yes. Enter the smaller of line 15 or 16 of Schedule D. if either line 15 or line 16 is | | | |
| | Schedule D. if either line 15 or line 16 is blank or a loss, enter -0- | | | |
| 4. | No. Enter the amount from Form 1040, line 13 Add lines 2 and 3 4. 2,897. | | | |
| 5. | If filing Form 4952 (used to figure investment | | | |
| | interest expense deduction), enter any amount | | | |
| | from line 4g of that form. Otherwise, enter -0 5. 0 . | | | |
| 6. | Subtract line 5 from line 4. If zero or less, enter -0- | 6. 2.897 | _ | |
| | Subtract line 6 from line 1. If zero or less, enter -0- | | | |
| 8. | | ·· | | |
| | \$ 34,500 if single or married filing separately, | | | |
| | \$ 69,000 if married filing jointly or qualifying widow(er), | a. 69.000 | | |
| | \$ 46,250 if head of household. | | | |
| 9. | Enter the smaller of line 1 or line 8 | 9. 69,000 | | |
| 10. | The second secon | | | |
| 11. | | 11. 0 | | |
| 12. | Enter the smaller of line 1 or line 6 | 12. 2,897 | - | |
| 13. | Enter the amount from line 11 | | - | |
| 14. | | 14. 2,897 | • | |
| 15. | Multiply line 14 by 15% (.15) | | | 435. |
| 16. | Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100 | | | |
| | figure this tax. If the amount on line 7 is \$100,000 or more, use the Tax Compu | tation Worksheet | 16. | 273,123. |
| 17. | Add lines 15 and 16 | | | |
| | Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100 | | ****** | |
| | figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Compu | tation Worksheet | 18. | 274,137. |
| 19. | Tax on all taxable income. Enter the smaller of line 17 or line 18. Also include | | | |
| | 1040, line 44. If you are filing Form 2555 or 2555-EZ, do not enter this amount of | on Form 1040, line 44. | | |
| | Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet | | 19 | 273,558. |
| | | | | |
| * <i>If</i> y | ou are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Inco | me Tax Worksheet before co | mpleting this | line. |

SCHEDULE E

(Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

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

Attach to Form 1040, 1040NR, or Form 1041.

➤ See separate instructions.

OMB No. 1545-0074 **2011**

Attachment Sequence No. 13

Name(s) shown on return Your social security number KAVEH & MARGARET K. KHAJAVI 157-50-7100 A Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions) Yes B If "Yes," did you or will you file all required Forms 1099? Yes No Income or Loss From Rental Real Estate and Royalties Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Caution. For each rental property listed on line 1, check the box in the last column only if you owned that property as a member of a qualified joint venture (QJV) reporting income not subject to self-employment tax. Physical address of each property-street, city, state, ZIP Type-from list 2 For each rental real Fair Rental Personal QJV estate property listed, Days Use Davs below report the number of 1239 N. HIGLAND 1 days rented at fair rental 365 Α value and days with В В personal use. See C C instructions. Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 7 Self-Rental 5 Land 2 Multi-Family Residence 4 Commercial 6 Rovaities 8 Other (describe) Income: **Properties** C 0 3a Merchant card and third party payments. For 2011, enter -0-За b Payments not reported to you on line 3a 39,200. 3b 39,200. 4 Total not including amounts on line 3a that are not income (see instructions) 4 Expenses: 5 Advertising 5 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance 7 5,870 Commissions 8 8 9 Insurance 9 10 Legal and other professional fees 10 11 Management fees 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 12,945 13 Other interest 13 14 14 Repairs 15 Supplies 15 9,548. Taxes 16 Utilities 17 18 Depreciation expense or depletion 18 19 Other (list) 19 28,363. 20 Total expenses. Add lines 5 through 19 20 21 Subtract line 20 from line 4. If result is a (loss), see instructions to find out if you 10,837 must file Form 6198 21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 10,837: (see instructions) 23a Total of all amounts reported on line 3a for all rental properties 23a b Total of all amounts reported on line 3a for all royalty properties 23b c Total of all amounts reported on line 4 for all rental properties 39,200. 23c d Total of all amounts reported on line 4 for all royalty properties 23d 12,945 e Total of all amounts reported on line 12 for all properties 23e f Total of all amounts reported on line 18 for all properties 28,363 g Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 10,837. 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 10.837 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2

| Name | (s) shown on return. Do not enter name and social securit | y number if shown on page 1. | | | | 7 (0000) | one ooquer | | | rity number | <u>-</u> |
|--------------------|--|---|---|------------|----------------------------|---|--|------------|--|---|--------------|
| TF 73 7 | | | | | | | | | | - | |
| | VEH & MARGARET K. KHA | | | 16.4 | | | | 1 | <u>57-50-</u> | <u>-7100</u> | _ |
| | ion. The IRS compares amounts reported on your III Income or Loss From Par | | | | | | | | | | _ |
| га | | | | | | | | at-nsi | cactivity to | r which | |
| | any amount is not at risk, you mu | | | | | | | | | | _ |
| 27 | Are you reporting any loss not allowed in a price | | | | | | | | | | |
| | passive activity (if that loss was not reported o | | oursed partnership exper | ises? | | | | | Yes | X No | |
| | If you answered "Yes," see instructions before | completing this section. | | 121.5 | | | | | | | _ |
| 28 | (a) | Name | | (b) E | inter Pitori Tershio: S | (C) Check If foreign partnership | | l) Emp | | (e) Check if any amount I not at risk | s |
| - | *************************************** | TTQ | | | | partnership | | | number | not at risk | _ |
| Α | LOBOTOMY BOYS LLC | | | 4 | P | | 27- | <u>030</u> | <u> 1554 </u> | | _ |
| В | | | | | | | | | | | |
| С | | ···· | | | | | | | | | |
| D | | | | | | | | | | | |
| | Passive Income and L | | | | , | assive Inc | | d Los | s | | |
| | (f) Passive loss allowed | (g) Passive income | (h) Nonpassive lo | | (i) Se | ction 179 e | xpense | | j) Nonpassiv | | |
| | (attach Form 8582 if required) | from Schedule K-1 | from Schedule K | -1 | aeauct | ion from Fo | rm 4562 | | from Sched | ule K-1 | |
| Α | 0 | • | | | | | | | | | |
| В | | | | | | ····· | | | | | |
| С | | | | | | | | | | | _ |
| D | | | | | . | | | | | | |
| 29a | Totals | | | | | | | | ······································ | | |
| b | Totals | | | | | | | | | | |
| 30 | Add columns (g) and (j) of line 29a | *************************************** | | | | | | 30 | | | _ |
| 31 | Add columns (f), (h), and (i) of line 29b | ************* | | | | | | 31 | (| | <u>)</u> |
| 32 | Total partnership and S corporation income of | | | | | | | | | | |
| | result here and include in the total on line 41 b | elow | | | | | | 32 | | | |
| Pa | rt III Income or Loss From Esta | ites and Trusts | | | | | | | | ········· | _ |
| 33 | | (a) Name | | | | | | | (b) Em | | |
| | | (4) | | | ····· | | ······································ | | identificatio | n number | |
| <u> </u> | | | | | | | | | | ······································ | |
| В | | | ····· | | | | | | ··· | | _ |
| | | ome and Loss | | | | | | | and Loss | | |
| | (c) Passive deduction or loss allowed (attach Form 8582 if required) | | Passive income m Schedule K-1 | | | luction or lo | | (| f) Other inco Schedule | | |
| | (attacis i onii osoz is requirec) | - 10 | III Schedele K-1 | | ii Oili e | ociieuuie K | - 1 | | Schedin | ≈ K- I | |
| <u> </u> | · | | | | | | | | | | |
| В | | | | - | | | | | ··· · · · · · · · · · · · · · · · · · | | _ |
| 34a | Totals | | | ļ | | | · | | | | |
| b | Totals |] | | L | | | | | <u> </u> | | |
| 35 | Add columns (d) and (f) of line 34a | | | | | | | 35 | , | ************ | . |
| 36 | Add columns (c) and (e) of line 34b | ing lines OF and OC Entry | | | 44 | | hataur | 36 | (| | <u>)</u> |
| 37 D a | Total estate and trust income or (loss). Comb | | | | | | | 37 dual | Holder | | |
| Га | IT TO THE OF LOSS FROM HEA | | (c) Excess inclusion | | | | | uuai | | | |
| 38 | (a) Name | (b) Employer identification number | Schedules Q, line | 2C | loss) | from Sche d | lules Q, | | e) incom: Schedules C | | |
| | | | (see instruction | S) | | line 1b | | · | | ., | _ |
| | | | | | | | | | | | |
| 20 | Combine columns (d) and (e) only. Enter the r | noult have and include to | ho total on tine 44 belee | | <u> </u> | | | 00 | | | |
| 39 Da | irt V Summary | esuit nere and include in t | ne total on line 41 below | , | | ••••••••••••••••••••••••••••••••••••••• | | 39 | | | _ |
| | | 25 Alea complete line 4 | 2 halow | | | | | 40 | l'''' | | |
| 40 44 | Net farm rental income or (loss) from Form 48 | | | | | | | 40 | | ^ | |
| 41 | Total income or (loss). Combine lines 26, 32, 37, | | | 7, or For | rm 10401 | NR, line 18 | ▶ | 41 | | 0. | |
| 42 | Reconciliation of farming and fishing income | | • | | | | | | | | |
| | reported on Form 4835, line 7; Schedule K-1 (| • | · | | 1 | | | | | | |
| 40 | (Form 1120S), box 17, code U; and Schedule | | | 42 | | | | | | | |
| 43 | Reconciliation for real estate professionals. | | | | | | | | | | |
| | enter the net income or (loss) you reported anywhere o | | πom all rental real estate | 40 | 1 | | | | | | |
| | activities in which you materially participated under the | passive activity loss rules , | | 43 | 1 | | | | | | |

Schedule E (Form 1040) 2011

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

SCHEDULE E

| Name KAVEH KHAJAVI | | | | | | | CONTEIN 1 | 157-50-7100 |
|--|-----------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------|----------------------------|----------------------------|---|
| | | | | | | | | |
| Passthrough LOBOTOMY BOYS LLC | - LOBOTOMY BOYS | S PPC | 2 | 27-0301554 | | | I. | TAXPAYER |
| PARTNERSHIP | | | | Million and a second | | | | |
| OTHER PASSIVE | K-1 Input | Prior Year Unallowed Basis Loss | Disallowed Due to Basis Limitation | Prior Year Unallowed At-Risk Loss | Disallowed Due to At-Risk | Prior Year Passive Loss | Disallowed Passive Loss | Tax Return |
| SCHEDULE E, PAGE 2 | | | | | | | | |
| Ordinary business income (loss) | | | | | | | | |
| Rental real estate income (loss) | | | | | | | | |
| Other net rental income (loss) | | | | | | | | |
| Intangible drilling costs/dry hole costs | | | | | | | | |
| Self-charged passive interest expense | | | | | | | | |
| Guaranteed payments | | | | | | | | |
| Section 179 and carryover | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Net income (loss) | | | | | | 80. | 80, | |
| First passive other | | | | | | | | |
| = | | | | | | | | |
| Cost depletion | | | | | | | | |
| | | | | | | | | ; |
| Depletion carryover | | | | | | | | |
| Disallowed due to 65% limitation | | | | | | | | |
| Unreimbursed expenses (nonpassive) | | | | | | | | |
| Nonpassive other | | | | | | | | |
| Total Schedule E (page 2) | | | | | | .08 | 80, | |
| FORM 4797 | | | | | | | | |
| Section 1231 gain (loss) | | | | | | | | *************************************** |
| Section 179 recapture on disposition | | | | | | | | |
| SCHEDULE D | | | | | | | | |
| Net short-term cap. gain (loss) | | | | | | | | |
| Net long-term cap. gain (loss) | | | | | | | | |
| Section 1256 contracts & straddles | | | | | | | | |
| | | | | | | | | |
| Investment interest expense - Sch. A | | | | | | | | |
| Other net investment income | | | | | | | | |
| ITEMIZED DEDUCTIONS | | | | | | | | |
| Charitable contributions | | | | | | | | |
| Deductions related to portfolio income | | | | | | | | |
| Other | | | | | | | | |

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

| SCHEDIE | | | | | 1 | | | |
|--|---------------------|------------------------------------|---------------------------------------|--------------------------------------|---------------------------|----------------------------|----------------------------|-------------|
| Name KAVEH KHAJAVI | | | | | | | SSN/EIN 1 | 157-50-7100 |
| BOYS LLC | - LOBOTOMY BOYS LLC | LLC | Ω | 27-0301554 | | | T. | TAXPAYER |
| PARTNERSHIP | | | | | | | | |
| OTHER PASSIVE | K-1 Input | Prior Year Unallowed Basis Loss | Disallowed Due to Basis Limitation | Prior Year Unallowed At-Risk Loss | Disallowed Due to At-Risk | Prior Year Passive Loss | Disallowed Passive Loss | Tax Return |
| INTEREST AND DIVIDENDS | | | | | | | | |
| Interest income | | | | | | | | |
| Interest from U.S. bonds | | | | | | | | |
| Ordinary dividends | | | | | | | | |
| Qualified dividends | | | | | | | | |
| Tax-exempt interest income | | | | | | | | |
| | | | | | | | | |
| Depreciation adjustment after 12/31/86 | | | | | | | | |
| Adjusted gain or loss | | | | | | | | |
| ustment | | | | | | | | |
| : | | | | | | | | |
| : | | | | | | | | |
| MISCELLANEOUS | | | | | | | | |
| Self-employment earnings (loss)/Wages | | | | | | | | |
| Gross farming & fishing inc | | | | | | | | |
| | | | | | | | | |
| ion | | | | | | | | |
| Undistributed capital gains credit | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Cancellation of debt | | | | | | | | • |
| Medical insurance · 1040 | | | | | | | | |
| Dependent care benefits | | | | | | | | |
| Retirement plans | | | | | | | | |
| Qualified production activities income | | | | | | | | |
| Passthrough adjustment to Form 1040 | | | | | | | | |
| Penalty on early withdrawal of savings | | | | | | | | |
| NOI. | | | | | | | | |
| 7 | | | | | | | | |
| Credits | | | | | | | | |
| Casualty and theft loss | | | | | | | | |

SCHEDULE SE (Form 1040)

Department of the Treasury Internal Revenue Service

Self-Employment Tax

➤ Attach to Form 1040 or Form 1040NR. ➤ See separate instructions.

2011 Attachment

Attachment Sequence No. 1

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

Social security number of person with self-employment income

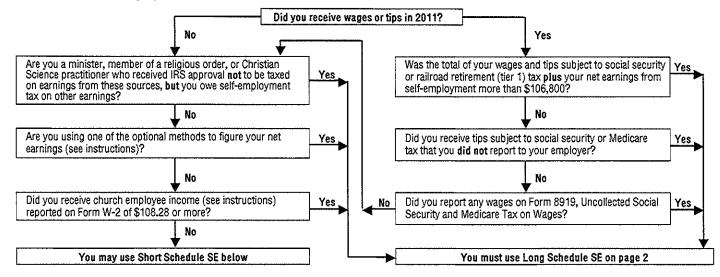
157 50 7100

KAVEH KHAJAVI

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 STMT_18 | 2 | 1,134,011. |
| 3 | Combine lines 1a, 1b, and 2 | 3 | 1,134,011. |
| 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 | 1,047,259. |
| | Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions. | | |
| 5 | Self-employment tax. If the amount on line 4 is: | | |
| | • \$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 | 41,478. |
| 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 21,806. | | |
| | | | |

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

Schedule SE (Form 1040) 2011

Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

Department of the Treasury Internal Revenue Service (99) Name

Identifying number as shown on page 1 of your tax return

| KΑ | VEH & M | ARGARE | T K. KH | AJAVI | | | | 157-50- | 7100 | | |
|----------|--|---------------------------------------|---|-----------------|---------------------|---------------------------------------|---|---|--------------|-----------------|--|
| | | | | | v. See Categories | of Income in the | instructions. Cl | neck only one bo | ox on eac | h Form 1 | 116. Report all |
| amo | ounts in U.S. dolla | ars except wh | ere specified in F | Part II below. | | | | | | | |
| a [| Passive ca | tegory income | e c | Section 901(| j) income | | e Lump | -sum distribution | ns | | |
| b [| X General ca | tegory income | e d | Certain incon | ne re-sourced by ti | reaty | | | | | |
| | | | | | ****** | | | | | | |
| f R | esident of (name | of country) | UNITE | D STATE | <u>s</u> | | | | | | |
| | | | | | ossession, use c | | | in Part II. If you | ı paid ta | xes tand | ore than one |
| | | | | | and line for each | | | | | | |
| Pa | art Taxab | le Income o | or Loss From | Sources Outs | ide the United S | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | | | oreign Count | | | | | Total |
| | | | | | Α | | <u>B</u> | C | | (Add o | cols. A, B, and C.) |
| g | | | oreign country | | | | | | | | |
| | | | | | <u>oc</u> | | | | | | |
| 1a | Gross income t | | = | | | i | | | | | |
| | and of the type | checked above | ve: | | | | | | | | |
| | | | | | 2 | | | | | | 257 |
| _ | Object 1988 | . • | San fan i i i i | | 3 | 57. | | | | 1a | 357. |
| þ | Check if line 1a | | | | | | | | | | |
| | | | pensation from | | | | | | | | |
| | • | | used an alternati structions) | | | | | | | | |
| <u></u> | ductions and I | | | | | | | | | | |
| De | ducaons and i | 05565 (Cau | don. Gee maac | Journay. | | | | | | | |
| 2 | Expenses defin | nitely related | to the income or | n line 1a | | | | | | | |
| _ | • | • | ctions not defini | | | | | | | | |
| 3 | | | | - | 105,6 | 29 | | | | | |
| | Certain itemize | | | | 105,6 | 49. | | | | | |
| | Other deduction Add lines 3a at | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 105,6 | 20 | | | | | |
| _ | | | | | | 18. | | | | | |
| a | Gross foreign | | e es | | 2,556,8 | | | | | | |
| f | | | , | | .000 | | | | | | |
| - | | | , | | | 30. | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| 9 4 | Pro rata share | | | | | 50. | | | | | |
| | Home mortgag | | | nane 14 | | | | | | | |
| a | | | e worksheet on | | | | | | | | |
| 'n | Other interest | | | | | | | | | | |
| 5 | Losses from fo | | _ | | | | | | | | |
| 6 | Add lines 2, 3g | ~ | | | | 30. | | | | 6 | 30. |
| _ | Subtract line 6 t | | | ere and on line | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 7 | 327. |
| | | | s Paid or A | | | | | | | | |
| 1 | Credit is claimed | | | | Foreig | n taxes paid | or accrued | | | | |
| | for taxes (you must | | In fore | ign currency | | | | In U.S. dolla | ars | | , |
| 2 | check one) | | | | (n) Other | | | | (r) (| Other | (s) Total foreign |
| Country | (h) X Pald | Taxes v | vithheld at sourc | e on: | foreign | Taxes | withheld at sou | rce on: | for | eign | taxes paid or |
| ပို | (i) Accrued | · · · · · · · · · · · · · · · · · · · | | | taxes paid or | | | · | | paid or rued | accrued (add cols. (o) through (r)) |
| _ | (j) Date paid or accrued | (k) Dividends | (i) Rents and royalties | (m) Interest | accrued | (0) Dividends | (p) Rents and royalties | (q) Interest | 0.00 | | |
| 4 | | ļ | | | | 160. | | | | | 160. |
| В | | | | | | | | | | | |
| <u>c</u> | | | | | L | <u> </u> | | <u> </u> | <u> </u> | | 4.50 |
| | | | | | on line 9, page 2 | ************ | | | | . 🖊 8 | 160. |
| ĽН | A For Papen | work Reduc | tion Act Notic | ce, see instruc | ctions. | | | | | | Form 1116 (2011) |

| P | art III Figuring the Credit | | | | |
|----|--|---------------|---------------------------------------|----|----------|
| 9 | Enter the amount from line 8. These are your total foreign taxes paid or accrued | | | | |
| | for the category of income checked above Part I | 9 | 160. | | |
| | | | | | |
| 10 | Carryback or carryover (attach detailed computation) SEE STATEMENT 21 | 10 | 64. | | |
| | | | | | |
| 11 | Add lines 9 and 10 | 11 | 224. | | |
| | | | | | 1 |
| 12 | Reduction in foreign taxes | 12 | | | 1 |
| | | | | | 1 |
| 13 | Taxes reclassified under high tax kickout | 13 | | . | 1 |
| | | | | | 1 |
| 14 | Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit | ····· | | 14 | 224. |
| 15 | Enter the amount from line 7. This is your taxable income or (loss) from sources outside the | | | | 1 |
| | United States (before adjustments) for the category of income checked above Part I | 15 | 327. | | 1 |
| | | | | | 1 |
| | Adjustments to line 15 | 16 | | - | |
| 17 | Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. | | | | |
| | (If the result is zero or less, you have no foreign tax credit for the category of income | | | | |
| | you checked above Part I. Skip lines 18 through 22. However, if you are filing more than | | | | |
| | one Form 1116, you must complete line 20.) | 17 | 327. | | |
| 18 | Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. | | | | |
| | Estates and trusts; Enter your taxable income without the deduction for your | | 000 076 | | |
| | exemption SEE STATEMENT 20 | | 889,876. | - | |
| | Caution: If you figured your tax using the lower rates on qualified dividends or capital ga | - | | | 00000 |
| | Divide line 17 by line 18. If line 17 is more than line 18, enter "1" | | | 19 | .000367 |
| 20 | Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the ar | | | | |
| | line 42. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of | | | | 072 FE0 |
| | lines 36 and 37 Caution: If you are completing line 20 for separate categorye (lump-sum distributions), | | | 20 | 273,558. |
| ~4 | | | | 21 | 100. |
| | Multiply line 20 by line 19 (maximum amount of credit) Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 thr | | | 21 | <u> </u> |
| 22 | and the Man OO Other day around the the survey date for the Day to NA | - | | 22 | 100. |
| P | art IV Summary of Credits From Separate Parts III | ************* | | | 100. |
| - | Credit for taxes on passive category income | 23 | | | |
| | Credit for taxes on general category income | | | | |
| | Credit for taxes on certain income re-sourced by treaty | | | 1 | |
| | Credit for taxes on lump-sum distributions | | · · · · · · · · · · · · · · · · · · · | 1 | |
| | Add lines 23 through 26 | | | 27 | |
| 28 | Enter the smaller of line 20 or line 27 | | | 28 | 100. |
| 29 | Reduction of credit for international boycott operations | | | 29 | |
| | Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 4 | | | | |
| | Form 1040NR, line 45; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a | | • | 30 | 100. |

Form **1116** (2011)

Alternative Minimum Tax - Individuals

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

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

► Attach to Form 1040 or Form 1040NR.

Your social security number

| K. | AVEH & MARGARET K. KHAJAVI | - | 157 50 7100 |
|-----------|---|-----|--|
| P | art I Alternative Minimum Taxable Income | | |
| 1 | If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the | | |
| | amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.) | 1 | 891,531. |
| 2 | Medical and dental, Enter the Smaller of Schedule A (Form 1040), line 4, OT 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0- | 2 | |
| | Taxes from Schedule A (Form 1040), line 9 | 3 | 105,629. |
| | Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line | 4 | |
| | Miscellaneous deductions from Schedule A (Form 1040), line 27 | 5 | |
| | Skip this line. It is reserved for future use | 6 | |
| | Tax refund from Form 1040, line 10 or line 21 | 7 | |
| | Investment interest expense (difference between regular tax and AMT) | 8 | |
| 9 | Ph. 4 12 (1997) | 9 | |
| _ | Net operating loss deduction from Form 1040, line 21. Enter as a positive amount | 10 | |
| | Alternative tax net operating loss deduction | 11 | |
| 12 | Interest from specified private activity bonds exempt from the regular tax SEE STATEMENT 22 | 12 | 48. |
| | Qualified small business stock (7% of gain excluded under section 1202) | 13 | |
| | Exercise of incentive stock options (excess of AMT income over regular tax income) | 14 | |
| | Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) | 15 | ************************************** |
| | Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) | 16 | |
| | | 17 | |
| | Disposition of property (difference between AMT and regular tax gain or loss) Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) STMT 23 | 18 | -1,103. |
| | Passive activities (difference between AMT and regular tax income or loss) | 19 | 0. |
| | Loss limitations (difference between AMT and regular tax income or loss) | | V • |
| | | 20 | |
| | Circulation costs (difference between regular tax and AMT) | 21 | |
| | Long-term contracts (difference between AMT and regular tax income) | 22 | |
| | Mining costs (difference between regular tax and AMT) | 23 | |
| | Research and experimental costs (difference between regular tax and AMT) | 24 | |
| | Income from certain installment sales before January 1, 1987 | 25 | |
| | Intangible drilling costs preference | 26 | |
| | Other adjustments, including income-based related adjustments | 27 | |
| 28 | Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line | i I | 006 105 |
| | 28 is more than \$223,900, see instructions.) | 28 | 996,105. |
| | Part II Alternative Minimum Tax (AMT) | 1 | |
| 29 | Exemption. (If you were under age 24 at the end of 2011, see instructions.) | | |
| | IF your filing status is AND line 28 is not over THEN enter on line 29 Single or head of household \$112,500 \$48,450 \ | | |
| | Married filing jointly or qualifying widow(er) 150,000 74,450 | | • |
| | Married filing separately | 29 | 0. |
| | If line 28 is over the amount shown above for your filing status, see instructions. | | |
| 30 | Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines | | 004 40- |
| | 31, 33, and 35, and go to line 34 | 30 | 996,105. |
| 31 | • If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. | | |
| | If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends Form 1040, line 0by any you had a gain as both lines 15 and 16 of Schoolule D. (Form 1040) (or referred.) | | |
| | on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 54 here. | 31 | 275,033. |
| | • All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by | | |
| | 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing | | |
| | separately) from the result. | | |
| 32 | 2 Alternative minimum tax foreign tax credit (see instructions) | 32 | 117. |
| 33 | Tentative minimum tax. Subtract line 32 from line 31 | 33 | 274,916. |
| 34 | 1 Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). | | |
| | If you used Sch J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Sch J | 34 | 273,458. |
| <u>35</u> | 5 AMT. Subtract line 34 from line 33. If zero or less, enter -0 Enter here and on Form 1040, line 45 | 35 | 1,458. |
| Ш | A For Paperwork Reduction Act Notice, see your tax return instructions. | | Form 6251 (2011) |

Part III Tax Computation Using Maximum Capital Gains Rates

| | Complete Part III only if you are required to do so by line 31 or by the Foreign Earne | d Income Tax Worksho | et in the | instructions. |
|----|--|---|-----------|-------------------------|
| 36 | Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the a | mount from | | |
| | line 3 of the worksheet in the instructions for this line | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 36 | 996,105. |
| 37 | Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax | | | |
| | Worksheet in the instructions for Form 1040, line 44, or the amount from | | | |
| | line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D | | 1 | |
| | (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see | | - | |
| | instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the | | | |
| | amount to enter | 2,897. | | |
| 38 | Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the | | | |
| | AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, | | | |
| | see instructions for the amount to enter | | | |
| 39 | If you did not complete a Schedule D Tax Worksheet for the regular tax or the | | | |
| | AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter | | | |
| | the smaller of that result or the amount from line 10 of the Schedule D Tax | | | |
| | Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 | | | |
| | or 2555-EZ, see instructions for the amount to enter | 2,897. | | |
| 40 | Enter the smaller of line 36 or line 39 | | 40 | 2,897. |
| | Subtract line 40 from line 36 | | 41 | 993,208. |
| | If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 2 | | | - |
| | Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separate | ely) from | | |
| | the result | > | 42 | 274,598. |
| 43 | Enter: | | | |
| | • \$69,000 if married filing jointly or qualifying widow(er), | | | |
| | • \$34,500 if single or married filing separately, or | 69,000. | | |
| | • \$46,250 if head of household. | | | |
| 44 | Enter the amount from line 7 of the Qualified Dividends and Capital Gain | | | |
| | Tax Worksheet in the instructions for Form 1040, line 44, or the amount from | | | |
| | line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D | | | |
| | (Form 1040), whichever applies (as figured for the regular tax). If you did not | | | |
| | complete either worksheet for the regular tax, enter -0- | 866,434. | | |
| | | | | |
| 45 | Subtract line 44 from line 43. If zero or less, enter -0- | 0. | | |
| | | | | |
| 46 | Enter the smaller of line 36 or line 37 | 2,897. | | |
| | | | | |
| 47 | Enter the smaller of line 45 or line 46 | | | |
| | | | | |
| 48 | Subtract line 47 from line 46 | 2,897. | | |
| | | | | |
| 49 | Multiply line 48 by 15% (.15) | | 49 | 435. |
| | If line 38 is zero or blank, skip lines 50 and 51 and go to line 52. Otherwise, go to line 50 | • | | |
| | | • | | |
| 50 | Subtract line 46 from line 40 | | | |
| | | | | |
| 51 | Multiply line 50 by 25% (.25) | | 51 | |
| | | | | |
| 52 | Add lines 42, 49, and 51 | | 52 | 275,033. |
| | | | | |
| 53 | If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 2 | | | |
| | Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separate | • • | | |
| | the result | | 53 | <u> 275,409.</u> |
| | | | | |
| 54 | Enter the smaller of line 52 or line 53 here and on line 31. If you are filing Form 2555 or 2555 | • | | AMM AAA |
| _ | this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 3 | 31 | 54 | 275,033. |
| | | | | Form 6251 (2011) |

| | | | | | | Social Security Number |
|---|-------------------------------------|--------------------|--------------------|--------------------|--------------------|-------------------------------|
| & MARGARET K. KHAJAVI | | | | | | 157-50-7100 |
| | | | | Adjustment | | |
| Description | Income | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 | Form 6251 Other Adjustment |
| GEORGIA SPINE & NEUROS URGEY CENTER, LLC * REGULAR INCOME AMT DEPR ADJ * AMT NET INCOME | 1,134,011. -1,103. 1,132,908. | | -1,103. -1,103. | | | |
| ** TOTAL ADJ & PREF ** | | | -1,103. | | | |
| | | | | | | |

| The Spine & Neurosurger 1,000 1,000 0 0 0 0 0 0 0 0 0 | Asset Description | Date Acquired | AMT Method | AMT Life | AMT Cost Or Basis | AMT Accumulated | Regular Depreciation | AMT Depreciation | AMT Adjustment |
|--|--|------------------|---------------|-------------|----------------------|--------------------|-------------------------|---------------------|-------------------|
| WORK 103103150DB 1,000. 1,000. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. | SPINE & | | | | | | | | |
| TEM 103103150DB 4,721. 4,721. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. | | 3 | 5 | | 000′ | 000′ | | | 0. |
| ATOR 102403150DB 1,930. 1,930. 0.00.00.00.00.00.00.00.00.00.00.00.00 | 2ITC TELEPHONE SYSTEM | 3 | Ŋ | | , 721 | , 721 | | | 0 |
| ATOR 102303150DB 1,930. 1,930. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0 | OFFICE FURNITURE-OFFICE | 3 | 7 | | ,785 | , 78 | 0 | 0 | 0 |
| ATOR 102003150DB 2,461. 2,461. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. | SMEDICAL EQUIPMENT | 3 | (CI | | ,930 | 93 | 0 | 0 | 0 |
| TOTAL CONTINUE C | 6BRITESTAR ILLUMINATOR | 3 | Ü | | , 46 | , 46 | 0 | | 0.0 |
| TO 011604150DB 188. 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 | 819 INCH MONITOR | Ţ | C | | 200 | • | | • | o c |
| TUTURE - 030504150DB 53. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. | gerin's Laptop | 7 | υп | | 70, | | | • | • • |
| NITURE - 03(1104150DB 53.00.00.00.00.00.00.00.00.00.00.00.00.00 | 10DICTA MOUSE | fi v | ŊЦ | | ט ע | • | • | • • | |
| NITURE - 030504150DB 548. 0. 0. 0. 0. 0. 0. 0. 0. 1,177. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. | 12DRAGON HEADSET | # 7 | מונ | | | | 00 | | 0 |
| RNITURE - 042004150DB 1,177. 0. 0. 0. 0. 0. 0. 0. 1,177. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. | FURNITURE | | İ | | | | | | |
| RNITURE - 042004150DB 1,177. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. | 13LESLIE BLOCKMON | 4 | | | 48 | 0 | • | 0 | 0 |
| S. 042004150DB 1,177. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. | BILLING OFFICE FURNITURE - | | | | | • | , | • | • |
| UAPTOP FOR 0 (0) | 14OFFICE LIQUIDATORS | 4 | 150DB | | ,177 | | | | 0 0 |
| 060906150DB 3,362. 0. | THE DRIVE LAPTOR | # 0 7 7 | | | 2 | | | • | • |
| 103106150DB | | 06090 | 1.50DB | | ,362 | 0 | | 0 | 0 |
| OMPUTER 120406150DB 1,450. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0 | 17DESKTOP | 6 | 150DB | | 72 | 0 | 0 | 0 | 0 |
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| SOFTWARE 010107SL 8,025. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. | 19SONY VAIO MICRO COMPUTER | 9 | 150DB | | 4, | • | • | • • | 0 |
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| E ECLINICAL 022207SL 8,025. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. | α | ~ ~ | 150DB | | <u>ر</u> م | | | • | • • |
| E FEE ECLINICAL 0.00.00.00.00.00.00.00.00.00.00.00.00.0 | 23CARD SCANNER | j | 150DB | | 517. | 0 | 0 | 0 | 0 |
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| E FEE ECLINICAL 022207SL 8,025. 0. 0. 0. 0. 0. XNAMIC 020608150DB5.00 1,605. 1,041. 177. 265 244. | 25ALTEER VIEWER | 7 | SI | | 0, | 0 | 0 | 0 | 0 |
| YNAMIC 020608150DB5.00 1,605. 1,041. 177. 265 | E FEE | 4 | | | 0 | • | (| • | C |
| XNAMIC 020608150DB5.00 1,605. 1,041. 177. 265 | 26WORK EMR | _ | SI | | , 025 | | | | > |
| - 1000 T | NEW SERVER (DYNAMIC | 809060 | 1 5 0 D B E | _ | 605 | 041 | _ | 265 | α |
| | 2/IECHNODOSIES/ 28INTEL CORE DUO HP7500 | 032108 | 150DB5 | 0 | 476 | 958 | · 01 | 244. | -82 |

128104 05-01-11

| Asset No. | Description | Date Acquired | AMT AMT Method Life | AMT Cost Or Basis | AM Accumulated | Regular Depreciation | Depreciation | Adjustment |
|--------------|---|--------------------|------------------------|----------------------|---------------------|-------------------------|---------------|---------------|
| 30 | 29LAPTOP & DESKTOP 30INTEL CORE 2 DUO PC-GULLICK | $040108 \\ 071808$ | 150DB5.00 150DB5.00 | 6,340. 1,503. | 3,816. | 721. | 1,063. | -342. -65. |
| 7 | BULLICK | 081908 | 150DB5.0 | 38 | 1,348. | σ | ത | |
| 1 Å | -KAJAVI | 082608 | 150DB5.0 | , 65 | 93 | 20 | 27 | 1 |
| 33 | SNOI | 100108 | SL 15. | 105,39 | 9 | \forall | \leftarrow | 000 |
| 34 | | 100108 | SL 15.0 | 4,10 | ത ദ | ო , | \sim | 000 |
| 32 | 35SOFAS FOR OFFICE | 121608 | 150DB7.00 | | 334. | 11.7 285 | 108. | . 42 |
| | FICE | 121908 | 150DB7.0 | 1 ← i | 4 | S | ゝぜ | 13. |
| 300 | 38ARCHITECTUAL FEE/RENOVATIONS | 102108 | 3L 15. | 5,47 | 88 | ထ | α | .0 |
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| | ~ ` | 7 | 1 0 0 0 | 1 C | 0 | 000 | 0 | 100 |
| 41 | 41CHAIRS, 10 STACK | 110108 | TPODE/ OC | TO'72 | , φ, ο, | 0 L | , 070, 150 | ת |
| 42 | ZLEASEHOLD IMPROVEMENTS 10/20/08 | 102008 | 5L 15008 | 1,609. | 609 | 328 | 300. | 28. |
|) | AUREUS COMPUTER (4 |) i | | • | t | | | |
| 44 | S/WID | 11 01 08 | 150DB5.00 | 21,246. | 11,226. | 2,906. | 3,485. | -579. |
| | (2 | | | | (| (| ì | 1 |
| 45 | R WIDESCRE | 111408 | 150DB5.00 | 9,442. | 4,989. | 1,292. | 1,549. | -257. |
| 46 | TER | 033109 | 150DB5. | ο , | ぜく | 4 | S C | φ (|
| 47 | 47SCANNERS | 07/2009 | 150DB5. | 1,113. | \sim | 7 | \circ | |
| - | ECLINICAL WORKS TRANSCRIPTION | 7 7 7 | 4407 | 7 | 7 1 2 1 | 1 180 | 211 | α ν |
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| 50 | | 091710 | 150DB | 0 | • | 0 | 0 | 0 |
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| 52 | | 121510 | 150DB | N I | 1 | 0 (| <u>.</u> | 0 |
| 53 | AL SUITE 7.0 | 102003 | SL | 76 | 76 | 0 | · · | 0 0 |
| 54 | TURE | 102003 | 150DB | 2,21 | 2,21 | L | Ĺ | |
| | ** SUBTOTAL ** | | | ⊣ | N | 15,417.1 | 16,520. | -T, TO3. |

| AMT Adjustment | -1,103. |
|-------------------------|---------------------|
| AMT Depreciation | 16,520. |
| Regular Depreciation | 15,417. |
| AMT Accumulated | 64,520. |
| AMT Cost Or Basis | 273,317. |
| AMT | |
| AMT Method | |
| Date Acquired | |
| Description | *** GRAND TOTAL *** |
| Asset No. | |

Form 1116

Department of the Treasury Internal Revenue Service (99)

ALTERNATIVE MINIMUM TAX Foreign Tax Credit

(Individual, Estate, or Trust)
Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121 **2011**

Attachment Sequence No. 19

Name Identifying number as shown on page 1 of your tax return 157-50-7100 KAVEH & MARGARET K. KHAJAVI Use a separate Form 1116 for each category of income listed below. See Categories of Income in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. Passive category income Section 901(j) income Lump-sum distributions **b** X General category income Certain income re-sourced by treaty f Resident of (name of country) ▶ UNITED STATES Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes tomore than one foreign country or U.S. possession, use a separate column and line for each country or possession. Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. Possession Total В (Add cols. A, B, and C.) Enter the name of the foreign country or U.S. ЮC possession 1a Gross income from sources within country shown above and of the type checked above: 424 424. 1a **b** Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) Deductions and losses (Caution: See instructions): Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: 3 a Certain itemized deductions or standard deduction Other deductions (attach statement) Add lines 3a and 3b 718. d Gross foreign source income Gross income from all sources 2,556,945. .000281 Divide line 3d by line 3e Multiply line 3c by line 3f Pro rata share of interest expense: a Home mortgage interest (use worksheet on page 14 of the instructions) Other interest expense Losses from foreign sources Add lines 2, 3g, 4a, 4b, and 5 424 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 7 Part II Foreign Taxes Paid or Accrued Credit is claimed Foreign taxes paid or accrued for taxes In U.S. dollars In foreign currency (vou must check one) (r) Other (s) Total foreign (n) Other Taxes withheld at source on: Taxes withheld at source on: (h) X Paid foreign foreign taxes paid or taxes paid or taxes paid or accrued (add cols. (i) ____ Accruec accrued accrued (o) through (r)) (j) Date paid or accrued (I) Rents and rovalties (p) Rents and rovalties (k) Dividends (m) interest (0) Dividends (g) Interest 160. 160. В С 8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 160.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2011)

| P | art III Figuring the Credit | | | | |
|----|--|---------|---|----|----------|
| 9 | Enter the amount from line 8. These are your total foreign taxes paid or accrued | | | | " |
| | for the category of income checked above Part I | 9 | 160. | | |
| 10 | Carryback or carryover (attach detailed computation) SEE STATEMENT 25 | 10 | 41. | • | |
| 11 | Add lines 9 and 10 | 11 | 201. | | |
| 12 | Reduction in foreign taxes | 12 | | _ | |
| 13 | Taxes reclassified under high tax kickout | 13 | | | |
| 14 | Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit | | | 14 | 201. |
| | Enter the amount from line 7. This is your taxable income or (loss) from sources outside the | | | | |
| | United States (before adjustments) for the category of income checked above Part I | 15 | 424. | | |
| 16 | Adjustments to line 15 | 16 | | | |
| 17 | Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. | | | | |
| | (If the result is zero or less, you have no foreign tax credit for the category of income | | | | |
| | you checked above Part I. Skip lines 18 through 22. However, if you are filing more than | | | | |
| | one Form 1116, you must complete line 20.) | 17 | 424. | | |
| 18 | Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. | | | | |
| | Estates and trusts; Enter your taxable income without the deduction for your | | | | |
| | exemption SEE STATEMENT 26 | 18 | 994,760. | | |
| | Caution: If you figured your tax using the lower rates on qualified dividends or capital ga | ins, se | e instructions. | | |
| 19 | Divide line 17 by line 18. If line 17 is more than line 18, enter "1" | | | 19 | .000426 |
| 20 | Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the ar | mount i | from Form 1040NR, | | |
| | line 42. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of | | . , | | |
| | lines 36 and 37 | | | 20 | 275,033. |
| | Caution: If you are completing line 20 for separate categorye (lump-sum distributions), | | | | |
| | Multiply line 20 by line 19 (maximum amount of credit) | | | 21 | 117. |
| 22 | Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 thr | - | | | |
| | | | | 22 | 117. |
| | art IV Summary of Credits From Separate Parts III | Т. | .,m | F | <u> </u> |
| | Credit for taxes on passive category income | | | - | |
| | Credit for taxes on general category income | | | - | |
| | Credit for taxes on certain income re-sourced by treaty | | | - | |
| | Credit for taxes on lump-sum distributions | | | _ | |
| | Add lines 23 through 26 | | | 27 | |
| | Enter the smaller of line 20 or line 27 | | | 28 | · |
| | Reduction of credit for international boycott operations | | *************************************** | 29 | |
| 30 | Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 4 | 7; | L | | 117 |
| | | | | | |

Form 1116 (2011)

Nondeductible IRAs

See separate instructions.

OMB No. 1545-0074

Internal Revenue Service

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

Name. If married, file a separate form for each spouse required to file Form 8606. See instructions. KAVEH KHAJAVI

Your social security number 157 50 7100

Fill in Your Address Only If You Are Filing This Form by Itself and Not With Your Tax Return

Home address (number and street, or P.O. box if mail is not delivered to your home)

Apt. no.

City, town or post office, state, and ZIP code

Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2011.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2011 and you made nondeductible contributions to a traditional IRA in 2011 or an earlier year. For this purpose, a distribution does not include a rollover, qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2011 (excluding any portion you recharacterized) and you made nondeductible contributions to a traditional IRA in 2011 or an earlier year.

| 1 | Enter your nondeductible contributions to traditional IRAs for 2011, including those made for 2011 from | | |
|----|--|----------|---------------------|
| | January 1, 2012, through April 17, 2012 (see instructions) | 1 | 5,000. |
| 2 | Enter your total basis in traditional IRAs (see instructions) | 2 | 19,332. |
| 3 | Add lines 1 and 2 | | 24,332. |
| | In 2011, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion? No Enter the amount from line 3 on line 14. Do not complete the rest of Part 1. Yes Go to line 4. | | |
| 4 | Enter those contributions included on line 1 that were made from January 1, 2012, through April 17, 2012 | 4 | 5,000. |
| 5 | Subtract line 4 from line 3 | 5 | 19,332. |
| 6 | Enter the value of all your traditional, SEP, and SIMPLE IRAs as of | | |
| | December 31, 2011, plus any outstanding rollovers (see instructions) 6 | | STATEMENT 27 |
| 7 | Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2011. Do | | |
| | not include rollovers, qualified charitable distributions, a one-time distribution | | |
| | to fund an HSA, conversions to a Roth IRA, certain returned contributions, or | | |
| | recharacterizations of traditional IRA contributions (see instructions) 7 | | |
| 8 | Enter the net amount you converted from traditional, SEP, and SIMPLE | 7 | |
| | IRAs to Roth IRAs in 2011. Do not include amounts converted that you later | | |
| | recharacterized (see instructions). Also enter this amount on line 16 | | |
| 9 | Add lines 6, 7, and 89 | 1 | |
| 10 | Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 | | |
| | places. If the result is 1.000 or more, enter "1.000" | | |
| 11 | Multiply line 8 by line 10. This is the nontaxable portion of the amount you | | |
| | converted to Roth IRAs. Also enter this amount on line 17 | | |
| 12 | Multiply line 7 by line 10. This is the nontaxable portion of your distributions | | |
| | that you did not convert to a Roth IRA | | |
| 13 | Add lines 11 and 12. This is the nontaxable portion of all your distributions | 13 | 5,000. |
| 14 | Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2011 and earlier years | | 19,332. |
| 15 | Taxable amount. Subtract line 12 from line 7. If more than zero, also include this amount on | | |
| | Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b | 15 | |
| | Note: You may be subject to an additional 10% tax on the amount on line 15 if you were under age | | |
| | 59 1/2 at the time of the distribution (see instructions). | | |
| Pa | rt II 2011 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs | | |
| | Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2 | 2011 (ex | cluding any portion |
| | you recharacterized). | | |
| 16 | If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from | | |
| | traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2011. Do not include amounts you later recharacterized | | |
| | back to traditional, SEP, or SIMPLE IRAs in 2011 or 2012 (see instructions) | 16 | 5,000. |
| 17 | If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16 | | |
| | (see instructions) | 17 | 5,000. |
| 18 | Taxable amount. Subtract line 17 from line 16. Also include this amount on Form 1040, line 15b; Form | | |

119801 11-28-11 LHA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 8606 (2011)

18

1040A, line 11b; or Form 1040NR, line 16b

| | | II) KAVEII. | | | | | | | ربد | //100Fage 2 |
|-------------|--|--|-----------------------------------|----------------------------|---|--------------------------------------|-----------------|--|----------|--|
| Paı | Co qua (se | alified charitable e instructions). | only if you to distribution, | ok a distril a one-time | distribution to f | fund an HSA, rec | haracterization | on, or return of cer | | ot include a rollover, a ntributions |
| 9 | - | | | | | | - | -time homebuyer | | |
| | | | | | | | | | | |
| :O | Qualified | first-time home | buyer expens | es (see ins | structions). Do n | ot enter more th | an \$10,000 . | | 20 | |
| 1 | | | | | | - | | n line 25 | | |
| 2 | Enter you | ur basis in Roth | IRA contribut | ions (see i | nstructions) | | | | 22 | |
| 3 | Subtract | line 22 from line | e 21. If zero or | r less, ente | er -0-, skip line 24 | 1, and enter -0- o | n line 25. If m | ore than zero, | | |
| | you may | be subject to a | n additional ta | x (see inst | tructions) | | | | 23 | |
| 4 | | | | | | LE IRAs and rollo | | | | |
| | retiremer | nt plans to a Rot | th IRA (see ins | structions) | | | | , | 24 | |
| 25 | | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | | | | | | ır 2010 Form 860 | | | | |
| | instruction | ons). Otherwise, | skip lines 26 | through 3 | 5 and go to line | 36. | - | | | |
| 26 | | • | • | - | • | | o, see the not | te above) | 26 | |
| 27 | | | | | - | | | | | • |
| 28 | Enter the | portion of line | 24. if anv. that | t was con | verted before 20 | 10 (see instruction | ons) | | 28 | |
| 29 | | line 28 from line | | | | | | | | |
| 30 | | | | | | | | | | |
| 31 | | line 30 from line | | | | | | | 1 | w |
| 32 | | | | | | | | | - | |
| 33 | | | | | | | | | | |
| | | | | | | | | | | |
| 34 | | ••• | | | | | | | | |
| 35 | Taxable | Smaller Or line | 31 Of 11116 34 | | han sava alaa ir | nclude this amou | | 040 line 15h | 33 | |
| 36 | | | | | | | | | 000 | |
| | | | | | | | | | 36 | |
| | | | | | | 37 and 38 to ref | igure the amo | ount you must | | |
| _ | | | | - | lines 37 and 38. | | | | | |
| 37 | | | | | ~ F 00 I | | 37 | ., | | |
| 38 | | | | | 7 from line 26. If | | | | | |
| | | | | | er this amount o | | _ | | | |
| <u> </u> | applicab | le line of your 20 | 012 tax return | m Doci | gnated Roth | Accounts | 38 | | | |
| | Co to rol | omplete this part your designated lover. | t only if you to d Roth accour | ook a distri nt and you | ibution from you completed lines | r designated Rot s 25a and 25b of | your 2010 F | orm 8606 that you | filed to | ad an in-plan rollover report the in-plan |
| 39 | | | | | | | | *************************************** | | |
| 10 | | | | | | | | | 40 | |
| 11 | | | | _ | - | count Income Ac | | | 1 | |
| | | | | | | | | | - 1 | |
| 12 | | line 41 from lin | | | *************************************** | | | .,.,, | | |
| 13 | | | | | | | | | | |
| 14 | | | ine 25a of you | ir 2010 Fo | m 8606 | | | | 1 | |
| 1 5 | | | | | | | | | 45 | |
| 16 | Taxable | amount. Enter | the smaller of | iline 42 or | line 45. Include | this amount on I | Form 1040, lii | ne 16b; | | |
| | Form 10 | 40A, line 12b; o | r Form 1040N | IR, line 17l | b | | ······ | | 46 | |
| 47 | | | | | | | 47 | | | |
| 4 8 | Amount | subject to tax | in 2012. Subt | tract line 4 | 7 from line 40. li | nclude this | | | | |
| | amount | on the applicab | le line of your | 2012 tax ı | return | | 48 | | | |
| Are by I | n Here On Filing Thi tself and I ir Tax Ret | s Form Not With | correct, and com | piete. Declara | ation of preparer (othe | | | ng attachments, and to the tion of which preparer has a second of the Date | | my knowledge and belief, it is true wledge. |
| | <u>1</u> | Print/Type prepa | | ır signature | Preparer's signa | ature | Date | Check | if | PTIN |
| Pa | id | Filliviype prepa | i Gi S HAILLE | | i-reparer s signa | ztu: 5 | Dale | self- emp | | 1 1/18 |
| _ | eparer | Firm's name | | | | | | L | | |
| | • - | | . | | | | | Firm's E | | |
| US | e Only | Firm's address | > | | | | | Phone r | 10. | |

119802 11-28-11

Form 8606 (2011)

Nondeductible IRAs

See separate instructions.

Department of the Treasury Internal Revenue Service

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

Your social security number

OMB No. 1545-0074

| <u>MARGARET K. KHA</u> | JAVI |
|---------------------------|--|
| Fill in Your Address Only | Home address (number and street, or P.O. b |
| If You Are Filing This | |

oox if mail is not delivered to your home)

077 68 9591 Apt. no.

Form by Itself and Not City, town or post office, state, and ZiP code With Your Tax Return

Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs

Complete this part only if one or more of the following apply.

Name. If married, file a separate form for each spouse required to file Form 8606. See instructions.

- You made nondeductible contributions to a traditional IRA for 2011.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2011 and you made nondeductible contributions to a traditional IRA in 2011 or an earlier year. For this purpose, a distribution does not include a rollover, qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2011 (excluding any portion you recharacterized) and you made nondeductible contributions to a traditional IRA in 2011 or an earlier year.

| 1 | Enter your nondeductible contributions to tra | aditional IRAs for 2011, incl | uding those ma | de for 2011 from | | |
|----|--|-----------------------------------|------------------|--|-----|--------------|
| | January 1, 2012, through April 17, 2012 (see | | - | | 1 1 | 5,000. |
| 2 | Enter your total basis in traditional IRAs (see | | | | 2 | 14,875. |
| 3 | Add lines 1 and 2 | | | | 3 | 19,875. |
| | In 2011, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion? | | Do not complet | nt from line 3 on line 14. te the rest of Part I. | | |
| 4 | Enter those contributions included on line 1 | • | | ough April 17, 2012 | 4 | 5,000. |
| 5 | Subtract line 4 from line 3 | ********************************* | | | 5 | 14,875. |
| 6 | Enter the value of all your traditional, SEP, a | | 1 | 1 | | |
| | December 31, 2011, plus any outstanding ro | llovers (see instructions) | 6 | | | STATEMENT 28 |
| 7 | Enter your distributions from traditional, SEP | , and SIMPLE IRAs in 2011 | l. Do | | | |
| | not include rollovers, qualified charitable dis- | tributions, a one-time distrib | oution | | | |
| | to fund an HSA, conversions to a Roth IRA, | certain returned contributio | ons, or | | | |
| | recharacterizations of traditional IRA contribu | utions (see instructions) | 7 | | | |
| 8 | Enter the net amount you converted from tra | ditional, SEP, and SIMPLE | ; | | | |
| | IRAs to Roth IRAs in 2011. Do not include a | mounts converted that you | later | | | |
| | recharacterized (see instructions). Also enter | this amount on line 16 | 8 | | | |
| 9 | Add lines 6, 7, and 8 | 9 | | | | |
| 10 | Divide line 5 by line 9. Enter the result as a d | ecimal rounded to at least : | 3 | | | |
| | places. If the result is 1.000 or more, enter " | 1.000" | 10 | x | | |
| 11 | Multiply line 8 by line 10. This is the nontaxa | ble portion of the amount y | ou | | | |
| | converted to Roth IRAs. Also enter this amo | unt on line 17 | 11 | | | |
| 12 | Multiply line 7 by line 10. This is the nontaxa | | l. | | | |
| | that you did not convert to a Roth IRA | | 12 | | _ | |
| 13 | Add lines 11 and 12. This is the nontaxable | portion of all your distribution | ons | | 13 | 5,000. |
| 14 | Subtract line 13 from line 3. This is your total | al basis in traditional IRAs | for 2011 and 6 | earlier years | 14 | 14,875. |
| 15 | Taxable amount. Subtract line 12 from line | 7. If more than zero, also in | clude this amou | unt on | | |
| | Form 1040, line 15b; Form 1040A, line 11b; | or Form 1040NR, line 16b | | | 15 | |
| | Note: You may be subject to an additional 1 59 1/2 at the time of the distribution (see ins | | ine 15 if you we | re under age | | |
| Pa | rt II 2011 Conversions From Tradi | tional, SEP, or SIMP | LE IRAs to I | Roth IRAs | | |

Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2011 (excluding any portion vou recharacterized).

| | ,00.100.100.100.100. | | |
|----|--|----|--------|
| 16 | If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from | | |
| | traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2011. Do not include amounts you later recharacterized | | |
| | back to traditional, SEP, or SIMPLE IRAs in 2011 or 2012 (see instructions) | 16 | 5,000. |
| 17 | If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16 | | |
| | (see instructions) | 17 | 5,000. |
| 18 | Taxable amount. Subtract line 17 from line 16. Also include this amount on Form 1040, line 15b; Form | | |
| | 1040A, line 11b; or Form 1040NR, line 16b | 18 | 0. |

119801 11-28-11 LHA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 8606 (2011)

| Dart III | Dietriba | rtions | From | Roth | IRAs |
|----------|----------|--------|------|------|------|

Complete this part only if you took a distribution from a Roth IRA in 2011. For this purpose, a distribution does not include a rollover, a qualified charitable distribution, a one-time distribution to fund an HSA, recharacterization, or return of certain contributions (see instructions)

| | | alified charitable e instructions). | e distribution, a one-time | distribution to fund an HSA, rec | Ji iaraci | terization, or re | turn or certa | an i COF | IUIDUUOIIS |
|------|---|---|--|--|-----------|----------------------------------|------------------------------|-------------------|--|
| 19 | | | fied distributions from R | oth IRAs in 2011, including any | qualifie | ed first-time ho | mebuyer | | |
| | distributi | ons and certain | qualified distributions (s | ee instructions) | | | | 19 | |
| 20 | | | | tructions). Do not enter more th | | | | 20 | |
| 21 | | | | r -0-, skip lines 22 through 24, ar | | | | 21 | |
| 22 | | | | nstructions) | | | | 22 | |
| 23 | | | | r -0-, skip line 24, and enter -0- o | | | | | |
| | | | | ructions) | | | | 23 | |
| 24 | | | | SEP, and SIMPLE IRAs and roll | | | | | |
| | | | | *************************************** | | | | 24 | |
| 25 | | | | r-0- and see the Note below | | | | 25 | |
| | | | | and 25b of your 2010 Form 860 | | | | | |
| | , | • | skip lines 26 through 35 | • | . 0 | ` | | | |
| 26 | | • | · - | om your 2010 Form 8606. (If zer | o. see | the note above |) | 26 | |
| 27 | Enter the smaller of line 23 or line 24 | | | | | | | 27 | |
| 28 | Enter the | portion of line 2 | 24, if any, that was conv | erted before 2010 (see instruction | ons) | | | 28 | |
| 29 | | • | • | | | | | 29 | |
| 30 | Enter the | amount, if anv. | from your 2010 Form 8 | 606, line 33 | | ********************** | ************* | 30 | |
| 31 | | | | *************************************** | | | | 31 | |
| 32 | Enter the | smaller of line | 29 or line 31 | | | | *********** | 32 | |
| 33 | Enter the | total of lines 20 | Da and 25a from your 20 | 10 Form 8606 | | | | 33 | |
| 34 | | | | *************************************** | | | | 34 | |
| 35 | Enter the | | | | | | | 35 | |
| 36 | | | | nan zero, also include this amou | | | | | |
| | | | | | | - | | 36 | |
| | | | | complete lines 37 and 38 to ref | | | | | · · · · · · · · · · · · · · · · · · · |
| | | | n 2012; otherwise, skip li | | • | • | | | |
| 37 | | | | | 37 | 1 | | | |
| 38 | Amount | | | 7 from line 26. If you do not | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | 12 from a Roth IRA, ente | | | | | | |
| | | le line of your 20 | • | | 38 | | | | |
| Pa | rt IV C | ertain Distri | butions from Desig | gnated Roth Accounts | | | | | |
| | to | omplete this part your designated llover. | t only if you took a distril d Roth account and you | bution from your designated Ro completed lines 25a and 25b of | th accord | ount in 2011 ar 2010 Form 860 | id, in 2010, 6 that you f | you ha iled to | ad an in-plan rollover report the in-plan |
| 39 | | | ox 10 of your 2011 For | n 1099-R | | ··· | | 39 | Y |
| 40 | | | | 010 Form 8606 | | | | 40 | |
| 41 | | | - | nated Roth Account Income Ac | | | | | |
| • | | • | | | | | | 41 | |
| 42 | • | t line 41 from lin | | | | | | 42 | |
| 43 | | | | *************************************** | | | | 43 | |
| 44 | Enter the | e amount from li | ne 25a of vour 2010 For | m 8606 | | | | 44 | |
| 45 | | | | | | | | 45 | |
| 46 | | ••• | | line 45. Include this amount on | | | | | |
| | | - ' | | · | | | | 46 | |
| 47 | | | | | | | | | |
| 48 | Amount | | | 7 from line 40. Include this | | | | 1 | |
| | | - | | eturn | 48 | | | | |
| Sign | Here On | | Under penalties of perjury, I de | clare that I have examined this form, inclu- | ding acco | | | | |
| Are | Filing Thi | is Form | correct, and complete, Declara | ition of preparer (other than taxpayer) is bas | seu on a | ii intormation of write | ar preparer nas | any Kilo | wieage, |
| | tself and i r Tax Ret | | | | | | | | |
| TOU | i iax ket | uiti | Your signature | | | | Date | | |
| | - | Print/Type prepa | rer's name | Preparer's signature | | Date | Check | if | PTIN |
| Pa | id | | | | | | self- emplo | yed | |
| Pr | eparer | Firm's name | | | | | Firm's Ell | V 🛌 | |
| Us | e Only | Firm's address | · | | | | Phone no | | |
| | | | | | | | 4 | | |

119802 11-28-11

Form 8606 (2011)

8801

Credit for Prior Year Minimum Tax - Individuals, Estates, and Trusts

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

➤ See separate instructions.

Attach to Form 1040, 1040NR, or 1041.

OMB No. 1545-1073
2011

Attachment Sequence No. 74

Identifying number

KAVEH & MARGARET K. KHAJAVI 157-50-7100 Part I Net Minimum Tax on Exclusion Items 1 Combine lines 1, 6, and 10 of your 2010 Form 6251. Estates and trusts, see instructions 383,234. 21,883. 2 Enter adjustments and preferences treated as exclusion items (see instructions) 3 Minimum tax credit net operating loss deduction (see instructions) 4 Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II. If more than \$219,900 and you were married filing separately for 2010, see instructions 405,117. 5 Enter: \$72,450 if married filing jointly or qualifying widow(er) for 2010; \$47,450 if single or head of household for 2010; or \$36,225 if married filing separately for 2010. Estates and trusts, enter \$22,500 72,450. 6 Enter: \$150,000 if married filing jointly or qualifying widow(er) for 2010; \$112,500 if single or head of household for 2010; or \$75,000 if married filing separately for 2010. Estates and trusts, enter \$75,000 150,000. 255,117. 7 Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9 8 Multiply line 7 by 25% (.25) 63,779. 8,671. 9 Subtract line 8 from line 5. If zero or less, enter -0-. If under age 24 at the end of 2010, see instructions 10 Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part II. Form 396,446. 1040NR filers, see instructions 10 11 • If for 2010 you filed Form 2555 or 2555-EZ, see instructions for the amount to enter. If for 2010 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (lines 14a and 15, column (2), of Schedule D (Form 1041)), complete Part III of 107,216. 11 Form 8801 and enter the amount from line 47 here. Form 1040NR filers, see instructions. All others: If line 10 is \$175,000 or less (\$87,500 or less if married filing separately for 2010), multiply line 10 by 26% (.26). Otherwise, multiply line 10 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2010) from the result. Form 1040NR filers, see instructions. 89. 12 Minimum tax foreign tax credit on exclusion items (see instructions) 107,127. 13 Tentative minimum tax on exclusion items. Subtract line 12 from line 11

LHA For Paperwork Reduction Act Notice, see instructions.

10,572. Form **8801** (2011)

96,555.

14 Enter the amount from your 2010 Form 6251, line 34, or 2010 Form 1041, Schedule I, line 55

15 Net minimum tax on exclusion items. Subtract line 14 from line 13, If zero or less, enter -0-

Form 8801 (2011)

| Pa | rt III Tax Computation Using Maximum Capital Gains Rat | es | | | |
|------|---|-------------|---------------|------|----------|
| | Caution. If you did not complete the 2010 Qualified Dividends and Capital Gain | Tax Wor | ksheet, | | |
| | the 2010 Schedule D Tax Worksheet, or Part V of the 2010 Schedule D (Form 10 | 041), see | the | | |
| | instructions before completing this part. | | | | |
| 29 | Enter the amount from Form 8801, line 10. If you filed Form 2555 or 2555-EZ for | 2010, et | nter | | |
| | the amount from line 3 of the worksheet in the instructions | | | 29 | 396,446. |
| | Caution. If for 2010 you filed Form 1040NR, 1041, 2555, or 2555-EZ, see the in- | | | | |
| | completing lines 30, 31, and 32. | | | | |
| 30 | Enter the amount from line 6 of your 2010 Qualified Dividends and Capital | 1 1 | | | |
| | Gain Tax Worksheet, the amount from line 13 of your 2010 Schedule D Tax | | | | |
| | Worksheet, or the amount from line 22 of the 2010 Schedule D (Form 1041), | | | | |
| | whichever applies* | 30 | 2,226. | | |
| | | | | | |
| | If you figured your 2010 tax using the 2010 Qualified Dividends | | | | |
| | and Capital Gain Tax Worksheet, skip line 31 and enter the amount | | | | |
| | from line 30 on line 32. Otherwise, go to line 31. | | | | |
| | | | | | |
| 31 | Enter the amount from line 19 of your 2010 Schedule D (Form 1040), | | | | |
| ٠. | or line 14b, column (2), of the 2010 Schedule D (Form 1041) | 31 | | | |
| 32 | Add lines 30 and 31, and enter the smaller of that result or the amount | | | | |
| J.Z. | from line 10 of your 2010 Schedule D Tax Worksheet | 32 | 2,226. | | |
| 33 | Enter the smaller of line 29 or line 32 | | | 33 | 2,226. |
| 34 | Subtract line 33 from line 29 | | | 34 | 394,220. |
| 34 | Oddiract line 30 Hoff line 29 | | | 34 | 334,220• |
| 35 | If line 34 is \$175,000 or less (\$87,500 or less if married filing separately for 2010 |)) multin | v line | | |
| 33 | 34 by 26% (.26). Otherwise, multiply line 34 by 28% (.28) and subtract \$3,500 (| - | - | | |
| | filing separately for 2010) from the result. Form 1040NR filers, see instructions | | | 35 | 106,882. |
| 36 | Enter: | *********** | | - 33 | 100,002. |
| 30 | | 1 1 | | | |
| | \$68,000 if married filing jointly or qualifying widow(er) for 2010, \$34,000 if pinels are married filing page and the first 2010. | | | | |
| | \$34,000 if single or married filing separately for 2010, \$45,550 if boad of household for 2010 are | | | | |
| | \$45,550 if head of household for 2010, or | | | | |
| | • \$2,300 for an estate or trust. | | 60 000 | | |
| | Form 1040NR filers, see instructions | 36 | 68,000. | | |
| 37 | Enter the amount from line 7 of your 2010 Qualified Dividends and Capital | | | | |
| | Gain Tax Worksheet, the amount from line 14 of your 2010 Schedule D Tax | 1 | | | |
| | Worksheet, or the amount from line 23 of the 2010 Schedule D (Form 1041), | | | | |
| | whichever applies. If you did not complete either worksheet or Part V of the | | | | |
| | 2010 Schedule D (Form 1041), enter -0 Form 1040NR filers, see | | 252 422 | | |
| | instructions | 37 | 359,108. | | |
| 38 | Subtract line 37 from line 36. If zero or less, enter -0- | | 0. | | |
| 39 | Enter the smaller of line 29 or line 30 | 39 | 2,226. | | |
| 40 | Enter the smaller of line 38 or line 39 | | | | |
| 41 | Subtract line 40 from line 39 | | 2,226. | | |
| 42 | Multiply line 41 by 15% (.15) | | | 42 | 334. |
| | If line 31 is zero or blank, skip lines 43 and 44 and go to line 45. Otherwise, | ao to lir | ne 43 | | |
| | in the of is zero or brank, skip times to and the and go to time to. Other wise, | | | | |
| 43 | Subtract line 39 from line 33 | | | | |
| 44 | Multiply line 43 by 25% (.25) | | > | 44 | |
| 45 | Add lines 35, 42, and 44 | | | 45 | 107,216. |
| 46 | If line 29 is \$175,000 or less (\$87,500 or less if married filing separately for 2010 | D), multip | ly line 29 | | |
| | by 26% (.26). Otherwise, multiply line 29 by 28% (.28) and subtract \$3,500 (\$1, | 750 if ma | arried filing | | |
| | separately for 2010) from the result. Form 1040NR filers, see instructions | | | 46 | 107,505. |
| 47 | Enter the smaller of line 45 or line 46 here and on line 11. If you filed Form 255 | | | | |
| | do not enter this amount on line 11. Instead, enter it on line 4 of the Foreign Ear | | | | |
| | Worksheet in the instructions | | | 47 | 107,216. |

Form 8801 (2011)

^{*} The 2010 Qualified Dividends and Capital Gain Tax Worksheet is in the 2010 Instructions for Form 1040. The 2010 Schedule D Tax Worksheet is in the 2010 Instructions for Schedule D (Form 1040) (or the 2010 Instructions for Schedule D (Form 1041)).

Form 8801 (2011)

FORM 8801

Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

2010

Attachment Sequence No. 19

| wai | пе | | | | | | | ienuiying numb | gras snov | vn on pa | ge 1 or your tax return |
|----------|------------------------------------|------------------------|-------------------------|-------------------|--------------------|-----------------|-------------------------|--------------------|--|----------|------------------------------------|
| K. | AVEH & M | ARGARE | тк. кн | AJAVI | | | | 157-50- | 7100 | | |
| | | | | | w. See Categories | of Income in th | | | | | 1116. Report all |
| | ounts in U.S. doll | | | | | | | | | | , . |
| a | Passive ca | ategory income | e c 🗀 | Section 901 | (j) income | | e Lump | -sum distributio | ns | | |
| b | X General ca | tegory income | e d | 7 | me re-sourced by t | reaty | | | | | |
| | | | | | _ | | | | | | |
| f F | Resident of (name | of country) | ► UNITE | D STATE | S | | | | | | |
| | | | | | possession, use o | | | in Part II, If you | ı paid ta | xes ta | nore than one |
| - | - | | | | and line for each | | | | | | |
| ٢ | art I Taxab | ole Income o | or Loss From | Sources Out | side the United | | | | | | |
| | | | | | | oreign Coun | try or U.S. Po | 1 | | ٠ | Total |
| | _ | | _ | | A | | <u>B</u> | С | | (Adı | d cols. A, B, and C.) |
| g | | | reign country | _ | *** TO TO TO | | | | | | |
| | | | | | VARIOUS_ | | | <u> </u> | | | |
| 12 | Gross income | | | | | | | | j | | |
| | and of the type | спескей аро | ve: | | | | | | i | | |
| | | | | | 2 | 44. | | | | 4. | 344. |
| L | Check if line 1a | ie companes | tion for perconal | carvinge se | 3 | 334 | | | | 1a | <u> </u> |
| , | | | pensation from a | | - | | | | ļ | | |
| | | | used an alternati | | | | | | ļ | | |
| | • | | structions) | | | | | | | | |
| De | ductions and l | | | - NAZ 795 | | | | | | | |
| _ | | | | | | | | | | | |
| 2 | (attach statem | nitely related ent) | to the income or | nine na | | | | | | | |
| 3 | | | ctions not defini | | | | | | | | |
| á | a Certain itemize | d deductions | or standard dedi | uction | 28,8 | 94. | | | | | |
| ŀ | Other deduction | ons (attach sta | tement) | ************** | | | | | | | |
| (| Add lines 3a ar | nd 3b | | | 28,8 | | | | | | |
| (| | | e | | | 96. | | | | | |
| • | Gross income | from all sourc | es | | 2,094,7 | | | | ······································ | | |
| 1 | Divide line 3d l | by line 3e 🔝 | | | .000 | | | | | | |
| 9 | | | , | | | 10. | | | | | |
| 4 | | | | | | | | | | | |
| | a Home mortgag | | | | | 1 | | | | | |
| | of the instructi | ions) | | | | | | | | | |
| | Other interest | expense | | | | | | ļ | | | |
| 5 | Losses from fo | - | | | | 10. | | | | | 1.0 |
| <u>6</u> | Add lines 2, 30 Subtract line 6 | | | ara and an line | | 10. | | <u> </u> | | 7 | 10. 334. |
| - | | | s Paid or A | | 14, page 2 | | | | | 1 1 | 334. |
| _ | Credit is claimed | -,- - | or and or re | 50.454 | Foreic | n taxes paid | or accrued | | | | |
| | for taxes | | In forei | gn currency | | | | In U.S. dolla | ars | | |
| ح | (you must check one) | | | | (-3 Out | | | | T | Other | (a) Total favoice |
| Tr. | (h) Pald | Taxes v | vithheld at sourc | e on: | (n) Other foreign | Taxes | s withheld at sou | irce on: | | eign | (s) Total foreign taxes paid or |
| Country | (i) Accrued | , | | | taxes paid or | | | | taxes | paid or | accrued (add cols. |
| - | (j) Date paid or accrued | (k) Dividends | (I) Rents and royalties | (m) interest | accrued | (0) Dividends | (p) Rents and royalties | (q) Interest | acc | rued | (o) through (r)) |
| A | | | | | | | | | | | |
| В | | | | | | | | | | | |
| c | | | | | | | | | | | |
| 8 | Add lines A thr | ough C, colur | nn (s). Enter the | total here and | on line 9, page 2 | | | | | . • | 3 |

Form 1116 (2010)

LHA For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2010) KAVEH & MARGARET K. KHAJAVI

| Part III Figuring the Credit | | | | |
|--|---|--|-----|----------|
| Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I | 9 | 130. | | |
| tor the category of income checked above Fact | | 130• | | |
| 10 Carryback or carryover (attach detailed computation) | 10 | 56. | | |
| 11 Add lines 9 and 10 | 11 | 186. | | |
| 12 Reduction in foreign taxes | 12 | | | |
| 40. Cubbank line 40 from line 44. This is the total amount of families to use a wilette for | ماله مده م | | | 106 |
| 13 Subtract line 12 from line 11. This is the total amount of foreign taxes available for | 1 1 | , | 13 | 186. |
| 14 Enter the amount from line 7. This is your taxable income or (loss) from sources of the latest (helper adjustments) for the extraory of income or closely of the latest part of the l | | 334. | | |
| United States (before adjustments) for the category of income checked above Par | t! 14 | 334. | | |
| 15 Adjustments to line 14 | 15 | | | |
| 15 Adjustments to line 1416 Combine the amounts on lines 14 and 15. This is your net foreign source taxable | ************* | | 1 | |
| (If the result is zero or less, you have no foreign tax credit for the category of inco | | | | |
| you checked above Part I. Skip lines 17 through 21. However, if you are filing more | | |] | |
| one Form 1116, you must complete line 19.) | | 334. | | |
| 17 Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. | | | | |
| Estates and trusts; Enter your taxable income without the deduction for your | | | | |
| exemption | 17 | 404,083. | | |
| Caution: If you figured your tax using the lower rates on qualified dividend | | ······································ | 1 | |
| 18 Divide line 16 by line 17. If line 16 is more than line 17, enter "1" | | | 18 | .000827 |
| 19 Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident a | | | | |
| line 42. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1: | a, or the total of Form 990-T | , | | |
| lines 36 and 37 | | | 19 | 107,216. |
| Caution: If you are completing line 19 for separate categorye (lump-sum of | | | | |
| 20 Multiply line 19 by line 18 (maximum amount of credit) | | | 20 | 89. |
| 21 Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, | | | | |
| amount on line 27. Otherwise, complete the appropriate line in Part IV | *************************************** | > | 21 | 89. |
| Part IV Summary of Credits From Separate Parts III | | | | |
| 22 Credit for taxes on passive category income | | | 1 | |
| 23 Credit for taxes on general category income | | | | |
| 24 Credit for taxes on certain income re-sourced by treaty | | | _ | |
| 25 Credit for taxes on lump-sum distributions | | | 4 1 | |
| 26 Add lines 22 through 25 | | | 26 | |
| 27 Enter the smaller of line 19 or line 26 | | | 27 | 89. |
| 28 Reduction of credit for international boycott operations | | | 28 | |
| 29 Subtract line 28 from line 27. This is your foreign tax credit. Enter here and on Fo | | _ | | 22 |
| Form 1040NR, line 45; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a | | | 29 | 89. |

Form 1116 (2010)

Minimum Tax Foreign Tax Credit on Exclusion Items 2010 Schedule D Tax Worksheet Recalculated

| Name KAV | EH & MARGARET K. KHAJAVI | 157 | /-50-7100 |
|-------------|---|-----|-----------------|
| | | | |
| 1. | Enter your taxable income from Form 8801, line 10 | 1 | <u>396,446.</u> |
| 2. | Enter your qualified dividends from Form 1040, line 9b 2. N/A | | |
| 3. | Enter the amount from | | |
| | Form 4952, line 4g 3. N/A | | |
| 4. | Enter the amount from | | |
| | Form 4952, line 4e* 4. N/A | | |
| 5. | Subtract line 4 from line 3. If zero or less, enter -0- 5N/A | | |
| 6. | Subtract line 5 from line 2. If zero or less, enter -0 6 N/A | | |
| | Enter the smaller of line 15 or line 16 of Sch. D 7. N/A | | |
| 8. | Enter the smaller of line 3 or line 4 8N/A | | |
| 9. | Subtract line 8 from line 7. If zero or less, enter -0- 9. N/A | | |
| 10. | Add lines 6 and 9 | _ | |
| 11. | Add lines 18 and 19 of Schedule D11. | | |
| 12. | Enter the smaller of line 9 or line 11 | _ | |
| 13. | Subtract line 12 from line 10 | 13 | 2,226. |
| 14. | Subtract line 13 from line 1. If zero or less, enter -0- | 14 | 394,220. |
| 15. | Enter: | | |
| | • \$34,000 if single or married filing separately; | | |
| | \$68,000 if married filing jointly or qualifying widow(er); or 15 68,000 . | | |
| | \$45.550 if head of household | | |
| 16. | Enter the smaller of line 1 or line 15 16. 68,000. | | |
| 17. | Enter the smaller of line 14 or line 16 17 68, 000. | | |
| | Subtract line 10 from line 1. If zero or less, enter -0 18. 394,220. | | |
| 19. | Enter the larger of line 17 or line 18 ▶ 19 394,220. | _ | |
| 20. | Subtract line 17 from line 16. This amount is taxed at 0% > 20. | - | |
| | If lines 1 and 16 are the same, skip lines 21 through 33 and go to line 34. Otherwise, go to line 21. | | |
| | Enter the smaller of line 1 or line 13 21 2,226. | | |
| | Enter the amount from line 20 (if line 20 is blank, enter -0-) 220. | | |
| | Subtract line 22 from line 21. If zero or less, enter -0- | | |
| 24. | Multiply line 23 by 15% (.15) | 24 | N/A |
| | If Schedule D, line 19, is zero or blank, skip lines 25 through 30 and go to line 31. Otherwise, go to line 25. | | |
| | Enter the smaller of line 9 above or Schedule D, line 19 25. | | |
| | Add lines 10 and 19 26 | | |
| 27. | Enter the amount from line 1 above 27. | | |
| 28. | Subtract line 27 from line 26. If zero or less, enter -0 28. | | |
| | Subtract line 28 from line 25. If zero or less, enter -0- | - | |
| 30. | Multiply line 29 by 25% (.25) | 30 | N/A |
| | If Schedule D, line 18, is zero or blank, skip lines 31 through 33 and go to line 34. Otherwise, go to line 31. | | |
| | Add lines 19, 20, 23, and 29 | - | |
| | Subtract line 31 from line 1 32. | | |
| | Multiply line 32 by 28% (.28) | | N/A |
| | Figure the tax on the amount on line 19. Use the Tax Table or Tax Computation Worksheet, whichever applies | | N/A |
| 35. | Add lines 24, 30, 33, and 34 | 35 | N/A |
| | Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Worksheet, whichever applies | 36 | N/A |
| 37. | Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 35 or | ^= | N1/A |
| | line 36. Also include this amount on Form 1040, line 44 | ئ | N/A |

Minimum Tax Foreign Tax Credit on Exclusion Items Worksheet for Line 17

Name KAVEH & MARGARET K. KHAJAVI 157-50-7100 1 Enter the amount from Form 8801, line 4 <u>405,117.</u> 2 Enter 2010 worldwide 28% gains 3 Multiply line 2 by 0.2000 N/A 4 Enter 2010 worldwide 25% gains 5 Multiply line 4 by 0.1071 6 Enter 2010 worldwide 15% gains and qualified dividends 2,226. 7 Multiply line 6 by 0.4643 1,034. 8 Enter 2010 worldwide 0% gains and qualified dividends 1,034. 9 Add lines 5, 7, and 8 10 Subtract line 9 from line 1. Enter the result here and on MTFTCE Form 1116, line 17 404,083.

Foreign Capital Gains Worksheet B

Name

KAVEH & MARGARET K. KHAJAVI

157-50-7100

GENERAL LIMITATION INCOME

| | | | Long-ter | | |
|--|------------|--------|----------|--------|------|
| | Short-term | 0% | 15% | 25% | 28% |
| Separate category rate group capital gain or (loss) | | | 629. | | |
| 2 U.S. capital loss adjustment | | | | | |
| 3 Subtotal | | | 629. | | |
| 4 Rate differential factor | | 0.0000 | 0.5357 | 0.8929 | 1.00 |
| 5 Adjusted capital gains and losses | | | 337. | | |

Foreign Tax Credit Carryforward on Exclusion Items

| Name KAVEH & MARGARET K. KHAJAVI | 157-50-7100 |
|--|--------------|
| GENERAL LIMITATION INCOME | |
| Foreign taxes available for credit on exclusion items Maximum amount of credit on exclusion items | 186. -89. |
| Foreign tax credit carryforward on exclusion items | 97. |

Passive Activity Loss Limitations

OMB No. 1545-1008

Department of the Treasury Internal Revenue Service (99) See separate instructions.

► Attach to Form 1040 or Form 1041. Name(s) shown on return

Identifying number

| Par | VEH & MARGARET K. KHAJAVI | | | 15 | 7-50-7100 |
|---|--|-------------------------------|--|--|---------------------------------|
| | t I 2011 Passive Activity Loss Caution: Complete Worksheets 1, 2, | and 3 | B before completing Part I. | | |
| | al Real Estate Activities With Active Participation (For the definition of active pa | ırticip | ation, see | | |
| Spec | ial Allowance for Rental Real Estate Activities in the instructions.) | | | | |
| | Activities with net income (enter the amount from Worksheet 1, column (a)) | 1a | 10,837. | | |
| b A | Activities with net loss (enter the amount from Worksheet 1, column (b)) | 1b | | | |
| | Prior years unallowed losses (enter the amount from Worksheet | | | | |
| | 1, column (c)) | 1c | -23,295. | | |
| | Combine lines 1a, 1b, and 1c | | | 1d | -12,458. |
| | mercial Revitalization Deductions From Rental Real Estate Activities | | 1 | | |
| 2a (| Commercial revitalization deductions from Worksheet 2, column (a) | 2a | | | |
| ١ | Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) | 2b | | | |
| | Add lines 2a and 2b | | | 2c | |
| | ther Passive Activities | | | | |
| | Activities with net income (enter the amount from Worksheet 3, column (a)) | 3a | 1 | | |
| b / | Activities with net loss (enter the amount from Worksheet 3, | | | | |
| | column (b)) | 3b | | | |
| cl | Prior years unallowed losses (enter the amount from Worksheet 3, | | | | |
| | column (c)) | 3c | -80. | | |
| | Combine lines 3a, 3b, and 3c | | | 3d | -80. |
| | Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this losses are allowed, including any prior year unallowed losses entered on line 1c, 2l | | • | | |
| | the forms and schedules normally used | | | | -12,538. |
| | If line 4 is a loss and: Line 1d is a loss, go to Part II. | ••••• | | 4 | -12,556. |
| | Line 1d is a loss, go to rait it. Line 2c is a loss (and line 1d is zero or more), skip Part I | ll and | go to Part III | | |
| | Line 3d is a loss (and lines 1d and 2c are zero or more), | | | ne 15. | |
| Сан | ntion: If your filing status is married filing separately and you lived with your spouse | | | | |
| | Il or Part III. Instead, go to line 15. | | 3 · · · , · · · , | | • • |
| Par | rt II Special Allowance for Rental Real Estate Activities With | Act | ive Participation | | |
| | opoolal / allottation for floating and allotato / total allotato | | | | |
| | Note: Enter all numbers in Part II as positive amounts. See instructions for a | n exa | mple. | ····· | |
| | | | 14.1 | 5 | 12,458. |
| 5 | Note: Enter all numbers in Part II as positive amounts. See instructions for a | | 150,000. | | |
| 5 6 7 | Note: Enter all numbers in Part II as positive amounts. See instructions for a Enter the smaller of the loss on line 1d or the loss on line 4 Enter \$150,000. If married filing separately, see instructions Enter modified adjusted gross income, but not less than zero (see instructions) | | 14.1 | | 12,458. STATEMENT 34 |
| 5 6 7 | Note: Enter all numbers in Part II as positive amounts. See instructions for a Enter the smaller of the loss on line 1d or the loss on line 4 Enter \$150,000. If married filing separately, see instructions Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and | 6 | 150,000. | | |
| 5 6 7 | Note: Enter all numbers in Part II as positive amounts. See instructions for a Enter the smaller of the loss on line 1d or the loss on line 4 | 6 7 | 150,000. | | |
| 5 6 7 | Note: Enter all numbers in Part II as positive amounts. See instructions for a Enter the smaller of the loss on line 1d or the loss on line 4 Enter \$150,000. If married filing separately, see instructions Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. Subtract line 7 from line 6 | 6 7 8 | 150,000. 1,070,888. | | |
| 5 6 7 8 8 9 | Note: Enter all numbers in Part II as positive amounts. See instructions for a Enter the smaller of the loss on line 1d or the loss on line 4 Enter \$150,000. If married filing separately, see instructions Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. Subtract line 7 from line 6 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately. | 6 7 8 ately, | 150,000. 1,070,888. see instructions | 9 | STATEMENT 34 |
| 5 6 7 8 8 9 10 | Note: Enter all numbers in Part II as positive amounts. See instructions for a Enter the smaller of the loss on line 1d or the loss on line 4 Enter \$150,000. If married filing separately, see instructions Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. Subtract line 7 from line 6 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separa Enter the smaller of line 5 or line 9 | 6 7 8 ately, | 150,000. 1,070,888. see instructions | | |
| 5 6 7 8 9 | Note: Enter all numbers in Part II as positive amounts. See instructions for a Enter the smaller of the loss on line 1d or the loss on line 4 Enter \$150,000. If married filing separately, see instructions Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. Subtract line 7 from line 6 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separatent the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15. | 6 7 8 ately, | 150,000. 1,070,888. see instructions | 9 | STATEMENT 34 |
| 5 6 7 8 9 | Note: Enter all numbers in Part II as positive amounts. See instructions for a Enter the smaller of the loss on line 1d or the loss on line 4 Enter \$150,000. If married filing separately, see instructions Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. Subtract line 7 from line 6 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separatenter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15. rt III Special Allowance for Commercial Revitalization Deduction | 6 7 8 ately, | 150,000. 1,070,888. see instructions | 9 | STATEMENT 34 |
| 5 6 7 8 9 10 | Note: Enter all numbers in Part II as positive amounts. See instructions for a Enter the smaller of the loss on line 1d or the loss on line 4 Enter \$150,000. If married filing separately, see instructions Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. Subtract line 7 from line 6 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separa Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15. rt III Special Allowance for Commercial Revitalization Deduct Note: Enter all numbers in Part III as positive amounts. See the example for | 8 ately, | 150,000. 1,070,888. see instructions see From Rental Real | 9 10 | STATEMENT 34 |
| 5 6 7 8 9 10 Par | Note: Enter all numbers in Part II as positive amounts. See instructions for a Enter the smaller of the loss on line 1d or the loss on line 4 Enter \$150,000. If married filing separately, see instructions Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. Subtract line 7 from line 6 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separa Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15. Tt III Special Allowance for Commercial Revitalization Deduct Note: Enter all numbers in Part III as positive amounts. See the example for Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately | 8 ately, tions | 150,000. 1,070,888. see instructions see From Rental Real II in the instructions. | 9 10 Stat | STATEMENT 34 |
| 5 6 7 8 9 10 Par | Note: Enter all numbers in Part II as positive amounts. See instructions for a Enter the smaller of the loss on line 1d or the loss on line 4 Enter \$150,000. If married filing separately, see instructions Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. Subtract line 7 from line 6 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separatent the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15. TI III Special Allowance for Commercial Revitalization Deduct Note: Enter all numbers in Part III as positive amounts. See the example for Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately Enter the loss from line 4 | 8 ately, tions | 150,000. 1,070,888. see instructions see instructions. in the instructions. | 9 10 | STATEMENT 34 |
| 5 6 7 8 3 9 10 Par 11 12 13 | Note: Enter all numbers in Part II as positive amounts. See instructions for a Enter the smaller of the loss on line 1d or the loss on line 4 Enter \$150,000. If married filing separately, see instructions Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. Subtract line 7 from line 6 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separa Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15. Tt III Special Allowance for Commercial Revitalization Deduct Note: Enter all numbers in Part III as positive amounts. See the example for Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately | 8 ately, tions | 150,000. 1,070,888. see instructions see instructions. instructions. | 9 10 stat | STATEMENT 34 |
| 5 6 7 8 9 10 Par 11 12 13 14 Par | Note: Enter all numbers in Part II as positive amounts. See instructions for a Enter the smaller of the loss on line 1d or the loss on line 4 Enter \$150,000. If married filing separately, see instructions Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. Subtract line 7 from line 6 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separatenter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15. It III Special Allowance for Commercial Revitalization Deduction Note: Enter all numbers in Part III as positive amounts. See the example for Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately Enter the loss from line 4 Reduce line 12 by the amount on line 10 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13. It IV Total Losses Allowed | 8 8 attely, Part i | 150,000. 1,070,888. see instructions see instructions. in in the instructions. | 9 10 stat 11 12 13 | STATEMENT 34 0. te Activities |
| 5 6 7 8 9 10 Par 11 12 13 14 Par 15 | Note: Enter all numbers in Part II as positive amounts. See instructions for a Enter the smaller of the loss on line 1d or the loss on line 4 Enter \$150,000. If married filing separately, see instructions Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. Subtract line 7 from line 6 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separatement the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15. It III Special Allowance for Commercial Revitalization Deduction Note: Enter all numbers in Part III as positive amounts. See the example for Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately enter the loss from line 4 Reduce line 12 by the amount on line 10 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13 art IV Total Losses Allowed Add the income, if any, on lines 1a and 3a and enter the total | 8 8 8 ttions Part | 150,000. 1,070,888. see instructions see instructions. in the instructions. | 9 10 stat 11 12 13 | STATEMENT 34 |
| 5 6 7 8 9 10 Par 11 12 13 14 Par 15 | Note: Enter all numbers in Part II as positive amounts. See instructions for a Enter the smaller of the loss on line 1d or the loss on line 4 Enter \$150,000. If married filing separately, see instructions Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. Subtract line 7 from line 6 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15. It III Special Allowance for Commercial Revitalization Deduct Note: Enter all numbers in Part III as positive amounts. See the example for Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately Enter the loss from line 4 Reduce line 12 by the amount on line 10 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13. It IV Total Losses Allowed Add the income, if any, on lines 1a and 3a and enter the total Total losses allowed from all passive activities for 2011. Add lines 10, 14, and | 8 8 tions Part : | 150,000. 1,070,888. see instructions From Rental Real II in the instructions. instructions | 9 10 Estat 11 12 13 14 | 0. te Activities |
| 5 6 7 8 9 10 Par 11 12 13 14 Par 15 | Note: Enter all numbers in Part II as positive amounts. See instructions for a Enter the smaller of the loss on line 1d or the loss on line 4 Enter \$150,000. If married filing separately, see instructions Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. Subtract line 7 from line 6 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separatement the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15. It III Special Allowance for Commercial Revitalization Deduction Note: Enter all numbers in Part III as positive amounts. See the example for Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately enter the loss from line 4 Reduce line 12 by the amount on line 10 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13 art IV Total Losses Allowed Add the income, if any, on lines 1a and 3a and enter the total | 8 8 tions Part : | 150,000. 1,070,888. see instructions From Rental Real II in the instructions. instructions | 9 10 Stat 11 12 13 | STATEMENT 34 0. te Activities |

| Caution: The worksheets must be filed with your ta | ax retum. Keep a cop | y for you | r records. | | | | | | |
|--|--|---------------|------------------|--------------|---|-----------------------|-----------|----------------------|---|
| Worksheet 1 - For Form 8582, Lines 1: | a, 1b, and 1c (Se | e instr | uctions.) | | | | | | |
| Name of activity | Currer | nt year | | Prior ye | ars | Overall g | | gai | n or loss |
| Name of activity | (a) Net income (line 1a) | | et loss e 1b) | (c) Unallo | | (| (d) Gain | | (e) Loss |
| | | | | | | ********** | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | SEE ATTAC | HED S | TATEM | ENT FO | R WOR | KS | HEET 1 | | |
| Total. Enter on Form 8582, lines 1a, 1b, and 1c | 10,837. | : | | -23, | 295. | | | | |
| Worksheet 2 - For Form 8582, Lines 2 | a and 2b (See in | struction | ns.) | | | | | | |
| Name of activity | (a) Current deductions (li | | unallo | | o) Prior year I deductions (line 2b) (c) Ove | | | verall loss | |
| | | | | ····· | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total. Enter on Form 8582, lines 2a and 2b | | | | | | | | | |
| Worksheet 3 - For Form 8582, Lines 3 | a. 3b. and 3c (S∈ | ee instr | uctions.) | <u> </u> | | | | | |
| | Currer | | | Prior ye | ars | rs Overa | | Overall gain or loss | |
| Name of activity | (a) Net income (line 3a) | | et loss e 3b) | | Unallowed ss (line 3c) | | (d) Gain | | (e) Loss |
| | | | | | | | | _ | |
| | | | | | | | | | |
| | | | | | | | , | | |
| | | | | | | | | | |
| | SEE ATTAC | HED S | STATEM | ENT FO | R WOR | <u> KS</u> | HEET 3 | 3 | |
| Total. Enter on Form 8582, lines 3a, | | | | | -80. | | | | |
| 3b, and 3c Worksheet 4 - Use this worksheet if a | n amount is sh | NAME OF | Form 8 | 582 line 1 | | (\$4 | a inetruc | tio | ne) |
| Worksheet 4 - Ose this worksheet if a | Form or schedule | JW11 OII | 1 01111 0 | JOZ, 11116 1 | 0 01 17 | 100 | e mondo | 1 | 13.) |
| Name of activity | and line number to be reported on (see instructions) | (a) | Loss | (b) Ratio | | (c) Special allowance | | | (d) Subtract column (c) from column (a) |
| | | | | | | | | | |
| | | ļ | | | | | | _ | |
| | | | | | | | | | |
| | | | | | | | | -+ | |
| | ļ | | | | | | | | |
| Total | • | - | | | | | | | |
| Worksheet 5 - Allocation of Unallowe | d Losses (See in | struction | ons.) | | | | | 1 | |
| | Form or sch | | | | | | | | -1, ¹ 4 - 1 |
| Name of activity | and line nur to be reporte (see instruct | nber ed on | (a) | Loss | (t | o) Ra | tio | (c) | Unallowed loss |
| | | | | , | | | | | |
| The state of the s | | | | | ļ | | | | |
| | | | | | | | | | |
| | SEE ATTA | المقطا | CW3 mg | MENT F | OP TATE | שפר | CHDDW | 5 | |
| | SEE ALIA | لاعتنب | DIMIL | THENT F | OK WC | | | | |
| Total | | ▶ | | 2,538. | 1.00 | 000 | 00000 | | 12,538 Form 8582 (2011 |

Total

1a Net loss plus prior year unallowed

b Net income from form or

loss from form or schedule ______

schedule

c Subtract line 1b from line 1a. If zero or less, enter -0-

ALTERNATIVE MINIMUM TAX

Passive Activity Loss Limitations

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

See separate instructions. Attach to Form 1040 or Form 1041.

Identifying number

KAVEH & MARGARET K. KHAJAVI 157-50-7100 Part I | 2011 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Worksheet 1, 10,837. b Activities with net loss (enter the amount from Worksheet 1, 1b column (b)) c Prior years unallowed losses (enter the amount from Worksheet -23,215. 1c 1, column (c)) d Combine lines 1a, 1b, and 1c, -12,378. 1d Commercial Revitalization Deductions From Rental Real Estate Activities 2a Commercial revitalization deductions from Worksheet 2, column (a) 2a b Prior year unallowed commercial revitalization deductions from 2b Worksheet 2, column (b) c Add lines 2a and 2b 2¢ All Other Passive Activities 3a Activities with net income (enter the amount from Worksheet 3, column (a)) b Activities with net loss (enter the amount from Worksheet 3. column (b)) c Prior years unallowed losses (enter the amount from Worksheet 3. -80.column (c)) d Combine lines 3a, 3b, and 3c -80.3d Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used <u>-12,458.</u> If line 4 is a loss and: • Line 1d is a loss, go to Part II. Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year do not complete Part II or Part III. Instead, go to line 15. Part II | Special Allowance for Rental Real Estate Activities With Active Participation Note: Enter all numbers in Part II as positive amounts. See instructions for an example. Enter the smaller of the loss on line 1d or the loss on line 4 5 12.378. 150,000 Enter \$150,000. If married filing separately, see instructions 6 070,888. Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. Subtract line 7 from line 6 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions 0. Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15 Part III | Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions. Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions 11 Enter the loss from line 4 12 13 Reduce line 12 by the amount on line 10 13 14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13 Part IV | Total Losses Allowed 10,837. Add the income, if any, on lines 1a and 3a and enter the total ______ Total losses allowed from all passive activities for 2011. Add lines 10, 14, and 15. See instructions SEE STATEMENT 10,837. to find out how to report the losses on your tax return Form 8582 (2011) LHA 119781 12-12-11 For Paperwork Reduction Act Notice, see instructions.

| Caution: The worksheets must be filed with your to Worksheet 1 - For Form 8582, Lines 1: | | | | | | *************************************** | | | |
|---|--|---------------|------------------|---------------------------|-----------|---|--------------------|---|--|
| | Curre | | | Prior ye | ars | Overa | II gaiı | n or loss | |
| Name of activity | (a) Net income (line 1a) | | et loss e 1b) | (c) Unallo | | (d) Gain | | (e) Loss | |
| | | | | | | | | *************************************** | |
| | | | | | | | | | |
| | | | | | | | | | |
| | SEE ATTA | CHED | STATE | MENT F | OR WC | RKSHEET | 1 | | |
| Total. Enter on Form 8582, lines 1a, 1b, and 1c | 10,837. | | | -23, | 215 | | | | |
| Worksheet 2 - For Form 8582, Lines 2 | | | ons.) | | <u> </u> | | | | |
| Name of activity | (a) Current deductions (li | year | | (b) Prior y wed deduct | | 2b) (| c) Ov | erall loss | |
| | | | | | | | | | |
| | | | | | ···· | | .,, | | |
| | | | | | | | | | |
| Total. Enter on Form 8582, lines 2a and 2b | | | | | | | | | |
| Worksheet 3 - For Form 8582, Lines 3 | a, 3b, and 3c (S │ | ee instr | uctions.) | <u></u> | | | • | | |
| Name of activity | Curre | nt year | | Prior ye | ears | Overal | | Overall gain or loss | |
| | | | et loss e 3b) | (c) Unalle loss (line | | (d) Gain | | (e) Loss | |
| | | | | | | | - | | |
| | | | | | | ······································ | | | |
| | | | | | | | | | |
| | SEE ATTA | CHED | STATE | MENT F | OR WO | RKSHEET | 3 | · · | |
| Total. Enter on Form 8582, lines 3a, 3b, and 3c | | | | | -80. | | | | |
| Worksheet 4 - Use this worksheet if a | n amount is sh | own on | Form 8 | 582, line 1 | | (See instru | ction | ns.) | |
| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) | (a) Loss (b | | (b) Ratio | | | (d) Subtract column (c) from column (a) | |
| | | | , | | | | | | |
| | | <u> </u> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Tatol | | | | | | | | | |
| Worksheet 5 - Allocation of Unallowe | d Losses (See ir | structi | ons.) | <u> </u> | | | | | |
| Name of activity | Form or sch and line nu to be report (see instruct | mber ed on | (a) I | Loss | (t |) Ratio | (c) Unallowed loss | | |
| | | | | | | · · · · · · · · · · · · · · · · · · · | | <u> </u> | |
| | | | | | | | | | |
| | | | | | | | | · · · · · · · · · · · · · · · · · · · | |
| | SEE ATTA | CHED | STATE | MENT F | OR WO | RKSHEET | 5 | | |
| | | | | | | | | | |
| <u>Total</u> | | <u> ▶ </u> | 1 | 2,458. | 1.00 | <u> </u> | | 12,458. | |
| 119762 12-12-11 | | | | | | | | Form 8582 (2011) | |

| Worksheet 6 - Allowed Losses (See | instructions.) | | | | | | |
|--|---|-----------------|-----------|---------|--------------------|----------------------|-------------------------|
| Name of activity | Form or so and line no to be repor (see instru | umber ted on | (a) L | .oss | (b) Unallowed loss | | (c) Allowed loss |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | OTT 2 DO | 2 OTTO | CONTRACTO | MONTH T | OD 7:7 | ODECHER | |
| | SEE ATT | ACHED | STATE | MENT F | OR W | ORKSHEET | . 0 |
| Total | | • | 1 | 2,458. | | 12,458. | |
| Worksheet 7 - Activities With Losse | s Reported on T | wo or N | | | | | tions.) |
| Name of activity: | (a) | | (b) | (c) Ra | tio | (d) Unallowe loss | d (e) Allowed loss |
| Form or schedule and line number to be reported on (see instructions): | | | ., | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule | - | | | | | | |
| b Net income from form or schedule | - | | | | | | |
| c Subtract line 1b from line 1a. If zero or less, | enter -0 ▶ | | | | | | |
| Form or schedule and line number to be reported on (see instructions): | | | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule | | | | | | | |
| b Net income from form or schedule | > | | | | | | |
| c Subtract line 1b from line 1a. If zero or less, | enter -0 ▶ | - | | | | | |
| Form or schedule and line number to be reported on (see instructions): | | | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule | > | | | | | | |
| b Net income from form or schedule | > | | | | | | |
| c Subtract line 1b from line 1a. If zero or less, | enter -0 | - | | | | | |
| Total | > | - | | | | | |
| | | | | | | | Form 8582 (2011) |

(Rev. December 2006)

Department of the Treasury

Internal Revenue Service

Noncash Charitable Contributions

Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

► See separate instructions.

OMB. No. 1545-0908

Attachment Sequence No. 155

Name(s) shown on your income tax return

Identifying number

| KAT | ÆH_ | <u>&</u> | MAR | GARE | T K | .] | <u>KHAJA</u> | VI | | | | | | | |
|-------|--------|--------------|--------|---------|----------|------|--------------|--------|------------|-----------|------|--------|------------|---------|---------|
| Note. | Figure | e the | amount | of your | contribu | tion | deduction | before | completing | this form | See: | your t | tax return | instruc | ctions. |

157-50-7100

| Section | | | nd Certain Publicly Trade Also, list certain publicly t | | | | | |
|----------|--|---|--|---|--|---|-------------------|--|
| Part | I Information on Do | nated Property - If | you need more space, at | tach a statement. | | | | |
| 1 | | (a) Name and a donee org | | | (For a donated vehicle, | escription of donated pro enter the year, make, model, l attach Form 1098-C if requir | condition, and mi | ileage, |
| Α | GOODWILL O | | EORGIA R, SUITE 230 | 00, GA 3030 | 3PERSONAL 1 | PROPERTY | | |
| В | | | | | | | | |
| С | | | | | | | | |
| D | | | | | | | | |
| E | | | | | | | | |
| Note. | f the amount you claime | d as a deduction for | an item is \$500 or less, y | you do not have to comp | lete columns (d), (e), a | nd (f). | | |
| | (c)Date of the contribution | (d) Date acquired by donor (mo., yr.) | (e) How acquired by denor | (f) Donor's cost or adjusted basis | (g) Fair market value (see instructions) | (h) Method used to dete market valu | rmine the fair | |
| Α | 06/30/11 | VAR. | PURCHASE | 3,200. | 800. | market valu | | |
| В | 00/30/11 | VAII. | FORCIAGE | 3,200. | 300. | ************************************** | | ······································ |
| C | <u> </u> | | | 1 | | | | |
| D | | | | | | | | |
| E | | <u> </u> | | | | | | |
| 2 a b | Enter the letter from Poil of Part II applies to mo Total amount claimed | art I that identifies the re than one property as a deduction for the each organization to | placed on a contribution e property for which you t, attach a separate staten he property listed in Part I which any such contribu | gave less than an entire nent. I: (1) For this tax year (2) For any prior tax ye | interest > | • | | |
| | Name of charitable organiz | | | | | *** | <u> </u> | |
| | Address (number, street, a | nd room or suite no.) | | | | | | |
| | City or town, state, and Zif | ode code | | | ······································ | ************************************** | | |
| d e | | | e the property is located organization, having actu | | perty ► | | Tv. | |
| 2 - | le there a restriction of | ither temporany or a | ermanent, on the donee's | e right to use or diapass | of the donated property | n | Yes | No |
| 3 a b | | | ermanent, on the donee : nee organization or anoth | | | /r | | + |
| ŋ | | • | • | • | • | | | |
| | | | Iraising) the right to the it | | • • | | | |
| | · · | | g the right to vote donate | | | | | |
| | | oi otherwise, of to a | esignate the person havi | na sach income. Dosses: | Siun, Ur Hullī | | ı | 1 |
| | to acquira? | | | , | • | | | |

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 8283 (Rev. 12-2006)

| Form 1116 | U.S. and For | eign Sc | ource Income Summ | ary | |
|--|--------------|---------------------------------------|---------------------------------------|-------------------|---------------------------|
| NAME | | | | | |
| KAVEH & MARGARET K. KH | AJAVI | | · · · · · · · · · · · · · · · · · · · | | 157-50-7100 |
| INCOME TYPE | | | TOTAL | U.S. | FOREIGN GENERAL |
| Compensation | | · · · · · · · · · · · · · · · · · · · | JOIAL | 0.0. | GENERALI |
| - | STATEMENT | 40 | 3,884. | 3,168. | 716. |
| interest | | | 138. | 138. | |
| Capital Gains | | | 536. | 534. | 2. |
| Business/Profession | | | 2,513,139. | 2,513,139. | |
| Rent/Royalty | | | 39,200. | 39,200. | |
| State/Local Refunds | | | | | |
| Partnership/S Corporation | | | | | |
| Trust/Estate | | | | | |
| Other Income | | | 0 556 007 | 2 FFC 170 | 710 |
| Gross Income | | | <u>2,556,897.</u> | 2,556,179. | 718. |
| Less: | | | | | |
| Section 911 Exclusion | | | | | |
| Capital Losses | | | 3,536. | 3,534. | 2. |
| Capital Gains Tax Adjustment | | | | A 1110 C/1 | 359. |
| Total Income - Form 1116 | | | <u>2,553,361.</u> | 2,552,645. | 357. |
| Deductions: | | | | | |
| Business/Profession Expenses | | | 1,379,128. | | |
| Rent/Royalty Expenses | | | 39,200. | 39,200. | |
| Partnership/S Corporation Losses | | | | | |
| Trust/Estate Losses | | | | | |
| Capital Losses | | | | | |
| Non-capital Losses Individual Retirement Account | | | | | |
| Moving Expenses | | | | | |
| Self-employment Tax Deduction | | | 21,806. | 21,806. | |
| Self-employment Health Insurance | | | 15,145. | 15,145. | |
| Keogh Contributions | | | 49,000. | 49,000. | |
| Alimony | | | · | · | |
| Forfeited Interest | | | | | |
| Foreign Housing Deduction | | | | | |
| Other Adjustments | | | | | |
| Capital Gains Tax Adjustment | | | 1 504 070 | 1 504 070 | |
| Total Deductions | | | 1,504,279. | 1,504,279. | |
| Adjusted Gross Income | | | 1,049,082. | 1,048,366. | 357 |
| Less Itemized Deductions: | | | 6,091. | £ 001 | |
| Specifically Allocated Home Mortgage Interest | | | 45,831. | 6,091. 45,831. | |
| Other Interest | | | *3,03%. | ±3,031• | |
| Ratably Allocated | | | 105,629. | 105,599. | 30 |
| Total Adjustments to Adjusted Gross Income | | | 157,551. | 157,521. | |
| | | | | | · — |

Allocation of Itemized Deductions

NAME

| KAVEH & MARGARET K | . KHAJAVI | | | 15 | 7-50-7100 | |
|---|-------------------|--------------------------------------|--|----------------------|-----------|--|
| | Total Itemized | Itemized Deductions After Sec. 68 | | Form 1116 | | |
| | Deductions | Reduction | Specifically U.S. | Specifically Foreign | Ratable | |
| Taxes | 105,629. | | The state of the s | | 105,629. | |
| Interest - Not Including Investment Interest | 45,831. | | 45,831. | | | |
| Contributions | 6,091. | | 6,091. | | | |
| Miscellaneous Deductions Subject to 2% | | | | | | |
| Other Miscellaneous Deductions - Not Including Gambling Losses | | | | | | |
| Foreign Adjustment | | | | | | |
| Total Itemized Deductions Subject to Sec. 68 | 157,551. | | | | | |
| Add Itemized Deductions Not Subject to Sec. 68: | | | | | | |
| Medical/Dental | | | | | | |
| Investment Interest | | | | | | |
| Casualty Losses | | | | | | |
| Gambling Losses | | | | | | |
| Foreign Adjustment | | | | | | |
| Total Itemized Deductions | 157,551. | | | | | |
| Total Allowed on Schedule A | | | 51,922. | | 105,629 | |

Foreign Tax Credit Carryover Statement (Page 1 of 2)

NAME

KAVEH & MARGARET K. KHAJAVI

or excess of limit (-)

7. Foreign tax carryback

8. Foreign tax carryforward

9. Less treaty adjustment

limit remaining

10. Foreign tax or excess

157-50-7100

| Foreign | Income | Category |
|---------|-----------|----------|
| Loreign | HILLOUING | valegory |

GENERAL LIMITATION INCOME

| | Foreign income Gategory | | | | CUNEKAL LII | MITATION IN | COME |
|------|--------------------------------|---------------------------|------------------|------|-------------|-------------|------|
| Regu | lar | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
| 1. | Foreign tax paid/accrued | | | | | | 160. |
| 2. | FTC carryback to 2011 | | | | | | |
| | for amended returns | | | | | | |
| 3. | i - | | | | | | |
| | excluded income | | | | | | |
| 4. | | | | | | | 160. |
| 5. | Maximum credit allowable | | | | | | 100. |
| 6. | Unused foreign tax (+) | | | | | | |
| | or excess of limit (-) | | | | | 64. | 60. |
| 7. | Foreign tax carryback | Ü | | | | | |
| 8. | Foreign tax carryforward | | | | | | |
| 9. | Less treaty adjustment | | | | | | |
| 10. | Foreign tax or excess | | | | | | |
| | limit remaining | | | | | 64. | 60. |
| | Total foreign taxes from all a | vailable years to be carr | ied to next year | | | | 124. |
| | | Г | | | T | | |
| | | <u> </u> | 2001 | 2002 | 2003 | 2004 | 2005 |
| 1. | | | | | | | |
| 2. | FTC carryback to 2011 | | | | | | |
| | for amended returns | | | | | | |
| 3. | | | | | | | |
| | excluded income | | | | | | |
| 4. | | | | | | | |
| 5. | Maximum credit allowable | | | | | | |
| 6. | Unused foreign tax (+) | | | | | | |

Foreign Tax Credit Carryover Statement (Page 2 of 2)

NAME

KAVEH & MARGARET K. KHAJAVI

157-50-7100

| | Foreign Income Category | | | | GENERAL LI | MITATION IN | COME |
|-----|----------------------------------|--------------------------|-----------------|------|------------|-------------|------|
| AMT | | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
| 1. | Foreign tax paid/accrued | | | | | | 160. |
| 2. | FTC carryback to 2011 | | | | | | |
| | for amended returns | | | | | | |
| 3. | Reduction allocated to | | | | | | |
| | excluded income | | | | | | |
| 4. | Foreign tax available | | | | | | 160. |
| 5. | Maximum credit allowable | | | | | | 117. |
| 6. | Unused foreign tax (+) | | | | | | |
| | or excess of limit (-) | | | | | 41. | 43. |
| 7. | Foreign tax carryback | | | | | | |
| 8. | Foreign tax carryforward | | | | | | |
| 9. | Less treaty adjustment | | | | | | |
| 10. | Foreign tax or excess | | | | | | |
| | limit remaining | | | | | 41. | 43. |
| | Total foreign taxes from all ava | ilable years to be carri | ed to next year | | | | 84. |
| | | _ | | T | | | |
| | | | 2001 | 2002 | 2003 | 2004 | 2005 |
| 1. | | | | | | | |
| 2. | FTC carryback to 2011 | | | 1 | | | |
| | | | | 1 | 1 | | |

| | | 2001 | 2002 | 2003 | 2004 | 2005 |
|----|--------------------------|------|------|------|-------------|------|
| 1. | Foreign tax paid/accrued | | | | | |
| 2. | FTC carryback to 2011 | | | | | |
| | for amended returns | | | | | |
| 3. | Reduction allocated to | | | | | |
| | excluded income | | | | | |
| | Foreign tax available | | | | | |
| 5. | Maximum credit allowable | | | | | |
| | Unused foreign tax (+) | | | | | |
| | or excess of limit (-) | | | | | |
| | Foreign tax carryback | | | | | |
| | Foreign tax carryforward | | | | | |
| | | | | | | |
| | Foreign tax or excess | | | | | |
| | limit remaining | | | | ļ. <u>.</u> | |

| Form 1116 | Foreign Source Gains and Losses | |
|----------------------|---|-------------|
| NAME | | |
| KAVEH & MAF | RGARET K. KHAJAVI | 157-50-7100 |
| | | |
| GENERAL LIM | MITATION INCOME - OC | |
| Long-term capita | I nain | 2. |
| | I gain | |
| Long term bapita | | |
| Net long-term cap | pital gain/(loss) | 2. |
| Short-term capita | al gain | |
| | al loss | |
| | | |
| Net short-term ca | apital gain/(loss) | |
| Section 1231 gain | n | |
| Section 1231 loss | | |
| | | |
| | | |
| Nonrecaptured n | et Section 1231 losses | |
| | | |
| Net Section 1231 | gain/(loss) | |
| Non-conital gain | | |
| | | |
| | loss | |
| 1101 0000011 120 1 | | <u></u> |
| | ain/(loss) | |
| Foreign source cap | ital gain/(loss) summary: | |
| Net long-term ga | in/(loss) | 2. |
| | ain/(loss) | |
| | gain | |
| Prorata share of | U.S. capital loss adjustment | <u>-2.</u> |
| Total foreign sou | rce capital gain/(loss) | |
| | | |
| | capital gain rate differential adjustment | |
| Prorata share of | capital loss rate differential adjustment | |
| Net foreign source | ce capital gain/(loss) after adjustment | |
| Nat canital Ince li | imitation | |
| | \$ | |
| non supra gann | | |
| Foreign source gai | ns/(losses) included on Form 1116, Line 1 | <u> </u> |
| Net capital loss li | imitation | |
| | lloss | |
| | asset loss | |
| | urce losses | |
| | | |
| Foreign source loss | ses included on Form 1116, Line 5 | |
| E Foreign source can | oital loss carryover | |
| | · · · · · · · · · · · · · · · · · · · | |

| AVEH & MARGARET K. KHAJAVI | 157-50-710 |
|---|-------------|
| SENERAL LIMITATION INCOME - OC | |
| Long-term capital gain | 2. |
| Long-term capital loss | |
| Net long-term capital gain/(loss) | |
| Short-term capital gain | |
| Short-term capital loss | |
| Net short-term capital gain/(loss) | |
| Section 1231 gain | |
| Section 1231 loss | |
| Nanzacanturad nat Scation 1991 Incom | |
| Nonrecaptured net Section 1231 losses | |
| Net Section 1231 gain/(loss) | |
| Non-capital gain | |
| Non-capital loss | |
| Net Section 1231 loss | |
| Recaptured Section 1231 losses | |
| Net non-capital gain/(loss) | |
| Foreign source capital gain/(loss) summary: | |
| Net long-term gain/(loss) | 2. |
| Net short-term gain/(loss) | |
| Net section 1231 gain | |
| Prorata share of U.S. capital loss adjustment | <u>-2.</u> |
| Total foreign source capital gain/(loss) | |
| Prorata share of capital gain rate differential adjustment | |
| Prorata share of capital loss rate differential adjustment | |
| Net foreign source capital gain/(loss) after adjustment | |
| Net capital loss limitation | |
| Non-capital gains | |
| Foreign source gains/(losses) included on Form 1116, Line 1 | 0. |
| Net capital loss limitation | |
| Net section 1231 loss | |
| Net non-capital asset loss | |
| Other foreign source losses | |
| Foreign source losses included on Form 1116, Line 5 | |
| Portion college locate included on Form 1114 Lina k | |
| | - |
| Foreign source losses included on Form 1116, Line 5 Foreign source capital loss carryover 47 | - |

SELF-EMPLOYED RETIREMENT PLAN COMPUTATION OF DEDUCTIBLE CONTRIBUTIONS FOR FEDERAL 1040

| KAVEH KHAJAVI | | 157-50-7100 |
|--|--------------|-------------|
| 1. DEFINED CONTRIBUTIONS | | |
| a. Employer contributions made to the plan(s) for the sole proprietor or partner | 33,135. | |
| b. Less amount allocated to insurance | ············ | |
| c. Net contributions, line 1a minus line 1b | 33,135. | |
| d. Earned income of the sole proprietor or partner | 1,112,205. | |
| e. Applicable percentage of line d LIMITED TO MAXIMUM CONTRIBUTION | 222,441. | |
| f. Elective deferrals and catch-up contributions | 15,865. | |
| g. Elective deferrals designed as Roth contributions | | |
| h. Allowable deduction, lesser of line 1c or line 1e plus line f minus line g | | 49,000. |
| i. Excess contribution | | |
| 2. DEFINED BENEFIT - Deductible contributions | | |
| 3. Total deductible contributions. Add line 1h and line 2 | | 49,000. |

INDIVIDUAL RETIREMENT ACCOUNT COMPUTATION FOR

FEDERAL 1040

| Name: | KAVEH KHAJAVI | SSN: <u>}</u> | <u> 157-50-7100</u> | | ··· |
|----------|--|---|---|-------------|--|
| Tradit | tional IRA Deduction Computation | | | | |
| Cove | red by an employer retirement plan? | | C | X Yes | ☐ No |
| 1 | Traditional IRA limitation (zero if age 70 1/2 or older) | [| 5,000. | | |
| 2 | Less: Amount contributed to Roth IRA | | | | |
| 3 | Net traditional IRA amount | | | | 5,000. |
| 4 | Wages and other earned income after Keogh deduction | | 1,063,205. | | |
| 5 | Enter foreign housing and earned income exclusion | | | | |
| 6 | Net compensation (line 4 minus line 5) | | | 1,06 | 3,205. |
| 7 | Amount contributed to traditional IRA | | | | 5,000. |
| | | | | | |
| 8 | Allowable contribution (lesser of line 3, line 6 or line 7) | | | | <u>5,000.</u> |
| 9 | Contribution credit: | | | | |
| а | IRA limitation | | | | |
| b | IRA contributions from line 3 | | | | |
| С | Contribution credit, line 9a minus line 9b | | | | |
| d | Prior year excess contribution not previously eliminated | | | | |
| | Additional allowable contribution (lesser of line 9c or line 9d) | | | | |
| 10 | Total allowable contribution, line 8 plus line 9e | | | | 5,000. |
| 11 | Excess Contribution | | | | |
| 12 | Limitation Reduction: | | r 000 | | |
| а | Traditional IRA limitation | | 5,000. | | |
| b | Adjusted gross income before traditional IRA deduction | | | | |
| | Phaseout level | 90,000. | | | |
| d | Excess AGI, line 12b minus line 12c | 959,084. | | | |
| e | Reduction ratio, line 12d divided by \$10,000 or \$20,000 | | | | |
| f | Amount of limitation reduction, line 12a times line 12e | | 5,000. | | ^ |
| 12 12 | Reduced limitation, line 12a minus line 12f | | | | 0. |
| 13 | Traditional IRA deduction, lesser of line 10 or line 12g | | | | 0. |
| Roth | IRA Contribution Computation | | | | |
| 1 | Roth IRA limitation | *************************************** | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| 2 | Amount contributed to traditional IRA | | | | |
| 3 | Net Roth IRA limitation | | *************************************** | | |
| 4 | Wages and other earned income after Keogh deduction and foreign earned in | | | | |
| 5 | Amount contributed to Roth IRA | | ••••• | | |
| 6 | Allowable Roth IRA contribution before AGI limitation (lesser of line 3, 4 or 5) | *************************************** | | | |
| 7 | Limitation Reduction: | | | | |
| a | Modified AGI for Roth IRA purposes | | | | |
| b | Phaseout level | | | | |
| c | Excess AGI, line 7a minus line 7b | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| d | Reduction ratio, line 7c divided by \$10,000 or \$15,000 | | | | ······································ |
| e | Amount of limitation reduction, line 1 times line 7d | | | | · · · · · · · · · · · · · · · · · · · |
| 8 | Roth IRA contribution (lesser of line 1 minus line 7e or line 6) | | | <u> </u> | |

INDIVIDUAL RETIREMENT ACCOUNT COMPUTATION FOR

FEDERAL 1040

| Traditional IRA Deduction Computation | Name: | MARGARET K. KHAJAVI | <u>077-68-9591</u> | | |
|--|--------|--|---|---|------------|
| 1 Traditional IRA limitation (zero if age 70 1/2 or older) | Tradit | ional IRA Deduction Computation | | | |
| 2 Less: Amount contributed to Roth IRA | Cove | red by an employer retirement plan? | | C | X Yes No |
| 2 Less: Amount contributed to Roth IRA | 1 | Traditional IRA limitation (zero if age 70 1/2 or older) | | 5,000. | |
| Net traditional IRA amount | 2 | | | | |
| 4 Wages and other earned income after Keogh deduction 5 Enter foreign housing and earned income exclusion Net compensation (line 4 minus line 5) 1,063,205. 7 Amount contributed to traditional IRA 5,000. 8 Allowable contribution (lesser of line 3, line 6 or line 7) 5,000. 9 Contribution credit: 1 IRA limitation 1 IRA contributions from line 3 1 Contribution credit, line 9a minus line 9b 2 Prior year excess contribution not previously eliminated 2 Additional allowable contribution, line 8 plus line 9e 3 Traditional allowable contribution, line 8 plus line 9e 11 Excess Contribution 12 Limitation Reduction: 13 Traditional IRA limitation 14 Excess AGI, line 12b minus line 12c 15 Reduction ratio, line 12d divided by \$10,000 or \$20,000 16 Excess AGI, line 12b minus line 12c 17 Reduction, line 12d divided by \$10,000 or \$20,000 18 Roth IRA contribution, line 12a minus line 12f 19 Reduced limitation, line 12a minus line 12f 10 Traditional IRA limitation 2 Amount contributed to traditional IRA 3 Net Roth IRA initiation 2 Amount contributed to traditional IRA 3 Net Roth IRA initiation 4 Wages and other earned income after Keogh deduction and foreign earned income exclusion 5 Amount contributed to Roth IRA 6 Allowable Roth IRA contribution before AGI limitation (lesser of line 3, 4 or 5) 1 Limitation Reduction: 2 Excess AGI, line 7 adivided by \$10,000 or \$15,000 2 Amount of limitation reduction, line 12a limits line 7b 3 Peaseout level 5 Excess AGI, line 7 adivided by \$10,000 or \$15,000 4 Amount on filmitation reduction, line 12a limits line 7b 4 Reduction ratio, line 7c divided by \$10,000 or \$15,000 4 Amount of limitation reduction, line 12a limits line 7b 4 Reduction ratio, line 7c divided by \$10,000 or \$15,000 4 Amount of limitation reduction, line 11 times line 7d 4 Reduction ratio, line 7c divided by \$10,000 or \$15,000 4 Amount of limitation reduction, line 11 times line 7d | 3 | | | | 5.000. |
| 5 Enter foreign housing and earned income exclusion 6 Net compensation (fine 4 minus line 5) 7 Amount contributed to traditional IRA 5,000. 8 Allowable contribution (jesser of line 3, line 6 or line 7) 9 Contribution credit: a IRA limitation b IRA contribution from line 3 c Contribution credit, line 9a minus line 9b d Prior year excess contribution not previously eliminated e Additional allowable contribution (jesser of line 9c) 10 Total allowable contribution, line 8 plus line 9e 11 Excess Contribution 12 Limitation Reduction: a Traditional IRA limitation b Adjusted gross income before traditional IRA deduction c Phaseout level 99,000. d Excess AGI, line 12b minus line 12c 95,000. f Amount of limitation reduction, line 12a times line 12e 5,000. g Reduced limitation, line 12a minus line 12f 0,000. Traditional IRA minutal line 12f 0,000. Roth IRA Contribution Computation 1 Roth IRA deduction, line 12a minus line 12f 0,000. Roth IRA Contribution Computation 1 Roth IRA deduction, line 12a minus line 12f 0,000. Amount contributed to traditional IRA and foreign earned income exclusion A Wages and other earned income after Keogh deduction and foreign earned income exclusion A Wages and other earned income after Keogh deduction and foreign earned income exclusion Limitation Reduction: a Modified AGI for Roth IRA Purposes b Phaseout level c Excess AGI, line 7a minus line 7b C Reduction ratio, line 7a rinus line 7b C Reduction ratio, line 7a minus line 7b | 4 | | | | |
| 6 Net compensation (line 4 minus line 5) | 5 | | | | |
| 7 Amount contributed to traditional IRA 5,000 8 Allowable contribution (lesser of line 3, line 6 or line 7) 5,000 9 Contribution credit: IRA limitation IRA contributions from line 3 Contribution credit, line 9a minus line 9b Contribution credit, line 9a minus line 9b Contribution credit, line 9a minus line 9b Contribution or previously eliminated Additional allowable contribution not previously eliminated Additional allowable contribution (lesser of line 9c) Total allowable contribution, line 8 plus line 9e 5,000 10 Total allowable contribution, line 8 plus line 9e 5,000 Contribution C | 6 | Net compensation (line 4 minus line 5) | *************************************** | | 1.063.205. |
| 8 Allowable contribution (lesser of line 3, line 6 or line 7) 9 Contribution credit: a IRA limitation b IRA contributions from line 3 Contribution credit, line 9a minus line 9b d Prior year excess contribution not previously eliminated e Additional allowable contribution, line 8 plus line 9e 10 Total allowable contribution, line 8 plus line 9e Excess Contribution 11 Excess Contribution 12 Limitation Reduction: a Traditional IRA limitation b Adjusted gross income before traditional IRA deduction 1 Adjusted gross income before traditional IRA deduction 1 Adjusted gross income before traditional IRA deduction 1 Adjusted gross income before traditional IRA deduction 2 Phaseout level 3 Excess AGI, line 12b minus line 12c 90,000. 4 Excess AGI, line 12b minus line 12c 90,000. 5 Reduction ratio, line 12d divided by \$1,000 or \$20,000 1 100.00% 7 Amount of limitation, line 12a minus line 12f 9 Reduced limitation, line 12a minus line 12f 9 Reduced limitation, line 12a minus line 12f 0 Roth IRA Contribution Computation 1 Roth IRA limitation 4 Wages and other earned income after Keogh deduction and foreign earned income exclusion 5 Amount contributed to traditional IRA Net Roth IRA contribution before AGI limitation (lesser of line 3, 4 or 5) Limitation Reduction: a Modified AGI for Roth IRA purposes b Phaseout level Excess AGI, line 7a minus line 7b Reduction ratio, line 7c divided by \$10,000 or \$15,000 Amount of limitation reduction, line 7 times line 7d | 7 | Amount contributed to traditional IRA | ************************* | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 5,000. |
| 9 Contribution credit: a IRA limitation b IRA contributions from line 3 c Contribution credit, line 9a minus line 9b d Prior year excess contribution (lesser of line 9c or line 9d) 10 Total allowable contribution (lesser of line 9c or line 9d) 11 Excess Contribution 12 Limitation Reduction: a Traditional IRA limitation b Adjusted gross income before traditional IRA deduction 1 Adjusted gross income before traditional IRA deduction 2 Phaseout level 9 0,000. d Excess AGI, line 12b minus line 12c 9 Reduction ratio, line 12d divided by \$10,000 or \$20,000 13 Traditional IRA deduction, line 12a minus line 12c 9 Reduced limitation, line 12a minus line 12f 0 Traditional IRA deduction, lesser of line 10 or line 12g 0 O Roth IRA Contribution Computation 1 Roth IRA limitation 2 Amount contributed to traditional IRA 3 Net Roth IRA limitation 4 Wages and other earned income after Keogh deduction and foreign earned income exclusion 5 Amount contributed to Roth IRA 6 Allowable Roth IRA contribution before AGI limitation (lesser of line 3, 4 or 5) Limitation Reduction: a Modified AGI for Roth IRA purposes b Phaseout level c Excess AGI, line 7a minus line 7b Reduction ratio, line 7 divided by \$10,000 or \$15,000 A Rount of limitation reduction, line 10 times line 7d | • | | | | F 000 |
| a IRA limitation b IRA contribution from line 3 C Contribution credit, line 9a minus line 9b d Prior year excess contribution not previously eliminated e Additional allowable contribution (lesser of line 9c or line 9d) 10 Total allowable contribution 11 Excess Contribution 12 Limitation Reduction: a Traditional IRA limitation b Adjusted gross income before traditional IRA deduction 1 Traditional IRA limitation 1 Excess AGI, line 12b minus line 12c Phaseout level 1 Excess AGI, line 12b minus line 12c Phaseout level 1 Excess AGI, line 12b minus line 12c Phaseout level 2 Excess AGI, line 12b minus line 12c Practice and the 12d divided by \$10,000 or \$20,000 1 Amount of limitation reduction, line 12a times line 12e S Reduced limitation, line 12a minus line 12f 0 Traditional IRA deduction, lesser of line 10 or line 12g Roth IRA Contribution Computation 1 Roth IRA limitation 2 Amount contributed to traditional IRA 3 Net Roth IRA limitation 4 Wages and other earned income after Keogh deduction and foreign earned income exclusion Amount contributed to Roth IRA 6 Allowable Roth IRA contribution before AGI limitation (lesser of line 3, 4 or 5) Limitation Reduction: a Modified AGI for Roth IRA purposes b Phaseout level c Excess AGI, line 7a minus line 7b Reduction ratio, line 7 divided by \$10,000 or \$15,000 e Amount of limitation reduction, line 1 times line 7d | | | | | 5,000. |
| B RA contributions from line 3 C Contribution credit, line 9a minus line 9b C Prior year excess contribution not previously eliminated E Additional allowable contribution (lesser of line 9c or line 9d) C C C C C C C C C | - | | | | |
| c Contribution credit, line 9a minus line 9b d Prior year excess contribution not previously eliminated e Additional allowable contribution (lesser of line 9c or line 9d) 10 Total allowable contribution, line 8 plus line 9e 5,000. 11 Excess Contribution | _ | IPA contributions from line 2 | | / / ' ' / / ' / · · · · · · · · · · · · | |
| d Prior year excess contribution not previously eliminated e Additional allowable contribution (lies et al. | _ | Contribution evolit line to minus line the | | | |
| e Additional allowable contribution (lesser of line 9c or line 9d) 10 Total allowable contribution, line 8 plus line 9e | - | Contribution creat, line 9a minus line 9b | | - | |
| Total allowable contribution, line 8 plus line 9e | - | Additional allowable contribution (lesser of line 9g or line 9d) | | | |
| 11 Excess Contribution 12 Limitation Reduction: | | | | | F 000 |
| Limitation Reduction: a Traditional IRA limitation | | · | | | 5,000. |
| a Traditional IRA limitation 5,000. b Adjusted gross income before traditional IRA deduction 90,000. c Phaseout level 90,000. d Excess AGI, line 12b minus line 12c 95,000 100.00\$ f Amount of limitation reduction, line 12a times line 12e 5,000. g Reduced limitation, line 12a minus line 12f 0 13 Traditional IRA deduction, lesser of line 10 or line 12g 0 Roth IRA Contribution Computation 1 Roth IRA limitation 2 Amount contributed to traditional IRA 3 Net Roth IRA limitation 4 Wages and other earned income after Keogh deduction and foreign earned income exclusion 5 Amount contributed to Roth IRA 6 Allowable Roth IRA contribution before AGI limitation (lesser of line 3, 4 or 5) 1 Limitation Reduction: a Modified AGI for Roth IRA purposes b Phaseout level 5 Excess AGI, line 7a minus line 7b d Reduction ratio, line 7c divided by \$10,000 or \$15,000 e Amount of limitation reduction, line 1 times line 7d | | | ********** | | |
| b Adjusted gross income before traditional IRA deduction c Phaseout level d Excess AGI, line 12b minus line 12c e Reduction ratio, line 12d divided by \$10,000 or \$20,000 f Amount of limitation reduction, line 12a times line 12e g Reduced limitation, line 12a minus line 12f g Reduced limitation, line 12a minus line 12g 13 Traditional IRA deduction, lesser of line 10 or line 12g Roth IRA Contribution Computation 1 Roth IRA limitation 2 Amount contributed to traditional IRA 3 Net Roth IRA limitation 4 Wages and other earned income after Keogh deduction and foreign earned income exclusion 5 Amount contributed to Roth IRA 6 Allowable Roth IRA contribution before AGI limitation (lesser of line 3, 4 or 5) 7 Limitation Reduction: a Modified AGI for Roth IRA purposes b Phaseout level c Excess AGI, line 7a minus line 7b d Reduction ratio, line 7c divided by \$10,000 or \$15,000 e Amount of limitation reduction, line 1 times line 7d | | | | E 000 | |
| C Phaseout level | - | | | 3,000. | |
| d Excess AGI, line 12b minus line 12c e Reduction ratio, line 12d divided by \$10,000 or \$20,000 f Amount of limitation reduction, line 12a times line 12e g Reduced limitation, line 12a minus line 12f Traditional IRA deduction, lesser of line 10 or line 12g Roth IRA Contribution Computation 1 Roth IRA limitation 2 Amount contributed to traditional IRA 3 Net Roth IRA limitation 4 Wages and other earned income after Keogh deduction and foreign earned income exclusion 5 Amount contributed to Roth IRA 6 Allowable Roth IRA contribution before AGI limitation (lesser of line 3, 4 or 5) 7 Limitation Reduction: a Modified AGI for Roth IRA purposes b Phaseout level c Excess AGI, line 7a minus line 7b d Reduction ratio, line 7c divided by \$10,000 or \$15,000 e Amount of limitation reduction, line 1 times line 7d | _ | | | | |
| Reduction ratio, line 12d divided by \$10,000 or \$20,000 100.00 | _ | Evages AGI line 12h minus line 12a | | | |
| ## Amount of limitation, line 12a times line 12e | | Paduation ratio line 12d divided by \$10,000 or \$20,000 | 100 002 | | |
| g Reduced limitation, line 12a minus line 12f 0 Traditional IRA deduction, lesser of line 10 or line 12g 0 Roth IRA Contribution Computation 1 Roth IRA limitation 2 Amount contributed to traditional IRA 3 Net Roth IRA limitation 4 Wages and other earned income after Keogh deduction and foreign earned income exclusion 5 Amount contributed to Roth IRA 6 Allowable Roth IRA contribution before AGI limitation (lesser of line 3, 4 or 5) 7 Limitation Reduction: a Modified AGI for Roth IRA purposes b Phaseout level c Excess AGI, line 7a minus line 7b d Reduction ratio, line 7c divided by \$10,000 or \$15,000 e Amount of limitation reduction, line 1 times line 7d | - | Amount of limitation reduction, line 12a times line 12a | 100.008 | 5 000 | |
| Roth IRA Contribution Computation 1 Roth IRA limitation 2 Amount contributed to traditional IRA 3 Net Roth IRA limitation 4 Wages and other earned income after Keogh deduction and foreign earned income exclusion 5 Amount contributed to Roth IRA 6 Allowable Roth IRA contribution before AGI limitation (lesser of line 3, 4 or 5) 7 Limitation Reduction: a Modified AGI for Roth IRA purposes b Phaseout level c Excess AGI, line 7a minus line 7b d Reduction ratio, line 7c divided by \$10,000 or \$15,000 e Amount of limitation reduction, line 1 times line 7d | | | | | 0 |
| Roth IRA Contribution Computation 1 Roth IRA limitation 2 Amount contributed to traditional IRA 3 Net Roth IRA limitation 4 Wages and other earned income after Keogh deduction and foreign earned income exclusion 5 Amount contributed to Roth IRA 6 Allowable Roth IRA contribution before AGI limitation (lesser of line 3, 4 or 5) 7 Limitation Reduction: a Modified AGI for Roth IRA purposes b Phaseout level c Excess AGI, line 7a minus line 7b d Reduction ratio, line 7c divided by \$10,000 or \$15,000 e Amount of limitation reduction, line 1 times line 7d | _ | Traditional IBA deduction, lesser of line 10 or line 12g | ****************************** | | |
| 1 Roth IRA limitation 2 Amount contributed to traditional IRA 3 Net Roth IRA limitation 4 Wages and other earned income after Keogh deduction and foreign earned income exclusion 5 Amount contributed to Roth IRA 6 Allowable Roth IRA contribution before AGI limitation (lesser of line 3, 4 or 5) 7 Limitation Reduction: a Modified AGI for Roth IRA purposes b Phaseout level c Excess AGI, line 7a minus line 7b d Reduction ratio, line 7c divided by \$10,000 or \$15,000 e Amount of limitation reduction, line 1 times line 7d | Roth | | | | |
| Amount contributed to traditional IRA Net Roth IRA limitation Wages and other earned income after Keogh deduction and foreign earned income exclusion Amount contributed to Roth IRA Allowable Roth IRA contribution before AGI limitation (lesser of line 3, 4 or 5) Limitation Reduction: a Modified AGI for Roth IRA purposes b Phaseout level c Excess AGI, line 7a minus line 7b d Reduction ratio, line 7c divided by \$10,000 or \$15,000 e Amount of limitation reduction, line 1 times line 7d | | | | | |
| Net Roth IRA limitation Wages and other earned income after Keogh deduction and foreign earned income exclusion Amount contributed to Roth IRA Allowable Roth IRA contribution before AGI limitation (lesser of line 3, 4 or 5) Limitation Reduction: a Modified AGI for Roth IRA purposes b Phaseout level c Excess AGI, line 7a minus line 7b d Reduction ratio, line 7c divided by \$10,000 or \$15,000 e Amount of limitation reduction, line 1 times line 7d | | Amount contributed to traditional IRA | | | |
| Wages and other earned income after Keogh deduction and foreign earned income exclusion Amount contributed to Roth IRA Allowable Roth IRA contribution before AGI limitation (lesser of line 3, 4 or 5) Limitation Reduction: a Modified AGI for Roth IRA purposes b Phaseout level c Excess AGI, line 7a minus line 7b d Reduction ratio, line 7c divided by \$10,000 or \$15,000 e Amount of limitation reduction, line 1 times line 7d | | | | | |
| 5 Amount contributed to Roth IRA 6 Allowable Roth IRA contribution before AGI limitation (lesser of line 3, 4 or 5) 7 Limitation Reduction: a Modified AGI for Roth IRA purposes b Phaseout level c Excess AGI, line 7a minus line 7b d Reduction ratio, line 7c divided by \$10,000 or \$15,000 e Amount of limitation reduction, line 1 times line 7d | | Wages and other earned income after Keogh deduction and foreign earned in | come exclusion | | |
| 6 Allowable Roth IRA contribution before AGI limitation (lesser of line 3, 4 or 5) 7 Limitation Reduction: a Modified AGI for Roth IRA purposes b Phaseout level c Excess AGI, line 7a minus line 7b d Reduction ratio, line 7c divided by \$10,000 or \$15,000 e Amount of limitation reduction, line 1 times line 7d | 5 | | | | |
| 7 Limitation Reduction: a Modified AGI for Roth IRA purposes b Phaseout level c Excess AGI, line 7a minus line 7b d Reduction ratio, line 7c divided by \$10,000 or \$15,000 e Amount of limitation reduction, line 1 times line 7d | - | Allowable Roth IRA contribution before AGI limitation (lesser of line 3, 4 or 5) | | ,-,,, | |
| a Modified AGI for Roth IRA purposes b Phaseout level c Excess AGI, line 7a minus line 7b d Reduction ratio, line 7c divided by \$10,000 or \$15,000 e Amount of limitation reduction, line 1 times line 7d | _ | | *************************************** | •••••••• | |
| b Phaseout level c Excess AGI, line 7a minus line 7b d Reduction ratio, line 7c divided by \$10,000 or \$15,000 e Amount of limitation reduction, line 1 times line 7d | а | | | | |
| c Excess AGI, line 7a minus line 7b d Reduction ratio, line 7c divided by \$10,000 or \$15,000 e Amount of limitation reduction, line 1 times line 7d | _ | | | | |
| d Reduction ratio, line 7c divided by \$10,000 or \$15,000 e Amount of limitation reduction, line 1 times line 7d | | | | | |
| e Amount of limitation reduction, line 1 times line 7d | | Reduction ratio, line 7c divided by \$10,000 or \$15,000 | ************************* | | |
| 8 Roth IRA contribution (lesser of line 1 minus line 7e or line 6) | | Amount of limitation reduction, line 1 times line 7d | | | |
| | 8 | Roth IRA contribution (lesser of line 1 minus line 7e or line 6) | | | |

VEHICLE EXPENSES OPTIMIZATION WORKSHEET

2011

| ENTITY NAME: SCH C - GEORGIA SPINE & NEUROS | URGEY CENTER, LLC | |
|--|-------------------|-----------|
| DESCRIPTION: JEEP WRANGLER | | VEHICLE 1 |
| MILEAGE INFORMATION | | |
| Date vehicle was placed in service | 01/01/04 | |
| Total miles vehicle was driven during 2011 | 6,000 | |
| 3. Business miles included on line 2 | 5,500 | |
| 4. Business miles after June 30 included in Line 3 | 2,750 | |
| 5. Percent of business use. Divide line 3 by line 2 | 91.67 % | |
| 6. Commuting miles included on line 2 | | |
| Other personal miles. Add lines 3 and 6 and subtract the total from line 2 | 500 | |
| MILEAGE RATE | | |
| Multiply business miles before July 1 by 51 cents | | 1,403. |
| 9. Multiply business miles after June 30 by 55.5 cents | | 1,526. |
| 10. Total standard mileage. Add line 8 and line 9 | | 2,929. |
| ACTUAL EXPENSES | | |
| 11. Gasoline, oil, repairs, vehicle insurance, etc. | 4,442. | |
| 12. Net lease amount | | |
| 13. Total actual business use auto expenses not | | |
| including depreciation. Add lines 11 and 12 and | | |
| multiply by percentage on line 5 | 4,072. | |
| DEPRECIATION | | |
| 14. Unadjusted cost or basis less Section 179/special allowance | | |
| 15. Basis for depreciation (business use only) | | |
| multiply line 14 by line 5 | | |
| 16. Method of figuring depreciation | 9/ | |
| 17. Depreciation percentage | % | |
| Multiply line 15 by percentage on line 17 Section 179/special allowance | **** | |
| 20. Multiply line 19 by percentage on line 5 | | |
| 21. Add lines 18 and 20 | | |
| 22. Limitation amount | | |
| 23. Business percent limit. Multiply line 22 by line 5 | | |
| 24. Total depreciation taken on auto. Enter the smaller | | |
| of line 21 or line 23 | | |
| 25. Total actual business use auto expenses. Add line 13 and line 24 | | 4,072. |
| 26. Actual auto or mileage taken. Enter the greater of line 10 or line 25 | | 4 072 |

| FORM 1040 | DEPENDENTS | | STATEMENT | 1 |
|---|--|--|-------------|--------------------------------|
| T S J DEPENDENT'S NAME | SOCIAL SECURITY NUMBER | RELATION | CH | ECK IF IILD 'AX CR |
| JOHN PATRICK KHAJAVI KATHERINE MADIGAN KHAJAVI CIAN MATHEW KHAJAVI BRODIE FINN KHAJAVI | 675-16-0373 675-16-2092 671-30-2597 672-44-3202 | DAUGHTER | | X X X X |
| FORM 1040 | IRA DISTRIBUTIONS | | STATEMENT | 2 |
| NAME OF PAYER | | GROSS DISTRIBUTION | TAXABLE AMO | TUUC |
| - FROM FORM 8606 - FROM FORM 8606 | - | 5,000. 5,000. | | 0. |
| TOTAL TO FORM 1040, LINE 15 | = | 10,000. | | 0. |
| FORM 1040 | TAX-EXEMPT INTEREST | ************************************** | STATEMENT | 3 |
| NAME OF PAYER | | | AMOUNT | |
| NATIONAL FINANCIAL SERVICES | TC | | 3,5 | 566. |
| TOTAL TO FORM 1040, LINE 8B | | | 3,5 | 66. |

| FORM 1040 | KEOGH DEDUCTION - PROFIT SHARING PLAN | STATEMENT | 4 |
|---|---------------------------------------|--|--------------------------|
| KAVEH KHAJAVI | | | |
| 2. NET EARNINGS FROM 3. DEDUCTION FOR SEL 4. SUBTRACT LINE 3 F 5. MULTIPLY LINE 4 T 6. MULTIPLY \$245,000 THE RESULT BUT NO 7. ENTER THE SMALLER 8. CONTRIBUTION DOLL | IMES LINE 1 | .2000 1,134,03 21,80 1,112,20 222,44 49,00 49,00 | 11. 06. 05. 41. |
| *OTHERWISE, SKIP OF LINE 7 OR LIN 9. ALLOWABLE ELECTIV 10. SUBTRACT LINE 9 F 11. SUBTRACT LINE 9 F 12. ENTER ONE-HALF OF 13. ENTER THE SMALLES 14. SUBTRACT LINE 13 15. ENTER THE SMALLER | E DEFERRALS | 15,80 33,13 1,096,34 548,1 33,13 1,079,0 | 35. 40. 70. 35. |
| *OTHERWISE, SKIP 16. SUBTRACT LINE 15 17. CATCH-UP CONTRIBU 18. ENTER THE SMALLER 19. ADD LINES 13, 15 | LINES 16 THROUGH 18. FROM LINE 14 | 49,00 49,0 | |
| FORM 1040 | QUALIFIED DIVIDENDS | STATEMENT | 5 |
| NAME OF PAYER | ORDINARY DIVIDENDS | QUALIFIE: DIVIDEND | |
| NATIONAL FINANCIAL SE USAA S&P 500 INDEX FU | · | 2,5 | 95. 02. |
| TOTAL INCLUDED IN FOR | | 2,8 | 97 |

| FORM | 1 1040 SELF-EMPLOYED HEALTH INSURANCE DEDUCTION WORKSHEET | STATEMENT 6 |
|----------------------|--|--|
| KA | VEH KHAJAVI | |
| GE | EORGIA SPINE & NEUROSURGEY CENTER, LLC | |
| 1 | HEALTH INSURANCE PAYMENTS | 15,145. |
| 2 | NET PROFIT FROM TRADE OR BUSINESS UNDER WHICH INSURANCE PLAN IS ESTABLISHED | 1,134,011. |
| 3 | TOTAL OF ALL NET PROFITS AND EARNED INCOME . 1,134,011. | |
| 4 | DIVIDE LINE 2 BY LINE 3 1.0000 | |
| 5 | DEDUCTIBLE PORTION OF SELF-EMPLOYMENT TAX 21,806. | |
| 6 | LINE 4 TIMES LINE 5 | 21,806. |
| 7 | LINE 2 MINUS LINE 6 | 1,112,205. |
| 8 | SELF-EMPLOYED SEP, SIMPLE, AND QUALIFIED PLANS ATTRIBUTABLE TO TRADE OR BUSINESS NAMED ABOVE | 49,000. |
| 9 | LINE 7 MINUS LINE 8 | 1,063,205. |
| 10 | FORM 2555, LINE 45 ATTRIBUTABLE TO THE TRADE OR BUSINESS NAMED ABOVE | |
| 11 | LINE 9 MINUS LINE 10 | 1,063,205. |
| 12 | SELF-EMPLOYED HEALTH INSURANCE DEDUCTION. LESSER OF LINE 1 OR LINE 11 | 15,145. |
| | | |
| SCHE | EDULE A STATE AND LOCAL INCOME TAXES | STATEMENT 7 |
| DESC | CRIPTION | AMOUNT |
| GEOR GEOR GEOR | RGIA 1ST QTR ESTIMATE PAYMENTS RGIA 2ND QTR ESTIMATE PAYMENTS RGIA 3RD QTR ESTIMATE PAYMENTS RGIA 4TH QTR ESTIMATE PAYMENTS RGIA PRIOR YEAR ESTIMATE PAYMENTS RGIA PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS | 5,370. 5,370. 5,370. 50,994. 660. 18,845. |
| TOT | AL TO SCHEDULE A, LINE 5 | 86,609. |

| SCHEDULE A | CASH C | ONTRIBUTIONS | | STATEMENT | 8 |
|---|----------------------|---------------------|------------------------|---------------------|------------|
| DESCRIPTION | | | AMOUNT 50% LIMIT | AMOUNT 30% LIMIT | |
| MISCELLANEOUS SCHEDULE C | | <u></u> | 2,641. 1,850. | | |
| SUBTOTALS | | - | 4,491. | * 11 · · · 11 | |
| TOTAL TO SCHEDULE A, | LINE 16 | - | | 4,49 | 91. |
| SCHEDULE A | CONTRIBUTIONS OT | HER THAN CASH | OR CHECK | STATEMENT | 9 |
| DESCRIPTION | AMOUNT 100% LIMIT | AMOUNT 50% LIMIT | AMOUNT 30% LIMIT | AMOUNT 20% LIMI | r |
| GOODWILL OF NORTH GEORGIA | | 800. | 800. | | |
| SUBTOTALS | | 800. | 800. | | |
| TOTAL TO SCHEDULE A, | LINE 17 | | - | 1,60 | 00. |
| SCHEDULE B | TAX-EX | EMPT INTEREST | Patrick Annual Control | STATEMENT | 10 |
| NAME OF PAYER | | | | AMOUNT | |
| NATIONAL FINANCIAL SE | ERVICES LLC | | | 3,5 | 66. |
| TOTAL TAX-EXEMPT INTE | EREST TO SCHEDUL | E B, LINE 1 | | 3,5 | 66. |
| SCHEDULE C | CAR AND | TRUCK EXPENSE | 3S | STATEMENT | 11 |
| DESCRIPTION | | | | AMOUNT | |
| JEEP WRANGLER - \$4442 PARKING AND TOLLS | 2 GAS, OIL, REPA | IRS, ETC. AT | 91.67% | 4,0 | 72. 86. |
| TOTAL TO SCHEDULE C, | LINE 9 | | | 4,6 | 58. |
| | | | | | |

| SCHEDULE C | TAXES AND LICENSES | STATEMENT 12 |
|--|--------------------|--|
| DESCRIPTION | | AMOUNT |
| TAXES AND LICENSES JEEP WRANGLER - \$388.00 | AT 91.67% | 2,692. 356. |
| TOTAL TO SCHEDULE C, LI | NE 23 | 3,048. |
| SCHEDULE C | OTHER INCOME | STATEMENT 13 |
| DESCRIPTION | | AMOUNT |
| PIEDMONT HOSPITAL CALL DEKALB MEDICAL CENTER DEBT FORGIVENESS DEPOSITION INCOME OTHER INCOME | PAY | 129,600. 197,500. 271,982. 7,625. 1,734. |
| TOTAL TO SCHEDULE C, LI | NE 6 | 608,441. |
| SCHEDULE C | OTHER EXPENSES | STATEMENT 14 |
| DESCRIPTION | | AMOUNT |
| BANK CHARGES EMPLOYEE EXPENSE MEDICAL SUPPLIES PAYROLL PROCESSING FEES PAYROLL TAXES DUES & SUBSCRIPTIONS ANSWERING SERVICE CONVENTIONS & MEETINGS EMPLOYEE HEALTH INSURAN COMPUTER SUPPLIES & MAI NCV EXPENSE TRANSCRIPTION UNIFORMS TELEPHONE POSTAGE AND DELIVERY PRINTING AND REPRODUCTI DOCUMENT SHREDDING EXPE | ICE INTENANCE | 6,616. 2,916. 25,595. 3,488. 46,822. 9,226. 6,023. 2,170. 38,905. 38,702. 7,661. 22,543. 1,763. 14,729. 1,433. 1,804. 1,070. 3,993. |
| TOTAL TO SCHEDULE C, LI | :NE 48 | 235,459. |

| SCHEDULE C | II | FORMATION | ON YOUR | VEHICLI | 3 | STAT | EMENT | 15 |
|-----------------------------------|-------------------|--------------------|----------------|-----------------|--|------|---------|----|
| DATE VEHICLE PLACED IN SERVICE | BUSINESS MILES | COMMUTING MILES | OTHER MILES | ANOTHI AVAIL | J HAVE ER VEHICLE ABLE FOR NAL USE? NO | | BLE FO | |
| 01/01/04 11/12/04 | 5,500 6,000 | | 500 | [X] | [] | [X] | [] | |
| SCHEDULE D | CZ | APITAL GAII | N DISTRIE | BUTIONS | | STAT | EMENT | 16 |
| NAME OF PAYER | | | | | TOTAL CAPITAL G | | 28% GAI | :N |
| NATIONAL FINANCIAL | SERVICES | LLC | | | 5 | 36. | | |
| TOTALS TO SCHEDULE | D, LINE | 13 | | | 5 | 36. | | |

| SCHI | EDULE D | CAPITAL LOSS CARRYOVER | STATEMENT | 17 |
|---|---|---|--------------|-----|
| 2. 3. | ENTER THE LOS | OUNT FROM FORM 1040, LINE 41 | 3,0 894,5 | 00. |
| 6. 7. | ENTER THE GAR LINE 15 ADD LINES 4 A SHORT-TERM CA | SS FROM SCHEDULE D, LINE 7, AS A POSITIVE AMOUNT IN, IF ANY, FROM SCHEDULE D, AND 6 | • | |
| 10.11.12. | ENTER THE GALLINE 7 SUBTRACT LINE ENTER -0 ADD LINES 10 LONG-TERM CAL | SS FROM SCHEDULE D, LINE 15, AS A POSITIVE AMOUNT IN, IF ANY, FROM SCHEDULE D, E 5 FROM LINE 4. IF ZERO OR LESS, AND 11 | 3,0 | 80. |
| SCH | EDULE SE | NON-FARM INCOME | STATEMENT | 18 |
| DES | CRIPTION | | AMOUNT | |
| MEDICAL PRACTICE | | 1,134,011. | | |
| тот | AL TO SCHEDUL | E SE, LINE 2 | 1,134,0 | 11. |

| FORM | 1116 U.S. CAPITAL LOSS RECLASSIFICATION SECTION 904(B)(2)(A) | S | PATEMENT | 19 |
|------|--|----|----------|-----|
| | TOTAL CAPITAL GAINS LESS CAPITAL LOSSES. | | | |
| | GENERAL LIMITATION CAPITAL GAINS LESS CAPITAL LOSSES. NOT LESS THAN ZERO. | 2. | | |
| 3 | PASSIVE CAPITAL GAINS LESS CAPITAL LOSSES. NOT LESS THAN ZERO. | ۷. | | |
| | SEC 901(J) INCOME CAPITAL GAINS LESS CAPITAL LOSSES. NOT LESS THAN ZERO. | | | |
| 5 | RE-SOURCED BY TREATY INCOME CAPITAL GAINS LESS CAPITAL LOSSES. NOT LESS THAN ZERO. | | | |
| | TOTAL FOREIGN CAPITAL GAINS. ADD LINES 2 | | | • |
| 7 | THROUGH 5. SUBTRACT LINE 1 FROM LINE 6. IF GREATER THAN | | | 2. |
| 8 | ZERO, GO TO LINE 8. U.S. CAPITAL GAINS LESS CAPITAL LOSSES. | | | 2. |
| | NOT MORE THAN ZERO. ENTER THE SMALLER OF: LINE 7 OR THE ABSOLUTE | | -4,9 | 16. |
| 9 | VALUE OF LINE 8. | | | 2. |
| 10 | GENERAL LIMITATION REALLOCATION. LINE 9 TIMES THE RATIO OF LINE 2 OVER LINE 6. | 2. | | |
| 11 | PASSIVE REALLOCATION. LINE 9 TIMES THE | 4 | | |
| 12 | RATIO OF LINE 3 OVER LINE 6. SEC 901(J) INCOME REALLOCATION. LINE 9 | | | |
| 13 | TIMES THE RATIO OF LINE 4 OVER LINE 6. RE-SOURCED BY TREATY INCOME REALLOCATION. LINE 9 TIMES THE RATIO OF LINE 5 OVER LINE 6. | | | |

| FORM | | DE CAPITAL GAINS EET FOR LINE 18 | STA | TEMENT | 20 |
|------|---|-------------------------------------|--------|--------|-----|
| 1 | ENTER THE AMOUNT FROM FORM 104 IF YOU ARE A NONRESIDENT ALIEN AMOUNT FROM FORM 1040NR, LINE | , ENTER THE | | 891,5 | 31. |
| 2 | ENTER WORLDWIDE 28% GAINS | | | | |
| 3 | MULTIPLY LINE 2 BY 0.2000 | | | | |
| 4 | ENTER WORLDWIDE 25% GAINS | | | | |
| 5 | MULTIPLY LINE 4 BY 0.2857 | | | | |
| 6 | ENTER WORLDWIDE 15% GAINS AND QUALIFIED DIVIDENDS | | 2,897. | | |
| 7 | MULTIPLY LINE 6 BY 0.5714 | | 1,655. | | |
| 8 | ENTER WORLDWIDE 0% GAINS AND QUALIFIED DIVIDENDS | | | | |
| 9 | ADD LINES 3, 5, 7, AND 8 | | | 1,6 | 55. |
| 10 | SUBTRACT LINE 9 FROM LINE 1. ERESULT HERE AND ON FORM 1116, | | | 889,8 | 76. |

| FORM 1116 | FOREIGN TAX CR | EDIT CARRY | OVE | R / CARE | RYBACK | | STATEMENT | 21 |
|---|---|------------|---------------------|--|---------|---|----------------------|--|
| GENERAL LIMITATION | INCOME | | | | | | | |
| YEAR OF CREDIT | | TOTAL FOR | | | REIGN : | | | |
| 2010 FOREIGN TAX CF 2009 FOREIGN TAX CF 2008 FOREIGN TAX CF 2007 FOREIGN TAX CF 2006 FOREIGN TAX CF 2005 FOREIGN TAX CF 2004 FOREIGN TAX CF 2004 FOREIGN TAX CF 2003 FOREIGN TAX CF 2002 FOREIGN TAX CF 2001 FOREIGN TAX CF FOREIGN TAX CR TOTAL TO FORM 1116 | REDIT | E 10 | 84 7: 28 (| 0. 2. 4. 1. 8. 0. 0. 0. | | 66. 36. 84. 71. 28. 0. 0. 0. | | 64. 0. 0. 0. 0. 0. 0. 64. |
| FORM 6251 IN | TEREST FROM SP | ECIFIED P | RIVA' | TE ACTIV | /ITY BO | ONDS | STATEMENT | 22 |
| DESCRIPTION | | | | | | | AMOUNT | |
| NATIONAL FINANCIAL | SERVICES LLC | | | | | - | | 48. |
| TOTAL TO FORM 6251, | , LINE 12 | | | | | = | | 48. |
| FORM 6251 DEPRE | CIATION ON ASSE | TS PLACED | IN : | SERVICE | AFTER | 1986 | STATEMENT | 23 |
| DESCRIPTION | | | | | | | TRUOMA | |
| NEW SERVER (DYNAMIC INTEL CORE DUO HP7! LAPTOP & DESKTOP INTEL CORE 2 DUO POUR CORE 2 DUO T8100-GUAD CORE 2.4 GHZ-I SOFAS FOR OFFICE TABLES, LAMPS AND ITABLES FOR NEW OFFICE ART/DECOR ITEMS ART/DECOR ITEMS OFFICE EXPO (32 GUI HP LP 1965 COMPUTEI | 500 C-GULLICK JLLICK LAPTOP KAJAVI FRAMING ICE | TACK | | | | | -3 -3 -1 -1 | 88. 82. 65. 03. 72. 24. 13. 15. |

| KAVEH & MARGARET K. KHA VI | 157-50-7100 |
|--|--------------------------------------|
| AUREUS COMPUTER(4 COMPUTERS/MONITORS/WIDESCREEN) AUREUS COMPUTER EQUIP (2 APPLES, ACCER WIDESCREEN, HDD, ETC. NEW PRINTER SCANNERS ECLINICAL WORKS TRANSCRIPTION INTERFACE | -579. -257. -8. 19. 168. |
| TOTAL TO FORM 6251, LINE 18 | -1,103. |

| FORE | M 1116 ALTERNATIVE MINIMUM TAX FOREIGN TAX (U.S. CAPITAL LOSS RECLASSIFICATION SECTION 904(B)(2)(A) | | TATEMENT | 24 |
|-------|--|----|----------|------|
| 1 | TOTAL CAPITAL GAINS LESS CAPITAL LOSSES. | | | |
| 2 | NOT LESS THAN ZERO. GENERAL LIMITATION CAPITAL GAINS LESS | | | |
| 4 | CAPITAL LOSSES. NOT LESS THAN ZERO. | 2. | | |
| 3 | PASSIVE CAPITAL GAINS LESS CAPITAL LOSSES. | 2. | | |
| - | NOT LESS THAN ZERO. | | | |
| 4 | HIGH WITHHOLDING TAX INTEREST CAPITAL GAINS | | | |
| | LESS CAPITAL LOSSES. NOT LESS THAN ZERO. | | | |
| 5 | FINANCIAL SERVICES INCOME CAPITAL GAINS LESS | | | |
| _ | CAPITAL LOSSES. NOT LESS THAN ZERO. | | | |
| 6 | SHIPPING INCOME CAPITAL GAINS LESS CAPITAL | | | |
| 7 | LOSSES. NOT LESS THAN ZERO. DISC DIVIDENDS CAPITAL GAINS LESS CAPITAL | | | |
| , | LOSSES. NOT LESS THAN ZERO. | | | |
| 8 | FSC DISTRIBUTIONS CAPITAL GAINS LESS CAPITAL | | | |
| • | LOSSES. NOT LESS THAN ZERO. | | | |
| 9 | SEC 901(J) INCOME CAPITAL GAINS LESS CAPITAL | | | |
| | LOSSES. NOT LESS THAN ZERO. | | | |
| 10 | RE-SOURCED BY TREATY INCOME CAPITAL GAINS | | | |
| | LESS CAPITAL LOSSES. NOT LESS THAN ZERO. | | | |
| 11 | TOTAL FOREIGN CAPITAL GAINS. ADD LINES 2 | | | ^ |
| 12 | THROUGH 10. SUBTRACT LINE 1 FROM LINE 11. IF GREATER THAN | | | 2. |
| 12 | ZERO, GO TO LINE 13. | | | 2. |
| 13 | U.S. CAPITAL GAINS LESS CAPITAL LOSSES. | | | 4 |
| | NOT MORE THAN ZERO. | | -4,9 | 916. |
| 14 | ENTER THE SMALLER OF: LINE 12 OR THE ABSOLUTE | | • | |
| | VALUE OF LINE 13. | | | 2. |
| | | | | |
| 15 | GENERAL LIMITATION REALLOCATION. LINE 14 | ^ | | |
| 16 | TIMES THE RATIO OF LINE 2 OVER LINE 11. PASSIVE REALLOCATION. LINE 14 TIMES THE | 2. | | |
| 16 | RATIO OF LINE 3 OVER LINE 11. | | | |
| 17 | | | | |
| | LINE 14 TIMES THE RATIO OF LINE 4 OVER | | | |
| | LINE 11. | | | |
| 18 | FINANCIAL SERVICES REALLOCATION. LINE 14 | | | |
| | TIMES THE RATIO OF LINE 5 OVER LINE 11. | | | |
| 19 | SHIPPING INCOME REALLOCATION. LINE 14 | | | |
| 00 | TIMES THE RATIO OF LINE 6 OVER LINE 11. | | | |
| 20 | DISC DIVIDENDS REALLOCATION. LINE 14 TIMES THE RATIO OF LINE 7 OVER LINE 11. | | | |
| 21 | FSC DISTRIBUTIONS REALLOCATION. LINE 14 | | | |
| 44 44 | TIMES THE RATIO OF LINE 8 OVER LINE 11. | | | |
| 22 | SEC 901(J) INCOME REALLOCATION. LINE 14 | | | |
| - | TIMES THE RATIO OF LINE 9 OVER LINE 11. | | | |
| 23 | RE-SOURCED BY TREATY INCOME REALLOCATION. | | | |
| | LINE 14 TIMES THE RATIO OF LINE 10 OVER | | | |
| | LINE 11. | | | |

| | MINIMUM TAX FOREIGN CARRYOVER/CARRYBACK | TAX CREDIT | STATEMENT 25 |
|-------------------------------|--|-------------|--------------|
| GENERAL LIMITATION INCOME | | | |
| YEAR OF CREDIT | TOTAL FOREIGN | FOREIGN TAX | BALANCE |
| | TAXES PAID | CR CLAIMED | AVAILABLE |
| 2010 ALT. MIN. TAX CREDIT | 130. | 89. | 41. |
| 2009 ALT. MIN. TAX CREDIT | 82. | 30. | |
| 2008 ALT. MIN. TAX CREDIT | 84. | 84. | 0. |
| 2007 ALT. MIN. TAX CREDIT | 71. | 71. | 0. |
| 2006 ALT. MIN. TAX CREDIT | 28. | 28. | 0. |
| 2005 ALT. MIN. TAX CREDIT | 0. | 0. | 0. |
| 2004 ALT. MIN. TAX CREDIT | 0. | 0. | 0. |
| 2003 ALT. MIN. TAX CREDIT | 0. | 0. | 0. |
| 2002 ALT. MIN. TAX CREDIT | 0. | 0. | 0. |
| 2001 ALT. MIN. TAX CREDIT | 0. | 0. | 0. |
| | 011 | 0. | 0. |
| TOTAL TO FORM 1116 (AMT), PAR | T III, LINE 10 | | 41. |

| ******* | | |
|---------|---|--------------|
| FORI | I 1116 ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT WORLDWIDE CAPITAL GAINS WORKSHEET FOR LINE 17 | STATEMENT 26 |
| 1 | ENTER THE AMOUNT FROM FORM 6251, LINE 29 | 996,105. |
| 2 | ENTER WORLDWIDE 25% GAINS | |
| 3 | MULTIPLY LINE 2 BY 0.1071 | |
| 4 | ENTER WORLDWIDE 15% GAINS AND QUALIFIED DIVIDENDS 2,89 | 7. |
| 5 | MULTIPLY LINE 4 BY 0.4643 1,34 | 5. |
| 6 | ENTER WORLDWIDE 0% GAINS AND QUALIFIED DIVIDENDS | |
| 7 | ADD LINES 3, 5, AND 6 | 1,345. |
| 8 | SUBTRACT LINE 7 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1116 AMT, LINE 17 | 994,760. |

| FORM | 1 8606 TAXABLE PART OF DISTRIBUTION | STATEMENT 27 |
|----------|---|-----------------|
| KAVE | H KHAJAVI | |
| | ENTER THE BASIS IN YOUR TRADITIONAL IRA(S) AS OF 12/31/10. ENTER THE TOTAL OF ALL CONTRIBUTIONS MADE TO YOUR TRADITIONAL IRAS DURING 2011 AND ALL CONTRIBUTIONS MADE DURING 2012 THAT WERE FOR 2011, WHETHER OR NOT | |
| 3. 4. | DEDUCTIBLE. DO NOT INCLUDE ROLLOVER CONTRIBUTIONS ADD LINES 1 AND 2 | |
| 5. | TRADITIONAL IRAS TO OTHER TRADITIONAL IRAS) ENTER THE TOTAL DISTRIBUTIONS FROM TRADITIONAL IRAS (INCLUDING AMOUNTS CONVERTED TO ROTH IRAS THAT WILL BE | 12,755. |
| 6. 7. | SHOWN ON LINE 16 OF FORM 8606) RECEIVED IN 2011 ADD LINES 4 AND 5 | 5,000 17,755 |
| | (TO AT LEAST THREE PLACES). DO NOT ENTER MORE THAN 1.000. NONTAXABLE PORTION OF THE DISTRIBUTION. MULTIPLY LINE 5 BY LINE 7. ENTER THE RESULT HERE AND ON LINES 13 | 1.0000 |
| 9. | AND 17 OF FORM 8606 | 5,000. |
| 10. | TO ROTH IRAS, STOP HERE AND ENTER THE RESULT ON LINE 15 OF FORM 8606 | 0. |
| 11. | TO AMOUNTS CONVERTED TO ROTH IRAS BY 12/31/11. ENTER HERE AND ON LINE 18 OF FORM 8606 | 0 |
| | CONVERSIONS). SUBTRACT LINE 10 FROM LINE 9. ENTER THE RESULT HERE AND ON LINE 15 OF FORM 8606 | 0. |

| FORM | 8606 | TAXABL | E PART OF DIS | STRIBUTION | , | STATEMENT | 28 | |
|--|--|---|--|---|---------|-----------|------|--|
| MARG | ARET K. KHAJAV | <u>.</u> | | | | | | |
| 1. ENTER THE BASIS IN YOUR TRADITIONAL IRA(S) AS OF 12/31/10 . 2. ENTER THE TOTAL OF ALL CONTRIBUTIONS MADE TO YOUR TRADI- TIONAL IRAS DURING 2011 AND ALL CONTRIBUTIONS MADE DURING 2012 THAT WERE FOR 2011, WHETHER OR NOT | | | | | | . 14,875 | | |
| _] | DEDUCTIBLE. DO | NOT INCLUDE | ROLLOVER CONT | TRIBUTIONS . | | 5,0 | 00. | |
| 4. | ADD LINES 1 ANI ENTER THE VALUI 12/31/11 (INCLU | E OF ALL YOUR JDE ANY OUTSTA | TRADITIONAL DING ROLLOVI | IRA(S) AS OF ERS FROM | | | 375. | |
| 5. | TRADITIONAL IRA ENTER THE TOTAL (INCLUDING AMOU | L DISTRIBUTION | S FROM TRADIT | rional iras | | 10,2 | 30. | |
| | SHOWN ON LINE | | | | | 5,0 | 00. | |
| 6. 3 | ADD LINES 4 AND | D 5 | | | | 15,2 | 230. | |
| | DIVIDE LINE 3 1 | | | | | 1 0000 | | |
| 8. 1 | (TO AT LEAST TI NONTAXABLE POR! 5 BY LINE 7. 1 | TION OF THE DI | STRIBUTION. | MULTIPLY LIN | | 1.0000 | | |
| 9. | AND 17 OF FORM TAXABLE PORTION CONVERSIONS). RESULT HERE AND TO ROTH IRAS, S | N OF THE DISTR SUBTRACT LINE O IF THERE ARE | IBUTION (BEFOR SERVING | ORE ADJUSTMEN 5. ENTER TH CONVERTED | T FOR | 5,0 | 000. | |
| 10. | ON LINE 15 OF 1 ENTER THE AMOUNTS CONT | FORM 8606 NT INCLUDED ON | LINE 9 THAT | | 1 | | 0. | |
| 11. | ENTER HERE AND TAXABLE PORTION CONVERSIONS). | ON LINE 18 OF N OF THE DISTR | FORM 8606 IBUTION (AFT) | | D FUR | | 0. | |
| | RESULT HERE AN | | | | | | 0. | |
| FORM | 8582 | ACTIVE RENTAL | OF REAL ESTA | ATE - WORKSHE | ET 1 | STATEMENT | 29 | |
| | | CURRE | NT YEAR | PRIOR YEAR | OVERALL | GAIN OR I | coss | |
| NAME | OF ACTIVITY | NET INCOME | NET LOSS | UNALLOWED LOSS | GAIN | LOSS | 3 | |
| | IGLAND RENTAL ERTY - 1239 N. | | | | WWW. | | | |
| HIGL | AND | 10,837. | 0. | -23,295. | | | 158. | |
| TOTA | LS | 10,837. | 0. | -23,295. | | -12,4 | 158. | |
| | | | | | | | | |

| FORM 8582 | OTHER | . PASSIVI | E AC | rivitie: | 3 - 1 | WORKSHEET | 3 | STATE | MENT | 30 |
|--|--------------|-----------|------|---------------|-------|---|-----------------|---------------|------------|--------------|
| | | CURRENT | YEA | R | | OR YEAR | OVERALL | GAIN | OR I | LOSS |
| NAME OF ACTIVITY | NET | INCOME | NET | LOSS | | LOSS | GAIN | | LOS | s |
| LOBOTOMY BOYS LLC | | 0. | | 0. | | -80. | | | , | -80. |
| TOTALS | | 0. | | 0. | | -80. | | | | -80. |
| FORM 8582 | ALLOCATI | ON OF UI | VALL | OWED LO | SSES | - WORKSH | EET 5 | STATE | MENT | 31 |
| | | | | FORM | | | | | | |
| NAME OF ACTIVITY | | | S | OR CHEDULE | | LOSS | RATIO | U | NALL LO | |
| LOBOTOMY BOYS LLC N. HIGLAND RENTAL | PROPERTY | - 1239 | | CH E | | 80. | .006380 | | | 80. |
| N. HIGLAND TOTALS | | | | | | 12,458. | 1.000000 | | | 458. 538. |
| TOTALD | | | | | | ======================================= | 1.000000 | = | <u> </u> | |
| FORM 8582 | | ALLOWED | LOS | SES - W | ORKS | HEET 6 | ; | STATE | MENT | 32 |
| | | | | FORM | | | | | | |
| NAME OF ACTIVITY | | | | OR SCHEDUL | E | LOSS | UNALLOW LOSS | | ALLO LO | |
| LOBOTOMY BOYS LLC N. HIGLAND RENTAL | PROPERTY | r 1239 | | SCH E | | 80. | • | 80. | | |
| HIGLAND | | | | ~ ~ ~ ~ | | 12,458. | 12,4 | 58. | | |
| TOTALS | | | | | | 12,538. | 12,5 | 38. | | |

| FORM 8582 | SUI | SUMMARY OF PASSIVE ACTIVITIES STATE | | | | |
|-------------------------------|------------------------|-------------------------------------|-------------------|------------------|-------------------|-----------------|
| R R E A NAME | FORM OR SCHEDULE | GAIN/LOSS | PRIOR YEAR C/O | NET GAIN/LOSS | UNALLOWED LOSS | ALLOWED LOSS |
| LOBOTOMY BOYS I | | 0. | -80. | -80. | 80. | |
| PROPERTY - 1239 N. HIGLAND | • | 10,837. | -23,295. | -12,458. | 12,458. | |
| TOTALS | | 10,837. | -23,375. | -12,538. | 12,538. | |
| PRIOR YEAR CARRYO | OVERS ALLOW | ED DUE TO | CURRENT YE | AR NET ACTI | VITY INCOME | 10,837. |
| TOTAL TO FORM 858 | 32, LINE 16 | | | | • | 10,837. |

| FORM 8582 MODIFIED AGI | | STATEMENT | 34 |
|---|--------------------------------------|-----------|------|
| INCOME | | | |
| WAGES, SALARIES, TIPS ETC. DIVIDEND INCOME TAXABLE REFUNDS ALIMONY RECEIVED TAXABLE IRA DISTRIBUTIONS TAXABLE PENSIONS AND ANNUITIES UNEMPLOYMENT COMPENSATION OTHER INCOME | | 3,8 | 84. |
| INTEREST INCOME ADD: SERIES EE AND I EXCLUSION | 138. | | |
| BUSINESS INCOME OR LOSS ADD: PASSIVE LOSSES SUBTRACT: PASSIVE INCOME | 1,134,011. | 1 | .38. |
| SALE OF ASSETS (BEFORE CAPITAL LOSS LIMITATION ADD: PASSIVE/RREA PROFESSIONAL LOSSES SUBTRACT: PASSIVE INCOME |) -4,380. | 1,134,0 | 11. |
| RENTAL, ROYALTY OR PASSTHROUGH INCOME OR LOSS ADD: PASSIVE/RREA PROFESSIONAL LOSSES SUBTRACT: PASSIVE INCOME | LIMITED 0. 10,837. -10,837. | -3,0 | 00. |
| FARM OR FARM RENTAL INCOME OR LOSS ADD: PASSIVE/RREA PROFESSIONAL LOSSES SUBTRACT: PASSIVE INCOME | | | 0. |
| TOTAL INCOME | - | 1,135,0 | 33. |
| ADJUSTMENTS | | | |
| MOVING EXPENSES SELF-EMPLOYED HEALTH INSURANCE DEDUCTION PENALTY ON EARLY WITHDRAWAL OF SAVINGS | 15,145. | | |
| ALIMONY PAID KEOGH/SEP DEDUCTION OTHER ADJUSTMENTS | 49,000. | | |
| TOTAL ADJUSTMENTS | | 64,1 | .45. |
| TOTAL TO FORM 8582, LINE 7 | - | 1,070,8 | 88. |

| FORM 8582 | ALTERN ACTIVE RENTAL (| NATIVE MINI OF REAL EST | | | ATEMENT 35 |
|--|---------------------------|----------------------------|-------------------------|------------|-------------|
| | CURRENT | r year | PRIOR YEAR UNALLOWED | OVERALL GA | AIN OR LOSS |
| NAME OF ACTIVITY | NET INCOME | NET LOSS | LOSS | GAIN | LOSS |
| N. HIGLAND RENTAL PROPERTY - 1239 N. HIGLAND | 10,837. | 0. | -23,215. | | -12,378. |
| TOTALS | 10,837. | 0. | -23,215. | | -12,378. |
| FORM 8582 | ALTERI OTHER PASSIVI | NATIVE MINI | | | ATEMENT 36 |
| | CURREN | T YEAR | PRIOR YEAR UNALLOWED | OVERALL G | AIN OR LOSS |
| NAME OF ACTIVITY | NET INCOME | NET LOSS | LOSS | GAIN | LOSS |
| LOBOTOMY BOYS LLC | 0. | 0. | -80. | | -80. |
| TOTALS | 0. | 0. | -80. | | -80. |
| FORM 8582 | ALTERI LLOCATION OF U | NATIVE MINI NALLOWED LO | | | ATEMENT 37 |
| | | FORM OR | | | UNALLOWED |
| NAME OF ACTIVITY | | SCHEDULE | LOSS | RATIO | LOSS |
| LOBOTOMY BOYS LLC N. HIGLAND RENTAL PROPERTY - 1239 N. | | SCH E SCH E | 80. | .006421576 | 80. |
| HIGLAND | | | 12,378. | .993578424 | 12,378. |
| TOTALS | | | 12,458. | 1.00000000 | 12,458. |

| FORM 8582 | | | E MINIMUM ES - WORK | | S! | PATEMENT | 38 |
|---|----------------------------|------------------|------------------------|----------------|------------------------|------------------|------|
| NAME OF ACTIVITY | | | FORM OR HEDULE | LOSS | UNALLOWED LOSS | ALLOWI LOSS | |
| LOBOTOMY BOYS LLC N. HIGLAND RENTAL E | PROPERTY - 12 | | H E H E | 80 | | | |
| N. HIGLAND | | | _ | 12,378 | . 12,378 - | • | |
| TOTALS | | | | 12,458 | . 12,458 | • | |
| FORM 8582AMT | SUMMARY O | F PASSI | VE ACTIVI | TIES - Al | MT S' | TATEMENT | 39 |
| R R E A NAME | FORM OR SCHEDULE GAI | N/LOSS | PRIOR YEAR C/O | NET GAIN/LO | UNALLOW SS LOSS | ED ALLOV LOSS | |
| LOBOTOMY BOYS LLC X N. HIGLAND RENTAL PROPERTY - 1239 | | 0. | -80. | (| 80. 8 | 0. | |
| N. HIGLAND | 1 | 0,837. | -23,215. | -12,3 | 78. 12,37 | 8. | |
| TOTALS | 1 | 0,837. | -23,295. | -12,4 | 58. 12,45 | 8. | |
| PRIOR YEAR CARRYOVE | ERS ALLOWED D | UE TO C | URRENT YE | AR NET A | CTIVITY INC | == OME 10,8 | 337. |
| TOTAL TO FORM 85822 | AMT, LINE 16 | | | | | 10,8 | 337. |
| FORM 1116 | U.S. AND FOR | | URCE INCO | | RY S | TATEMENT | 40 |
| DESCRIPTION | TOTAL DIVIDEND | QUALIF DIVIDE | | | DIVIDEND TO LINE 1A | QUAL DI | |
| NATIONAL FINANCIAL | 716. | | 628. | .4286 | 357. | | 359. |
| TOTALS | 716. | | 628. | - | 357. | : | 359. |
| | | | | = | | | |





Georgia Form **500** (Rev. 9/11) Individual Income Tax Return Georgia Department of Revenue

Fiscal Year Beginning

145001 10-31-11

| | Page 1 |
|--|--|
| Version 1 DEL EXT | 195 1 |
| YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER | |
| 1. KAVEH 157-50-7100 | Special Program Code |
| | See Tax Booklet on Page 9 |
| LAST NAME SUFFIX | |
| KHAJAVI | |
| | |
| SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER | |
| MARGARET K 077-68-9591 | DEPARTMENT USE ONLY |
| | |
| LAST NAME SUFFIX | |
| KHAJAVI | |
| ADDRESS (ANIMADED AND STREET OF B. DOWN (No. Ond address fine for And Suite on Duilding Number). TO CHECK IF AL | |
| ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) HAS CHANG 2. 886 CUMBERLAND RD | ED |
| 2. 000 COMBERDAND RD | |
| | |
| CITY (Please insert a space if the city has multiple names) STATE ZIP CODE | 500 UET Exception |
| 3. ATLANTA GA 30306 | Attached |
| 5. ALDAMIA GA 50500 | |
| (COUNTRY IF FOREIGN) | i. |
| (OCCHETE II TOTELIUM) | Residency Status |
| 4. Enter your Residency Status with the appropriate number | |
| 2 to your toolstoy out to appropriate that are appropriate to the appropriate that are appropriate to the appropriate that are appropriate to the appropriate that are appropriate that are appropriate to the appropriate that are appropriate that are appropriate to the appropriate that are appropriate to the appropriate that are appropriate to the appropriate th | ······································ |
| | |
| 1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO | 3. NONRESIDENT |
| 1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO | 3. NONRESIDENT |
| FULL-YEAR RESIDENT | |
| | |
| Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 5. Enter Filing Status with appropriate letter (See Tax Booklet Page 11) | Filing Status 5. B |
| Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page | Filing Status 5. B |
| Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 5. Enter Filing Status with appropriate letter (See Tax Booklet Page 11) A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head o | Filing Status 5. B f Household or Qualifying Widow(er) |
| Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 5. Enter Filing Status with appropriate letter (See Tax Booklet Page 11) A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of the Company of Exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself | Filing Status 5. B |
| Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 5. Enter Filing Status with appropriate letter (See Tax Booklet Page 11) A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head o Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself 6b. Dependents - (If you have more than 3 dependents, attach a list of additional dependents) | Filing Status 5. B f Household or Qualifying Widow(er) |
| Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 5. Enter Filing Status with appropriate letter (See Tax Booklet Page 11) A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of the Company of th | Filing Status 5. B f Household or Qualifying Widow(er) |
| Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 5. Enter Filing Status with appropriate letter (See Tax Booklet Page 11) A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head o Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself 6b. Dependents - (If you have more than 3 dependents, attach a list of additional dependents) | Filing Status 5. B f Household or Qualifying Widow(er) |
| Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 5. Enter Filing Status with appropriate letter (See Tax Booklet Page 11) A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of the control of exemptions (Check appropriate box(es) and enter total in 6c.) Dependents - (If you have more than 3 dependents, attach a list of additional dependents) First Name, MI. Last Name JOHN PATRICK KHAJAVI | Filing Status 5. B f Household or Qualifying Widow(er) |
| Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 5. Enter Filing Status with appropriate letter (See Tax Booklet Page 11) A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of the control of exemptions (Check appropriate box(es) and enter total in 6c.) Dependents - (If you have more than 3 dependents, attach a list of additional dependents) First Name, MI. JOHN PATRICK KHAJAVI Social Security Number Relationship to You | Filing Status 5. B f Household or Qualifying Widow(er) |
| Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 5. Enter Filing Status with appropriate letter (See Tax Booklet Page 11) A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of the control of exemptions (Check appropriate box(es) and enter total in 6c.) Dependents - (If you have more than 3 dependents, attach a list of additional dependents) First Name, MI. Last Name JOHN PATRICK KHAJAVI | Filing Status 5. B f Household or Qualifying Widow(er) |
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| Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 5. Enter Filing Status with appropriate letter (See Tax Booklet Page 11) A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of the security number must be entered above) Number of exemptions (Check appropriate box(es) and enter total in 6c.) Dependents - (If you have more than 3 dependents, attach a list of additional dependents) First Name, MI. JOHN PATRICK KHAJAVI Social Security Number Relationship to You 675-16-0373 SON First Name, MI. Last Name | Filing Status 5. B f Household or Qualifying Widow(er) |
| Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 5. Enter Filing Status with appropriate letter (See Tax Booklet Page 11) A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of the security number must be entered above) D. Head of the security number must be entered above) Enter Filing Status with appropriate letter (See Tax Booklet Page 11) A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of the security number and | Filing Status 5. B f Household or Qualifying Widow(er) |
| Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 5. Enter Filing Status with appropriate letter (See Tax Booklet Page 11) A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of the security number must be entered above) D. Head of the security Number and Schedule 3 of Form 500, page 11) Example 12 | Filing Status 5. B f Household or Qualifying Widow(er) |
| Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 5. Enter Filing Status with appropriate letter (See Tax Booklet Page 11) A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of the security number of exemptions (Check appropriate box(es) and enter total in 6c.) Dependents - (If you have more than 3 dependents, attach a list of additional dependents) First Name, MI. JOHN PATRICK KHAJAVI Social Security Number Relationship to You SON First Name, MI. KATHERINE MADI KHAJAVI Social Security Number Relationship to You Relationship to You | Filing Status 5. B f Household or Qualifying Widow(er) |
| Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 5. Enter Filing Status with appropriate letter (See Tax Booklet Page 11) A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of the security number must be entered above) D. Head of the security Number and Schedule 3 of Form 500, page 11) Example 12 | Filing Status 5. B f Household or Qualifying Widow(er) |
| Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 5. Enter Filing Status with appropriate letter (See Tax Booklet Page 11) A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of the control of exemptions (Check appropriate box(es) and enter total in 6c.) Dependents - (If you have more than 3 dependents, attach a list of additional dependents) First Name, MI. JOHN PATRICK KHAJAVI Social Security Number 675-16-0373 First Name, MI. KATHERINE MADI Relationship to You Social Security Number Relationship to You DAUGHTER | Filing Status 5. B f Household or Qualifying Widow(er) |
| Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 5. Enter Filing Status with appropriate letter (See Tax Booklet Page 11) A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of the security number must be entered above) Number of exemptions (Check appropriate box(es) and enter total in 6c.) Dependents - (If you have more than 3 dependents, attach a list of additional dependents) First Name, MI. JOHN PATRICK KHAJAVI Social Security Number 675-16-0373 First Name, MI. KATHERINE MADI Social Security Number 675-16-2092 DAUGHTER First Name, MI. Last Name Last Name KHAJAVI Last Name | Filing Status 5. B f Household or Qualifying Widow(er) |
| Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 5. Enter Filing Status with appropriate letter (See Tax Booklet Page 11) A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of the control of exemptions (Check appropriate box(es) and enter total in 6c.) Dependents - (If you have more than 3 dependents, attach a list of additional dependents) First Name, MI. JOHN PATRICK KHAJAVI Social Security Number 675-16-0373 First Name, MI. KATHERINE MADI Relationship to You Social Security Number Relationship to You DAUGHTER | Filing Status 5. B f Household or Qualifying Widow(er) |
| Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 5. Enter Filing Status with appropriate letter (See Tax Booklet Page 11) A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of the security number must be entered above) Number of exemptions (Check appropriate box(es) and enter total in 6c.) Dependents - (If you have more than 3 dependents, attach a list of additional dependents) First Name, MI. JOHN PATRICK KHAJAVI Social Security Number 675-16-0373 First Name, MI. KATHERINE MADI Social Security Number 675-16-2092 DAUGHTER First Name, MI. Last Name Last Name KHAJAVI Last Name | Filing Status 5. B f Household or Qualifying Widow(er) |

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue



Page 2

YOUR SOCIAL SECURITY NUMBER 157-50-7100

2011

| Version 1 | | | |
|--|-------------|-------------|---------------------------------|
| 7a. Number of Dependents (DO NOT include yourself or your spouse) STMT 1 | . ▶ | 7a. | 4 |
| 7b. Add Lines 6c and 7a. Enter total | . ▶ | 7b. | 6 |
| If amount on line 8, 9, 10, 13 or 15 is negative, check box. Example: | | | |
| 8. Federal adjusted gross income (From Federal Form 1040, 1040A or 1040EZ) (Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your general form 1040A or 1040EZ) | _ | 8. | 1,049,082 ss than your W-2's |
| you must enclose a copy of your Federal Form 1040 Pages 1 and 2. | _ | | - |
| 9. Adjustments from Schedule 1 (See Tax Booklet on Page 11, Line 9) | ▶ . | X 9. | -3,984 |
| 10. Georgia adjusted gross income (Net total of Line 8 and Line 9) | . ▶ | 10. | 1,045,098 |
| 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) (See Tax Booklet on Page 12 Line 11) | ▶ | 11a. | |
| b. Self: 65 or over? Blind? Spouse: 65 or over? Blind? | | | |
| Total of boxes x 1,300= | • | 11b. | |
| c. Total Standard Deduction (Line 11a + Line 11b) | | 11c. | |
| Use EITHER Line 11c OR Line 12c (Do not write on both lines) | | | |
| 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deduction | ns, vou | must encl | ose Federal Schedule A |
| a. Federal Itemized Deductions (Schedule A - Form 1040) | _ | 12a. | 157,551 |
| b. Less adjustments: (See Tax Booklet on Page 13, Line 12) | ▶ | 12b. | |
| c. Georgia Total Itemized Deductions | ▶ | 12c. | 157,551 |
| 13. Subtract either Line 11c or Line 12c from Line 10; enter balance | ▶ | 13. | 887,547 |
| 14a. Number on Line 6c. 2 multiplied by \$2,700 | ▶ | 14a. | 5,400 |
| 14b. Number on Line 7a. 4 multiplied by \$3,000 | ▶ | 14b. | 12,000 |
| 14c. Add Lines 14a. and 14b. Enter total | ▶ | 14c. | 17,400 |
| 15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14) | ▶ أ | 15. | 870,147 |
| 16. Tax (Use Tax Table in the Tax Booklet on Pages 20-22) | ▶ | 16. | 51,949 |
| 17. Credits from Schedule 2, Page 5, Line 12 of Form 500 | | | |
| (Enter total but not more than the amount on Line 16) | ▶ | 17. | |
| 18. Balance (Line 16 less Line 17) if zero or less than zero, enter zero | ▶ | 18. | 51,949 |
| 19. Georgia Income Tax Withheld (Enter Tax Withheld Only and enclose W-2s, 1099s, etc.) | > | 19. | |
| 20. Estimated Tax for 2011 and Form IT-560 | _ | 20. | 67,104 |
| | | | |

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2011

Version 1



Page 3

YOUR SOCIAL SECURITY NUMBER 157-50-7100

1200405032

| 21. | Department Us | e Only | DO NOT WRITE I | N THIS | вох | | | | |
|-------------|--|--|---|-------------------------------------|--|---|--|--------------------------------------|--|
| 22. | Total prepaymer | nt credits (Add Lines 1 | 9 and 20) | | | | > | 22. | 67,104 |
| 23. | If Line 18 exceed | ds Line 22 enter BALAN | ICE DUE STATE | | | | > | 23. | |
| 24. | If Line 22 exceed | ds Line 18 enter OVERF | PAYMENT amount | | *************************************** | ••••• | > | - 24. | 15,155 |
| 25. | Amount to be c | redited to 2012 ESTIM | IATED TAX | | | | > | 25. | 15,155 |
| 26. | Georgia Wildlife | Conservation Fund (No | gift of less than | 61.00) | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | > | - 26. | |
| 27. | Georgia Children | n and Elderly Fund (No | gift of less than \$ | 1.00) | •••••• | | > | 27. | |
| 28. | Georgia Cancer | Research Fund (No gif | t of less than \$1.0 | O) | | | ······ | 28. | |
| 29. | Statewide Land | Conservation Program | (No gift of less th | an \$1.00 | 0) | ************* | > | 29. | |
| 30. | Georgia Nationa | I Guard Foundation (No | gift of less than | \$1.00) | | *********** | > | 30. | |
| | | ization Fund (No gift of | | | | | | | |
| | | und (No gift of less that | | | | | | | |
| | | t Finance Authority Fun | - | | | | | | |
| 34. | | Estimated tax penalty d Lines 23, 26 thru 34 | | | | *********** | | ► 34. | |
| 35. | | MOUNT YOU OWE | | | | | > | - 35. | |
| | | a refund) Subtract the | | | | ************ | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | THIS IS YOUR I | REFUND | | ••••• | | | | 36. | 0 |
| 36a | . Direct Deposit (For U. | S. Accounts Only) Type: C | hecking Saving | s 🗌 | 36b. Debit Card | | (PAYMENT and NO | PROCESSING C | RTMENT OF REVENUE ENTER, PO BOX 740399 |
| See | booklet instructions on page 13 for further details. | Routing Number | | | 36c. Paper Chec | k 🗌 | Blue Label: | | 0374-0399 RTMENT OF REVENUE ENTER. PO BOX 740380 |
| | | Account Number | | | | | (REFUND) | ATLANTA, GA 3 | |
| Und beli | er penalty of perjur | e Code Section 48-2-31 s y, I declare that I have ex and complete. Declaration | tipulates that taxes s amined this return, i | shall be p including than tax | paid in lawful mone gaccompanying sc payer) is based on NE NUMBER | ey of the Ui hedules ar | nited States, free o id statements, and | f any expense to to the best of m | y knowledge and |
| _ | Spouse's Signatu Do you want to auti named preparer. | ure (Check horize DOR to discuss this YES | box if deceased) return with the | | | | THAN TAXPAYE CPA | R | |
| | ■ L electronic | parer e the Georgia Departmen cally notify me by e-mail tes to my account(s). | t of Revenue to address regarding | 62- 145011 10-31-1 | ARER'S FEIN 1517792 11 AYER EMAIL AÜ | P000 | RER'S SSN/PTIN 82636 | | NUMBER)266-9876 |



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YOUR SOCIAL SECURITY NUMBER 157-50-7100

Georgia Form **500**Individual Income Tax Return
Georgia Department of Revenue

2011

Version 1

SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW (See Tax Booklet on Pages 11 and 12)

| AD | DITIONS to INCOME | | | | | | |
|----------|--|------------------------|---------------------|---------------------|-------------|-------|--------|
| 1. | Interest on Non-Georgia Municip | pal and State Bond | is | | > | 1. | |
| 2. | Lump Sum Distributions | | | | > | 2. | |
| 3. | Federal deduction for income attributing (IRC Section 199) | atable to domestic pro | oduction activities | | > | 3. | |
| 4. | Other (Specify) | | | | • | 4. | |
| 5. SU | Total Additions (Enter sum of Li BTRACTION from INCOM | | <i></i> | | > | 5. | |
| 6. | Retirement Income Exclusion (S | See Tax Booklet on | Page 11) | | | | |
| a. | Self: Date of Birth | Date of Disability | : | Type of Disability: | | | |
| | | | | | | 6a. | |
| b. | Spouse: Date of Birth | Date of Disability | : | Type of Disability: | | | |
| | | | | | | 6b. | |
| 7. | Social Security Benefits (Taxab | le portion from Fed | eral return) | | > | 7. | |
| 8. | Georgia Higher Education Savir | ngs Plan | | | • | 8. | |
| 9. | Interest on United States Obliga | ations (See Tax Bo | oklet on Page 11 | 1) | > | 9. | |
| 10. | Other Adjustments (Specify) | Adjustment | NONPASS: | IVE DEPREC | Ar | nount | 3,984 |
| | | Adjustment | | | Ar | nount | |
| | | Adjustment | | | Ar | nount | |
| | | Adjustment | | | Ar | nount | |
| | | Total | | | > | 10. | 3,984 |
| | | | | | > | 11. | 3,984 |
| 12. | Net Adjustments (Line 5 less Li Enter Net Total here and on Lin | • | -) of form 500 | | ► 🛚 | 12. | -3,984 |

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145013 10-31-11



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SCHEDULE 2 CREDITS for LINE 17, PAGE 2 (See Tax Booklet on Pages 13 and 16)

| 1. | Other State Credit(s) Tax Credit (See Ta | x Booklet on Page 15) | > 1. |
|-----|---|--------------------------|--|
| 2. | ance Credit, Qualified Caregiving Exper | se Credit, Georgia Natio | rson Home Purchase or Retrofit Credit, Driver Education Credit, Disaster Assist- nal Guard/Air National Guard Credit, Child and Dependent Care Expense Credit, |
| | (Requires DNR certification for either cr | edit) | dit |
| 4. | Qualified Education Expense Credit (Inc | lividual/Non pass throug | h) ► 4. |
| 5. | Clean Energy Property Credit (Individua | ul/Non pass through) | > 5. |
| | You must list the appropriate Credit Tyl | oe Code in the space pro | Corp., LLC or Partnership Interest and Other Credits vided. If you claim more than four credits, enclose a schedule. S for a list of available credits and their applicable codes. |
| 6. | COMPANY NAME | | CREDIT CODE TYPE |
| | OWNERSHIP | FEIN | CREDIT CLAIMED ON THIS RETURN |
| 7. | COMPANY NAME | | CREDIT CODE TYPE |
| | OWNERSHIP | FEIN | CREDIT CLAIMED ON THIS RETURN |
| 8. | COMPANY NAME | | CREDIT CODE TYPE |
| | OWNERSHIP | FEIN | CREDIT CLAIMED ON THIS RETURN |
| 9. | COMPANY NAME | | CREDIT CODE TYPE |
| | OWNERSHIP | FEIN | CREDIT CLAIMED ON THIS RETURN |
| 10. | Any additional pass-through credits cla | imed (Attach schedule) | > 10. |
| 11. | Low Income Credit (See Tax Booklet). | 11a. 11b. | ▶11c. |
| 12. | Enter the total of Lines 1 through 11 he | re and on Line 17, Pg. 2 | of 500 form > 12. |

Georgia Form 500

Individual Income Tax Return Georgia Department of Revenue 2011

Version 1



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DO NOT USE LINES 9 THRU 14 OF PAGE 2, FORM 500

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS. Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See Tax Booklet, Page 13, Line 17 and Page 15.

| FED | ERAL INCOME AFTER GEORGIA ADJUSTMENT INCOME (COLUMN A) | INCOME NOT TAXABLE TO GEORGIA INCOME (COLUMN B) | | GEORGIA INCOME ICOME (COLUMN C) |
|------------|--|--|---------------------------------------|--|
| [| 1. WAGES, SALARIES, TIPS, etc | 1. WAGES, SALARIES, TIPS, etc |] 1. W | VAGES, SALARIES, TIPS, etc |
| [| 2. INTERESTS AND DIVIDENDS | 2. INTERESTS AND DIVIDENDS | 2. IN | NTERESTS AND DIVIDENDS |
| | 3. BUSINESS INCOME OR (LOSS) | 3. BUSINESS INCOME OR (LOSS) | 3. В | BUSINESS INCOME OR (LOSS) |
| | 4. OTHER INCOME OR (LOSS) | 4. OTHER INCOME OR (LOSS) | □ ⁴. ° | OTHER INCOME OR (LOSS) |
| ļ | 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 | 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 | 5. T | OTAL INCOME: TOTAL LINES 1 THRU 4 |
| | TOTAL ADJUSTMENTS FROM FORM 1040 | 6. TOTAL ADJUSTMENTS FROM FORM 1040 | 6. T | OTAL ADJUSTMENTS FROM FORM 1040 |
| | 7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1, PAGE 4 | 7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1, PAGE 4 | | OTAL ADJUSTMENTS FROM FORM 500, CCHEDULE 1, PAGE 4 |
| | 8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 | 8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 | | ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 |
| 9. | RATIO: Divide Line 8, Column C by Line 8, Column | ımn A. Enter percentage | ▶ 9. | % Not to exceed 100% |
| 10. | Itemized or Standard Deduction (Sec | e Tax Booklet, Page 17, Line 10) | 1 0. | |
| 11. | Personal Exemption from Form 500, Page 2 (Se | e Tax Booklet, Pg. 17, Line 11a-c) | | |
| 11a. | Number on Line 6c. multiplied by \$2,7 | 00 | ▶ 11a. | |
| 11b. | Number on Line 7a. multiplied by \$3,0 | 00 | ▶ 11b. | |
| 11c. | Add Lines 11a. and 11b. Enter total | | ▶ 11c. | |
| 12. | Total Deductions and Exemptions: Add Lines 1 | 0 and 11c | 1 2. | |
| 13. 14. | Multiply Line 12 by Ratio on Line 9 and enter re Georgia Taxable Income: Subtract Line 13 from Enter here and on Line 15, Page 2 of Form 500 | Line 8, Column C | ▶ 13.▶ 14. | |

List the state(s) in which the income in Column B was earned and/or to which it was reported. 145014 10-81-11 1. 3.

4.

2.

| GA 500 | DEPEN | NDENTS | STAT | STATEMENT 1 | |
|-------------|-----------|------------------------------|--------------|---------------------------|--|
| FIRST NAME | LAST NAME | SOCIAL SECURITY NUMBER | RELATIONSHIP | MONTHS IN YOUR HOME | |
| BRODIE FINN | KHAJAVI | 672-44-3202 | SON | 12 | |