2010 TAX RETURN FILING INSTRUCTIONS

U.S. INDIVIDUAL INCOME TAX RETURN

COPY

FOR THE YEAR ENDING

DECEMBER 31, 2010

Prepared for	CHRISTOPHER J & MARY P CHRISTIE [redacted] MENDHAM, NJ 07945
Prepared by	HAL MODEL CPA PA [redacted]
Amount of tax	Total tax $ 116,072 Less: payments and credits $ 127,740 Plus: interest and penalties $ 0 OVERPAYMENT $ 11,668
Overpayment	Miscellaneous Donations $ 0 Credited to your estimated tax $ 11,668 Refunded to you $ 0
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING AND THE PRACTITIONER PIN PROGRAM HAS BEEN ELECTED. PLEASE SIGN AND RETURN FORM 8879 TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE IRS.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	

***** THIS IS NOT A FILEABLE COPY *****

Form **8879**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

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

OMB No. 1545-0074

2010

Declaration Control Number (DCN) ▶ [redacted]

Taxpayer's name	Social security number
CHRISTOPHER J CHRISTIE	***-**-****
Spouse's name	**Spouse's social security number**
MARY P CHRISTIE	***-**-****

Part I **Tax Return Information - Tax Year Ending December 31, 2010** (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	449,607.
2	Total tax (Form 1040, line 60; Form 1040A, line 37; Form 1040EZ, line 11)	2	116,072.
3	Federal income tax withheld (Form 1040, line 61; Form 1040A, line 38; Form 1040EZ, line 7)	3	87,813.
4	Refund (Form 1040, line 74a; Form 1040A, line 46a; Form 1040EZ, line 12a; Form 1040-SS, Part I, line 12a)	4	0.
5	Amount you owe (Form 1040, line 76; Form 1040A, line 48; Form 1040EZ, line 13)	5	

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

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

Taxpayer's PIN: check one box only

[X] I authorize HAL MODEL CPA PA (ERO firm name) to enter or generate my PIN [redacted] (Enter five numbers, but do not enter all zeros) as my signature on my tax year 2010 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ ***** THIS IS NOT A FILEABLE COPY ***** Date ▶ 10/11/2011

Spouse's PIN: check one box only

[X] I authorize HAL MODEL CPA PA (ERO firm name) to enter or generate my PIN [redacted] (Enter five numbers, but do not enter all zeros) as my signature on my tax year 2010 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ 10/11/2011

Practitioner PIN Method Returns Only - continue below

Part III **Certification and Authentication - Practitioner PIN Method Only**

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

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

ERO's signature ▶ _____ Date ▶ _____

019995
12-10-10

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

LHA **For Paperwork Reduction Act Notice, see separate instructions.**

Tax Year 2010 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 [redacted]

(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: [redacted] Date 10112011

Spouse's PIN: [redacted]

019986
12-13-10

Form **1040** U.S. Individual Income Tax Return **2010** (99) IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2010, or other tax year beginning , 2010, ending , 20 — OMB No. 1545-0074

Name, Address, and SSN — PRINT CLEARLY

Your first name and initial: CHRISTOPHER J	Last name: CHRISTIE	Your social security number: ***-**-****
If a joint return, spouse's first name and initial: MARY P	Last name: CHRISTIE	Spouse's social security number: ***-**-****
Home address (number and street). If you have a P.O. box, see instructions. [redacted]	Apt. no.	Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. MENDHAM, NJ 07945		Checking a box below will not change your tax or refund.

See separate instructions.

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund ▶ ☐ You ☐ Spouse

Filing Status — Check only one box.

1 ☐ Single
2 ☒ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b ☒ **Spouse**

Boxes checked on 6a and 6b: 2

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit
ANDREW CHRISTIE	***-**-****	CHILD	
SARAH CHRISTIE	***-**-****	CHILD	X
PATRICK CHRISTIE	***-**-****	CHILD	X
BRIDGET CHRISTIE	***-**-****	CHILD	X

No. of children on 6c who:
- lived with you: 4
- did not live with you due to divorce or separation (see instructions):

Dependents on 6c not entered above:

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

d Total number of exemptions claimed — Add numbers on lines above ▶ 6

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 20.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	410,045.
8a	**Taxable** interest. Attach Schedule B if required		8a	6,875.
b	**Tax-exempt** interest. **Do not** include on line 8a	8b 6,713.		
9a	Ordinary dividends. Attach Schedule B if required		9a	5,440.
b	Qualified dividends	9b 1,480.		
10	Taxable refunds, credits, or offsets of state and local income taxes STMT 2 STMT 3		10	0.
11	Alimony received STMT 5		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐		13	8,116.
14	Other gains or (losses). Attach Form 4797		14	5,163.
15a	IRA distributions	15a b Taxable amount	15b	
16a	Pensions and annuities	16a b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	13,751.
18	Farm income or (loss). Attach Schedule F		18	
19	Unemployment compensation		19	
20a	Social security benefits	20a b Taxable amount	20b	
21	Other income. List type and amount SEE STATEMENT 1		21	217.
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		22	449,607.

Adjusted Gross Income

23	Educator expenses	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889	25		
26	Moving expenses. Attach Form 3903	26		
27	One-half of self-employment tax. Attach Schedule SE	27		
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	IRA deduction	32		
33	Student loan interest deduction	33		
34	Tuition and fees. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 31a and 32 through 35		36	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶		37	449,607.

010001 01-27-11

LHA **For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.**

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	449,607.
	39a	Check if: [ ] You were born before January 2, 1946, [ ] Blind. [ ] Spouse was born before January 2, 1946, [ ] Blind. Total boxes checked ▶ 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b [ ]		
	40	**Itemized deductions** (from Schedule A) or your **standard deduction** (see instructions)	40	100,537.
	41	Subtract line 40 from line 38	41	349,070.
	42	**Exemptions.** Multiply $3,650 by the number on line 6d	42	21,900.
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	327,170.
	44	**Tax.** Check if any tax is from: a [ ] Form(s) 8814 b [ ] Form 4972	44	85,481.
	45	**Alternative minimum tax.** Attach Form 6251	45	26,707.
	46	Add lines 44 and 45 ▶	46	112,188.
	47	Foreign tax credit. Attach Form 1116 if required — 47		
	48	Credit for child and dependent care expenses. Attach Form 2441 — 48: 200.		
	49	Education credits from Form 8863, line 23 — 49		
	50	Retirement savings contributions credit. Attach Form 8880 — 50		
	51	Child tax credit (see instructions) — 51		
	52	Residential energy credits. Attach Form 5695 — 52		
	53	Other credits from Form: a [X] 3800 b [ ] 8801 c [ ] — 53: 14.		
	54	Add lines 47 through 53. These are your **total credits**	54	214.
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶	55	111,974.
Other Taxes	56	Self-employment tax. Attach Schedule SE	56	
	57	Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59	a [ ] Form(s) W-2, box 9 b [X] Schedule H c [ ] Form 5405, line 16	59	4,098.
	60	Add lines 55 through 59. This is your **total tax** ▶	60	116,072.
Payments	61	Federal income tax withheld from Forms W-2 and 1099 — 61: 87,813.		
	62	2010 estimated tax payments and amount applied from 2009 return — 62: 34,917.		
	63	Making work pay credit. Attach Schedule M — 63		
If you have a qualifying child, attach Schedule EIC.	64a	**Earned income credit (EIC)** — 64a		
	b	Nontaxable combat pay election — 64b		
	65	Additional child tax credit. Attach Form 8812 — 65		
	66	American opportunity credit from Form 8863, line 14 — 66		
	67	First-time homebuyer credit from Form 5405, line 10 — 67		
	68	Amount paid with request for extension to file — 68: 5,000.		
	69	Excess social security and tier 1 RRTA tax withheld — 69		
	70	Credit for federal tax on fuels. Attach Form 4136 — 70		
	71	Credits from Form: a [ ] 2439 b [ ] 8839 c [X] 8801 d [ ] 8885 — 71: 10.		
	72	Add lines 61, 62, 63, 64a, and 65 through 71. These are your **total payments** ▶	72	127,740.
Refund	73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you **overpaid**	73	11,668.
	74a	Amount of line 73 you want **refunded to you.** If Form 8888 is attached, check here ▶ [ ]	74a	
Direct deposit? See instructions.	b	Routing number [redacted] ▶ c Type: [ ] Checking [ ] Savings ▶ d Account number [redacted]		
	75	Amount of line 73 you want **applied to your 2011 estimated tax** ▶ — 75: 11,668.		
Amount You Owe	76	**Amount you owe.** Subtract line 72 from line 60. For details on how to pay, see instructions ▶	76	
	77	Estimated tax penalty (see instructions) — 77		

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

Designee's name ▶ HAL MODEL CPA Phone no. ▶ [redacted] Personal Identification number (PIN) ▶ [redacted]

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

Joint return? See page 12. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
COPY		GOVERNOR	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
		SALES	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
HAL MODEL CPA	Hal Model	10-10-11		[redacted]

Firm's name ▶ HAL MODEL CPA PA Firm's EIN ▶ **_*******

Firm's address [redacted] Phone no. [redacted]

018711
08-17-10

▼ DETACH HERE ▼

Form **4868**

Department of the Treasury
Internal Revenue Service (99)

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

For calendar year 2010, or other tax year beginning , 2010, ending

1019

2010

Part I Identification

1 Your name(s)
CHRISTOPHER J CHRISTIE
MARY P CHRISTIE
[redacted]
MENDHAM, NJ 07945

2 Your social security number
_**_*

3 Spouse's social security number
_**_*

Part II Individual Income Tax

4	Estimate of total tax liability for 2010 ..... $	122,767.
5	Total 2010 payments	117,767.
6	**Balance due.** Subtract line 5 from line 4	5,000.
7	Amount you are paying ..... ▶	5,000.

8 Check here if you are "out of the country" and a U.S. citizen or resident ..... ▶ ☐

9 Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding ..... ▶ ☐

********* [redacted]

Child Tax Credit Worksheet *(keep for your records)*

Name(s): First	Last	Your SSN
CHRISTOPHER J & MARY P	CHRISTIE	***_**_****

Part 1

1. Number of qualifying children: 3 X $1,000. Enter the result. ..... 1 3,000.
2. Enter the amount from Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 37. ..... 2 449,607.
3. **1040 filers:** Enter the total of any-
   - Exclusion of income from Puerto Rico, and
   - Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.

   1040A and 1040NR filers: Enter -0-. ..... 3 0.
4. Add lines 2 and 3. Enter the total. ..... 4 449,607.
5. Enter the amount shown below for your filing status.
   - Married filing jointly - $110,000
   - Single, head of household, or qualifying widow(er) - $75,000
   - Married filing separately - $55,000

   ..... 5 110,000.
6. Is the amount on line 4 more than the amount on line 5?
   - [ ] **No.** Leave line 6 blank. Enter -0- on line 7.
   - [X] **Yes.** Subtract line 5 from line 4. ..... 6 340,000.
     If the result is not a multiple of $1,000, increase it to the next multiple of $1,000 (for example, increase $425 to $1,000, increase $1,025 to $2,000, etc).
7. Multiply the amount on line 6 by 5% (.05). Enter the result. ..... 7 17,000.
8. Is the amount on line 1 more than the amount on line 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.
   - [ ] **Yes.** Subtract line 7 from line 1. Enter the result. 8

Part 2

9. Enter the amount from Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 44. 9
10. **1040 filers:** Enter the total of the amounts from lines 47 through 50.*
    1040A filers: Enter the total of the amounts from lines 29 through 32.
    1040NR filers: Enter the total of the amounts from lines 45 through 47.* 10
11. Are you claiming any of the following credits?
    - Residential energy efficient property credit, Form 5695, Part II.
    - Mortgage interest credit, Form 8396
    - District of Columbia first-time homebuyer credit, Form 8859
    - [ ] **No.** Enter the amount from line 10.
    - [ ] **Yes.** Complete the Line 11 Worksheet to figure the amount to enter here. 11
12. Subtract line 11 from line 9. Enter the result. 12
13. Is the amount on line 8 of this worksheet more than the amount on line 12?
    - [ ] **No.** Enter the amount from line 8.
    - [ ] **Yes.** Enter the amount from line 12.

    This is your child tax credit. 13

* Also include amounts from:
- Form 5695, line 11
- Form 8834, line 22
- Form 8910, line 21
- Form 8936, line 14
- Schedule R, line 22

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

▶ Attach to Form 1040. ▶ See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

2010

Attachment Sequence No. 07

Name(s) shown on Form 1040: CHRISTOPHER J & MARY P CHRISTIE

Your social security number: ***-**-****

Medical and Dental Expenses		**Caution.** Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1		
	2	Enter amount from Form 1040, line 38 [2]			
	3	Multiply line 2 by 7.5% (.075)	3		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	
Taxes You Paid	5	State and local (**check only one box**): a [X] Income taxes, or b [ ] General sales taxes — SEE STATEMENT 8	5	30,285.	
	6	Real estate taxes (see instructions)	6	36,453.	
	7	New motor vehicle taxes from line 11 of the worksheet on page 2 (for certain vehicles purchased in 2009). Skip this line if you checked box 5b	7		
	8	Other taxes. List type and amount ▶	8		
	9	Add lines 5 through 8		9	66,738.
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10	7,729.	
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11		
Note. Your mortgage interest deduction may be limited (see instructions).	12	Points not reported to you on Form 1098. See instructions for special rules	12		
	13	Mortgage insurance premiums (see instructions)	13		
	14	Investment interest. Attach Form 4952 if required. (See instructions.) STMT 10	14	349.	
	15	Add lines 10 through 14		15	8,078.
Gifts to Charity	16	Gifts by cash or check. If you made any gift of $250 or more, see instructions	16	22,416.	STMT 9
	17	Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500 — SEE STATEMENT 11	17	80.	
If you made a gift and got a benefit for it, see instructions.	18	Carryover from prior year	18		
	19	Add lines 16 through 18		19	22,496.
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21		
	22	Tax preparation fees	22	2,300.	
	23	Other expenses - investment, safe deposit box, etc. List type and amount ▶ GOLDMAN SACHS 750. FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC 9,167.	23	9,917.	
	24	Add lines 21 through 23	24	12,217.	
	25	Enter amount from Form 1040, line 38 [25] 449,607.			
	26	Multiply line 25 by 2% (.02)	26	8,992.	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	3,225.
Other Miscellaneous Deductions	28	Other - from list in instructions. List type and amount ▶		28	
Total Itemized Deductions	29	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40		29	100,537.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ [ ]			

Worksheet for Line 7 - New motor vehicle taxes

Before you begin: ✔ You cannot take this deduction if the amount on Form 1040, line 38, is equal to or greater than $135,000 ($260,000 if married filing jointly).

✔ See the instructions for line 7 on page A-6.

Use this worksheet to figure the amount to enter on line 7.

(Attach to Form 1040.)

1 Enter the state or local sales or excise taxes you paid in 2010 for the purchase of any new motor vehicle(s) **after** February 16, 2009, and **before** January 1, 2010 (see instructions)	1	
2 Enter the purchase price **(before taxes)** of the new motor vehicle(s)	2	
3 Is the amount on line 2 more than $49,500? ☐ **No.** Enter the amount from line 1. ☐ **Yes.** Figure the **portion** of the tax from line 1 that is attributable to the first $49,500 of the purchase price of each new motor vehicle and enter it here (see instructions).		3
4 Enter the amount from Form 1040, line 38	4	
5 Enter the total of any • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15, and • Exclusion of Income from Puerto Rico	5	
6 Add lines 4 and 5	6	
7 Enter $125,000 ($250,000 if married filing jointly)	7	
8 Is the amount on line 6 more than the amount on line 7? ☐ **No.** Enter the amount from line 3 above on Schedule A, line 7. **Do not** complete the rest of this worksheet. ☐ **Yes.** Subtract line 7 from line 6	8	
9 Divide the amount on line 8 by $10,000. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	9	
10 Multiply line 3 by line 9		10
11 **Deduction for new motor vehicle taxes.** Subtract line 10 from line 3. Enter the result here and on Schedule A, line 7		11

019502
12-21-10

SCHEDULE B
(Form 1040A or 1040)
Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

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

OMB No. 1545-0074
2010
Attachment Sequence No. **08**

Name(s) shown on return: CHRISTOPHER J & MARY P CHRISTIE

Your social security number: ***-**-****

Part I Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

	Amount
PEAPACK	22.
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	6,189.
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	664.

1		
2	Add the amounts on line 1	6,875.
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶	6,875.

Note. If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

5 List name of payer ▶

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

	Amount
GOLDMAN SACHS	1,162.
GOLDMAN SACHS	14.
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	4,001.
FROM K-1 - CANTOR FITZGERALD LP	263.

5		
6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶	5,440.

Note. If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

You must complete this part if you **(a)** had over $1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

		Yes	No
7a	At any time during 2010, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1		X
b	If "Yes," enter the name of the foreign country ▶		
8	During 2010, 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 page B-2		X

027501
10-18-10

LHA **For Paperwork Reduction Act Notice, see separate instructions.**

SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule D (Form 1040).
▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074
2010
Attachment Sequence No. 12

Name(s) shown on return: CHRISTOPHER J & MARY P CHRISTIE

Your social security number: ***-**-****

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
1					

2 Enter your short-term totals, if any, from Schedule D-1, line 2	2		
3 **Total short-term sales price amounts.** Add lines 1 and 2 in column (d)	3		
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 SEE STATEMENT 12	4	2,018.	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 SEE STATEMENT 14	5	8,613.	
6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your **Capital Loss Carryover Worksheet** in the instructions	6	( )	
7 **Net short-term capital gain or (loss).** Combine lines 1 through 6 in column (f)	7	10,631.	

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
8 MARVEL ENTERTAINMENT	11/15/02	01/04/10	81,286.	36,286.	45,000.
WALT DISNEY	09/02/04	01/04/10	24.	23.	1.
50000 ECOSPHERE TECH	09/22/05	03/22/10	55,246.	50,000.	5,246.
50000 ECOSPHERE TECH	09/22/05	03/23/10	56,182.	50,000.	6,182.
50000 ECOSPHERE TECH	09/22/05	04/01/10	67,007.	50,000.	17,007.

9 Enter your long-term totals, if any, from Schedule D-1, line 9	9	50,000.	
10 **Total long-term sales price amounts.** Add lines 8 and 9 in column (d)	10	309,745.	
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 SEE STATEMENT 13	11	3,027.	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 SEE STATEMENT 15	12	3,954.	
13 Capital gain distributions	13		
14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your **Capital Loss Carryover Worksheet** in the instructions	14	(82,932.)	
15 **Net long-term capital gain or (loss).** Combine lines 8 through 14 in column (f). Then go to Part III on page 2	15	-2,515.	

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

020511 12-27-10

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	8,116.
	• If line 16 is a **gain,** enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a **loss,** skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.		
17	Are lines 15 and 16 **both** gains? ☐ **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** on page D-8 of the instructions ▶	18	
19	Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** on page D-9 of 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** on page D-10 of 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) **Note.** When figuring which amount is smaller, treat both amounts as positive numbers.	21	( )
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? ☒ **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.		

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

CHRISTOPHER J & MARY P CHRISTIE

Your social security number ***-**-****

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
50000 NJ TRANSP TRUST FD REV BOND([redacted])	07/18/07	06/15/10	50,000.	50,000.	0.
9 **Totals.** Add the amounts in column (d). Also, combine the amounts in column (f). Enter here and on Schedule D, line 9. ▶ 9			50,000.		

Qualified Dividends and Capital Gain Tax Worksheet - Line 44

Keep for Your Records

Name(s) shown on return	Your SSN
CHRISTOPHER J & MARY P CHRISTIE	***_**_****

Before you begin: ✓ See the instructions for line 44 on page 35 to see if you can use this worksheet to figure your tax.

✓ If you do not have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Form 1040.

1.	Enter the amount from Form 1040, line 43. However, if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the worksheet on page 36		1. 327,170.	
2.	Enter the amount from Form 1040, line 9b*	2. 1,480.		
3.	Are you filing Schedule D?* [X] Yes. Enter the **smaller** of line 15 or 18 of Schedule D. If either line 15 or line 16 is blank or a loss, enter -0- [ ] No. Enter the amount from Form 1040, line 13	3. 0.		
4.	Add lines 2 and 3	4. 1,480.		
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. 1,480.	
7.	Subtract line 6 from line 1. If zero or less, enter -0-		7. 325,690.	
8.	Enter: $ 34,000 if single or married filing separately, $ 68,000 if married filing jointly or qualifying widow(er), $ 45,550 if head of household.		8. 68,000.	
9.	Enter the smaller of line 1 or line 8		9. 68,000.	
10.	Enter the smaller of line 7 or line 9		10. 68,000.	
11.	Subtract line 10 from line 9. This amount is taxed at 0%		11. 0.	
12.	Enter the smaller of line 1 or line 6		12. 1,480.	
13.	Enter the amount from line 11		13. 0.	
14.	Subtract line 13 from line 12		14. 1,480.	
15.	Multiply line 14 by 15% (.15)			15. 222.
16.	Figure the tax on the amount on line 7. If the amount on line 7 is less than $100,000, use the Tax Table to figure this tax. If the amount on line 7 is $100,000 or more, use the Tax Computation Worksheet			16. 85,259.
17.	Add lines 15 and 16			17. 85,481.
18.	Figure the tax on the amount on line 1. If the amount on line 1 is less than $100,000, use the Tax Table to figure this tax. If the amount on line 1 is $100,000 or more, use the Tax Computation Worksheet			18. 85,747.
19.	**Tax on all taxable income.** Enter the **smaller** of line 17 or line 18. Also include this amount on Form 1040, line 44. If you are filing Form 2555 or 2555-EZ, do not enter this amount on Form 1040, line 44. Instead, enter it on line 4 of the worksheet on page 36			19. 85,481.

* *If you are filing Form 2555 or 2555-EZ, see the footnote in the worksheet on page 36 before completing 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 Instructions for Schedule E (Form 1040).

OMB No. 1545-0074
2010
Attachment Sequence No. **13**

Name(s) shown on return: CHRISTOPHER J & MARY P CHRISTIE

Your social security number: ***_**_****

Part I Income or Loss From Rental Real Estate and Royalties

Note. If you are in the business of renting personal property, use **Schedule C** or **C-EZ** (see page E-3). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

1 List the type and address of each **rental real estate property:**

A MCNEIL PPC INC - ROYALTIES

B GOLDMAN SACHS HEDGE FUND PARTNERS, LLC -

C

2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:
- 14 days or
- 10% of the total days rented at fair rental value?

(See page E-4)

	Yes	No
A		
B		
C		

		Properties A	Properties B	Properties C		Totals (Add columns A, B, and C.)
Income:						
3 Rents received	3				3	
4 Royalties received	4	21,734.	24.		4	21,758.
Expenses:						
5 Advertising	5					
6 Auto and travel (see page E-5)	6					
7 Cleaning and maintenance	7					
8 Commissions	8					
9 Insurance	9					
10 Legal and other professional fees	10					
11 Management fees	11					
12 Mortgage interest paid to banks, etc. (see page E-5)	12				12	
13 Other interest	13					
14 Repairs	14					
15 Supplies	15					
16 Taxes	16					
17 Utilities	17					
18 Other (list) ▶	18					
19 Add lines 5 through 18	19				19	
20 Depreciation expense or depletion (see page E-5)	20				20	
21 Total expenses. Add lines 19 and 20	21					
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-6 to find out if you must file **Form 6198**	22	21,734.	24.			
23 Deductible rental real estate loss. **Caution.** Your rental real estate loss on line 22 may be limited. See page E-6 to find out if you must file **Form 8582.** Real estate professionals **must** complete line 43 on page 2	23	( )	( )	( )		

24 **Income.** Add positive amounts shown on line 22. **Do not** include any losses ..... 24 21,758.

25 **Losses.** Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here ..... 25 ( )

26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 ..... 26 21,758.

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

CHRISTOPHER J & MARY P CHRISTIE

Your social security number ***_**_****

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check column **(e)** on line 28 and attach **Form 6198.** See page E-2.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? ☐ Yes ☒ No

If you answered "Yes," see page E-7 before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	P		**_*******	
B	INVESTMENT INTEREST EXPENSE	P		**_*******	
C	SEC 59(E)(2) -	P		**_*******	
D	CANTOR FITZGERALD LP	P		**_*******	

	Passive Income and Loss		Nonpassive Income and Loss		
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A			6,634.		
B			4,149.		
C			24.		
D					2,800.
29a Totals					2,800.
b Totals			10,807.		

30	Add columns (g) and (j) of line 29a	30	2,800.
31	Add columns (f), (h), and (i) of line 29b	31	(10,807.)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31. Enter the result here and include in the total on line 41 below	32	-8,007.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36. Enter the result here and include in the total on line 41 below	37	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below	40	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ▶	41	13,751.
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), line 14, code F (see page E-8)	42	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see page E-2), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2010

SCHEDULE E

Name CHRISTOPHER J & MARY P CHRISTIE

SSN/EIN ***-**-****

Passthrough GOLDMAN SACHS HEDGE FUND PARTNERS, LLC - GOLDMAN SACHS HE PARTNERSHIP ID **-*******

JOINT

NONPASSIVE	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)	-6,438.							
Rental real estate income (loss)	-52.							
Other net rental income (loss)	22.							
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	-6,468.							-6,468.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other	-4,339.							-4,339.
Total Schedule E (page 2)	-10,807.							-10,807.
FORM 4797								
Section 1231 gain (loss)	-26.							-26.
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)	8,613.							8,613.
Net long-term cap. gain (loss)	3,954.							3,954.
Section 1256 contracts & straddles	5,045.							5,045.
FORM 4952								
Investment interest expense - Sch. A	349.							349.
Other net investment income	-9,727.							-9,727.
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income	9,167.							9,167.
Other								

021551
03-03-11

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2010

SCHEDULE E

Name CHRISTOPHER J & MARY P CHRISTIE

Passthrough GOLDMAN SACHS HEDGE FUND PARTNERS, LLC - GOLDMAN SACHS HE PARTNERSHIP

ID **-*******

SSN/EIN ***-**-****

JOINT

NONPASSIVE	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	6,189.							6,189.
Interest from U.S. bonds	664.							664.
Ordinary dividends	4,001.							4,001.
Qualified dividends	76.							76.
Tax-exempt interest income	25.							25.
FORM 6251								
Depreciation adjustment after 12/31/86	-3.							-3.
Adjusted gain or loss	-16.							-16.
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other	34.							34.
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing Inc								
Royalties	24.							24.
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt	217.							217.
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits	12.							12.
Casualty and theft loss								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2010

SCHEDULE E

Name MARY P CHRISTIE

Passthrough CANTOR FITZGERALD LP - CANTOR FITZGERALD LP ID **-*******

PARTNERSHIP

SSN/EIN ***-**-****

SPOUSE

NONPASSIVE	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)	2,800.							
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								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	2,800.							2,800.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	2,800.							2,800.
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								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions	137.							137.
Deductions related to portfolio income								
Other	4.							4.

021551
03-03-11

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2010

SCHEDULE E

Name MARY P CHRISTIE

Passthrough CANTOR FITZGERALD LP - CANTOR FITZGERALD LP ID **-*******

PARTNERSHIP

SSN/EIN ***-**-****

SPOUSE

NONPASSIVE	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	263.							263.
Qualified dividends	263.							263.
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
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								
NOL								
Other taxes/recapture of credits								
Credits	8.							8.
Casualty and theft loss								

Schedule E — **PASSTHROUGH RECAP - BASIC INFORMATION** — **2010**

CHRISTOPHER J & MARY P CHRISTIE — ***-**-****

TSJ	TYPE	Entity No.	Act. No.	Name	Ordinary Income (Loss)	Rental Real Estate Inc. (Loss)	Other Rental Income (Loss)	Passive Activity Loss C/O	AMT Passive Activity Loss C/O	Interest	US Treasury Bond Interest	Dividends	Royalties	Short-Term Capital Gain (Loss)	Net Long-Term Capital Gain (Loss)	Guaranteed Payments to Partner
		Schedule K-1 Line Reference: (1065/1120S/1041)			1/1/6	2/2/7	3/3/8	*	*	5/4/1	*	6a/5a/2a	7/6/*	8/7/3	9a/8a/4a	4/*/*
J	P	1	1	GOLDMAN SACHS HEDGE FUND PARTNE	-6,438.	-52.	22.			6,189.	664.	4,001.	24.	8,613.	3,954.	
S	P	2	2	CANTOR FITZGERALD LP	2,800.							263.				
Totals					-3,638.	-52.	22.			6,189.	664.	4,264.	24.	8,613.	3,954.	
Component of:					Schedule E, Page 2, Various	Schedule E, Page 2, Various	Schedule E, Page 2, Various	Form 8582 Line 3c	Form 8582 AMT, Line 3c	Schedule B, Line 1	Schedule B, Line 1	Schedule B, Line 5	Schedule E, Line 4	Schedule D, Line 5	Schedule D, Line 12	Schedule E, Page 2, Various

Entity No.	Act. No.	Section 1231 Gain (Loss)	Ordinary Gain (Loss) Form 4797	Other Income	Charitable Contributions 50%	Section 179 Expense	Deductions Related to Portfolio Income (2%)	Other Deductions	Investment Int. Expense (Schedule A)	Investment Int. Expense (Schedule E)	Investment Income	SE Health Insurance Premium	Wages for More Than 2% Shareholders	Net SE Earnings	AMT Depr Adj on Post '86 Property	Minimum Tax Adjustment	Exclusion Items
Schedule K-1 Line Reference: (1065/1120S/1041)		10/9/*	*	11/10/*	13/12/*	12/11/*	13/12/*	13/12/*	13/12/*	*/*	20/17/14	13/*/*	*	14/*/*	17/15/12	*/*/12	*/*/12
1	1	-26.	5,189.				9,167.	311.	349.	4,149.	1,151.				-3.		
2	2				57.						263.						
Totals		-26.	5,189.		57.		9,167.	311.	349.	4,149.	1,414.				-3.		
Component of:		Form 4797, Line 2	Form 4797, Line 10	Schedule E, Page 2, Various	Schedule A, Lines 16 & 17	Form 4562, Line 6	Schedule A, Line 23	Schedule E, Page 2, Various	Schedule A, Line 14	Schedule E, Page 2, Various	Form 4952, Line 4a	Form 1040, Line 29	Form 1040, Line 7	Schedule SE Line 2	Form 6251, Line 19	Form 6251, Line 16	2010 Form 8801

* - No specific Schedule K-1 line reference for these amounts.

Schedule E PASSTHROUGH RECAP - ADDITIONAL INCOME, DEDUCTIONS, AND PRIOR YEAR CARRYOVERS **2010**

CHRISTOPHER J & MARY P CHRISTIE ***_**_****

Schedule K-1 Line Reference: (1065/1120S/1041)		17/15/*	15/13/13	15/13/*	*/*/10	*/*/11	18/16/14	18/16/*	18/16/*	*	*	*	*	*	*	*	*
Entity No.	Act. No.	AMT Adj. Gain or Loss	Low Income Housing Cr Pre '08	Low Income Housing Cr Post '07	Estate Tax Deduction	Excess Deductions on Termination	Tax-exempt Interest Income	Other Tax-exempt Income	Nondeductible Expenses	Section 1231 PAL Carryover	AMT Section 1231 PAL Carryover	ST Capital PAL C/O	AMT ST Capital PAL C/O	LT Capital PAL C/O	AMT LT Capital PAL C/O	Form 4797 Ordinary PAL C/O	AMT 4797 Ordinary PAL C/O
1	1	-16.					25.	6.	3.								
Totals		-16.					25.	6.	3.								
Component of:		Form 6251, Line 18	Form 8586 Line 4	Form 8586 Line 11	Schedule A, Line 28	Schedule A, Line 23	Schedule B, Line 1	Schedule B, Line 1	Form 6198, Line 4 Basic Limt.	Form 8582, Line 3c	Form 8582 AMT, Line 3c	Form 8582, Line 3c	Form 8582 AMT, Line 3c	Form 8582, Line 3c	Form 8582 AMT, Line 3c	Form 8582, Line 3c	Form 8582 AMT, Line 3c

Schedule K-1 Line Reference: (1065/1120S/1041)		*/*	13/12/*	13/12/*	13/12/*	13/*/*	13/*/*	13/*/*	11/10/5	*	9c/8c/4c	20/17/*	*	*/*/9	13/12/*	*	
Entity No.	Act. No.	Section 179 Carryover	Charitable Contributions 30% Regular	Charitable Contributions 30% Special	Charitable Contributions 20%	Keogh Payments	SEP Payments	IRA Contributions	Other Portfolio Income (loss)	Other Nonportfolio Nonpassive Income	Unrecaptured Section 1250 Gain	Investment Expenses	Investment Interest Expense C/O (Sch. E)	Nonpassive Depreciation and Amortization	Deductions Related to Portfolio Income (not 2%)	Medical Payments for 2% Owner	
1	1								121.			9,167.					
2	2		80.														
Totals			80.						121.			9,167.					
Component of:		Form 4562, Line 10	Schedule A, Lines 16 & 17	Schedule A, Lines 15 & 17	Schedule A, Lines 16 & 17	Form 1040, Line 28	Form 1040, Line 28	Form 1040, Line 32	Schedule E, Page 2, Various	Schedule E, Page 2, Various	Schedule D, Line 19	Form 4952, Line 5	Form 4952, Line 2	Schedule E, Line 33	Schedule A, Line 28	Schedule A, Line 1	

028072 05-01-10 * - No specific Schedule K-1 line reference for these amounts.

Schedule E — **PASSTHROUGH RECAP - ADDITIONAL INFORMATION AND PRIOR YEAR AT-RISK CARRYOVERS** — **2010**

CHRISTOPHER J & MARY P CHRISTIE — ***_**_****

Schedule K-1 Line Reference: (1065/1120S/1041)		9b/6b/4b	*	15/13/13	*	*/*/13	15/13/13	15/13/13	15/13/13	15/13/*	15/13/13	15/13/13	17/15/12	17/15/*	17/15/*	17/15/*	17/15/*
Entity No.	Act. No.	Net LT Capital Gain (Loss) 28%	Form 4684 Casualty or Theft Gain (Loss)	Federal Income Tax Withheld	State Income Tax Withheld	Estimated Tax Paid by a Trust	Qualified Rehabilitation Expenditures Credit	Alcohol Fuel Credit	Non-conventional Source Fuel Credit	Patrons Credit	Welfare to Work Credit	Work Opportunity Credit	Form 6251 Depletion (Not Oil and Gas)	Form 6251 Interest Deduction Adjustments	Form 6251 Incentive Stock Options	Form 6251 Passive Activities	Form 6251 Tax-exempt Interest P.A. Bonds
2	2				4.												
Totals					4.												
Component of:		Schedule D, Line 18	Form 4684, Section 8	Form 1040, Line 61	Schedule A, Line 5	Form 1040, Line 62	Form 3468, Line 10	Form 6478, Line 7	Form 8907, Line 12	Form 5884, Line 3	Form 8861, Line 3	Form 5884, Line 3	Form 6251, Line 10	Form 6251, Line 9	Form 6251, Line 15	Form 6251, Line 20	Form 6251, Line 13

Schedule K-1 Line Reference: (1065/1120S/1041)		*	*	*	*	*	*	*	*	*	*	*	*				
Entity No.	Act. No.	Schedule E At-Risk Carryover	AMT Schedule E At-Risk Carryover	ST At-Risk Carryover	AMT ST At-Risk Carryover	LT At-Risk Carryover	AMT LT At-Risk Carryover	Sec. 1231 At-Risk Carryover	AMT Sec. 1231 At-Risk Carryover	4797-Ord. At-Risk Carryover	AMT 4797-Ord. At-Risk Carryover	Other At-Risk Carryovers	AMT Other At- Risk Carryovers				
Totals																	
Component of:		Form 6198, Line 1	Form 6198 AMT, Line 1	Form 6198, Line 2a	Form 6198 AMT, Line 2a	Form 6198, Line 2a	Form 6198 AMT, Line 2a	Form 6198, Line 2a	Form 6198 AMT, Line 2a	Form 6198, Line 2b	Form 6198 AMT, Line 2b	Form 6198, Various	Form 6198 AMT, Various				

928073 05-01-10 * - No specific Schedule K-1 line reference for these amounts.

Schedule E — **PASSTHROUGH RECAP - ADDITIONAL INFORMATION AND PRIOR YEAR BASIS CARRYOVERS** — **2010**

CHRISTOPHER J & MARY P CHRISTIE ***_**_****

Schedule K-1 Line Reference: (1065/1120S/1041)		6b/5b/2b	11/10/*	13/*/*	13/12/14	13/12/*	15/13/*	15/13/13	15/13/13	15/13/*	15/13/*	20/17/13	*/*/*				
Entity No.	Act. No.	Qualified Dividends	Sec. 1256 Contracts & Straddles	Dependent Care Benefits	Qualified Production Activities Income	Employer's W-2 Wages	Undistributed Capital Gains	Empowerment Zone Credit	Credit for Increasing Research Activities	New Markets Credit	Credit for SS & Medicare Taxes	Recapture of Low-Income Housing Credit	Royalty/ Depletion Expenses				
1	1	76.	5,045.														
2	2	263.							8.								
Totals		339.	5,045.						8.								
Component of:		Form 1040, Line 9b	Form 6781, Line 1	Form 2441 Line 14	Form 8903, Line 7	Form 8903, Line 15	Form 1040, Line 70	Form 8844, Line 3	Form 6765, Line 37	Form 8874, Line 2	Form 8846, Line 5	Form 8611, Line 8	Schedule E, Page 1 or 2				

Schedule K-1 Line Reference: (1065/1120S/1041)		*	*	*	*	*	*	*	*	*	*	*	*				
Entity No.	Act. No.	Schedule E Basis Carryover	AMT Schedule E Basis Carryover	ST Basis Carryover	AMT Basis Carryover	LT Basis Carryover	AMT LT Basis Carryover	Sec. 1231 Basis Carryover	AMT Sec. 1231 Basis Carryover	4797-Ord. Basis Carryover	AMT 4797-Ord. Basis Carryover	Other Basis Carryovers	AMT Other Basis Carryovers				
Totals																	
Component of:		Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet	Basis Limitation Worksheet				

028075 05-01-10 * - No specific Schedule K-1 line reference for these amounts.

Schedule E - Two-Year Comparison Worksheet

2010

Property Name:
MCNEIL PPC INC - ROYALTIES

Description	Tax Year 2009	Tax Year 2010	Increase (Decrease)
INCOME			
ROYALTIES RECEIVED	17,662.	21,734.	4,072.
INCOME OR (LOSS)	17,662.	21,734.	4,072.

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

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**

Name: CHRISTOPHER J & MARY P CHRISTIE

Identifying number as shown on page 1 of your tax return: ***_**_****

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.

a [ ] Passive category income
b [X] General category income
c [ ] Section 901(j) income
d [ ] Certain income re-sourced by treaty
e [ ] Lump-sum distributions

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 to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C		Total (Add cols. A, B, and C.)
g Enter the name of the foreign country or U.S. possession ▶	VARIOUS				
1a Gross income from sources within country shown above and of the type checked above:	3,114.			1a	3,114.
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*):					
2 Expenses definitely related to the income on line 1a (attach statement) SEE STATEMENT 17	5,088.				
3 Pro rata share of other deductions not definitely related:					
a Certain itemized deductions or standard deduction	69,963.				
b Other deductions (attach statement)					
c Add lines 3a and 3b	69,963.				
d Gross foreign source income	3,114.				
e Gross income from all sources	600,846.				
f Divide line 3d by line 3e	.005183				
g Multiply line 3c by line 3f	363.				
4 Pro rata share of interest expense:					
a Home mortgage interest (use worksheet on page 14 of the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	5,451.			6	5,451.
7 Subtract line 6 from line 1a. Enter the result here and on line 14, page 2 ▶				7	-2,337.

Part II Foreign Taxes Paid or Accrued

SEE STATEMENT 16

Country	Credit is claimed for taxes (you must check one) (h) [ ] Paid (i) [X] Accrued (j) Date paid or accrued	Foreign taxes paid or accrued: In foreign currency — Taxes withheld at source on: (k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	In U.S. dollars — Taxes withheld at source on: (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A									344.	344.
B										
C										

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ 8 344.

LHA **For Paperwork Reduction Act Notice, see instructions.**

Form **1116** (2010)

011501
12-16-10

Part 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	344.	
10	Carryback or carryover (attach detailed computation)	10		
11	Add lines 9 and 10	11	344.	
12	Reduction in foreign taxes	12		
13	Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit			13 344.
14	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	14	-2,337.	
15	Adjustments to line 14	15		
16	Combine the amounts on lines 14 and 15. 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 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.)	16	-2,337.	
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		
	Caution: *If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.*			
18	Divide line 16 by line 17. If line 16 is more than line 17, enter "1"			18
19	**Individuals:** Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 42. **Estates and trusts:** Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37			19
	Caution: *If you are completing line 19 for separate category e (lump-sum distributions), see instructions.*			
20	Multiply line 19 by line 18 (maximum amount of credit)			20
21	Enter the **smaller** of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 26 and enter this amount on line 27. Otherwise, complete the appropriate line in Part IV ▶			21 0.

Part IV Summary of Credits From Separate Parts III

22	Credit for taxes on passive category income	22		
23	Credit for taxes on general category income	23		
24	Credit for taxes on certain income re-sourced by treaty	24		
25	Credit for taxes on lump-sum distributions	25		
26	Add lines 22 through 25			26
27	Enter the **smaller** of line 19 or line 26			27 0.
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 Form 1040, line 47; Form 1040NR, line 45; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a ▶			29 0.

011511
12-16-10

Form **2441**

Department of the Treasury
Internal Revenue Service (99)

Child and Dependent Care Expenses

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

OMB No. 1545-0074

2010

Attachment Sequence No. **21**

Name(s) shown on return: CHRISTOPHER J & MARY P CHRISTIE

Your social security number: ***-**-****

Part I **Persons or Organizations Who Provided the Care** - You **must** complete this part.
(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid
DEBORAH RISKA	[redacted] MENDHAM, NJ 07945	***-**-****	25,740.

Did you receive **dependent care benefits?**
- No ▶ Complete only Part II below.
- Yes ▶ Complete Part III on page 2 next.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59, or Form 1040NR, line 58.

Part II **Credit for Child and Dependent Care Expenses**

2 Information about your **qualifying person(s).** If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name First	Last	(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2010 for the person listed in column (a)
PATRICK	CHRISTIE	***-**-****	8,580.
BRIDGET	CHRISTIE	***-**-****	8,580.

3 Add the amounts in column (c) of line 2. **Do not** enter more than $3,000 for one qualifying person or $6,000 for two or more persons. If you completed Part III, enter the amount from line 31 COL (C) LIMITED	3	1,000.
4 Enter your **earned income.** See instructions	4	145,364.
5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); **all others,** enter the amount from line 4	5	264,681.
6 Enter the **smallest** of line 3, 4, or 5	6	1,000.
7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 — 7: 449,607.		
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	x .20
9 Multiply line 6 by the decimal amount on line 8. If you paid 2009 expenses in 2010, see the instructions	9	200.
10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions STATEMENT 18 — 10: 112,188.		
11 **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46	11	200.

If line 7 is: Over	But not over	Decimal amount is
$0	15,000	.35
15,000	17,000	.34
17,000	19,000	.33
19,000	21,000	.32
21,000	23,000	.31
23,000	25,000	.30
25,000	27,000	.29
27,000	29,000	.28

If line 7 is: Over	But not over	Decimal amount is
$29,000	31,000	.27
31,000	33,000	.26
33,000	35,000	.25
35,000	37,000	.24
37,000	39,000	.23
39,000	41,000	.22
41,000	43,000	.21
43,000	No limit	.20

LHA **For Paperwork Reduction Act Notice, see separate instructions.**

013751 12-09-10

Part III Dependent Care Benefits

12 Enter the total amount of **dependent care benefits** you received in 2010. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. **Do not** include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership			12	5,000.
13 Enter the amount, if any, you carried over from 2009 and used in 2010 during the grace period. See instructions			13	
14 Enter the amount, if any, you forfeited or carried forward to 2011. See instructions			14	( )
15 Combine lines 12 through 14. See instructions			15	5,000.
16 Enter the total amount of **qualified expenses** incurred in 2010 for the care of the **qualifying person(s)**	16	17,160.		
17 Enter the **smaller** of line 15 or 16	17	5,000.		
18 Enter your **earned income.** See instructions	18	145,364.		
19 Enter the amount shown below that applies to you. • If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18.	19	264,681.		
20 Enter the **smallest** of line 17, 18, or 19	20	5,000.		
21 Enter $5,000 ($2,500 if married filing separately **and** you were required to enter your spouse's earned income on line 19)	21	5,000.		
22 Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) [X] **No.** Enter -0-. [ ] **Yes.** Enter the amount here			22	0.
23 Subtract line 22 from line 15	23	5,000.		
24 **Deductible benefits.** Enter the **smallest** of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions			24	
25 **Excluded benefits. Form 1040 and 1040NR filers:** If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. **Form 1040A filers:** Enter the **smaller** of line 20 or line 21			25	5,000.
26 **Taxable benefits. Form 1040 and 1040NR filers:** Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7; or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7; or Form 1040NR, line 8, enter "DCB." **Form 1040A filers:** Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB"			26	0.

To claim the child and dependent care credit, complete lines 27 through 31 below.

27 Enter $3,000 ($6,000 if two or more qualifying persons)	27	6,000.
28 **Form 1040 and 1040NR filers:** Add lines 24 and 25. **Form 1040A filers:** Enter the amount from line 25	28	5,000.
29 Subtract line 28 from line 27. If zero or less, **stop.** You cannot take the credit. **Exception.** If you paid 2009 expenses in 2010, see the instructions for line 9	29	1,000.
30 Complete line 2 on page 1 of this form. **Do not** include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30	12,160.
31 Enter the **smaller** of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	1,000.

Form **3800**

Department of the Treasury
Internal Revenue Service (99)

General Business Credit

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

OMB No. 1545-0895

2010

Attachment Sequence No. **22**

Name(s) shown on return: CHRISTOPHER J & MARY P CHRISTIE

Identifying number: ***_**_****

Part I Current Year Credit

Important: You may not be required to complete and file a separate credit form (shown in parentheses below) to claim the credit. For details, see the instructions.

1a	Investment credit (Form 3468, Part II only) (attach Form 3468)	1a	
b	Reserved for future use	1b	
c	Credit for increasing research activities	1c	8.
d	Low-income housing credit (Form 8586, Part I only) (enter EIN if claiming this credit from a pass-through entity: _____)	1d	
e	Disabled access credit (Form 8826) (do not enter more than $5,000)	1e	
f	Renewable electricity production credit (Form 8835)	1f	
g	Indian employment credit	1g	
h	Orphan drug credit (Form 8820)	1h	
i	New markets credit (Form 8874) (enter EIN if claiming this credit from a pass-through entity: _____)	1i	
j	Credit for small employer pension plan startup costs (Form 8881) (do not enter more than $500)	1j	
k	Credit for employer-provided child care facilities and services (Form 8882) (enter EIN if claiming this credit from a pass-through entity: _____)	1k	
l	Biodiesel and renewable diesel fuels credit (attach Form 8864)	1l	
m	Low sulfur diesel fuel production credit (Form 8896)	1m	
n	Distilled spirits credit (Form 8906)	1n	
o	Nonconventional source fuel credit (Form 8907)	1o	
p	Energy efficient home credit	1p	
q	Energy efficient appliance credit (Form 8909)	1q	
r	Alternative motor vehicle credit (Form 8910) (enter EIN if claiming this credit from a pass-through entity: _____)	1r	
s	Alternative fuel vehicle refueling property credit (Form 8911)	1s	
t	Employer housing credit	1t	
u	Mine rescue team training credit	1u	
v	Agricultural chemicals security credit (Form 8931) (do not enter more than $2 million)	1v	
w	Credit for employer differential wage payments	1w	
x	Carbon dioxide sequestration credit (Form 8933)	1x	
y	Qualified plug-in electric drive motor vehicle credit (Form 8936)	1y	
z	Qualified plug-in electric vehicle credit (Form 8834, Part I only)	1z	
aa	New hire retention credit (Form 5884-B)	1aa	
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	6.
2	Add lines 1a through 1bb	2	14.
3	Passive activity credits included on line 2 (see instructions)	3	
4	Subtract line 3 from line 2	4	14.
5	Passive activity credits allowed for 2010 (see instructions)	5	
6	Carryforward of general business credit to 2010. See instructions for the schedule to attach STMT 19	6	39.
7	Carryback of general business credit from 2011 (see instructions)	7	
8	Add lines 4 through 7. Subtract from that sum any eligible small business credits and enter the result (see instructions) STMT 20	8	39.

LHA **For Paperwork Reduction Act Notice, see separate instructions.**

Form **3800** (2010)

014401 02-02-11

Part II Allowable Credit

9	Regular tax before credits: • Individuals. Enter the amount from Form 1040, line 44 or Form 1040NR, line 42 • Corporations. Enter the amount from Form 1120, Schedule J, line 2; or the applicable line of your return • Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return		9	85,481.
10	Alternative minimum tax: • Individuals. Enter the amount from Form 6251, line 35 • Corporations. Enter the amount from Form 4626, line 14 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56		10	26,707.
11	Add lines 9 and 10		11	112,188.
12a	Foreign tax credit	12a		
b	Personal credits from Form 1040 or Form 1040NR (see instructions)	12b	200.	
c	Add lines 12a and 12b		12c	200.
13	**Net income tax.** Subtract line 12c from line 11. If zero, skip lines 14 through 17 and enter -0- on line 18a		13	111,988.
14	**Net regular tax.** Subtract line 12c from line 9. If zero or less, enter -0-	14	85,281.	
15	Enter 25% (.25) of the excess, if any, of line 14 over $25,000 (see instructions)	15	15,070.	
16	Tentative minimum tax. If line 8 is zero and line 24 would be zero, skip lines 16 through 25 and go to line 26. Otherwise, see instructions.	16	112,188.	
17	Enter the greater of line 15 or line 16		17	112,188.
18a	Subtract line 17 from line 13. If zero or less, enter -0-		18a	0.
b	For a corporation electing to accelerate the research credit, enter the bonus depreciation amount attributable to the research credit. (see instructions)		18b	
c	Add lines 18a and 18b		18c	
19a	Enter the **smaller** of line 8 or line 18c		19a	0.
	C corporations: See the line 19a instructions if there has been an ownership change, acquisition, or reorganization.			
b	Enter the smaller of line 8 or line 18a. If you made an entry on line 18b, go to line 19c; otherwise, skip line 19c		19b	0.
c	Subtract line 19b from line 19a. This is the refundable amount for a corporation electing to accelerate the research credit. Include this amount on line 32g of Form 1120 (or the applicable line of your return)		19c	

014402
02-02-11

Part II Allowable Credit (Continued)

Note. If you are not filing Form 8844, skip lines 20 through 24 and enter -0- on line 25.

20	Multiply line 16 by 75%			20	
21	Enter the greater of line 15 or line 20			21	
22	Subtract line 21 from line 13. If zero or less, enter -0-			22	
23	Subtract line 19b from line 22. If zero or less, enter -0-			23	
24	Enter the amount from Form 8844, line 10 or line 12, excluding any portion of the credit that is an eligible small business credit			24	
25	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 23 or line 24			25	0.
26	Subtract line 15 from line 13. If zero or less, enter -0-			26	96,918.
27	If you skipped lines 16 through 25, enter -0-. Otherwise, add lines 19b and 25			27	
28	Subtract line 27 from line 26. If zero or less, enter -0-			28	96,918.
29a	Enter the investment credit from Form 3468, Part III, line 20 (attach Form 3468)	29a			
b	Enter the work opportunity credit from Form 5884, line 10 or line 12	29b			
c	Enter the alcohol and cellulosic biofuel fuels credit from Form 6478, line 15 or line 17	29c			
d	Enter the low-income housing credit from Form 8586, Part II, line 18 or line 20	29d			
e	Enter the applicable part of the amount of the renewable electricity, refined coal, and Indian coal production credit from Form 8835, Part II, line 36 or line 38	29e			
f	Enter the credit for employer social security and Medicare taxes paid on certain employee tips from Form 8846, line 12	29f			
g	Enter the qualified railroad track maintenance credit from Form 8900, line 12	29g			
h	Enter the credit for small employer health insurance premiums from Form 8941, line 21 or line 23 (tax-exempt entities, other than farmers' cooperatives, do not complete this line - see instructions) (enter EIN if claiming this credit from a pass-through entity: _____)	29h			
30	Add lines 29a through 29h and increase that sum by any eligible small business credits and enter the result (see instructions)			30	14.
31	Enter the **smaller** of line 28 or line 30			31	14.
32	**Credit allowed for the current year.** Add lines 27 and 31. Report the amount from line 32 (if smaller than the sum of lines 8, 24, and 30, see instructions) as indicated below or on the applicable line of your return: • Individuals. Form 1040, line 53 or Form 1040NR, line 50 • Corporations. Form 1120, Schedule J, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b			32	14.

014403
02-02-11

Form **4797**

Department of the Treasury
Internal Revenue Service (99)

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

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

OMB No. 1545-0184

2010

Attachment Sequence No. **27**

Name(s) shown on return: CHRISTOPHER J & MARY P CHRISTIE

Identifying number: ***_**_****

1 Enter the gross proceeds from sales or exchanges reported to you for 2010 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC						-26.

3	Gain, if any, from Form 4684, line 42	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	7	-26.

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8	Nonrecaptured net section 1231 losses from prior years (see instructions)	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	9	

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

GOLDMAN SACHS HEDGE FUND PARTNERS, LLC						5,189.

11	Loss, if any, from line 7	11	-26.
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 34 and 41a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	5,163.

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:

a If the loss on line 11 includes a loss from Form 4684, line 38, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions 18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 ..... 18b 5,163.

LHA **For Paperwork Reduction Act Notice, see separate instructions.**

Form **4797** (2010)

018011 12-21-10

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** See line 1 before completing.)	20				
21 Cost or other basis plus expense of sale	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis. Subtract line 22 from line 21	23				
24 Total gain. Subtract line 23 from line 20	24				
25 **If section 1245 property:**					
a Depreciation allowed or allowable from line 22	25a				
b Enter the **smaller** of line 24 or 25a	25b				
26 **If section 1250 property:** If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a Additional depreciation after 1975 (see instructions)	26a				
b Applicable percentage multiplied by the **smaller** of line 24 or line 26a (see instructions)	26b				
c Subtract line 26a from line 24. If residential rental property **or** line 24 is not more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the **smaller** of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
27 **If section 1252 property:** Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage	27b				
c Enter the **smaller** of line 24 or 27b	27c				
28 **If section 1254 property:**					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	28a				
b Enter the **smaller** of line 24 or 28a	28b				
29 **If section 1255 property:**					
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a				
b Enter the **smaller** of line 24 or 29a (see instructions)	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 36. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33		
34 Recomputed depreciation (see instructions)	34		
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		

Form **6251**

Department of the Treasury
Internal Revenue Service (99)

Alternative Minimum Tax - Individuals

▶ **Attach to Form 1040 or Form 1040NR.**

OMB No. 1545-0074

2010

Attachment Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR: CHRISTOPHER J & MARY P CHRISTIE

Your social security number: ***-**-****

Part 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 6. (If less than zero, enter as a negative amount.)	1	349,070.
2 Medical and dental. Enter the **smaller** of Schedule A (Form 1040), line 4, **or** 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3 Taxes from Schedule A (Form 1040), lines 5, 6, and 8	3	66,738.
4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions	4	
5 Miscellaneous deductions from Schedule A (Form 1040), line 27	5	3,225.
6 If filing Schedule L (Form 1040A or 1040), enter as a negative amount the sum of lines 6 and 17 from that schedule	6	
7 Tax refund from Form 1040, line 10 or line 21	7	
8 Investment interest expense (difference between regular tax and AMT)	8	
9 Depletion (difference between regular tax and AMT)	9	
10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11 Alternative tax net operating loss deduction	11	
12 Interest from specified private activity bonds exempt from the regular tax	12	
13 Qualified small business stock (7% of gain excluded under section 1202)	13	
14 Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17 Disposition of property (difference between AMT and regular tax gain or loss)	17	-16.
18 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) STMT 22	18	-3.
19 Passive activities (difference between AMT and regular tax income or loss)	19	
20 Loss limitations (difference between AMT and regular tax income or loss)	20	
21 Circulation costs (difference between regular tax and AMT)	21	
22 Long-term contracts (difference between AMT and regular tax income)	22	
23 Mining costs (difference between regular tax and AMT)	23	22.
24 Research and experimental costs (difference between regular tax and AMT)	24	
25 Income from certain installment sales before January 1, 1987	25	
26 Intangible drilling costs preference	26	
27 Other adjustments, including income-based related adjustments	27	12.
28 **Alternative minimum taxable income.** Combine lines 1 through 27. (If married filing separately and line 28 is more than $219,900, see instructions.)	28	419,048.

Part II Alternative Minimum Tax (AMT)

29 Exemption. (If you were under age 24 at the end of 2010, 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	$47,450
Married filing jointly or qualifying widow(er)	150,000	72,450
Married filing separately	75,000	36,225

STMT 21

If line 28 is **over** the amount shown above for your filing status, see instructions.

29	29	5,188.
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 33 and 35 and skip the rest of Part II	30	413,860.
31 • If you are filing Form 2555 or 2555-EZ, see page 9 of the instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; **or** you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 54 here. • **All others:** If line 30 is $175,000 or less ($87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result.	31	112,188.
32 Alternative minimum tax foreign tax credit (see instructions)	32	
33 Tentative minimum tax. Subtract line 32 from line 31	33	112,188.
34 Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Sch J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Sch J	34	85,481.
35 **AMT.** Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	26,707.

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

019481
12-21-10

Part III Tax Computation Using Maximum Capital Gains Rates

36 Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions			36	413,860.
37 Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see the instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	1,480.		
38 Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38			
39 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the **smaller** of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	1,480.		
40 Enter the **smaller** of line 36 or line 39			40	1,480.
41 Subtract line 40 from line 36			41	412,380.
42 If line 41 is $175,000 or less ($87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result ▶			42	111,966.
43 Enter: • $68,000 if married filing jointly or qualifying widow(er), • $34,000 if single or married filing separately, or • $45,550 if head of household.	43	68,000.		
44 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0-	44	325,690.		
45 Subtract line 44 from line 43. If zero or less, enter -0-	45	0.		
46 Enter the **smaller** of line 36 or line 37	46	1,480.		
47 Enter the **smaller** of line 45 or line 46	47			
48 Subtract line 47 from line 46	48	1,480.		
49 Multiply line 48 by 15% (.15) ▶			49	222.
If line 38 is zero or blank, skip lines 50 and 51 and go to line 52. Otherwise, go to line 50.				
50 Subtract line 46 from line 40	50			
51 Multiply line 50 by 25% (.25) ▶			51	
52 Add lines 42, 49, and 51			52	112,188.
53 If line 36 is $175,000 or less ($87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result			53	112,381.
54 Enter the **smaller** of line 52 or line 53 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions			54	112,188.

019591
12-21-10

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s): CHRISTOPHER J & MARY P CHRISTIE

Social Security Number: ***-**-****

Form Name	Description	Income	Adjustment: Form 6251, Line 17	Adjustment: Form 6251, Line 18	Adjustment: Form 6251, Line 19	Adjustment: Form 6251, Line 20	Adjustment: Form 6251 Other Adjustment
K1-	GOLDMAN SACHS HEDGE FUND PARTNERS, LLC						
	* REGULAR INCOME	-10,807.					
	DEPR ADJ	-3.		-3.			
	ADJ GAIN/LOSS, LN	-16.	-16.				
	P-1987 DEPR, LN 28	12.					12.
	* AMT NET INCOME	-10,814.	-16.	-3.			12.
K1-	GOLDMAN SACHS HEDGE FUND PARTNERS, LLC						
	* REGULAR INCOME	-10,807.					
	MINING COST, LN 24	22.					22.
	* AMT NET INCOME	-10,785.					22.
	** TOTAL ADJ & PREF **		-16.	-3.			34.

019911
11-09-10

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

2010

Attachment Sequence No. **19**

Name: CHRISTOPHER J & MARY P CHRISTIE

Identifying number as shown on page 1 of your tax return: ***_**_****

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.

a [ ] Passive category income
b [X] General category income
c [ ] Section 901(j) income
d [ ] Certain income re-sourced by treaty
e [ ] Lump-sum distributions

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 to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C		Total (Add cols. A, B, and C.)
g Enter the name of the foreign country or U.S. possession ▶	VARIOUS				
1a Gross income from sources within country shown above and of the type checked above:	3,114.			1a	3,114.
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*):					
2 Expenses **definitely related** to the income on line 1a (attach statement)	5,088.				
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction					
b Other deductions (attach statement)					
c Add lines 3a and 3b					
d Gross foreign source income	3,114.				
e Gross income from all sources	600,830.				
f Divide line 3d by line 3e	.005183				
g Multiply line 3c by line 3f					
4 Pro rata share of interest expense:					
a Home mortgage interest (use worksheet on page 14 of the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	5,088.			6	5,088.
7 Subtract line 6 from line 1a. Enter the result here and on line 14, page 2 ▶				7	-1,974.

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) [ ] Paid (i) [X] Accrued	(j) Date paid or accrued	Foreign taxes paid or accrued — In foreign currency: Taxes withheld at source on: (k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	In U.S. dollars: Taxes withheld at source on: (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A										344.	344.
B											
C											

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ 8 344.

LHA **For Paperwork Reduction Act Notice, see instructions.**

Form **1116** (2010)

011501
12-16-10

Part 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	344.	
10	Carryback or carryover (attach detailed computation)	10		
11	Add lines 9 and 10	11	344.	
12	Reduction in foreign taxes	12		
13	Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit			13 344.
14	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	14	-1,974.	
15	Adjustments to line 14	15		
16	Combine the amounts on lines 14 and 15. 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 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.)	16	-1,974.	
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		
	Caution: *If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.*			
18	Divide line 16 by line 17. If line 16 is more than line 17, enter "1"			18
19	**Individuals:** Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 42. **Estates and trusts:** Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37			19
	Caution: *If you are completing line 19 for separate category e (lump-sum distributions), see instructions.*			
20	Multiply line 19 by line 18 (maximum amount of credit)			20
21	Enter the **smaller** of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 26 and enter this amount on line 27. Otherwise, complete the appropriate line in Part IV ▶			21 0.

Part IV Summary of Credits From Separate Parts III

22	Credit for taxes on passive category income	22		
23	Credit for taxes on general category income	23		
24	Credit for taxes on certain income re-sourced by treaty	24		
25	Credit for taxes on lump-sum distributions	25		
26	Add lines 22 through 25			26
27	Enter the **smaller** of line 19 or line 26			27 0.
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 Form 1040, line 47; Form 1040NR, line 45; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a ▶			29 0.

SCHEDULE H (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

▶ **Attach to Form 1040, 1040NR, 1040-SS, or 1041.**

▶ **See separate instructions.**

OMB No. 1545-1971

2010

Attachment Sequence No. **44**

Name of employer

CHRISTOPHER J & MARY P CHRISTIE

Social security number
_**_*

Employer identification number
_*****

A Did you pay **any one** household employee cash wages of $1,700 or more in 2010? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page H-4 before you answer this question.)

[X] **Yes.** Skip lines B and C and go to line 1.
[ ] **No.** Go to line B.

B Did you withhold federal income tax during 2010 for any household employee?

[ ] **Yes.** Skip line C and go to line 5.
[ ] **No.** Go to line C.

C Did you pay **total** cash wages of $1,000 or more in **any** calendar **quarter** of 2009 or 2010 to **all** household employees? (**Do not** count cash wages paid in 2009 or 2010 to your spouse, your child under age 21, or your parent.)

[ ] **No.** **Stop.** Do not file this schedule.
[ ] **Yes.** Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no household employees in 2010 **do not** have to complete this form for 2010.)

Part I Social Security, Medicare, and Federal Income Taxes

1	Total cash wages subject to social security taxes (see page H-4)	1	25,740.	
2	Social security taxes. Multiply line 1 by 12.4% (.124)		2	3,192.
3	Total cash wages subject to Medicare taxes (see page H-4)	3	25,740.	
4	Medicare taxes. Multiply line 3 by 2.9% (.029)		4	746.
5	Federal income tax withheld, if any		5	104.
6	**Total social security, Medicare, and federal income taxes.** Add lines 2, 4, and 5		6	4,042.
7	Advance earned income credit (EIC) payments, if any		7	
8	**Net taxes** (subtract line 7 from line 6)		8	4,042.

9 Did you pay **total** cash wages of $1,000 or more in **any** calendar **quarter** of 2009 or 2010 to **all** household employees? (**Do not** count cash wages paid in 2009 or 2010 to your spouse, your child under age 21, or your parent.)

[ ] **No.** **Stop.** Include the amount from line 8 above on Form 1040, line 59, and check box b on that line. If you are not required to file Form 1040, see the line 9 instructions on page H-4.

[X] **Yes.** Go to line 10 on page 2.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see page H-7 of the instructions.**

010351
12-07-10

Part II Federal Unemployment (FUTA) Tax

		Yes	No
10 Did you pay unemployment contributions to only one state? (If you paid contributions to a credit reduction state, see page H-5 and check "No.")	10	X	
11 Did you pay all state unemployment contributions for 2010 by April 18, 2011? Fiscal year filers, see page H-5	11	X	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	12	X	

Next: If you checked the **"Yes"** box on **all** the lines above, complete Section A.
If you checked the **"No"** box on **any** of the lines above, skip Section A and complete Section B.

Section A

13 Name of the state where you paid unemployment contributions ▶ NJ

14 Contributions paid to your state unemployment fund (see page H-5) 14 201.

15 Total cash wages subject to FUTA tax (see page H-5) 15 7,000.

16 **FUTA tax.** Multiply line 15 by .008. Enter the result here, skip Section B, and go to line 25 16 56.

Section B

17 Complete all columns below that apply (if you need more space, see page H-5):

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period From	(c) To	(d) State experience rate	(e) Multiply col. (b) by .054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-.	(h) Contributions paid to state unemployment fund

18 Totals 18

19 Add columns (g) and (h) of line 18 19

20 Total cash wages subject to FUTA tax (see the line 15 instructions on page H-5) 20

21 Multiply line 20 by 6.2% (.062) 21

22 Multiply line 20 by 5.4% (.054) 22

23 Enter the **smaller** of line 19 or line 22
(Employers in a credit reduction state must use the worksheet on page H-5 and check here) ☐ 23

24 **FUTA tax.** Subtract line 23 from line 21. Enter the result here and go to line 25 24

Part III Total Household Employment Taxes

25 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0- 25 4,042.

26 Add line 16 (or line 24) and line 25 (see page H-6) 26 4,098.

27 Are you required to file Form 1040?

☒ **Yes. Stop.** Include the amount from line 26 above on Form 1040, line 59, and check box **b** on that line. **Do not** complete Part IV below.

☐ **No.** You may have to complete Part IV. See page H-6 for details.

Part IV Address and Signature - Complete this part **only** if required. See the line 27 instructions on page H-6.

Address (number and street) or P.O. box if mail is not delivered to street address | Apt., room, or suite no.

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

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Employer's signature ▶ Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no.	

010352
12-07-10

Form **4952**

Department of the Treasury
Internal Revenue Service (99)

Investment Interest Expense Deduction

▶ Attach to your tax return.

OMB No. 1545-0191

2010

Attachment Sequence No. **51**

Name(s) shown on return: CHRISTOPHER J & MARY P CHRISTIE

Identifying number: ***_**_****

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2010 (see instructions) SEE STATEMENT 23	1	4,498.
2	Disallowed investment interest expense from 2009 Form 4952, line 7	2	
3	**Total investment interest expense.** Add lines 1 and 2	3	4,498.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) STMT 24	4a	24,346.		
b	Qualified dividends included on line 4a	4b	1,480.		
c	Subtract line 4b from line 4a			4c	22,866.
d	Net gain from the disposition of property held for investment	4d	8,116.		
e	Enter the **smaller** of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e	0.		
f	Subtract line 4e from line 4d			4f	8,116.
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)			4g	
h	Investment income. Add lines 4c, 4f, and 4g			4h	30,982.
5	Investment expenses (see instructions) SEE STATEMENT 25			5	3,225.
6	**Net investment income.** Subtract line 5 from line 4h. If zero or less, enter -0-			6	27,757.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2011. Subtract line 6 from line 3. If zero or less, enter -0-	7	0.
8	**Investment interest expense deduction.** Enter the **smaller** of line 3 or 6. See instructions STMT 26	8	4,498.

LHA **For Paperwork Reduction Act Notice, see separate instructions.**

Form **4952** (2010)

018901
10-29-10

ALTERNATIVE MINIMUM TAX

Form **4952**

Department of the Treasury
Internal Revenue Service (99)

Investment Interest Expense Deduction

▶ Attach to your tax return.

OMB No. 1545-0191

2010

Attachment Sequence No. 51

Name(s) shown on return: CHRISTOPHER J & MARY P CHRISTIE

Identifying number: ***_**_****

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2010 (see instructions) SEE STATEMENT 27	1	4,498.
2	Disallowed investment interest expense from 2009 Form 4952, line 7	2	
3	**Total investment interest expense.** Add lines 1 and 2	3	4,498.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	24,346.		
b	Qualified dividends included on line 4a	4b	1,480.		
c	Subtract line 4b from line 4a			4c	22,866.
d	Net gain from the disposition of property held for investment	4d	8,116.		
e	Enter the **smaller** of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e	0.		
f	Subtract line 4e from line 4d			4f	8,116.
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)			4g	
h	Investment income. Add lines 4c, 4f, and 4g			4h	30,982.
5	Investment expenses (see instructions)			5	
6	**Net investment income.** Subtract line 5 from line 4h. If zero or less, enter -0-			6	30,982.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2011. Subtract line 6 from line 3. If zero or less, enter -0-	7	0.
8	**Investment interest expense deduction.** Enter the **smaller** of line 3 or 6. See instructions	8	4,498.

REGULAR FORM 4952, LINE 8	4,498.
LESS RECOMPUTED FORM 4952, LINE 8	4,498.
INTEREST ADJUSTMENT - FORM 6251, LINE 9	

LHA **For Paperwork Reduction Act Notice, see separate instructions.**

Form **4952** (2010)

018901
10-29-10

Form **8801**

Department of the Treasury
Internal Revenue Service (99)

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

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

OMB No. 1545-1073

2010

Attachment Sequence No. **74**

Name(s) shown on return: CHRISTOPHER J & MARY P CHRISTIE

Identifying number: ***_**_****

Part I Net Minimum Tax on Exclusion Items

1 Combine lines 1, 6, 7, and 11 of your 2009 Form 6251. Estates and trusts, see instructions	1	433,706.
2 Enter adjustments and preferences treated as exclusion items (see instructions)	2	84,991.
3 Minimum tax credit net operating loss deduction (see instructions)	3	( )
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 $216,900 and you were married filing separately for 2009, see instructions	4	518,697.
5 Enter: $70,950 if married filing jointly or qualifying widow(er) for 2009; $46,700 if single or head of household for 2009; or $35,475 if married filing separately for 2009. Estates and trusts, enter $22,500	5	70,950.
6 Enter: $150,000 if married filing jointly or qualifying widow(er) for 2009; $112,500 if single or head of household for 2009; or $75,000 if married filing separately for 2009. Estates and trusts, enter $75,000	6	150,000.
7 Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	7	368,697.
8 Multiply line 7 by 25% (.25)	8	92,174.
9 Subtract line 8 from line 5. If zero or less, enter -0-. If under age 24 at the end of 2009, see instructions	9	0.
10 Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part II. Form 1040NR filers, see instructions	10	518,697.
11 • **If for 2009** you filed Form 2555 or 2555-EZ, see page 2 of the instructions for the amount to enter. • If **for 2009** 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 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 2009), multiply line 10 by 26% (.26). Otherwise, multiply line 10 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately for 2009) from the result. Form 1040NR filers, see instructions.	11	141,395.
12 Minimum tax foreign tax credit on exclusion items (see instructions)	12	319.
13 Tentative minimum tax on exclusion items. Subtract line 12 from line 11	13	141,076.
14 Enter the amount from your 2009 Form 6251, line 35, or 2009 Form 1041, Schedule I, line 55	14	117,528.
15 **Net minimum tax on exclusion items.** Subtract line 14 from line 13. If zero or less, enter -0-	15	23,548.

LHA **For Paperwork Reduction Act Notice, see instructions.**

019881
02-16-11

Part II Current Year Nonrefundable and Refundable Credits and Carryforward to 2011

16 Enter the amount from your 2009 Form 6251, line 36, or 2009 Form 1041, Schedule I, line 56	16	23,561.
17 Enter the amount from line 15	17	23,548.
18 Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	13.
19 **2009 credit carryforward.** Enter the amount from your 2009 Form 8801, line 30	19	30.
20 Enter your 2009 unallowed qualified electric vehicle credit (see instructions)	20	
21 Combine lines 18 through 20. If zero or less, stop here and see the instructions	21	43.
22 Enter your 2010 regular income tax liability minus allowable credits (see instructions)	22	85,267.
23 Enter the amount from your 2010 Form 6251, line 33, or 2010 Form 1041, Schedule I, line 54	23	112,188.
24 Subtract line 23 from line 22. If zero or less, enter -0-	24	0.
25 **Current year nonrefundable credit.** Enter the **smaller** of line 21 or line 24. Also enter this amount on your 2010 Form 1040, line 53 (check box **b**); Form 1040NR, line 50 (check box **b**); or Form 1041, Schedule G, line 2c	25	0.
26 • **Estates and trusts:** Leave lines 26 and 27 blank and go to line 28. • **Individuals:** Did you have a minimum tax credit carryforward to 2008 (on your 2007 Form 8801, line 28)? ☐ **No.** Leave lines 26 and 27 blank and go to line 28. ☒ **Yes.** Complete Part IV of Form 8801 to figure the amount to enter	26	10.
27 Is line 26 more than line 25? ☐ **No.** Leave line 27 blank and go to line 28. ☒ **Yes.** Subtract line 25 from line 26. This is your **current year refundable credit.** Enter the result here and on your 2010 Form 1040, line 71 (check box **c**), or Form 1040NR, line 66 (check box **c**)	27	10.
28 **Credit carryforward to 2011.** Subtract the larger of line 25 or line 26 from line 21. Keep a record of this amount because you may use it in future years	28	33.

Part III Tax Computation Using Maximum Capital Gains Rates

Caution. If you did not complete the 2009 Qualified Dividends and Capital Gain Tax Worksheet, the 2009 Schedule D Tax Worksheet, or Part V of the 2009 Schedule D (Form 1041), 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 2009, enter the amount from line 3 of the worksheet on page 2 of the instructions			29	518,697.
	Caution. If **for 2009** you filed Form 1040NR, 1041, 2555, or 2555-EZ, see the instructions before completing lines 30, 31, and 32.				
30	Enter the amount from line 6 of your 2009 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2009 Schedule D Tax Worksheet, or the amount from line 22 of the 2009 Schedule D (Form 1041), whichever applies*	30	2,618.		
	If you figured your 2009 tax using the 2009 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 2009 Schedule D (Form 1040), or line 14b, column (2), of the 2009 Schedule D (Form 1041)	31			
32	Add lines 30 and 31, and enter the **smaller** of that result or the amount from line 10 of your 2009 Schedule D Tax Worksheet	32	2,618.		
33	Enter the **smaller** of line 29 or line 32			33	2,618.
34	Subtract line 33 from line 29			34	516,079.
35	If line 34 is $175,000 or less ($87,500 or less if married filing separately for 2009), multiply line 34 by 26% (.26). Otherwise, multiply line 34 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately for 2009) from the result. Form 1040NR filers, see Instructions ▶			35	141,002.
36	Enter: • $67,900 if married filing jointly or qualifying widow(er) for 2009, • $33,950 if single or married filing separately for 2009, • $45,500 if head of household for 2009, or • $2,300 for an estate or trust. Form 1040NR filers, see instructions	36	67,900.		
37	Enter the amount from line 7 of your 2009 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2009 Schedule D Tax Worksheet, or the amount from line 23 of the 2009 Schedule D (Form 1041), whichever applies. If you did not complete either worksheet or Part V of the 2009 Schedule D (Form 1041), enter -0-. Form 1040NR filers, see instructions	37	420,262.		
38	Subtract line 37 from line 36. If zero or less, enter -0-	38	0.		
39	Enter the **smaller** of line 29 or line 30	39	2,618.		
40	Enter the **smaller** of line 38 or line 39	40			
41	Subtract line 40 from line 39	41	2,618.		
42	Multiply line 41 by 15% (.15) ▶			42	393.
	If line 31 is zero or blank, skip lines 43 and 44 and go to line 45. Otherwise, go to line 43.				
43	Subtract line 39 from line 33	43			
44	Multiply line 43 by 25% (.25) ▶			44	
45	Add lines 35, 42, and 44			45	141,395.
46	If line 29 is $175,000 or less ($87,500 or less if married filing separately for 2009), multiply line 29 by 26% (.26). Otherwise, multiply line 29 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately for 2009) from the result. Form 1040NR filers, see instructions			46	141,735.
47	Enter the **smaller** of line 45 or line 46 here and on line 11. If you filed Form 2555 or 2555-EZ for 2009, do not enter this amount on line 11. Instead, enter it on line 4 of the worksheet on page 2 of the instructions			47	141,395.

* The 2009 Qualified Dividends and Capital Gain Tax Worksheet is on page 39 of the 2009 Instructions for Form 1040. The 2009 Schedule D Tax Worksheet is on page D-10 of the 2009 Instructions for Schedule D (Form 1040) (page 8 of the 2009 Instructions for Schedule D (Form 1041)).

Part IV Tentative Refundable Credit

48	Enter the amount from line 21			48	43.
49	Enter the total of lines 18 and 20 from your 2008 Form 8801. If zero or less, enter -0-	49			
50	Enter the total of lines 18 and 20 from your 2009 Form 8801. If zero or less, enter -0-	50	10.		
51	Enter the total of lines 18 and 20 from your 2010 Form 8801. If zero or less, enter -0-	51	13.		
52	Add lines 49 through 51			52	23.
53	**Long-term unused minimum tax credit.** Subtract line 52 from line 48 (If zero or less, enter -0- here and on line 26. **Do not** complete the rest of Part IV)			53	20.
54	Multiply line 53 by 50% (.50)			54	10.
55	Enter the amount from your 2009 Form 8801, line 59			55	
56	Enter the **larger** of line 54 or line 55			56	10.
57	Enter the **smaller** of line 53 or line 56. Enter the result here and on line 26			57	10.

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

FORM 8801

Foreign Tax Credit

(Individual, Estate, or Trust)

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

OMB No. 1545-0121

2009

Attachment Sequence No. **19**

Name: CHRISTOPHER J & MARY P CHRISTIE

Identifying number as shown on page 1 of your tax return: ***_**_****

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** beginning on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a [ ] Passive category income
b [X] General category income
c [ ] Section 901(j) income
d [ ] Certain income re-sourced by treaty
e [ ] Lump-sum distributions

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 to* **more than one** *foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C		Total (Add cols. A, B, and C.)
g **Enter the name of the foreign country or U.S. possession** ▶	VARIOUS				
1a Gross income from sources within country shown above and of the type checked above:	3,178.			1a	3,178.
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 pages 13 and 14 of the instructions*):					
2 Expenses **definitely related** to the income on line 1a (attach statement)	987.				
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction					
b Other deductions (attach statement)					
c Add lines 3a and 3b					
d Gross foreign source income	3,178.				
e Gross income from all sources	596,985.				
f Divide line 3d by line 3e	.005323				
g Multiply line 3c by line 3f					
4 Pro rata share of interest expense:					
a Home mortgage interest (use worksheet on page 14 of the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	987.			6	987.
7 Subtract line 6 from line 1a. Enter the result here and on line 14, page 2 ▶				7	2,191.

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) [ ] Paid (i) [ ] Accrued	Foreign taxes paid or accrued: In foreign currency				In U.S. dollars				
	(j) Date paid or accrued	Taxes withheld at source on: (k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	Taxes withheld at source on: (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A										
B										
C										

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ 8

LHA **For Paperwork Reduction Act Notice, see separate instructions.**

Form **1116** (2009)

011481
05-01-10

Part 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	319.	
10	Carryback or carryover (attach detailed computation)	10		
11	Add lines 9 and 10	11	319.	
12	Reduction in foreign taxes	12		
13	Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit			13 319.
14	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	14	2,191.	
15	Adjustments to line 14	15		
16	Combine the amounts on lines 14 and 15. 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 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.)	16	2,191.	
17	**Individuals:** Enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6). If you are a nonresident alien, enter the amount from Form 1040NR, line 38 (minus any amount on Form 8914, line 6). **Estates and trusts:** Enter your taxable income without the deduction for your exemption	17	517,481.	
	Caution: *If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.*			
18	Divide line 16 by line 17. If line 16 is more than line 17, enter "1"			18 .004234
19	**Individuals:** Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 41. **Estates and trusts:** Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37			19 141,395.
	Caution: *If you are completing line 19 for separate category e (lump-sum distributions), see pg. 19 of the instructions.*			
20	Multiply line 19 by line 18 (maximum amount of credit)			20 599.
21	Enter the **smaller** of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 26 and enter this amount on line 27. Otherwise, complete the appropriate line in Part IV ▶			21 319.

Part IV Summary of Credits From Separate Parts III

22	Credit for taxes on passive category income	22		
23	Credit for taxes on general category income	23		
24	Credit for taxes on certain income re-sourced by treaty	24		
25	Credit for taxes on lump-sum distributions	25		
26	Add lines 22 through 25			26
27	Enter the **smaller** of line 19 or line 26			27 319.
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 Form 1040, line 47; Form 1040NR, line 44; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a ▶			29 319.

Form
1116AMT - 8801

Minimum Tax Foreign Tax Credit on Exclusion Items 2009 Schedule D Tax Worksheet Recalculated

Name
CHRISTOPHER J & MARY P CHRISTIE ***_**_****

1. Enter your taxable income from Form 8801, line 10 ..... 1. 518,697.
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- 5. N/A
6. Subtract line 5 from line 2. If zero or less, enter -0- ..... 6. N/A
7. 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 ..... 8. N/A
9. Subtract line 8 from line 7. If zero or less, enter -0- ..... 9. N/A
10. Add lines 6 and 9 ..... 10. 2,618.
11. Add lines 18 and 19 of Schedule D ..... 11.
12. Enter the **smaller** of line 9 or line 11 ..... 12.
13. Subtract line 12 from line 10 ..... 13. 2,618.
14. Subtract line 13 from line 1. If zero or less, enter -0- ..... 14. 516,079.
15. Enter the **smaller** of:
    - The amount on line 1 **or**
    - $33,950 if single or married filing separately; $67,900 if married filing jointly or qualifying widow(er); or $45,500 if head of household ..... 15. 67,900.
16. Enter the **smaller** of line 14 or line 15 ..... 16. 67,900.
17. Subtract line 10 from line 1. If zero or less, enter -0- ..... 17. 516,079.
18. Enter the **larger** of line 16 or line 17 ..... ▶ 18. 516,079.

If lines 15 and 16 are the same, skip lines 19 and 20 and go to line 21. Otherwise, go to line 19.

19. Subtract line 16 from line 15 ..... ▶ 19.

If lines 1 and 15 are the same, skip lines 20 through 32 and go to line 33. Otherwise, go to line 20.

20. Enter the **smaller** of line 1 or line 13 ..... 20. 2,618.
21. Enter the amount from line 19 (if line 19 is blank, enter -0-) ..... 21. 0.
22. Subtract line 21 from line 20. If zero or less, enter -0- ..... ▶ 22. 2,618.
23. Multiply line 22 by 15% (.15) ..... 23. N/A

If Schedule D, line 19, is zero or blank, skip lines 24 through 29 and go to line 30. Otherwise, go to line 24.

24. Enter the **smaller** of line 9 above or Schedule D, line 19 ..... 24.
25. Add lines 10 and 18 ..... 25.
26. Enter the amount from line 1 above ..... 26.
27. Subtract line 26 from line 25. If zero or less, enter -0- ..... 27.
28. Subtract line 27 from line 24. If zero or less, enter -0- ..... ▶ 28.
29. Multiply line 28 by 25% (.25) ..... 29. N/A

If Schedule D, line 18, is zero or blank, skip lines 30 through 32 and go to line 33. Otherwise, go to line 30.

30. Add lines 18, 19, 22, and 28 ..... 30.
31. Subtract line 30 from line 1 ..... 31.
32. Multiply line 31 by 28% (.28) ..... 32. N/A
33. Figure the tax on the amount on **line 18.** Use the Tax Table or Tax Computation Worksheet, whichever applies ..... 33. N/A
34. Add lines 23, 29, 32, and 33 ..... 34. N/A
35. Figure the tax on the amount on **line 1.** Use the Tax Table or Tax Computation Worksheet, whichever applies ..... 35. N/A
36. **Tax on all taxable income (including capital gains and qualified dividends).** Enter the **smaller** of line 34 or line 35. Also include this amount on Form 1040, line 43 ..... 36. N/A

Form 1116AMT - 8801	Minimum Tax Foreign Tax Credit on Exclusion Items Worksheet for Line 17

Name

CHRISTOPHER J & MARY P CHRISTIE ***-**-****

1	Enter the amount from Form 8801, line 4		518,697.
2	Enter 2009 worldwide 28% gains	N/A	
3	Multiply line 2 by 0.2000	N/A	
4	Enter 2009 worldwide 25% gains		
5	Multiply line 4 by 0.1071		
6	Enter 2009 worldwide 15% gains and qualified dividends	2,618.	
7	Multiply line 6 by 0.4643	1,216.	
8	Enter 2009 worldwide 0% gains and qualified dividends		
9	Multiply line 8 by 1.0000		
10	Add lines 5, 7, and 9		1,216.
11	Subtract line 8 from line 1. Enter the result here and on MTFTCE Form 1116, line 17		517,481.

Form **6781**
Department of the Treasury
Internal Revenue Service

Gains and Losses From Section 1256 Contracts and Straddles

▶ Attach to your tax return.

OMB No. 1545-0644
2010
Attachment Sequence No. **82**

Name(s) shown on tax return: CHRISTOPHER J & MARY P CHRISTIE

Identifying number: ***_**_****

Check all applicable boxes (see instructions).
A ☐ Mixed straddle election
B ☐ Straddle-by-straddle identification election
C ☐ Mixed straddle account election
D ☐ Net section 1256 contracts loss election

Part I Section 1256 Contracts Marked to Market

	(a) Identification of account	(b) (Loss)	(c) Gain
1	FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC		5,045.
2	Add the amounts on line 1 in columns (b) and (c)	2 ( )	5,045.
3	Net gain or (loss). Combine line 2, columns (b) and (c)		3 5,045.
4	Form 1099-B adjustments. See instructions and attach schedule		4
5	Combine lines 3 and 4		5 5,045.
	Note: *If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions.*		
6	If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried back. Enter the loss as a positive number		6
7	Combine lines 5 and 6		7 5,045.
8	**Short-term capital gain or (loss).** Multiply line 7 by 40% (.40). Enter here and include on the appropriate line of Schedule D (see instructions)		8 2,018.
9	**Long-term capital gain or (loss).** Multiply line 7 by 60% (.60). Enter here and include on the appropriate line of Schedule D (see instructions)		9 3,027.

Part II Gains and Losses From Straddles. Attach a separate schedule listing each straddle and its components.

Section A - Losses From Straddles

	(a) Description of property	(b) Date entered into or acquired (c) Date closed out or sold Mo.	Day	Yr.	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Loss. If column (e) is more than (d), enter difference. Otherwise, enter -0-	(g) Unrecognized gain on offsetting positions	(h) Recognized loss. If column (f) is more than (g), enter difference. Otherwise, enter -0-
10									

11 a	Enter the short-term portion of losses from line 10, column (h), here and include on the appropriate line of Schedule D (see instructions)	11a	( )
b	Enter the long-term portion of losses from line 10, column (h), here and include on the appropriate line of Schedule D (see instructions)	11b	( )

Section B - Gains From Straddles

	(a) Description of property	(b) Date entered into or acquired (c) Date closed out or sold Mo.	Day	Yr.	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0-
12							

13 a	Enter the short-term portion of gains from line 12, column (f), here and include on the appropriate line of Schedule D	13a	
b	Enter the long-term portion of gains from line 12, column (f), here and include on the appropriate line of Schedule D	13b	

Part III Unrecognized Gains From Positions Held on Last Day of Tax Year. Memo Entry Only (see instructions)

	(a) Description of property	(b) Date acquired Mo.	Day	Yr.	(c) Fair market value on last business day of tax year	(d) Cost or other basis as adjusted	(e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0-
14							

Form **8886** (Rev. March 2011) Department of the Treasury Internal Revenue Service

Reportable Transaction Disclosure Statement

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

OMB No. 1545-1800

Attachment Sequence No. 137

Name(s) shown on return (individuals enter last name, first name, middle initial): CHRISTOPHER J & MARY P CHRISTIE

Identifying number: ***_**_****

Number, street, and room or suite no.: [redacted]

City or town, state, and ZIP code: MENDHAM, NJ 07945

A If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ▶ Statement number 1 of 7

B Enter the form number of the tax return to which this form is attached or related ▶ 1040

Enter the year of the tax return identified above ▶ 2010

Is this Form 8886 being filed with an amended tax return? ▶ [ ] Yes [X] No

C Check the box(es) that apply (see instructions). [ ] Initial year filer [X] Protective disclosure

1a Name of reportable transaction
LOSS TRANSACTIONS- SECTION 988

1b Initial year participated in transaction: 2007

1c Reportable transaction or tax shelter registration number:

2 Identify the type of reportable transaction. Check all boxes that apply (see instructions).
a [ ] Listed
b [ ] Confidential
c [ ] Contractual protection
d [X] Loss
e [ ] Transaction of interest

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ▶ N/A

4 Enter the number of "same as or substantially similar" transactions reported on this form ▶ VARIOUS

5 If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(s) (see instructions). (Attach additional sheets, if necessary.)

a Type of entity ▶	[ ] Partnership [ ] Trust [ ] S corporation [ ] Foreign	[X] Partnership [ ] Trust [ ] S corporation [ ] Foreign
b Name ▶	GOLDMAN SACHS HEDGE FUND PARTNERS,	LLC
c Employer identification number (EIN), if known ▶		[redacted]
d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ▶		NONE

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

	Name	Identifying number (if known)	Fees paid
a			$
	Number, street, and room or suite no.		
	City or town, State, and ZIP code		
b			$
	Number, street, and room or suite no.		
	City or town, State, and ZIP code		

7 Facts

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).

- [ ] Deductions
- [ ] Exclusions from gross income
- [ ] Absence of adjustments to basis
- [ ] Tax Credits
- [ ] Capital loss
- [ ] Nonrecognition of gain
- [ ] Deferral
- [X] Ordinary loss
- [ ] Adjustments to basis
- [ ] Other

b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

TAXPAYER IS A PARTNER IN GOLDMAN SACHS HEDGE FUND PARTNERS, LLC WHICH IS A PARTNER IN VARIOUS PARTNERSHIPS THAT HAVE DIRECTLY FILED THEIR RESPECTIVE FORMS 8866 ACCORDING TO IRS REGULATIONS. THIS EXPLANATION IS FOR ALL FORMS 8886 MADE PART OF THIS TAX RETURN.

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es) (see instructions). Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity: [ ] Tax-exempt [ ] Foreign [ ] Related

Name | Identifying number

Address

Description

b Type of individual or entity: [ ] Tax-exempt [ ] Foreign [ ] Related

Name | Identifying number

Address

Description

Form **8886** (Rev. March 2011) Department of the Treasury Internal Revenue Service

Reportable Transaction Disclosure Statement

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

OMB No. 1545-1800

Attachment Sequence No. 137

Name(s) shown on return (individuals enter last name, first name, middle initial): CHRISTOPHER J & MARY P CHRISTIE

Identifying number: ***_**_****

Number, street, and room or suite no.: [redacted]

City or town, state, and ZIP code: MENDHAM, NJ 07945

A If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ▶ Statement number 2 of 7

B Enter the form number of the tax return to which this form is attached or related ▶ 1040

Enter the year of the tax return identified above ▶ 2010

Is this Form 8886 being filed with an amended tax return? ▶ [ ] Yes [X] No

C Check the box(es) that apply (see instructions). [ ] Initial year filer [X] Protective disclosure

1a Name of reportable transaction: LOSS TRANSACTIONS- SECTION 988

1b Initial year participated in transaction: 2006

1c Reportable transaction or tax shelter registration number:

2 Identify the type of reportable transaction. Check all boxes that apply (see instructions).

a [ ] Listed
b [ ] Confidential
c [ ] Contractual protection
d [X] Loss
e [ ] Transaction of interest

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ▶

4 Enter the number of "same as or substantially similar" transactions reported on this form ▶ VARIOUS

5 If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(s) (see instructions). (Attach additional sheets, if necessary.)

a Type of entity ▶	[ ] Partnership [ ] Trust [ ] S corporation [ ] Foreign	[X] Partnership [ ] Trust [ ] S corporation [ ] Foreign
b Name ▶	GOLDMAN SACHS HEDGE FUND PARTNERS,	LLC
c Employer identification number (EIN), if known ▶		[redacted]
d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ▶		NONE

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a Name	Identifying number (if known)	Fees paid $
Number, street, and room or suite no.		
City or town, State, and ZIP code		

b Name	Identifying number (if known)	Fees paid $
Number, street, and room or suite no.		
City or town, State, and ZIP code		

7 **Facts**

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).

- [ ] Deductions
- [ ] Exclusions from gross income
- [ ] Absence of adjustments to basis
- [ ] Tax Credits
- [ ] Capital loss
- [ ] Nonrecognition of gain
- [ ] Deferral
- [X] Ordinary loss
- [ ] Adjustments to basis
- [ ] Other

b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

TAXPAYER IS A PARTNER IN GOLDMAN SACHS HEDGE FUND PARTNERS, LLC WHICH IS A PARTNER IN VARIOUS PARTNERSHIPS THAT HAVE DIRECTLY FILED THEIR RESPECTIVE FORMS 8866 ACCORDING TO IRS REGULATIONS. THIS EXPLANATION IS FOR ALL FORMS 8886 MADE PART OF THIS TAX RETURN.

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es) (see instructions). Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity: [ ] Tax-exempt [ ] Foreign [ ] Related

Name | Identifying number

Address

Description

b Type of individual or entity: [ ] Tax-exempt [ ] Foreign [ ] Related

Name | Identifying number

Address

Description

Form **8886**
(Rev. March 2011)
Department of the Treasury
Internal Revenue Service

Reportable Transaction Disclosure Statement

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

OMB No. 1545-1800
Attachment Sequence No. 137

Name(s) shown on return (individuals enter last name, first name, middle initial): CHRISTOPHER J & MARY P CHRISTIE

Identifying number: ***_**_****

Number, street, and room or suite no.: [redacted]

City or town, state, and ZIP code: MENDHAM, NJ 07945

A If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ▶ Statement number 3 of 7

B Enter the form number of the tax return to which this form is attached or related ▶ 1040
Enter the year of the tax return identified above ▶ 2010
Is this Form 8886 being filed with an amended tax return? ▶ [ ] Yes [X] No

C Check the box(es) that apply (see instructions). [ ] Initial year filer [X] Protective disclosure

1a Name of reportable transaction
LOSS TRANSACTIONS- SECTION 988

1b Initial year participated in transaction: 2006

1c Reportable transaction or tax shelter registration number:

2 Identify the type of reportable transaction. Check all boxes that apply (see instructions).
a [ ] Listed
b [ ] Confidential
c [ ] Contractual protection
d [X] Loss
e [ ] Transaction of interest

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ▶

4 Enter the number of "same as or substantially similar" transactions reported on this form ▶ VARIOUS

5 If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(s) (see instructions). (Attach additional sheets, if necessary.)

a Type of entity ▶	[ ] Partnership [ ] Trust [ ] S corporation [ ] Foreign	[X] Partnership [ ] Trust [ ] S corporation [ ] Foreign
b Name ▶	GOLDMAN SACHS HEDGE FUND PARTNERS,	LLC
c Employer identification number (EIN), if known ▶		[redacted]
d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ▶		NONE

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a Name	Identifying number (if known)	Fees paid
		$
Number, street, and room or suite no.		
City or town, State, and ZIP code		

b Name	Identifying number (if known)	Fees paid
		$
Number, street, and room or suite no.		
City or town, State, and ZIP code		

7 **Facts**

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).

- [ ] Deductions
- [ ] Exclusions from gross income
- [ ] Absence of adjustments to basis
- [ ] Tax Credits
- [ ] Capital loss
- [ ] Nonrecognition of gain
- [ ] Deferral
- [X] Ordinary loss
- [ ] Adjustments to basis
- [ ] Other

b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

TAXPAYER IS A PARTNER IN GOLDMAN SACHS HEDGE FUND PARTNERS, LLC WHICH IS A PARTNER IN VARIOUS PARTNERSHIPS THAT HAVE DIRECTLY FILED THEIR RESPECTIVE FORMS 8866 ACCORDING TO IRS REGULATIONS. THIS EXPLANATION IS FOR ALL FORMS 8886 MADE PART OF THIS TAX RETURN.

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es) (see instructions). Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity: [ ] Tax-exempt [ ] Foreign [ ] Related

Name | Identifying number

Address

Description

b Type of individual or entity: [ ] Tax-exempt [ ] Foreign [ ] Related

Name | Identifying number

Address

Description

Form **8886**
(Rev. March 2011)
Department of the Treasury
Internal Revenue Service

Reportable Transaction Disclosure Statement

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

OMB No. 1545-1800
Attachment Sequence No. 137

Name(s) shown on return (individuals enter last name, first name, middle initial): CHRISTOPHER J & MARY P CHRISTIE

Identifying number: ***_**_****

Number, street, and room or suite no.: [redacted]

City or town, state, and ZIP code: MENDHAM, NJ 07945

A If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ▶ Statement number 4 of 7

B Enter the form number of the tax return to which this form is attached or related ▶ 1040
Enter the year of the tax return identified above ▶ 2010
Is this Form 8886 being filed with an amended tax return? ▶ [ ] Yes [X] No

C Check the box(es) that apply (see instructions). [ ] Initial year filer [X] Protective disclosure

1a Name of reportable transaction
LOSS TRANSACTIONS- SECTION 988

1b Initial year participated in transaction: 2008

1c Reportable transaction or tax shelter registration number:

2 Identify the type of reportable transaction. Check all boxes that apply (see instructions).
a [ ] Listed
b [ ] Confidential
c [ ] Contractual protection
d [X] Loss
e [ ] Transaction of interest

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ▶

4 Enter the number of "same as or substantially similar" transactions reported on this form ▶ VARIOUS

5 If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(s) (see instructions). (Attach additional sheets, if necessary.)

a Type of entity ▶	[ ] Partnership [ ] Trust [ ] S corporation [ ] Foreign	[X] Partnership [ ] Trust [ ] S corporation [ ] Foreign
b Name ▶	GOLDMAN SACHS HEDGE FUND PARTNERS,	LLC
c Employer identification number (EIN), if known ▶		[redacted]
d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ▶		NONE

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

	Name	Identifying number (if known)	Fees paid
a			$
	Number, street, and room or suite no.		
	City or town, State, and ZIP code		
b			$
	Number, street, and room or suite no.		
	City or town, State, and ZIP code		

7 Facts

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).

- [ ] Deductions
- [ ] Exclusions from gross income
- [ ] Absence of adjustments to basis
- [ ] Tax Credits
- [ ] Capital loss
- [ ] Nonrecognition of gain
- [ ] Deferral
- [X] Ordinary loss
- [ ] Adjustments to basis
- [ ] Other

b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

TAXPAYER IS A PARTNER IN GOLDMAN SACHS HEDGE FUND PARTNERS, LLC WHICH IS A PARTNER IN VARIOUS PARTNERSHIPS THAT HAVE DIRECTLY FILED THEIR RESPECTIVE FORMS 8866 ACCORDING TO IRS REGULATIONS. THIS EXPLANATION IS FOR ALL FORMS 8886 MADE PART OF THIS TAX RETURN.

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es) (see instructions). Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity: [ ] Tax-exempt [ ] Foreign [ ] Related

Name | Identifying number

Address

Description

b Type of individual or entity: [ ] Tax-exempt [ ] Foreign [ ] Related

Name | Identifying number

Address

Description

Form **8886** (Rev. March 2011) Department of the Treasury Internal Revenue Service

Reportable Transaction Disclosure Statement

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

OMB No. 1545-1800

Attachment Sequence No. 137

Name(s) shown on return (individuals enter last name, first name, middle initial): CHRISTOPHER J & MARY P CHRISTIE

Identifying number: ***_**_****

Number, street, and room or suite no.: [redacted]

City or town, state, and ZIP code: MENDHAM, NJ 07945

A If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ▶ Statement number 5 of 7

B Enter the form number of the tax return to which this form is attached or related ▶ 1040

Enter the year of the tax return identified above ▶ 2010

Is this Form 8886 being filed with an amended tax return? ▶ [ ] Yes [X] No

C Check the box(es) that apply (see instructions). [ ] Initial year filer [X] Protective disclosure

1a Name of reportable transaction: LOSS TRANSACTIONS- SECTION 988

1b Initial year participated in transaction: 2008

1c Reportable transaction or tax shelter registration number:

2 Identify the type of reportable transaction. Check all boxes that apply (see instructions).

a [ ] Listed
b [ ] Confidential
c [ ] Contractual protection
d [X] Loss
e [ ] Transaction of interest

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ▶

4 Enter the number of "same as or substantially similar" transactions reported on this form ▶ VARIOUS

5 If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(s) (see instructions). (Attach additional sheets, if necessary.)

a Type of entity ▶	[ ] Partnership [ ] Trust [ ] S corporation [ ] Foreign	[X] Partnership [ ] Trust [ ] S corporation [ ] Foreign
b Name ▶	GOLDMAN SACHS HEDGE FUND PARTNERS,	LLC
c Employer identification number (EIN), if known ▶		[redacted]
d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ▶		NONE

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a Name	Identifying number (if known)	Fees paid $
Number, street, and room or suite no.		
City or town, State, and ZIP code		
b Name	Identifying number (if known)	Fees paid $
Number, street, and room or suite no.		
City or town, State, and ZIP code		

7 Facts

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).

- [ ] Deductions
- [ ] Exclusions from gross income
- [ ] Absence of adjustments to basis
- [ ] Tax Credits
- [ ] Capital loss
- [ ] Nonrecognition of gain
- [ ] Deferral
- [X] Ordinary loss
- [ ] Adjustments to basis
- [ ] Other

b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

TAXPAYER IS A PARTNER IN GOLDMAN SACHS HEDGE FUND PARTNERS, LLC WHICH IS A PARTNER IN VARIOUS PARTNERSHIPS THAT HAVE DIRECTLY FILED THEIR RESPECTIVE FORMS 8866 ACCORDING TO IRS REGULATIONS. THIS EXPLANATION IS FOR ALL FORMS 8886 MADE PART OF THIS TAX RETURN.

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es) (see instructions). Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity: [ ] Tax-exempt [ ] Foreign [ ] Related

Name | Identifying number

Address

Description

b Type of individual or entity: [ ] Tax-exempt [ ] Foreign [ ] Related

Name | Identifying number

Address

Description

Form **8886**
(Rev. March 2011)
Department of the Treasury
Internal Revenue Service

Reportable Transaction Disclosure Statement

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

OMB No. 1545-1800
Attachment Sequence No. 137

Name(s) shown on return (individuals enter last name, first name, middle initial): CHRISTOPHER J & MARY P CHRISTIE

Identifying number: ***_**_****

Number, street, and room or suite no.: [redacted]

City or town, state, and ZIP code: MENDHAM, NJ 07945

A If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ▶ Statement number 6 of 7

B Enter the form number of the tax return to which this form is attached or related ▶ 1040
Enter the year of the tax return identified above ▶ 2010
Is this Form 8886 being filed with an amended tax return? ▶ [ ] Yes [X] No

C Check the box(es) that apply (see instructions). [ ] Initial year filer [X] Protective disclosure

1a Name of reportable transaction
LOSS TRANSACTIONS- SECTION 988

1b Initial year participated in transaction: 2008

1c Reportable transaction or tax shelter registration number:

2 Identify the type of reportable transaction. Check all boxes that apply (see instructions).
a [ ] Listed
b [ ] Confidential
c [ ] Contractual protection
d [X] Loss
e [ ] Transaction of interest

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ▶

4 Enter the number of "same as or substantially similar" transactions reported on this form ▶ VARIOUS

5 If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(s) (see instructions). (Attach additional sheets, if necessary.)

a Type of entity ▶	[ ] Partnership [ ] Trust [ ] S corporation [ ] Foreign	[X] Partnership [ ] Trust [ ] S corporation [ ] Foreign
b Name ▶	GOLDMAN SACHS HEDGE FUND PARTNERS,	LLC
c Employer identification number (EIN), if known ▶		[redacted]
d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ▶		NONE

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

	Name	Identifying number (if known)	Fees paid
a			$
	Number, street, and room or suite no.		
	City or town, State, and ZIP code		
b			$
	Number, street, and room or suite no.		
	City or town, State, and ZIP code		

7 Facts

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).

- [ ] Deductions
- [ ] Exclusions from gross income
- [ ] Absence of adjustments to basis
- [ ] Tax Credits
- [ ] Capital loss
- [ ] Nonrecognition of gain
- [ ] Deferral
- [X] Ordinary loss
- [ ] Adjustments to basis
- [ ] Other

b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

TAXPAYER IS A PARTNER IN GOLDMAN SACHS HEDGE FUND PARTNERS, LLC WHICH IS A PARTNER IN VARIOUS PARTNERSHIPS THAT HAVE DIRECTLY FILED THEIR RESPECTIVE FORMS 8866 ACCORDING TO IRS REGULATIONS. THIS EXPLANATION IS FOR ALL FORMS 8886 MADE PART OF THIS TAX RETURN.

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es) (see instructions). Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity: [ ] Tax-exempt [ ] Foreign [ ] Related

Name | Identifying number

Address

Description

b Type of individual or entity: [ ] Tax-exempt [ ] Foreign [ ] Related

Name | Identifying number

Address

Description

Form **8886**
(Rev. March 2011)
Department of the Treasury
Internal Revenue Service

Reportable Transaction Disclosure Statement

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

OMB No. 1545-1800
Attachment Sequence No. 137

Name(s) shown on return (individuals enter last name, first name, middle initial): CHRISTOPHER J & MARY P CHRISTIE

Identifying number: ***_**_****

Number, street, and room or suite no.: [redacted]

City or town, state, and ZIP code: MENDHAM, NJ 07945

A If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ▶ Statement number 7 of 7

B Enter the form number of the tax return to which this form is attached or related ▶ 1040
Enter the year of the tax return identified above ▶ 2010
Is this Form 8886 being filed with an amended tax return? ▶ [ ] Yes [X] No

C Check the box(es) that apply (see instructions). [ ] Initial year filer [X] Protective disclosure

1a Name of reportable transaction
LOSS TRANSACTIONS- SECTION 988

1b Initial year participated in transaction
2009

1c Reportable transaction or tax shelter registration number

2 Identify the type of reportable transaction. Check all boxes that apply (see instructions).
a [ ] Listed
b [ ] Confidential
c [ ] Contractual protection
d [X] Loss
e [ ] Transaction of interest

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ▶

4 Enter the number of "same as or substantially similar" transactions reported on this form ▶

5 If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(s) (see instructions). (Attach additional sheets, if necessary.)

a Type of entity ▶	[ ] Partnership [ ] Trust [ ] S corporation [ ] Foreign	[ ] Partnership [ ] Trust [ ] S corporation [ ] Foreign
b Name ▶		
c Employer identification number (EIN), if known ▶		
d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ▶		

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

	Identifying number (if known)	Fees paid
a Name		$
Number, street, and room or suite no.		
City or town, State, and ZIP code		
b Name		$
Number, street, and room or suite no.		
City or town, State, and ZIP code		

7 **Facts**

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).

- [ ] Deductions
- [ ] Exclusions from gross income
- [ ] Absence of adjustments to basis
- [ ] Tax Credits
- [ ] Capital loss
- [ ] Nonrecognition of gain
- [ ] Deferral
- [X] Ordinary loss
- [ ] Adjustments to basis
- [ ] Other

b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

TAXPAYER IS A PARTNER IN GOLDMAN SACHS HEDGE FUND PARTNERS, LLC WHICH IS A PARTNER IN VARIOUS PARTNERSHIPS THAT HAVE DIRECTLY FILED THEIR RESPECTIVE FORMS 8866 ACCORDING TO IRS REGULATIONS. THIS EXPLANATION IS FOR ALL FORMS 8886 MADE PART OF THIS TAX RETURN.

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es) (see instructions). Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity: [ ] Tax-exempt [ ] Foreign [ ] Related

Name | Identifying number

Address

Description

b Type of individual or entity: [ ] Tax-exempt [ ] Foreign [ ] Related

Name | Identifying number

Address

Description

Form 1116 **U.S. and Foreign Source Income Summary**

NAME

CHRISTOPHER J & MARY P CHRISTIE ***-**-****

INCOME TYPE		TOTAL	U.S.	FOREIGN GENERAL
Compensation		410,045.	410,045.	
Dividends/Distributions		5,440.	5,440.	
Interest		6,875.	6,875.	
Capital Gains		91,048.	91,048.	
Business/Profession				
Rent/Royalty		21,758.	21,734.	24.
State/Local Refunds				
Partnership/S Corporation	SEE STATEMENT 28	60,300.	57,210.	3,090.
Trust/Estate				
Other Income		5,380.	5,380.	
Gross Income		600,846.	597,732.	3,114.
Less:				
Section 911 Exclusion				
Capital Losses		82,932.	82,932.	
Capital Gains Tax Adjustment				
Total Income - Form 1116		517,914.	514,800.	3,114.
Deductions:				
Business/Profession Expenses		68,307.	63,219.	5,088.
Rent/Royalty Expenses				
Partnership/S Corporation Losses				
Trust/Estate Losses				
Capital Losses				
Non-capital Losses				
Individual Retirement Account				
Moving Expenses				
Self-employment Tax Deduction				
Self-employment Health Insurance				
Keogh Contributions				
Alimony				
Forfeited Interest				
Foreign Housing Deduction				
Other Adjustments				
Capital Gains Tax Adjustment				
Total Deductions		68,307.	63,219.	5,088.
Adjusted Gross Income		449,607.	451,581.	-1,974.
Less Itemized Deductions:				
Specifically Allocated		22,496.	22,496.	
Home Mortgage Interest		7,729.	7,729.	
Other Interest		349.	349.	
Ratably Allocated		69,963.	69,600.	363.
Total Adjustments to Adjusted Gross Income		100,537.	100,174.	363.
Taxable Income Before Exemptions		349,070.	351,407.	-2,337.

Form 1116 **Allocation of Itemized Deductions**

NAME

CHRISTOPHER J & MARY P CHRISTIE ***_**_****

	Total Itemized Deductions	Itemized Deductions After Sec. 68 Reduction	Form 1116		
			Specifically U.S.	Specifically Foreign	Ratable
Taxes	66,738.				66,738.
Interest - Not Including Investment Interest	7,729.		7,729.		
Contributions	22,496.		22,496.		
Miscellaneous Deductions Subject to 2%	3,225.				3,225.
Other Miscellaneous Deductions - Not Including Gambling Losses					
Foreign Adjustment					
Total Itemized Deductions Subject to Sec. 68	100,188.				
Add Itemized Deductions Not Subject to Sec. 68:					
Medical/Dental					
Investment Interest	349.		349.		
Casualty Losses					
Gambling Losses					
Foreign Adjustment					
Total Itemized Deductions	100,537.				
Total Allowed on Schedule A			30,574.		69,963.

027871
10-13-10

Form 1116 **Foreign Tax Credit Carryover Statement (Page 1 of 2)**

NAME

CHRISTOPHER J & MARY P CHRISTIE ***_**_****

Foreign Income Category GENERAL LIMITATION INCOME

Regular	2005	2006	2007	2008	2009	2010
1. Foreign tax paid/accrued						344.
2. FTC carryback to 2010 for amended returns						
3. Reduction allocated to excluded income						
4. Foreign tax available						344.
5. Maximum credit allowable						0.
6. Unused foreign tax (+) or excess of limit (-)					-155.	344.
7. Foreign tax carryback					155.	155.
8. Foreign tax carryforward						
9. Less treaty adjustment						
10. Foreign tax or excess limit remaining						189.
Total foreign taxes from all available years to be carried to next year						189.

	2000	2001	2002	2003	2004
1. Foreign tax paid/accrued					
2. FTC carryback to 2010 for amended returns					
3. Reduction allocated to excluded income					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax (+) or excess of limit (-)					
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Less treaty adjustment					
10. Foreign tax or excess limit remaining					

Form 1116 **Foreign Tax Credit Carryover Statement (Page 2 of 2)**

NAME

CHRISTOPHER J & MARY P CHRISTIE ***_**_****

Foreign Income Category GENERAL LIMITATION INCOME

AMT	2005	2006	2007	2008	2009	2010
1. Foreign tax paid/accrued						344.
2. FTC carryback to 2010 for amended returns						
3. Reduction allocated to excluded income						
4. Foreign tax available						344.
5. Maximum credit allowable						0.
6. Unused foreign tax (+) or excess of limit (-)					-280.	344.
7. Foreign tax carryback					280.	280.
8. Foreign tax carryforward						
9. Less treaty adjustment						
10. Foreign tax or excess limit remaining						64.
Total foreign taxes from all available years to be carried to next year						64.

	2000	2001	2002	2003	2004
1. Foreign tax paid/accrued					
2. FTC carryback to 2010 for amended returns					
3. Reduction allocated to excluded income					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax (+) or excess of limit (-)					
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Less treaty adjustment					
10. Foreign tax or excess limit remaining					

Form 1116 **Foreign Wages, Salaries, Business and Profession Income**

NAME

CHRISTOPHER J & MARY P CHRISTIE ***_**_****

Wages and Salaries:

Source	Amount

Total Foreign Wages and Salaries .....

Business and Profession Income:

Source	Amount
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	1,545.
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	1,545.

Total Foreign Business and Profession Income ..... 3,090.

Reduction for Foreign Earned Income Exclusion/Deduction:

Total Foreign Wages and Salaries .....

Foreign Earned Income Exclusion/Deduction .....

Percent Applicable to Foreign Wages and Salaries .....

Reduction Amount .....

Wages and Salaries Included on Form 1116, line 1 .....

Total Foreign Business and Profession Income .....

Foreign Earned Income Exclusion/Deduction .....

Percent Applicable to Foreign Business and Profession Income .....

Reduction Amount .....

Business and Profession Income Included on Form 1116, line 1 ..... 3,090.

027531
05-01-10

Form 3800 | Detail General Business Credit Carryforward Worksheet | 2010

CHRISTOPHER J & MARY P CHRISTIE ***-**-****

Form and Type	Year Carried From	Amount Available for Carryover	Amount Used in 2010	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Net Carryover
LARGE PARTNERSHIP - GENERAL CREDIT	2007	34.									34.
LARGE PARTNERSHIP - GENERAL CREDIT	2009	5.									5.
Totals		39.									39.

014411 05-01-10

FORM 1040 MISCELLANEOUS INCOME STATEMENT 1

DESCRIPTION	AMOUNT
CANCELLATION OF DEBT - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	217.
TOTAL TO FORM 1040, LINE 21	217.

FORM 1040 STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 2

	2009	2008	2007
	CALIFORNIA		
GROSS STATE/LOCAL INC TAX REFUNDS	5.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS CALIFORNIA	5.		
	CONNECTICUT		
GROSS STATE/LOCAL INC TAX REFUNDS	2.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS CONNECTICUT	2.		
	MASSACHUSETTS		
GROSS STATE/LOCAL INC TAX REFUNDS	1.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS MASSACHUSETTS	1.		
	NEW JERSEY		
GROSS STATE/LOCAL INC TAX REFUNDS	14,199.		
LESS: TAX PAID IN FOLLOWING YEAR	5.		
NET TAX REFUNDS NEW JERSEY	14,194.		
	NEW YORK		
GROSS STATE/LOCAL INC TAX REFUNDS	19.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS NEW YORK	19.		
TOTAL NET TAX REFUNDS	14,221.		

FORM 1040 TAXABLE STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 3

	2009	2008	2007
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	14,221.		
LESS:REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION	14,221.		
1 NET REFUNDS FOR RECALCULATION			
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	110,341.		
3 DEDUCTION NOT SUBJ TO PHASEOUT	626.		
4 NET REFUNDS FROM LINE 1			
5 LINE 2 MINUS LINES 3 AND 4	109,715.		
6 MULT LN 5 BY APPL SEC. 68 PCT	29,257.		
7 PRIOR YEAR AGI	544,047.		
8 ITEM. DED. PHASEOUT THRESHOLD	166,800.		
9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	377,247.		
10 MULT LN 9 BY APPL SEC. 68 PCT	3,772.		
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)	105,943.		
12 ITEM DED. NOT SUBJ TO PHASEOUT	626.		
13A TOTAL ADJ. ITEMIZED DEDUCTIONS	106,569.		
13B PRIOR YR. STD. DED. AVAILABLE	12,400.		
14 PRIOR YR. ALLOWABLE ITEM. DED.	106,569.		
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14			
16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)			
17 ALLOWABLE PRIOR YR. ITEM. DED.	106,569.		
18 PRIOR YEAR STD. DED. AVAILABLE	12,400.		
19 SUBTRACT LINE 18 FROM LINE 17	94,169.		
20 LESSER OF LINE 16 OR LINE 19			
21 PRIOR YEAR TAXABLE INCOME	422,880.		

22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10
* IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20
* IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21 0.

STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2007

TOTAL TO FORM 1040, LINE 10 0.

FORM 1040 TAX-EXEMPT INTEREST STATEMENT 4

NAME OF PAYER	AMOUNT
GOLDMAN SACHS	6,688.
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	25.
TOTAL TO FORM 1040, LINE 8B	6,713.

FORM 1040 REFUNDS ATTRIBUTABLE TO EST. TAX PAID FOLLOWING YR STATEMENT 5

	2009		STATE REFUND		AMOUNT SUBTRACTED FROM TAXABLE REFUND
	NEW JERSEY				
STATE TAX PAID IN FOLLOW YEAR	16.	X	14,199.	=	5.
TOTAL STATE TAX PAID 2009	47,713.				

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 6

T S -	EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
S	CANTOR FITZGERALD	264,681.	60,016.	14,908.		6,622.	3,918.
T	STATE OF NEW JERSEY	145,364.	27,797.	6,899.		6,622.	2,236.
	TOTALS	410,045.	87,813.	21,807.		13,243.	6,154.

FORM 1040 QUALIFIED DIVIDENDS STATEMENT 7

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
GOLDMAN SACHS	1,162.	1,141.
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	4,001.	76.
FROM K-1 - CANTOR FITZGERALD LP	263.	263.
TOTAL INCLUDED IN FORM 1040, LINE 9B		1,480.

SCHEDULE A — STATE AND LOCAL INCOME TAXES — STATEMENT 8

DESCRIPTION	AMOUNT
FROM K-1 - CANTOR FITZGERALD LP	4.
CANTOR FITZGERALD	14,908.
STATE DISABILITY INSURANCE - CANTOR FITZGERALD	148.
STATE UNEMPLOYMENT INSURANCE - CANTOR FITZGERALD	126.
STATE FAMILY LEAVE INSURANCE - CANTOR FITZGERALD	36.
STATE OF NEW JERSEY	6,899.
NEW JERSEY 1ST QTR ESTIMATE PAYMENTS	22.
NEW JERSEY 3RD QTR ESTIMATE PAYMENTS	13.
NEW JERSEY 4TH QTR ESTIMATE PAYMENTS	32.
NEW JERSEY PRIOR YEAR OVERPAYMENT APPLIED	8,000.
NEW JERSEY PRIOR YEAR ESTIMATE PAYMENTS	16.
NEW YORK 1ST QTR ESTIMATE PAYMENTS	30.
NEW YORK 2ND QTR ESTIMATE PAYMENTS	16.
NEW YORK 3RD QTR ESTIMATE PAYMENTS	17.
CALIFORNIA FORM 592-B WITHHOLDING	23.
REDUCTION OF STATE TAX DEDUCTION - STATE REFUNDS	-5.
TOTAL TO SCHEDULE A, LINE 5	30,285.

SCHEDULE A — CASH CONTRIBUTIONS — STATEMENT 9

DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
MISCELLANEOUS	22,359.	
FROM K-1 - CANTOR FITZGERALD LP	57.	
SUBTOTALS	22,416.	
TOTAL TO SCHEDULE A, LINE 16		22,416.

SCHEDULE A — INVESTMENT INTEREST — STATEMENT 10

DESCRIPTION	AMOUNT
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	349.
TOTAL TO SCHEDULE A, LINE 14	349.

SCHEDULE A — CONTRIBUTIONS OTHER THAN CASH OR CHECK — STATEMENT 11

DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMIT
FROM K-1 - CANTOR FITZGERALD LP			80.	
SUBTOTALS			80.	
TOTAL TO SCHEDULE A, LINE 17				80.

SCHEDULE D — NET SHORT-TERM GAIN OR LOSS FROM FORMS 6252, 4684, 6781 AND 8824 — STATEMENT 12

DESCRIPTION OF PROPERTY	GAIN OR LOSS
FORM 6781, PART I	2,018.
TOTAL TO SCHEDULE D, PART I, LINE 4	2,018.

SCHEDULE D — NET LONG-TERM GAIN OR LOSS FROM FORMS 4797, 2439, 6252, 4684, 6781 AND 8824 — STATEMENT 13

DESCRIPTION OF PROPERTY	GAIN OR LOSS	28% GAIN
FORM 6781, PART I	3,027.	
TOTAL TO SCHEDULE D, PART II, LINE 11	3,027.	

SCHEDULE D — NET SHORT-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES — STATEMENT 14

DESCRIPTION OF ACTIVITY	GAIN OR LOSS
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	8,613.
TOTAL TO SCHEDULE D, PART I, LINE 5	8,613.

SCHEDULE D — NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES — STATEMENT 15

DESCRIPTION OF ACTIVITY	GAIN OR LOSS	28% GAIN
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	3,954.	
TOTAL TO SCHEDULE D, PART II, LINE 12	3,954.	

FORM 1116 — SUMMARY OF FOREIGN TAXES PAID OR ACCRUED — STATEMENT 16

GENERAL LIMITATION INCOME

NAME OF COUNTRY IMPOSING TAX

DATE PAID	DATE ACCRUED	AMT/FOREIGN CURRENCY	AMOUNT IN U.S. DOLLARS DIVIDENDS	RENT/ROYALTY	INTEREST	OTHER
VARIOUS		0.				152.
VARIOUS		0.				192.
						344.
TOTAL TO FORM 1116, PART II, LINE 8						344.

PRIOR YEAR TAXES PAID IN THE CURRENT YEAR:

	FOREIGN AMT	CONV. RATE	U.S. AMT
2009			
2008			
2007			
2006			
2005			
TOTAL PRIOR YEAR TAXES PAID IN THE CURRENT YEAR			

FORM 1116 EXPENSES DIRECTLY ALLOCABLE TO FOREIGN INCOME STATEMENT 17

DESCRIPTION	COUNTRY	AMOUNT
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	VARIOUS	2,544.
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	VARIOUS	2,544.
TOTAL TO FORM 1116, PART I, LINE 2		5,088.

FORM 2441 CREDIT LIMIT WORKSHEET STATEMENT 18

1	ENTER THE AMOUNT FROM FORM 1040, LINE 46; FORM 1040A, LINE 28; OR FORM 1040NR, LINE 44	112,188.
2	ENTER THE AMOUNT FROM FORM 1040, LINE 47, OR FORM 1040NR, LINE 45; FORM 1040A FILERS, ENTER -0-	
3	SUBTRACT LINE 2 FROM LINE 1. ALSO ENTER THE AMOUNT ON FORM 2441, LINE 10. BUT IF ZERO OR LESS, STOP; YOU CANNOT TAKE THE CREDIT .	112,188.

FORM 3800	GENERAL BUSINESS CREDIT CARRYFORWARD RECONCILIATION	STATEMENT 19
1.	TOTAL GENERAL BUSINESS CREDIT CARRYFORWARD	39.
2.	LESS AMOUNT OF CREDIT USED IN PRIOR YEARS.	
3.	CREDIT CARRYFORWARD AVAILABLE IN THE CURRENT YEAR (LINE 1 - LINE 2)	39.
4.	LESS ITC RECAPTURE OFFSET (FORM 4255, LINE 12)	
5.	CARRYFORWARD AFTER ITC RECAPTURE (LINE 3 - LINE 4)	39.
6.	LESS AMOUNT ATTRIBUTABLE TO PASSIVE ACTIVITIES	
7.	TOTAL TO FORM 3800, LINE 6 (LINE 5 - LINE 6)	39.

FORM 3800 SMALL BUSINESS CREDITS STATEMENT 20

TOTAL CURRENT YEAR CREDITS ON FORM 3800, LINE 8 53.

DESCRIPTION	A SMALL BUSINESS CREDIT	B PASSIVE CREDIT INCLUDED IN COL A	C PASSIVE ACTIVITY CREDIT ALLOWED	D A - B + C SUBTRACT FROM LINE 8
[redacted] INCR RESEARCH ACTS	8.	0.	0.	8.
LARGE PARTNERSHIP - GENL CR	6.	0.	0.	6.
TOTALS	14.	0.	0.	14.

TOTAL SMALL BUSINESS CREDITS TO SUBTRACT FROM FORM 3800, LINE 8 14.

TOTAL TO FORM 3800, LINE 8 39.

FORM 6251 EXEMPTION WORKSHEET STATEMENT 21

1 ENTER: $47,450 IF SINGLE OR HEAD OF HOUSEHOLD; $72,450 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); $36,225 IF MARRIED FILING SEPARATELY.		72,450.
2 ENTER YOUR ALTERNATIVE MINIMUM TAXABLE INCOME (AMTI) FORM 6251, LINE 28	419,048.	
3 ENTER: $112,500 IF SINGLE OR HEAD OF HOUSEHOLD; $150,000 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); $75,000 IF MARRIED FILING SEPARATELY	150,000.	
4 SUBTRACT LINE 3 FROM LINE 2. IF ZERO OR LESS ENTER -0-	269,048.	
5 MULTIPLY LINE 4 BY 25% (.25).		67,262.
6 SUBTRACT LINE 5 FROM LINE 1. IF ZERO OR LESS, ENTER -0-. IF ANY OF THE THREE CONDITIONS UNDER CERTAIN CHILDREN UNDER AGE 24 APPLY TO YOU, COMPLETE LINES 7 THROUGH 10. OTHERWISE, STOP HERE AND ENTER THIS AMOUNT ON FORM 6251, LINE 29, AND GO TO FORM 6251, LINE 30		5,188.
7 MINIMUM EXEMPTION AMOUNT FOR CERTAIN CHILDREN UNDER AGE 24. .		
8 ENTER YOUR EARNED INCOME, IF ANY.		
9 ADD LINES 7 AND 8		
10 ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM 6251, LINE 29, AND GO TO FORM 6251, LINE 30		

FORM 6251 DEPRECIATION ON ASSETS PLACED IN SERVICE AFTER 1986 STATEMENT 22

DESCRIPTION	AMOUNT
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	-3.
TOTAL TO FORM 6251, LINE 18	-3.

FORM 4952 INVESTMENT INTEREST EXPENSE STATEMENT 23

DESCRIPTION	CURRENT	CARRYOVER
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	349.	
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	4,149.	
TOTALS TO FORM 4952, LINES 1 AND 2	4,498.	

FORM 4952 INCOME FROM PROPERTY HELD FOR INVESTMENT STATEMENT 24

DESCRIPTION	AMOUNT
INTEREST INCOME	6,875.
DIVIDEND INCOME	5,440.
MCNEIL PPC INC - ROYALTIES	21,734.
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC - ROYALTY	24.
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	-9,727.
TOTAL TO FORM 4952, LINE 4A	24,346.

FORM 4952 INVESTMENT EXPENSES STATEMENT 25

DESCRIPTION	AMOUNT
SCHEDULE A DEDUCTIONS	3,225.
TOTAL TO FORM 4952, LINE 5	3,225.

FORM 4952 INVESTMENT INTEREST EXPENSE DEDUCTION SUMMARY STATEMENT 26

NAME	FORM OR SCHEDULE	INVESTMENT INTEREST EXPENSE	INVESTMENT INTEREST EXPENSE C/O	DISALLOWED INVESTMENT INTEREST EXPENSE	ALLOWED INVESTMENT INTEREST EXPENSE
FROM K-1 - GOLDMAN SAC	SCH A	349.	0.	0.	349.
FROM K-1 - GOLDMAN SAC	SCH E	4,149.	0.	0.	4,149.
TOTALS		4,498.	0.	0.	4,498.

FORM 4952AMT INVESTMENT INTEREST EXPENSE STATEMENT 27

DESCRIPTION	CURRENT	CARRYOVER
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	349.	
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	4,149.	
TOTALS TO FORM 4952AMT, LINES 1 AND 2	4,498.	

FORM 1116 U.S. AND FOREIGN SOURCE INCOME SUMMARY STATEMENT 28
FOREIGN PARTNERSHIP/S-CORPORATION INCOME

DESCRIPTION	AMOUNT
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	1,545.
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	1,545.
TOTAL FOREIGN PARTNERSHIP/S-CORPORATION INCOME	3,090.

FORM 1116 U.S. AND FOREIGN SOURCE INCOME SUMMARY STATEMENT 29
TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS

DESCRIPTION	INCOME	LOSS
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	34,875.	
CANTOR FITZGERALD LP	25,425.	
TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS	60,300.	

2010 TAX RETURN FILING INSTRUCTIONS

NEW JERSEY INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2010

Prepared for	CHRISTOPHER J & MARY P CHRISTIE [redacted] MENDHAM, NJ 07945
Prepared by	HAL MODEL CPA PA [redacted]
Amount of tax	Total tax $ 29,833 Less: payments and credits $ 33,449 Plus: interest and penalties $ 0 OVERPAYMENT $ 3,616
Overpayment	Miscellaneous Donations $ 0 Credited to your estimated tax $ 3,616 Refunded to you $ 0
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING AND THE PRACTITIONER PIN PROGRAM HAS BEEN ELECTED. YOUR RETURN WILL BE COMPLETELY PAPERLESS, THEREFORE, DO NOT MAIL THE PAPER COPY OF THE RETURN TO NJDOR.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	

2010 NJ-630 APPLICATION FOR EXTENSION OF TIME TO FILE

PAYMENT BY CREDIT CARD

You may pay your 2010 New Jersey income taxes or make payment of estimated tax for 2011 by credit card. Pay by phone (1-800-2PAYTAX, toll free) or over the Internet (www.state.nj.us/treasury/taxation) and use a Visa, American Express, MasterCard or Discover/Novus credit card. **Do not use the payment voucher if you pay your taxes by credit card. There is a convenience fee of 2.49% paid directly to Official Payments Corp. based on the amount of your tax payment.**

PAYMENT BY E-CHECK

You may pay your 2010 New Jersey income taxes or make payment of estimated tax for 2011 by e-check. This option is available on the Division's website at:

www.state.nj.us/treasury/taxation/

Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

PAYMENT BY CHECK

If you are paying your 2010 New Jersey income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 282, Trenton, NJ 08646-0282.

066181
10-29-10

Cut along dotted line.

NJ-630
2010

Application for Extension of Time to File
NJ Gross Income Tax Return

[redacted]
CHRISTIE CHRISTOPHER J & CHRIST
[redacted]
MENDHAM, NJ 07945

I hereby request an extension of [6] months, until 10/17/11
to file the return as indicated below.
Indicate the return the extension is being requested by checking the appropriate box:

R	X	NJ-1040 6 Month Ext.	N	NJ-1040NR NJ-1080-C 6 Month Ext.	F	NJ-1041 5 Month Ext.

Make Check Payable to 'State of New Jersey - TGI'
Write your Social Security # and tax year on your check

State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 282
Trenton, NJ 08646-0282

Enter amount of payment here:

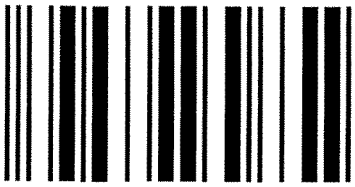
$ 3500.00

[redacted]

[redacted]

NJ-1040
2010

PAGE 1



STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

For Privacy Act Notification, See Instructions
For Tax Year Jan. - Dec. 2010 or Other Tax Year

Beginning _____ , 2010 Month Ending _____ , _____
On-line Federal Extension Confirmation # _____

CHRISTIE CHRISTOPHER J & CHRISTIE MARY P

[redacted]

MENDHAM NJ 07945 [redacted]

[redacted]

066031 10-29-10 1019

Under the penalties of perjury, I declare that I have examined this income tax return and rebate application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete and that I occupied the rental property for which I am applying for the tenant rebate as my principal residence on October 1, 2010. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date Spouse/CU Partner's Signature (If filing jointly, BOTH must sign)

Paid Preparer's Signature 10-10-11 Federal Identification Number [redacted]

Firm's Name
HAL MODEL CPA PA
[redacted]

Federal Employer Identification No. [redacted]

Pay amount on line 54 in full. Write Social Security # on check or money order and make payable to:
STATE OF NEW JERSEY - TGI

If you have an amount due, enclose your check and NJ-1040-V payment voucher and your return to:
NJ Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111

If REFUND: NJ Division of Taxation, Revenue Processing Center, PO Box 555, Trenton, NJ 08647-0555

NJ-1040
2010

PAGE 2

STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

1019

066032 10-29-10

[redacted]

CHRISTIE CHRISTOPHER J & CHRISTIE MARY P

001	12	014	428514	040	75	SS#	[redacted]
EXT	6	15a	22	40a	00	SP#	
FS	2	15b	6688	042	0	SS1	
DP	0	016	1176	044	0	BY1	
006	2	017	0	045	0	SS2	
007	0	018	73436	046	29758	BY2	
008	0	019	0	047	21807	SS3	
009	4	020	15698	048	0	BY3	
010	0	021	0	049	11567	SS4	
011	0	022	21734	050	0	BY4	
12a	2	023	0	50b	0	DDI	4
12b	4	024	0	50c	0	AT	0
RSF	010110	025	0	051	0	FOR	0
RST	123110	026	540580	052	0	RN	0
GEF	0	27a	0	053	0	PID	[redacted]
HCa	0	27b	0	054	33374	FID	
HCb	0	27c	0	055	0		
HCc	0	029	8000	056	3616		
HCd	0	030	0	057	3616		
22c	0	031	0	058	0		
VC	1019	032	0	059	0		
CTY	1418	033	0	060	0		
PDR	0	36a	36453	061	0		
DNM	1	36b	0	062	0		
PA	1	36c	10000	063	0		
CDV	1177	037	522580	63c	00		
		038	29833	064	3616		
				065	0		

Name: CHRISTIE CHRISTOPHER J & CHRISTIE MARY P

Social Security Number: [redacted]

RESIDENCY STATUS If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From ____ (MONTH DAY YEAR) To ____ (MONTH DAY YEAR)

FILING STATUS 1. [ ] Single 2. [X] Married/CU Couple, filing joint return 3. [ ] Married/CU Partner, filing separate return 4. [ ] Head of Household 5. [ ] Qualifying Widow(er)/ Surviving CU Partner [ ] Domestic Partner Ind

EXEMPTIONS

6.	Regular	2	10. Number of other dependents	
7.	Age 65 or Over		11. Dependents attending colleges	
8.	Blind or Disabled		12. Totals (Line 12a - Add Lines 6, 7, 8 and 11)	2
9.	Number of qualified dependent children	4	(Line 12b - Add Lines 9 and 10)	4

13. Dependent's information from Lines 9 and 10. (ATTACH RIDER IF MORE THAN FOUR)

	LAST NAME, FIRST NAME, MIDDLE INITIAL	SOCIAL SECURITY #	BIRTH YEAR	If the dependent does not have health insurance including NJ Family Care/Medicaid, Medicare, private or other, check the box.
a.	CHRISTIE ANDREW	[redacted]	[redacted]	[ ]
b.	CHRISTIE SARAH			[ ]
c.	CHRISTIE PATRICK			[ ]
d.	CHRISTIE BRIDGET			[ ]

GUBERNATORIAL ELECTIONS FUND Do you wish to designate $1 of your taxes for this fund? [ ] Yes [ ] No

If joint return, does your spouse/CU partner wish to designate $1? [ ] Yes [ ] No

14.	Wages, salaries, tips, and other employee compensation (Enclose W-2)			14	428,514.
15a.	Taxable interest income (See instructions) (Enclose Fed Sch B if over $1,500)	SEE STATEMENT 1		15a	22.
15b.	Tax exempt interest income. DO NOT include on Line 15a	STMT 2	15b 6,688.		
16.	Dividends	SEE STATEMENT 4		16	1,176.
17.	Net profits from business (Enclose copy of Federal Schedule C, Form 1040)			17	
18.	Net gains or income from disposition of property (Schedule B, Line 4)			18	73,436.
19.	Pensions, Annuities, and IRA Withdrawals (See instruction page 23)			19	
20.	Distributive Share of Partnership Income (See instruction page 26)	SEE STATEMENT 3		20	15,698.
21.	Net pro rata share of S Corporation Income (See instruction page 26) (Enclose Schedule)			21	
22.	Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3)			22	21,734.
23.	Net Gambling Winnings (See instructions page 25)			23	
24.	Alimony and separate maintenance payments received			24	
25.	Other (See instruction page 26)			25	
26.	Total income (Add Lines 14, 15a, 16 through 25)			26	540,580.
27a.	Pension Exclusion (See instruction page 27)		27a		
27b.	Other Retirement Income Exclusion (See Worksheet and instr. page 27)		27b		
27c.	Total Exclusion Amount (Add Line 27a and Line 27b)			27c	
28.	New Jersey Gross Income (Subtract Line 27c from Line 26) See instruction page 29.			28	540,580.
29.	Total Exemption Amount - See instruction page 29 (Part Year Residents see instruction page 9.)			29	8,000.
30.	Medical Expenses (See Worksheet and instr. page 29)			30	
31.	Alimony and Separate Maintenance Payments			31	
32.	Qualified Conservation Contribution			32	
33.	Health Enterprise Zone Deduction			33	
34.	Total Exemptions and Deductions (Add Lines 29, 30, 31, 32 and 33)			34	8,000.
35.	Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY			35	532,580.
36a.	Total Property Taxes Paid		36a 36,453.		
36b.	Check this box if you were a New Jersey homeowner on October 1, 2010 [ ]				
36c.	Property Tax Deduction (See instruction page 30)	STMT 5		36c	10,000.
37.	**NEW JERSEY TAXABLE INCOME** (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY			37	522,580.
38.	Tax (From Tax Tables, page 53)			38	29,833.
39.	THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS				
40.	Credit For Income Taxes Paid to Other Jurisdictions. Enter other jurisdiction code (See instructions)	00		40	75.
41.	Balance of Tax (Subtract Line 40 from Line 38)			41	29,758.
42.	Sheltered Workshop Tax Credit			42	
43.	Balance of Tax after Credit (Subtract Line 42 from 41)			43	29,758.
44.	Use Tax Due on Out-of-State Purchases (See instruction page 36) If no Use Tax, enter ZERO			44	0.
45.	Penalty for Underpayment of Estimated Tax Check if Form 2210 enclosed. [ ]			45	
46.	Total Tax and Penalty (Add Lines 43, 44 and 45)			46	29,758.

PAGE 3 AND PAGE 4 MUST BE ENCLOSED WITH PAGE 1 AND 2 OF YOUR 2010 NJ-1040

Name	Social Security Number
CHRISTIE CHRISTOPHER J & CHRISTIE MARY P	[redacted]

47	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099)	47	21,807.
48	Property Tax Credit (See instructions)	48	
49	New Jersey Estimated Tax Payments/Credit from 2009 tax return.	49	11,567.
50	New Jersey Earned Income Tax Credit (See instructions) (Fill in only one)	50	
	Fill in the box if you had the IRS figure your Federal Earned Income Credit. ☐		
	Fill in box if you are a CU couple claiming the NJ Earned Income Tax Credit. ☐		
51	EXCESS New Jersey UI/SF/SWF Withheld (See instructions) (Enclose Form NJ-2450)	51	
52	EXCESS New Jersey Disability Insurance Withheld (See instructions) (Enclose Form NJ-2450)	52	
53	EXCESS New Jersey Family Leave Withheld (See instr. Page XX) (Enclose Form NJ-2450)	53	
54	Total Payments/Credits (Add Lines 47 through 53)	54	33,374.
55	If Line 54 is LESS THAN Line 46, enter AMOUNT YOU OWE.	55	
	If you owe tax, you may make a donation by entering an amount on Lines 58, 59, 60, 61, 62 and/or 63 and adding this to your payment amount.		
56	If Line 54 is MORE THAN Line 46, enter OVERPAYMENT	56	3,616.
	Deductions from Overpayment on Line 56 which you elect to credit to:		
57	Your 2011 tax	57	3,616.
58	N.J. Endangered Wildlife Fund ☐ $10 ☐ $20 ☐ Other	58	
59	N.J. Children's Trust Fund ☐ $10 ☐ $20 ☐ Other	59	
60	N.J. Vietnam Veterans' Memorial Fund ☐ $10 ☐ $20 ☐ Other	60	
61	N.J. Breast Cancer Research Fund ☐ $10 ☐ $20 ☐ Other	61	
62	U.S.S. New Jersey Educational Museum Fund ☐ $10 ☐ $20 ☐ Other	62	
63	Other Designated Contribution (See instructions) ☐ $10 ☐ $20 ☐ Other ☐☐	63	
64	Total Deductions from Overpayment (Add Lines 57 through 63)	64	3,616.
65	REFUND (Amount to be sent to you. Subtract Line 64 from Line 56)	65	

DIRECT DEPOSIT INFORMATION

'1' for Refund and '4' for no. [4] Type of account ('C' for Checking, 'S' for Savings) ☐

Check Routing Number ☐ Account Number ☐

Fill in check box if refund is going to an account outside the United States ☐

I authorize the Division of Taxation to discuss my return and enclosures with my preparer [X]

2010 TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2010

Prepared for	CHRISTOPHER J & MARY P CHRISTIE [redacted] MENDHAM, NJ 07945
Prepared by	HAL MODEL CPA PA [redacted]
Amount of tax	Total tax $ 0 Less: payments and credits $ 0 Plus: interest and penalties $ 0 NO PMT REQUIRED $ 0
Overpayment	Miscellaneous Donations $ 0 Credited to your estimated tax $ 0 Refunded to you $ 0
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FORM PA-8879 TO OUR OFFICE. WE WILL SUBMIT YOUR ELECTRONIC RETURN TO THE PDOR.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	

000081
05-01-10

***** THIS IS NOT A FILEABLE COPY *****

pennsylvania
DEPARTMENT OF REVENUE
Form PA-8879

Pennsylvania e-file Signature Authorization

2010

Declaration Control Number (DCN) [redacted]

Taxpayer's Name	Social Security Number
CHRISTOPHER J CHRISTIE	[redacted]
Spouse's Name	**Spouse's Social Security Number**
MARY P CHRISTIE	[redacted]

PART I Tax Return Information - Tax Year Ending Dec. 31, 2010 (Whole dollars only)

1. Adjusted PA Taxable Income (Form PA-40, Line 11) ..... 1. 0.
2. PA Tax Liability (Form PA-40, Line 12) ..... 2. 0.
3. Total PA Tax Withheld (Form PA-40, Line 13) ..... 3.
4. Refund (Form PA-40, Line 29) ..... 4.
5. Total Payment (Tax Due) (Form PA-40, Line 27) ..... 5. 0.

PART II Declaration and Signature Authorization of Taxpayer

Under penalties of perjury, I declare I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2010 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (Direct Debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

Taxpayer's Personal Identification Number (PIN): (check one box only)

[X] I authorize HAL MODEL CPA PA to enter my PIN [redacted] as my signature on my tax year 2010 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return.

Your signature _____ **Date** 10/11/2011

Spouse's PIN: (check one box only)

[X] I authorize HAL MODEL CPA PA to enter my PIN [redacted] as my signature on my tax year 2010 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return.

Spouse's signature _____ **Date** 10/11/2011

Practitioner PIN Program Participants Only - Continue Below

PART III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN [redacted]
As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2010 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's signature _____ **Date** 10/11/2011

ERO must retain this form and the supporting documents for three years.
DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE.

REV-276

Application for
Extension of Time to File
REV-276 EX (09-10)
PA DEPARTMENT OF REVENUE **2010**

EC OFFICIAL USE ONLY FC

OFFICIAL USE ONLY

CH Print the first two (2) letters of the last name if for a **PA-40**. Print the first two (2) letters of the name if a **PA-41, PA-40NRC, PA-40NRC-AE**, or **PA-20S/PA-65**. If **PA-40NRC, PA-40NRC-AE**, or **PA-20S/PA-65**, enter the entity name starting with the first box of the "Last, Estate, Trust, or Entity Name" and continue until you have used all the space available (if needed). If you do not have enough space for the name, do not use the address line. See instructions for Fiduciary accounts.

DO NOT STAPLE
PA-40, PA-41, PA-40NRC, PA-40NRC-AE, PA-20S/PA-65
APPLICATION FOR EXTENSION OF TIME TO FILE
(See filing instructions. Be sure to answer all questions.)
PLEASE PRINT OR TYPE ALL INFORMATION

Your Social Security Number [redacted]

Spouse's Social Security Number [redacted]

Federal Employer Identification Number

Last, Estate or Trust, or Entity Name: CHRISTIE

First Name: CHRISTOPHE MI: J

Fill in the box if filing in Pennsylvania for the first time
First Time PA Filer

Spouse's Last Name or Name of Trustee for Estate or Trust: CHRISTIE

Spouse's First Name: MARY MI: P

TYPE OF RETURN
Fill in the box for the kind of PA Return you will file
X **PA-40** Individual Tax Return
PA-40NRC Consolidated Nonresident Tax Return
PA-40NRC-AE Nonresident Consolidated Tax Return. Athletes & Entertainers
PA-41 Fiduciary Income Tax Return
PA-20S/PA-65

First Line of Address

Daytime Telephone Number

Second Line of Address [redacted]

City or Post Office: MENDHAM

State: NJ ZIP Code: 07945

Indicate the taxable year. Fill in the box.
X Calendar Year
Fiscal Year, beginning _____

Taxpayer's Signature _____ Date _____

AMOUNT OF YOUR PAYMENT
$ 0

Spouse's Signature _____ Date _____

An extension of time until 10/17/11 (month / date / year) is requested to file the PA return of the above named taxpayer for the taxable year beginning 01/01/10 (month / date / year) and ending 12/31/10 (month / date / year).
(See instructions regarding type and length of extension.)
Has an extension of time to file been previously granted for this taxable year? N
IF YOU ARE SUBMITTING A PAYMENT WITH THIS APPLICATION, COMPLETE THE "AMOUNT OF YOUR PAYMENT" BLOCK ABOVE.
State in detail the reason the taxpayer needs an extension. (Use additional sheet if necessary) _____

SIGNATURE AND VERIFICATION

If Prepared by Taxpayer. - Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made herein are true and correct.
If Prepared by Someone Other Than Taxpayer. - Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made herein are true and correct, that I am authorized by the taxpayer to prepare this application, and that I am:

A member in good standing of the bar of the highest court of (specify jurisdiction) _____
A public accountant duly qualified to practice in (specify jurisdiction) _____
A person enrolled to practice before the Internal Revenue Service.
A duly authorized agent holding a power of attorney. (The power of attorney need not be submitted unless requested.)
A person standing in close personal or business relationship to the taxpayer who is unable to sign this application because of illness, absence, or other good cause. My relationship to the taxpayer and the reason(s) why the taxpayer is unable to sign this application are:

Relationship _____ Reason(s) _____

SIGNATURE OF PREPARER OTHER THAN TAXPAYER _____ DATE

074851 11-12-10 CCH

Where to File: Mail extension and payment, if applicable, to:
PA DEPARTMENT OF REVENUE
BUREAU OF INDIVIDUAL TAXES
PO BOX 280504
HARRISBURG, PA 17128-0504

[redacted] [redacted]

PA-40 - 2010
Pennsylvania Income Tax Return

ENTER ONE LETTER OR NUMBER IN EACH BOX.
Do Not Use Your Preprinted Label

********* *********

CHRISTIE

CHRISTOPHER J Occupation GOVERNOR

MARY P Occupation SALES

CHRISTIE

MENDHAM NJ 07945

N Extension.

N Amended Return.

N Residency Status.
PA Resident/Nonresident/Part-Year Resident
from to

J Single/Married, Filing Jointly/Married,
Filing Separately/Final Return/Deceased
Date of death

N Farmers.

School District Name _____

1a	Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.		1a	0
1b	Unreimbursed Employee Business Expenses.		1b	0
1c	Net Compensation. Subtract Line 1b from Line 1a.		1c	0
2	Interest Income. Complete **PA Schedule A** if required.		2	0
3	Dividend and Capital Gains Distributions Income. Complete **PA Schedule B** if required.		3	0
4	Net Income or Loss from the Operation of a Business, Profession or Farm.		4	0
5	Net Gain or Loss from the Sale, Exchange or Disposition of Property.		5	0
6	Net Income or Loss from Rents, Royalties, Patents or Copyrights.		6	0
7	Estate or Trust Income. Complete and submit **PA Schedule J**.		7	0
8	Gambling and Lottery Winnings. Complete and submit **PA Schedule T**.		8	0
9	**Total PA Taxable Income**. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.		9	0
10	**Other Deductions**. Enter the appropriate code for the type of deduction. See the instructions for additional information.	N	10	0
11	**Adjusted PA Taxable Income**. Subtract Line 10 from Line 9.		11	0

074001 11-29-10
CCH

PA-40 - 2010

Social Security Number

********* Name(s) CHRISTIE, CHRISTOPHER J

12	**PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).**	12	0
13	Total PA Tax Withheld. See the instructions.	13	0
14	Credit from your 2009 PA Income Tax return.	14	0
15	2010 Estimated Installment Payments.	15	0
16	2010 Extension Payment.	16	0
17	Nonresident Tax Withheld from your **PA Schedule(s) NRK-1.** (Nonresidents only)	17	0
18	**Total Estimated Payments and Credits.** Add Lines 14, 15, 16 and 17.	18	0
	Tax Forgiveness Credit. Submit PA Schedule SP.		
19a	Filing Status: **01 Unmarried or Separated** **02 Married** **03 Deceased**	19a 00	
19b	Dependents, Part B, Line 2, **PA Schedule SP**	19b 00	
20	Total Eligibility Income from Part C, Line 11, **PA Schedule SP.**	20	0
21	**Tax Forgiveness Credit** from Part D, Line 16, **PA Schedule SP.**	21	0
22	Resident Credit. Submit your **PA-Schedule(s) G-R** with your **PA-Schedule(s) G-S, G-L** and/or **RK-1.**	22	0
23	Total Other Credits. Submit your **PA Schedule OC.**	23	0
24	**TOTAL PAYMENTS and CREDITS.** Add Lines 13, 18, 21, 22 and 23.	24	0
25	**TAX DUE.** If Line 12 is more than Line 24, enter the difference here.	25	0
26	Penalties and Interest. See the instructions. Enter Code: If including form REV-1630/REV-1630A, mark the box. N	26	0
27	**TOTAL PAYMENT DUE.** See the instructions.	27	0
28	**OVERPAYMENT.** If Line 24 is more than the total of Line 12 and Line 26, enter the difference here. **The total of Lines 29 through 35 must equal Line 28.**	28	0
29	**Refund** -- Amount of Line 28 you want as a check mailed to you. **Refund**	29	0
30	**Credit** -- Amount of Line 28 you want as a credit to your 2011 estimated account.	30	0
31	Amount of Line 28 you want to donate to the **Wild Resource Conservation Fund.**	31	0
32	Amount of Line 28 you want to donate to the **Military Family Relief Assistance Program.**	32	0
33	Amount of Line 28 you want to donate to the **Governor Robert P. Casey Memorial Organ and Tissue Donation Awareness Trust Fund.**	33	0
34	Amount of Line 28 you want to donate to the **Juvenile (Type 1) Diabetes Cure Research Fund.**	34	0
35	Amount of Line 28 you want to donate to the **PA Breast Cancer Coalition's Breast and Cervical Cancer Research Fund.**	35	0

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature	Spouse's Signature, if filing jointly
Preparer's Name and Telephone Number	Date 10-10-11
HAL MODEL CPA PA	

E-File Opt Out N

Firm FEIN *********

Preparer s SSN/PTIN

074002 11-29-10
CCH

2010 TAX RETURN FILING INSTRUCTIONS

NEW YORK INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2010

Prepared for	CHRISTOPHER J & MARY P CHRISTIE [redacted] MENDHAM, NJ 07945
Prepared by	HAL MODEL CPA PA [redacted]
Amount of tax	Total tax $ 62 Less: payments and credits $ 138 Plus: interest and penalties $ 0 OVERPAYMENT $ 76
Overpayment	Miscellaneous Donations $ 0 Credited to your estimated tax $ 0 Refunded to you $ 76
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FORM TR-579-IT TO OUR OFFICE. WE WILL SUBMIT YOUR ELECTRONIC RETURN TO THE NY TAX DEPT.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	

New York State
e-file
www.nystax.gov

New York State E-File Signature Authorization for Tax Year 2010
For Forms IT-150, IT-201, and IT-203

Electronic return originator (ERO): **do not** mail this form to the Tax Department. Keep it for your records.

Taxpayer's name: CHRISTOPHER J CHRISTIE

Spouse's name: MARY P CHRISTIE
(jointly filed return only)

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Form IT-150, *Resident Income Tax Return (short form)*; IT-201, *Resident Income Tax Return (long form)*; or IT-203, *Nonresident and Part-Year Resident Income Tax Return.*

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-150, IT-201, and IT-203).

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers.* Go to our Web site at *www.nystax.gov* and select *Find publications* to view this document.

Do not mail Form TR-579-IT to the Tax Department. EROs must keep this form for three years and present it to the Tax Department upon request.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals.* See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2010 Form IT-370.*

Part A - Tax return information

1 Federal adjusted gross income *(from Form IT-150, line 11; IT-201, line 18; or IT-203, line 18)*	1.	858
2 Refund *(from Form IT-150, line 52; IT-201, line 78; or IT-203, line 68)*	2.	76
3 Amount you owe *(from Form IT-150, line 54; IT-201, line 80; or IT-203, line 70)*	3.	

Part B - Declaration of taxpayer and authorizations for Forms IT-150, IT-201, and IT-203

Under penalty of perjury, I declare that I have examined the information on my 2010 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2010 New York State electronic return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2010 electronic return, and I authorize my financial institution to withdraw the amount from my account.

***** THIS IS NOT A FILEABLE COPY *****

Taxpayer's signature: _____ Date: _____

Spouse's signature: _____ Date: _____
(jointly filed return only)

Part C - Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2010 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2010 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2010 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2010 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: _____ Date: _____

Print name: HAL MODEL CPA PA

Paid preparer's signature: _____ Date: _____

Print name: HAL MODEL CPA

2010 New York State Department of Taxation and Finance

Application for Automatic Six-Month Extension of Time to File for Individuals

IT-370

1 New York State income tax liability for 2010	1.	0.
2 New York City income tax liability for 2010	2.	0.
3 Yonkers income tax liability for 2010	3.	0.
4 Sales and use tax due for 2010 *(enter this amount here and on line 1 below)*	4.	0.
5 Total taxes *(add lines 1 through 4)*	5.	0.
6 Total 2010 income tax already paid	6.	0.
7 Total payment *(subtract line 6 from line 5 and enter this amount here and on line 2 below)*. If line 6 is more than line 5, enter **0**	7.	0.

068301
12-15-10

▼ Detach here ▼ Do not attach to your return.

2010 New York State Department of Taxation and Finance

Application for Automatic Six-Month Extension of Time to File for Individuals

IT-370

Paid preparer? Mark an X in the box and complete page 2 X

Your social security number (SSN) [redacted]

Spouse's SSN (only if filing a joint return) [redacted]

Your first name and middle initial: CHRISTOPHER J

Your last name: CHRISTIE

Spouse's first name and middle initial: MARY P

Spouse's last name: CHRISTIE

Mailing address (number and street or rural route) [redacted]

Apartment number

City, village, or post office: MENDHAM

State: NJ ZIP code: 07945

E-mail:

Enter your 2-character special condition code if applicable (see instructions) ..... •

Mark an X in the box for each tax that you are subject to:

New York State tax ___ New York City tax ___ Yonkers tax ___

	Dollars	Cents
1 Sales and use tax	0	.00
2 Total payment	0	.00

[redacted]

068302
11-11-10

▼ Detach here ▼ Do not attach to your return.

IT-370 (2010) (page 2)

Payment options - Full payment must be made by check or money order of any balance due with this automatic extension of time to file. Make the check or money order payable to **New York State Income Tax** and write your social security number and **2010 Income Tax** on it.

For online payment options, see our Web site (at *www.nystax.gov*).

Paid preparers - When signing Form IT-370, you must enter your New York tax preparer registration identification number (NYTPRIN) if you are required to have one. Also, you must enter your federal preparer tax identification number (PTIN) if you have one; if not, you must enter your social security number.

Paid preparers may be subject to a penalty for failure to conform to certain requirements. For more information, see Publication 58, *Information for Income Tax Return Preparers.*

▼ **Paid preparer must complete** ▼

Date:

Preparer's signature

Preparer's NYTPRIN

Firm's name (or yours, if self-employed)
HAL MODEL CPA PA

Preparer's PTIN or SSN
[redacted]

Address
[redacted]

Employer identification number
[redacted]

Mark an X if self-employed

E-mail: [redacted]

[redacted]

New York State Department of Taxation and Finance

For office use only

2010 **IT-203**

Cover Sheet for Form IT-203
Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers

This is the cover sheet of your return. For your return to be complete, you **must** include this cover sheet with all four pages of Form IT-203 and all required attachments.

Taxpayer name and address		Software vendor code [redacted]
Your social security number [redacted]	Spouse's social security number [redacted]	
Your first name and m.i. CHRISTOPHER	Your last name CHRISTIE	
Spouse's first name and m.i. MARY P	Spouse's last name CHRISTIE	
Mailing address *(number and street or rural route)* [redacted]		Apartment number
City, village or post office MENDHAM	State NJ	ZIP code 07945
Country *(if not United States)*		

Summary of return data

Federal AGI (*NYS amount* column)	858.
Total NYS AGI (*NYS amount* column)	886.
Total New York State tax withheld	
Total New York City tax withheld	
Total Yonkers tax withheld	
Amount to be refunded to you	76.
Amount you owe	

068020
11-18-10

Staple check or money order here.

File this original scannable cover sheet with all four pages of your tax return.

New York State Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return New York State • New York City • Yonkers

2010

IT-203

For the year January 1, 2010, through December 31, 2010, or fiscal year beginning and ending

Important: You **must** enter your social security number(s) in the boxes to the right.

Print or type

Your first name and middle initial: CHRISTOPHER

Your last name (for a joint return, enter spouse's name on line below): J CHRISTIE

Your social security number: [redacted]

Spouse's first name and middle initial: MARY

Spouse's last name: P CHRISTIE

Spouse's social security number: [redacted]

Mailing address (see instructions, page 13) (number and street or rural route): [redacted]

Apartment number:

New York State county of residence: NR

City, village, or post office: MENDHAM

State: NJ

ZIP code: 07945

Country (if not United States):

School district name: NR

Permanent home address (see instr., pg 13) (no. and street or rural route):

Apartment number:

City, village, or post office:

School district code number:

State:

ZIP code:

Country (if not United States):

Decedent information: Taxpayer's date of death:

Spouse's date of death:

(A) Filing status – mark an X in one box:

1. Single
2. X Married filing joint return (enter both spouses' social security numbers above)
3. Married filing separate return (enter both spouses' social security numbers above)
4. Head of household *(with qualifying person)*
5. Qualifying widow(er) with dependent child

(B) Did you itemize your deductions on your 2010 federal income tax return? Yes X No

(C) Can you be claimed as a dependent on another taxpayer's federal return? Yes No X

(D) Choose direct deposit to avoid paper check refund delays.

(E) New York City part-year residents only *(see page 15)*

(1) Number of months **you** lived in NY City in 2010

(2) Number of months **your spouse** lived in NY City in 2010

(F) Enter your **2-character special condition code if applicable** *(see page 15)*

If applicable, also enter your **second** 2-character special condition code

Federal income and adjustments

Enter federal amounts in the left column and NYS amounts in the right column. See instructions, page 17. Part-year residents: complete page 18 worksheet first.

		Federal amount (Dollars)		New York State amount (Dollars)
1 Wages, salaries, tips, etc.	1.	410,045.	1.	
2 Taxable interest income	2.	6,875.	2.	
3 Ordinary dividends	3.	5,440.	3.	74.
4 Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 24)*	4.		4.	
5 Alimony received	5.		5.	
6 Business income or loss (attach a copy of federal Sch. C or C-EZ, Form 1040)	6.		6.	
7 Capital gain or loss (if required, attach a copy of federal Sch. D, Form 1040)	7.	8,116.	7.	
8 Other gains or losses *(attach a copy of federal Form 4797)*	8.	5,163.	8.	
9 Taxable amount of IRA distributions. Beneficiaries: mark **X** in box	9.		9.	
10 Taxable amount of pensions/annuities. Beneficiaries: mark **X** in box	10.		10.	
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(attach a copy of federal Schedule E, Form 1040)*	11.	13,751.	11.	784.
12 Farm income or loss *(attach a copy of federal Sch. F, Form 1040)*	12.		12.	
13 Unemployment compensation	13.		13.	
14 Taxable amount of social security benefits *(also enter on line 26)*	14.		14.	
15 Other income *(see page 23) Identify:* SEE STATEMENT 1	15.	217.	15.	
16 Add lines 1 through 15	16.	449,607.	16.	858.
17 Total federal adjustments to income *(see page 23) Identify:*	17.		17.	
18 **Federal adjusted gross income** *(subtract line 17 from line 16)*	18.	449,607.	18.	858.

068021
11-29-10

[redacted]

You must file all four pages of this original scannable return with the Tax Department.

▼ Enter your social security number [redacted]

			Federal amount (Dollars)		New York State amount (Dollars)
19	**Federal adjusted gross income** *(from line 18 on page 1)*	19.	449,607.	19.	858.
	New York additions *(see page 25)*				
20	Interest income on state and local bonds *(but not those of New York State or its localities)*	20.		20.	
21	Public employee 414(h) retirement contributions	21.		21.	
22	Other (see page 27) *Identify:* SEE STATEMENT 3	22.	101.	22.	28.
23	Add lines **19** through **22**	23.	449,708.	23.	886.
	New York subtractions *(see page 30)*				
24	Taxable refunds, credits, or offsets of state and local income taxes *(from line 4)*	24.		24.	
25	Pensions of NYS and local governments and the federal government *(see page 30)*	25.		25.	
26	Taxable amount of social security benefits *(from line 14)*	26.		26.	
27	Interest income on U.S. government bonds	27.	664.	27.	
28	Pension and annuity income exclusion	28.		28.	
29	Other (see page 31) *Identify:*	29.		29.	
30	Add lines 24 through 29	30.	664.	30.	
31	**New York adjusted gross income** *(subtract line* **30** *from line* **23***)*	31.	449,044.	31.	886.
32	Enter the amount from line 31, **Federal amount** column			32.	449,044.
33	Enter your **standard deduction** *(from table below)* **or** your **itemized deduction** *(from worksheet below)*. Mark an **X** in the appropriate box: • **Standard or** • X **Itemized**			33.	52,689.
34	Subtract line 33 from line 32 *(if line 33 is more than line 32, leave blank)*			34.	396,355.
35	Dependent exemptions *(not the same as total federal exemptions; see page 38)*			35.	4,000.
36	**New York taxable income** *(subtract line 35 from line 34)*			36.	392,355.

◄ or ►

New York State standard deduction table

Filing status *(from page 1)*	Standard deduction *(enter on line 33 above)*
(1) Single and you marked item C *Yes*	$3,000
(1) Single and you marked item C *No*	7,500
(2) Married filing joint return	15,000
(3) Married filing separate return	7,500
(4) Head of household (with qualifying person)	10,500
(5) Qualifying widow(er) with dependent child	15,000

New York State itemized deduction worksheet

a	Medical and dental expenses *(federal Sch. A, line 4)*	a.	
b	Taxes you paid *(federal Schedule A, line 9)*	b.	66,738.
b1	State, local, and foreign **income** taxes (or general sales tax, if applicable) included in line b above	b1.	30,285.
c	Interest you paid *(federal Schedule A, line 15)*	c.	8,078.
d	Gifts to charity *(federal Schedule A, line 19)*	d.	22,496.
e	Casualty and theft losses *(federal Sch. A, line 20)*	e.	
f	Job expenses/misc. deductions *(federal Sch. A, line 27)*	f.	3,225.
g	Other misc. deductions *(federal Sch. A, line 28)*	g.	
h	Enter amount **from federal Schedule A, line 29**	h.	100,537.
i	State, local, and foreign **income** taxes (or general sales tax, if applicable) and other subtraction adjustments (see pg 36)	i.	30,285.
j	Subtract line i from line h	j.	70,252.
k	College tuition itemized deduction *(see page 37)*	k.	
l	Addition adjustments *(see page 37)*	l.	
m	Add lines j, k, and l	m.	70,252.
n	Itemized deduction adjustment *(see page 38)* STMT 4	n.	17,563.
o	**New York State itemized deduction** *(subtract line n from m; enter on line 33 above)*	o.	52,689.

068022
11-29-10

[redacted]

You must file all four pages of this original scannable return with the Tax Department.

CHRISTOPHER J & MARY P CHRISTIE [redacted]

Tax computation, credits, and other taxes *(see page 39)*

			Dollars
37	**New York taxable income** *(from line 36 on page 2)*	37.	392,355.
38	New York State tax on line 37 amount *(see page 39 and* Tax computation *on pages 74 and 75)*	38.	30,800.
39	New York State household credit *(from table 1, 2, or 3 on page 39)*	39.	
40	Subtract line 39 from line 38 *(if line 39 is more than line 38, leave blank)*	40.	30,800.
41	New York State child and dependent care credit *(attach Form IT-216; see page 40)*	41.	40.
42	Subtract line 41 from line 40 *(if line 41 is more than line 40, leave blank)*	42.	30,760.
43	New York State earned income credit *(attach Form IT-215; see page 40)*	43.	
44	Base tax *(subtract line 43 from line 42; if line 43 is more than line 42, leave blank)*	44.	30,760.

		New York State amount from line 31		Federal amount from line 31			Round result to 4 decimal places
45	Income percentage *(see page 40)*	886.	÷	449,044.	=	45.	.0020

46	Allocated New York State tax *(multiply line 44 by the decimal on line 45)*	46.	62.
47	New York State nonrefundable credits *(from Form IT-203-ATT, line 8; attach form)*	47.	
48	Subtract line 47 from line 46 *(if line 47 is more than line 46, leave blank)*	48.	62.
49	Net other New York State taxes *(from Form IT-203-ATT, line 33; attach form)*	49.	
50	**Total New York State taxes** *(add lines 48 and 49)*	50.	62.

New York City and Yonkers taxes and credits

51	Part-year New York City resident tax *(attach Form IT-360.1)*	51.	
52	New York City minimum income tax *(attach Form IT-220)*	52.	
52a	Add lines 51 and 52	52a.	
52b	Part-year resident nonrefundable New York City child and dependent care credit *(attach Form IT-216)*	52b.	
52c	Subtract line 52b from 52a	52c.	
53	Yonkers nonresident earnings tax *(attach Form Y-203)*	53.	
54	Part-year Yonkers resident income tax surcharge *(attach Form IT-360.1)*	54.	
55	**Total New York City and Yonkers taxes** *(add lines 52c, 53, and 54)*	55.	
56	**Sales or use tax** *(See the instructions on page 42.* **Do not leave line 56 blank.***)*	56.	0.

See instructions on pages 40 and 41 to compute New York City and Yonkers taxes, credits, and surcharges.

Voluntary contributions *(whole dollar amounts only; see page 43)*

57a	Return a Gift to Wildlife	57a.
57b	Missing / Exploited Children Fund	57b.
57c	Breast Cancer Research Fund	57c.
57d	Alzheimer's Fund	57d.
57e	Olympic Fund *($2 or $4; see page 43)*	57e.
57f	Prostate Cancer Research Fund	57f.
57g	9/11 Memorial	57g.
57h	Volunteer Firefighting & EMS Recruitment Fund	57h.

57	**Total voluntary contributions** *(add lines 57a through 57h)*	57.	
58	**Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions** *(add lines* **50, 55, 56,** *and* **57***)*	58.	62.

You must file all four pages of this original scannable return with the Tax Department.

[redacted]

▼ Enter your social security number [redacted]

Dollars

59 **Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions** *(from line 58 on page 3)* 59. 62.

Payments and refundable credits

60 Part-year NYC school tax credit *(also complete* (E) *on front; see pg. 44)* 60.

61 Other refundable credits *(from Form IT-203-ATT, line 17)* 61.

62 Total **New York State** tax withheld 62.

63 Total **New York City** tax withheld 63.

64 Total **Yonkers** tax withheld 64.

65 Total estimated tax payments / amount paid with Form IT-370 65. 138.

Forms IT-2, IT-1099-R, and/or IT-1099-UI must be completed and attached to your return *(see page 44)*.

Staple them (and any other applicable forms) to the top of this page 4.

See Step 12 on page 50 for the proper assembly of your return and attachments.

66 **Total payments and refundable credits** *(add lines 60 through 65)* 66. 138.

Refund/amount overpaid

67 **Amount overpaid** *(if line 66 is* more than *line 59, subtract line 59 from line 66)* 67. 76.

68 Amount of line 67 to be **refunded** by *(mark one)*:

direct deposit (fill in line 72) or X **paper check refund** 68. 76.

69 Amount of line 67 that you want applied to your **2011** estimated tax. *(see instruction.)* 69.

Amount you owe

70 Amount you **owe** *(if line 66 is* **less than** *line 59, subtract line 66 from line 59)*

To pay by electronic funds withdrawal, mark this box and fill in line 72 70.

71 Estimated tax penalty *(include this amount on line 70, or reduce the overpayment on line 67; see page 46)* 71.

Account information

72 Account information for direct deposit or electronic funds withdrawal *(see page 47)*.

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box *(see pg. 47)* •

72a Routing number •

Electronic funds withdrawal effective date

72b Account number •

72c Account type • Checking • Savings

Additional information

73 **Part-year residents only:** If you were a NYS resident for only part of the year, enter date of last move *(mm-dd-yyyy)* ▶

Mark an **X** in the box that describes your situation on the last day of the tax year:

73a Moved **into** New York State 73a.

73b Moved **out** of New York State; received income from NYS sources during nonresident period 73b.

73c Moved **out** of New York State; received **no** income from NYS sources during nonresident period 73c.

74 **Nonresidents: Did you or your spouse maintain living quarters in NYS in 2010?** ▼ Yes ▼ No X

(If Yes, complete Form IT-203-B, Schedule B, and attach form.)

Third-party designee? *(see instr.)* Yes X No

Print designee's name HAL MODEL CPA

E-mail: [redacted]

Designee's phone number [redacted]

Personal identification number (PIN)

▼ **Paid preparer must complete** *(see instructions)* ▼

Preparer's signature ▶

Date 12-10-11

▶ Preparer's NYTPRIN

Firm's name (or yours, if self-employed) HAL MODEL CPA PA

▼ Preparer's PTIN or SSN: [redacted]

Address [redacted]

• Employer identification number [redacted]

Mark an X if self-employed

E-mail: [redacted]

▼ **Taxpayer(s) must sign here** ▼

Your signature ▶

Your occupation • GOVERNOR

Spouse's signature and occupation (if joint return)

SALES

▼ Daytime phone number

Date

E-mail:

See instructions for where to mail your return.

068024
11-29-10

You must file all four pages of this original scannable return with the Tax Department.

[redacted]

New York State Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

2010 **IT-2**

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page. See instructions.

Taxpayer's first name and middle initial: CHRISTOPHER J
Taxpayer's last name: CHRISTIE

Spouse's first name and middle initial: MARY P
Spouse's last name: CHRISTIE

▼ Your social security number: [redacted]

▼ Spouse's social security number: [redacted]

W-2 Record 1

Box c Employer's name and full address (including ZIP code): CANTOR FITZGERALD [redacted] NEW YORK NY 10022

Box b Employer identification number (EIN): [redacted]

This W-2 record is for (*mark an* X *in one box*): Taxpayer Spouse X

Box 1 Wages, tips, other compensation: 264,681.

Box 8 Allocated tips:

Box 9 Advance EIC payment:

Box 10 Dependent care benefits: 5,000.

Box 11 Nonqualified plans:

Box 12a Amount: 714. ▼ Code: C

Box 12b Amount: 5,530. ▼ Code: D

Box 12c Amount: ▼ Code:

Box 12d Amount: ▼ Code:

Box 13 Statutory employee

Box 14a Amount: ▼ Description:

Box 14b Amount: ▼ Description:

Box 14c Amount: ▼ Description:

Box 15 State: Locality a / Locality b / Locality a / Locality b

Box 16 State wages, tips, etc. (for NYS):

Box 17 New York State income tax withheld:

Box 18 Local wages, tips, etc.:

Box 19 Local income tax withheld:

Box 20 Locality name: Locality a / Locality b

Corrected (W-2c)

Do not detach.

W-2 Record 2

Box c Employer's name and full address (including ZIP code): STATE OF NEW JERSEY [redacted] TRENTON NJ 08625

Box b Employer identification number (EIN): [redacted]

This W-2 record is for (*mark an* X *in one box*): Taxpayer X Spouse

Box 1 Wages, tips, other compensation: 145,364.

Box 8 Allocated tips:

Box 9 Advance EIC payment:

Box 10 Dependent care benefits:

Box 11 Nonqualified plans:

Box 12a Amount: 272. ▼ Code: C

Box 12b Amount: ▼ Code:

Box 12c Amount: ▼ Code:

Box 12d Amount: ▼ Code:

Box 13 Statutory employee

Box 14a Amount: 8,850. ▼ Description: 414H

Box 14b Amount: 2,619. ▼ Description: SEC125

Box 14c Amount: ▼ Description:

Box 15 State: Locality a / Locality b / Locality a / Locality b

Box 16 State wages, tips, etc. (for NYS):

Box 17 New York State income tax withheld:

Box 18 Local wages, tips, etc.:

Box 19 Local income tax withheld:

Box 20 Locality name: Locality a / Locality b

Corrected (W-2c)

068015 10-19-10

Please file this original scannable form with the Tax Department. If you or your paid preparer use software to produce this form, it might have a two-dimensional (2-D) barcode on the bottom of this page. It will appear as a rectangular-shaped object with very small black boxes and white spaces. This barcode will be used to efficiently process your entries on this form.

[redacted]

New York State Department of Taxation and Finance

Claim for Child and Dependent Care Credit

New York State • New York City

2010

IT-216

Attach this form to Form IT-150, IT-201, or IT-203.

Name(s) as shown on return
CHRISTOPHER J & MARY P CHRISTIE

▼ Your social security number
[redacted]

1 Have you already filed your 2010 New York State income tax return? Yes No X
If *Yes*, you must file an amended New York State return and attach a copy of this claim.

2 Persons or organizations who provided the care. *(If you have more than two providers, see instructions.)*

A - Care provider's first name, middle initial, and last name	B - Address	C - Identifying number (SSN or EIN)	D - Amount paid (see instructions)
DEBORAH RISKA	[redacted]	[redacted]	25,740.

3 Qualifying persons you are claiming. **List in order from youngest to oldest.**
(If you are claiming more than four qualifying persons, mark an **X** *in the box and see instructions.)*

A - First name and middle initial	B - Last name	C - Qualified expenses paid in 2010	D - Person with disability (see instr.)	E - Social security number	F - Year of birth
PATRICK	CHRISTIE	8,580.		[redacted]	[redacted]
BRIDGET	CHRISTIE	8,580.		[redacted]	[redacted]

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any — 3a. 17,160.

4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheets? Yes X No

Note: On line 5, if you are claiming expenses paid for a dependent child born in 1997, enter that child's birth month here.
Include as qualified expenses only those paid from January 1, 2010, through the day preceding the child's 13th birthday.

5 Enter the **smallest** of:
- line 3a above; **or**
- federal Form 2441, line 3; **or**
- 3,000 if one qualifying person, or 6,000 if two or more qualifying persons — 5. 1,000.

Dollars

6 Enter your earned income *(see instructions)* — 6. 145,364.

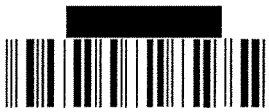
7 If your filing status is ② *Married filing joint return*, enter your spouse's earned income; all others, enter the amount from line 6 *(see instructions)* — 7. 264,681.

8 Enter the smallest of line 5, 6, or 7 — 8. 1,000.

9 Enter the amount from: federal Form 1040A, line 22, or federal Form 1040, line 38 — 9. 449,607.

10 Enter the decimal amount that applies to the amount on line 9 from the *Table for line 10* in the instructions — 10. .20

11 Multiply line 8 by the decimal amount on line 10 *(enter here and on line 12 on page 2)* — 11. 200.



068271
11-18-10

Please file this original scannable credit form with the Tax Department.

Dollars

12 Amount from line 11 — 12. 200.

13 Enter your **New York adjusted gross income** (Form IT-150 filers, line 21; Form IT-201 filers, line 33; Form IT-203 filers, line 32) 449,044.

Use the *New York State child and dependent care credit limitation table* in the instructions to determine the decimal to be entered on this line — 13. .200

14 Multiply line 12 by the decimal amount on line 13. This is your **New York State** child and dependent care credit *(see instructions)* — 14. 40.

Part-year New York State residents

15 Enter the amount from Form IT-203, line 40 — 15.

If line 15 is equal to or more than line 14, **stop. You do not have excess credit.**

If line 15 is less than line 14, **continue on line 16 below.**

16 Subtract line 15 from line 14. **This is your excess child and dependent care credit** — 16.

17 Enter the amount from Form IT-203-ATT, line 29 *(If you are not required to file Form IT-203-ATT, leave blank and continue on line 18 below.)* — 17.

If line 17 is equal to or more than line 16, **stop. Do not continue with this worksheet.** Enter the line 16 amount on Form IT-203-ATT, line 30. If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 30, and continue on line 18 below.

18 Subtract line 17 from line 16. **This is your remaining excess child and dependent care credit** — 18.

19 Enter the amount from line 18, Column D, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 — 19.

20 Enter the amount from line 18, Column A, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 — 20.

21 Divide line 19 by line 20 *(round the result to the fourth decimal place).* This amount cannot exceed 100% (1.0000) — 21.

22 Multiply line 18 by line 21. Enter the result here and on Form IT-203-ATT, line 9. **This is the refundable portion of your New York State part-year resident child and dependent care credit.** — 22.

New York City child and dependent care credit

If you were a resident of New York City at any time during 2010 **and** your federal adjusted gross income is $30,000 or less (see *Note* under *New York City credit* on page 1 of the instructions) **and** you listed a child under 4 years old as of December 31, 2010, on line 3, complete line 23 and see page 4 of the instructions.

23 Enter the portion of the total expenses from line 3a that was paid for children under 4 years old — 23.

IT-150 and IT-201 filers:

24 Refundable New York City child and dependent care credit *(from Worksheet 1, line 7 or line 13)* — 24.

25 Add lines 14 and 24 — 25.

IT-150 filers: Enter the line 25 amount on Form IT-150, line 39

IT-201 filers: Enter the line 25 amount on Form IT-201, line 64

26 Part-year New York City resident nonrefundable New York City child and dependent care credit *(from Worksheet 1, line 8)* — 26.

IT-201 filers: Enter the line 26 amount on Form IT-201-ATT, line 9a

IT-203 filers:

27 Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit *(from Worksheet 1, line 8);* also enter this amount on Form IT-203, line 52b — 27.

28 Refundable portion of your part-year New York City resident New York City child and dependent care credit *(from Worksheet 1, line 13);* also enter this amount on Form IT-203-ATT, line 9a — 28.

Part-year New York City resident filers only:

29 Enter the amount from Worksheet 1, line 10 — 29.

30 Enter the amount form Worksheet 1, line 11 — 30.

Please file this original scannable credit form with the Tax Department.

CHRISTOPHER J & MARY P CHRISTIE [redacted]

NY IT-203	OTHER INCOME	STATEMENT 1

DESCRIPTION	FEDERAL AMOUNT	NEW YORK AMOUNT
CANCELLATION OF DEBT - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	217.	
TOTAL TO FORM IT-203, LINE 15	217.	

NY IT-203	NY PASSTHROUGH DETAIL	STATEMENT 2

DESCRIPTION	FD AMOUNT	NY AMOUNT
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	-10,807.	
CANTOR FITZGERALD LP	2,800.	784.
MCNEIL PPC INC - ROYALTIES	21,734.	
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC - ROYA	24.	
TOTAL TO FORM IT-203, LINE 11	13,751.	784.

NY IT-203	OTHER NEW YORK ADDITIONS	STATEMENT 3

DESCRIPTION	FEDERAL AMOUNT	NEW YORK AMOUNT
UBT	89.	25.
SPECIAL DEPRECIATION	12.	3.
TOTAL TO FORM IT-203, LINE 22	101.	28.

NY IT-203 WORKSHEET 3 - ITEMIZED DEDUCTION ADJUSTMENT STATEMENT 4

1.	NEW YORK ADJUSTED GROSS INCOME FROM FORM IT-201, LINE 33 OR FORM IT-203, LINE 32	449,044.
2.	FILING STATUS 1 OR 3 ENTER $100,000, OR FILING STATUS 4 ENTER $150,000, OR FILING STATUS 2 OR 5 ENTER $200,000	200,000.
3.	SUBTRACT LINE 2 FROM LINE 1	249,044.
4.	ENTER THE LESSOR OF LINE 3 OR $50,000	50,000.
5.	DIVIDE LINE 4 BY $50,000 AND CARRY THE RESULT TO 4 DECIMAL PLACES	1.0000
6.	ENTER 25% OF FORM IT-201, NY ITEMIZED DEDUCTION WORKSHEET LINE L OR FORM IT-203, LINE M	17,563.
7.	MULTIPLY LINE 5 BY LINE 6 AND TRANSFER THIS AMOUNT TO FORM IT-201, LINE M OR FORM IT-203, LINE N	17,563.

NY IT-203 TAX COMPUTATION WORKSHEET 3 STATEMENT 5

1.	NEW YORK ADJUSTED GROSS INCOME FROM LINE 32	449,044.
2.	NEW YORK TAXABLE INCOME FROM LINE 37	392,355.
3.	MULTIPLY LINE 2 BY 7.85%	30,800.
4.	ENTER YOUR NYS TAX ON THE LINE 2 AMOUNT FROM THE NYS TAX RATE SCHEDULE	27,006.
5.	SUBTRACT LINE 4 FROM LINE 3	3,794.
6.	IF JOINT/QW ENTER $794, IF SINGLE/MFS ENTER $397, IF HOH ENTER $563	794.
7.	SUBTRACT LINE 6 FROM LINE 5	3,000.
8.	EXCESS OF LINE 1 OVER $300,000 (CANNOT EXCEED $50,000)	50,000.
9.	DIVIDE LINE 8 BY $50,000 (CANNOT EXCEED 1.0000)	1.0000
10.	MULTIPLY LINE 7 BY LINE 9	3,000.
11.	ENTER AMOUNT FROM LINE 6	794.
12.	ADD LINES 4, 10 AND 11	30,800.

SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule D (Form 1040).
▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2010

Attachment Sequence No. **12**

Name(s) shown on return: CHRISTOPHER J & MARY P CHRISTIE

Your social security number: [redacted]

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

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
1						

2	Enter your short-term totals, if any, from Schedule D-1, line 2	2	
3	**Total short-term sales price amounts.** Add lines 1 and 2 in column (d)	3	
4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 SEE STATEMENT 6	4	2,018.
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 SEE STATEMENT 8	5	8,613.
6	Short-term capital loss carryover. Enter the amount, if any, from line 10 of your **Capital Loss Carryover Worksheet** in the instructions	6	( )
7	**Net short-term capital gain or (loss).** Combine lines 1 through 6 in column (f)	7	10,631.

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

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
8	MARVEL ENTERTAINMENT	11/15/02	01/04/10	81,286.	36,286.	45,000.
	WALT DISNEY	09/02/04	01/04/10	24.	23.	1.
	50000 ECOSPHERE TECH	09/22/05	03/22/10	55,246.	50,000.	5,246.
	50000 ECOSPHERE TECH	09/22/05	03/23/10	56,182.	50,000.	6,182.
	50000 ECOSPHERE TECH	09/22/05	04/01/10	67,007.	50,000.	17,007.

9	Enter your long-term totals, if any, from Schedule D-1, line 9	9	50,000.
10	**Total long-term sales price amounts.** Add lines 8 and 9 in column (d)	10	309,745.
11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 SEE STATEMENT 7	11	3,027.
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 SEE STATEMENT 9	12	3,954.
13	Capital gain distributions	13	
14	Long-term capital loss carryover. Enter the amount, if any, from line 15 of your **Capital Loss Carryover Worksheet** in the instructions	14	(82,932.)
15	**Net long-term capital gain or (loss).** Combine lines 8 through 14 in column (f). Then go to Part III on page 2	15	-2,515.

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

Schedule D (Form 1040) 2010

020511 12-27-10

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	8,116.
	• If line 16 is a **gain,** enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a **loss,** skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.		
17	Are lines 15 and 16 **both** gains? ☐ **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** on page D-8 of the instructions ▶	18	
19	Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** on page D-9 of 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** on page D-10 of 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) **Note.** When figuring which amount is smaller, treat both amounts as positive numbers.	21	( )
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? ☒ **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.		

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

CHRISTOPHER J & MARY P CHRISTIE

Your social security number [redacted]

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
50000 NJ TRANSP TRUST FD REV BOND [redacted]	07/18/07	06/15/10	50,000.	50,000.	0.
9 **Totals.** Add the amounts in column (d). Also, combine the amounts in column (f). Enter here and on Schedule D, line 9. ▶ 9			50,000.		

010192 10-26-10

Form **4797**

Department of the Treasury
Internal Revenue Service (99)

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

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

OMB No. 1545-0184

2010

Attachment Sequence No. **27**

Name(s) shown on return: CHRISTOPHER J & MARY P CHRISTIE

Identifying number: [redacted]

1 Enter the gross proceeds from sales or exchanges reported to you for 2010 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC						-26.

3	Gain, if any, from Form 4684, line 42	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	7	-26.
	Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years (see instructions)	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	9	

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

GOLDMAN SACHS HEDGE FUND PARTNERS, LLC						5,189.

11	Loss, if any, from line 7	11	-26.
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 34 and 41a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	5,163.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:		
a	If the loss on line 11 includes a loss from Form 4684, line 38, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	18b	5,163.

LHA **For Paperwork Reduction Act Notice, see separate instructions.**

Form **4797** (2010)

018011 12-21-10

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** See line 1 before completing.)	20				
21 Cost or other basis plus expense of sale	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis. Subtract line 22 from line 21	23				
24 Total gain. Subtract line 23 from line 20	24				
25 **If section 1245 property:**					
a Depreciation allowed or allowable from line 22	25a				
b Enter the **smaller** of line 24 or 25a	25b				
26 **If section 1250 property:** If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a Additional depreciation after 1975 (see instructions)	26a				
b Applicable percentage multiplied by the **smaller** of line 24 or line 26a (see instructions)	26b				
c Subtract line 26a from line 24. If residential rental property **or** line 24 is not more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the **smaller** of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
27 **If section 1252 property:** Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage	27b				
c Enter the **smaller** of line 24 or 27b	27c				
28 **If section 1254 property:**					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	28a				
b Enter the **smaller** of line 24 or 28a	28b				
29 **If section 1255 property:**					
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a				
b Enter the **smaller** of line 24 or 29a (see instructions)	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 36. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less

(see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33		
34 Recomputed depreciation (see instructions)	34		
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		

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 Instructions for Schedule E (Form 1040).

OMB No. 1545-0074
2010
Attachment Sequence No. **13**

Name(s) shown on return: CHRISTOPHER J & MARY P CHRISTIE

Your social security number: [redacted]

Part I **Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see page E-3). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

1 List the type and address of each rental real estate property:

A MCNEIL PPC INC - ROYALTIES

B GOLDMAN SACHS HEDGE FUND PARTNERS, LLC -

C

2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:
- 14 days or
- 10% of the total days rented at fair rental value?

(See page E-4)

	Yes	No
A		
B		
C		

Income:		Properties A	Properties B	Properties C		Totals (Add columns A, B, and C.)
3 Rents received	3				3	
4 Royalties received	4	21,734.	24.		4	21,758.
Expenses:						
5 Advertising	5					
6 Auto and travel (see page E-5)	6					
7 Cleaning and maintenance	7					
8 Commissions	8					
9 Insurance	9					
10 Legal and other professional fees	10					
11 Management fees	11					
12 Mortgage interest paid to banks, etc. (see page E-5)	12				12	
13 Other interest	13					
14 Repairs	14					
15 Supplies	15					
16 Taxes	16					
17 Utilities	17					
18 Other (list) ▶	18					
19 Add lines 5 through 18	19				19	
20 Depreciation expense or depletion (see page E-5)	20				20	
21 Total expenses. Add lines 19 and 20	21					
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-6 to find out if you must file Form 6198	22	21,734.	24.			
23 Deductible rental real estate loss. **Caution.** Your rental real estate loss on line 22 may be limited. See page E-6 to find out if you must file **Form 8582**. Real estate professionals **must** complete line 43 on page 2	23	( )	( )	( )		
24 **Income.** Add positive amounts shown on line 22. **Do not** include any losses					24	21,758.
25 **Losses.** Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here					25	( )
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2					26	21,758.

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

CHRISTOPHER J & MARY P CHRISTIE

Your social security number [redacted]

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check column **(e)** on line 28 and attach **Form 6198.** See page E-2.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? ☐ Yes ☒ No

If you answered "Yes," see page E-7 before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	P		[redacted]	
B	INVESTMENT INTEREST EXPENSE	P			
C	SEC 59(E)(2)	P			
D	CANTOR FITZGERALD LP	P			

	Passive Income and Loss		Nonpassive Income and Loss		
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A			6,634.		
B			4,149.		
C			24.		
D					2,800.
29a Totals					2,800.
b Totals			10,807.		

30	Add columns (g) and (j) of line 29a	30	2,800.
31	Add columns (f), (h), and (i) of line 29b	31	(10,807.)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31. Enter the result here and include in the total on line 41 below	32	-8,007.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36. Enter the result here and include in the total on line 41 below	37	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below	40	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ▶	41	13,751.
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), line 14, code F (see page E-8)	42	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see page E-2), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

CHRISTOPHER J & MARY P CHRISTIE [redacted]

SCHEDULE D — NET SHORT-TERM GAIN OR LOSS FROM FORMS 6252, 4684, 6781 AND 8824 — STATEMENT 6

DESCRIPTION OF PROPERTY	GAIN OR LOSS
FORM 6781, PART I	2,018.
TOTAL TO SCHEDULE D, PART I, LINE 4	2,018.

SCHEDULE D — NET LONG-TERM GAIN OR LOSS FROM FORMS 4797, 2439, 6252, 4684, 6781 AND 8824 — STATEMENT 7

DESCRIPTION OF PROPERTY	GAIN OR LOSS	28% GAIN
FORM 6781, PART I	3,027.	
TOTAL TO SCHEDULE D, PART II, LINE 11	3,027.	

SCHEDULE D — NET SHORT-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES — STATEMENT 8

DESCRIPTION OF ACTIVITY	GAIN OR LOSS
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	8,613.
TOTAL TO SCHEDULE D, PART I, LINE 5	8,613.

SCHEDULE D — NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES — STATEMENT 9

DESCRIPTION OF ACTIVITY	GAIN OR LOSS	28% GAIN
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	3,954.	
TOTAL TO SCHEDULE D, PART II, LINE 12	3,954.	

2010 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA INCOME TAX RETURN

COPY

FOR THE YEAR ENDING

DECEMBER 31, 2010

Prepared for	CHRISTOPHER J & MARY P CHRISTIE [redacted] MENDHAM, NJ 07945
Prepared by	HAL MODEL CPA PA [redacted]
Amount of tax	Total tax $ 9 Less: payments and credits $ 23 Plus: interest and penalties $ 0 OVERPAYMENT $ 14
Overpayment	Miscellaneous Donations $ 0 Credited to your estimated tax $ 0 Refunded to you $ 14
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN CALIFORNIA FORM 8879 TO OUR OFFICE. WE WILL SUBMIT YOUR ELECTRONIC RETURN TO THE FTB.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	

***** THIS IS NOT A FILEABLE COPY *****

022

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2010**

California e-file Signature Authorization for Individuals

FORM **8879**

[redacted]

Your name	Your SSN or ITIN
CHRISTOPHER J CHRISTIE	[redacted]
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN
MARY P CHRISTIE	[redacted]

Part I Tax Return Information (whole dollars only)

1	California Adjusted Gross Income (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 32; or Short Form 540NR, line 32)	1 123.00
2	Amount You Owe (Form 540, line 111; Form 540 2EZ, line 27; Long Form 540NR, line 121; or Short Form 540NR, line 121)	2 0.00
3	Refund or No Amount Due (Form 540, line 115; Form 540 2EZ, line 28; Long Form 540NR, line 125; or Short Form 540NR, line 125)	3 14.00

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2010, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address, and social security number or individual tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, Transmitter, or Intermediate Service Provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, Intermediate Service Provider, and/or Transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

[X] I authorize HAL MODEL CPA PA (ERO firm name) to enter my PIN [redacted] (Do not enter all zeros)

as my signature on my 2010 e-filed California Individual income tax return.

[ ] I will enter my PIN as my signature on my 2010 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ ***** THIS IS NOT A FILEABLE COPY ***** Date ▶ 10/11/2011

Spouse's/RDP's PIN: check one box only

[X] I authorize HAL MODEL CPA PA (ERO firm name) to enter my PIN [redacted] (Do not enter all zeros)

as my signature on my 2010 e-filed California individual income tax return.

[ ] I will enter my PIN as my signature on my 2010 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ▶ _____ Date ▶ 10/11/2011

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [redacted] (Do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature for the 2010 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2010 e-file Handbook for Authorized e-file Providers.

ERO's signature ▶ _____ Date ▶ _____

For Privacy Notice, get form FTB 1131.

039311
11-18-10

Form at bottom of page.

TAX PAYMENT WORKSHEET KEEP FOR YOUR RECORDS

1	Total tax you expect to owe. This is the amount you expect to enter on Form 540/540A, line 64; or Long Form 540NR, line 74			1 00
2	Payments and credits:			
a	California income tax withheld (including real estate and nonresident withholding)	2a	00	
b	California estimated tax payments and amount applied from your 2009 tax return (To check your estimated tax payments go to **ftb.ca.gov** and search for **myftb account.**)	2b	00	
c	Other payments and credits, including any tax payments made with any previous form FTB 3519	2c	00	
3	Total tax payments and credits. Add line 2a, line 2b, and line 2c			3 00
4	Tax due. Is line 1 more than line 3?			4 0. 00

- **No. Stop here.** You have no tax due. **Do not** mail form FTB 3519. If you file your tax return by October 17, 2011 (fiscal year filer - see instructions), the automatic extension will apply.
- **Yes.** Subtract line 3 from line 1 and enter on line 4. This is your tax due. For online payments, **do not** mail the form, go to **ftb.ca.gov** and search for **web pay**, and schedule your payment. For check or money order payments, using blue or black ink, complete your check or money order and form FTB 3519 below, enter the tax due amount from line 4 as the "Amount of payment." Make it payable to the "Franchise Tax Board," write your SSN or ITIN and "2010 FTB 3519" in the "For" section. Enclose, but **do not** staple it to the form and mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0051.**

IF AMOUNT OF PAYMENT IS ZERO, DO NOT MAIL THIS FORM.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2010 FTB 3519" on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0051

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: **Calendar Year - File and Pay by April 15, 2011*.**
Fiscal Year Filers - see instructions

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day. *Due to the federal Emancipation Day holiday on April 15, 2011, tax returns and payments received on April 18, 2011 will be considered timely.

PAY ONLINE: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov** and search for **payment options.** **Do not mail this form if you use Web Pay.**

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM --- DETACH HERE ---

TAXABLE YEAR **2010**

Payment for Automatic Extension for Individuals

CALIFORNIA FORM **3519 (PIT)**

[redacted] [redacted]

CHRISTOPHER J CHRISTIE
MARY P CHRISTIE

[redacted]

MENDHAM NJ 07945

Amount of payment 0.

For Privacy Notice, get form FTB 1131.

039041 12-30-10

California Nonresident or Part-Year Resident Income Tax Return 2010

Long Form

FORM **540NR** C1 Side 1

[redacted]

CHRISTOPHER J CHRISTIE
MARY P CHRISTIE

[redacted]

MENDHAM NJ 07945

[redacted]

P
AC
A
R
RP

Filing Status

1 [ ] Single
2 [X] Married/RDP filing jointly. (see page 3)
3 [ ] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
4 [ ] Head of household (with qualifying person). (see page 3)
5 [ ] Qualifying widow(er) with dependent child. Enter year spouse/RDP died _____ .
If your California filing status is different from your federal filing status, check the box here [ ]

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here (see page 15) 6 [ ]

Exemptions

▶ For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. Whole dollars only

7 **Personal:** If you checked 1, 3, or 4 above, enter 1 in the box. If you checked 2 or 5, enter 2.
If you checked the box on line 6, see page 15 — 7 [2] X $99 = $ 198
8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 — 8 [ ] X $99 = $
9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 — 9 [ ] X $99 = $
10 **Dependents:** Enter name and relationship. **Do not include yourself or your spouse/RDP.**
SEE STATEMENT 1 — Total dependent exemptions — 10 [4] X $99 = $ 396
11 **Exemption amount:** Add line 7 through line 10 — 11 $ 594

Total Taxable Income

12 Total California wages from your Form(s) W-2, box 16 — 12 00
13 Enter federal AGI from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10 — 13 449,607. 00
14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), line 37, column B — 14 22,233. 00
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see page 16) — 15 427,374. 00
16 California adjustments - additions. Enter the amount from Schedule CA (540NR), line 37, column C — 16 14,843. 00
17 Adjusted gross income from all sources. Combine line 15 and line 16 — 17 442,217. 00
18 Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540NR), line 43; **OR** Your California **standard deduction** (see page 16) — 18 62,738. 00
19 Subtract line 18 from line 17. This is your **total taxable income.** If less than zero, enter -0- — 19 379,479. 00

CA Taxable Income

31 Tax. Check the box if from: [ ] Tax Table [X] Tax Rate Sch. [ ] FTB 3800 [ ] FTB 3803 — 31 31,660. 00
32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 45 — 32 123. 00
35 CA Taxable Income from Schedule CA (540NR), Part IV, line 49 — 35 104. 00
36 CA Tax Rate. Divide line 31 by line 19 — 36 .0834
37 CA Tax Before Exemption Credits. Multiply line 35 by line 36 — 37 9. 00
38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 — 38 .0003
39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than $162,186 (see page 17) — 39 0. 00
40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- — 40 9. 00
41 Tax (see page 18). Check the box if from: [ ] Schedule G-1 [ ] FTB 5870A — 41 00
42 Add line 40 and line 41 — 42 9. 00

[redacted]

Your name: CHRISTOPHER J CHRISTIE Your SSN or ITIN: [redacted]

039042 12-30-10

50	Enter the amount from Side 1, line 42	50	9.00

Special Credits

51	Credit for joint custody head of household (see page 18)	• 51	00		
52	Credit for dependent parent (see page 18)	• 52	00		
53	Credit for senior head of household (see page 19)	• 53	00		
54	Credit percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 (see page 19)	54			
55	Credit amount (see page 19)			• 55	00
56	New jobs credit, amount generated (see page 19)	• 56	00		
57	New jobs credit, amount claimed (see page 19)			• 57	00
58	Enter credit name _____ code no ____ and amount			▶ 58	00
59	Enter credit name _____ code no ____ and amount			▶ 59	00
60	To claim more than two credits (see page 19)			• 60	00
61	Nonrefundable renter's credit (see page 57)			• 61	00
62	Add line 55 and line 57 through line 61. These are your total credits			62	00
63	Subtract line 62 from line 50. If less than zero, enter -0-			63	9.00

Other Taxes

71	Alternative minimum tax. Attach Schedule P (540NR)	• 71	00
72	Mental Health Services Tax (see page 20)	• 72	00
73	Other taxes and credit recapture (see page 20)	• 73	00
74	Add line 63, line 71, line 72, and line 73. This is your total tax	• 74	9.00

Payments

81	California income tax withheld (see page 20)			• 81	00
82	2010 CA estimated tax and other payments (see page 20)			• 82	0.00
83	Real estate or other withholding (see page 20)			• 83	23.00
84	Excess SDI (or VPDI) withheld. To see if you qualify (see page 21)			• 84	00
	Child and Dependent Care Expenses Credit (see page 21). Attach form FTB 3506.				
85	Qualifying person's social security number	• 85			
86	Qualifying person's social security number	• 86			
87	Enter the amount from form FTB 3506, Part III, line 8	• 87	00		
88	Child and Dependent Care Expenses Credit from form FTB 3506, Part III, line 12			• 88	00
89	Add line 81, line 82, line 83, line 84, and line 88. These are your total payments			89	23.00

Overpaid Tax/Tax Due

101	Overpaid tax. If line 89 is more than line 74, subtract line 74 from line 89	101	14.00
102	Amount of line 101 you want applied to your **2011** estimated tax	• 102	00
103	Overpaid tax available this year. Subtract line 102 from line 101	• 103	14.00
104	Tax due. If line 89 is less than line 74, subtract line 89 from line 74	104	00

Your name: CHRISTOPHER J CHRISTIE Your SSN or ITIN: [redacted]

039043 12-30-10

Contributions	Code	Amount
California Seniors Special Fund. (see page 21)	• 400	00
Alzheimer's Disease/Related Disorders Fund	• 401	00
California Fund for Senior Citizens	• 402	00
Rare and Endangered Species Preservation Program	• 403	00
State Children's Trust Fund for the Prevention of Child Abuse	• 404	00
California Breast Cancer Research Fund	• 405	00
California Firefighters' Memorial Fund	• 406	00
Emergency Food for Families Fund	• 407	00
California Peace Officer Memorial Foundation Fund	• 408	00
California Sea Otter Fund	• 410	00
California Cancer Research Fund	• 413	00
Arts Council Fund	• 415	00
California Police Activities League (CALPAL) Fund	• 416	00
California Veterans Homes Fund	• 417	00
Safely Surrendered Baby Fund	• 418	00
120 Add code 400 through code 418. This is your total contribution	• 120	00

Amount You Owe

121 **AMOUNT YOU OWE.** Add line 104 and line 120 (see page 22). **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** • 121 00
Pay Online - Go to **ftb.ca.gov** and search for **web pay.**

Interest and Penalties

122 Interest, late return penalties, and late payment penalties	122	00
123 Underpayment of estimated tax. Check the box: ☐ **FTB 5805 attached** ☐ **FTB 5805F attached**	• 123	00
124 Total amount due (see page 23). Enclose, but **do not** staple, any payment	124	00

125 **REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002** • 125 14. 00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip (see page 23).

Have you verified the routing and account numbers? Use whole dollars only.

All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

• Routing number • Type ☐ Checking ☐ Savings • Account number • 126 Direct deposit amount 00

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

• Routing number • Type ☐ Checking ☐ Savings • Account number • 127 Direct deposit amount 00

Important: Attach a copy of your complete federal return.

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

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? (see page 23)

Your signature X Spouse's/RDP's signature (if a joint tax return, both must sign) X Daytime phone number (optional) Date

Your email address (optional). Enter only one email address.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) 10-10-11 • Paid preparer's PTIN/SSN [redacted]

Firm's name (or yours, if self-employed) HAL MODEL CPA PA Firm's address [redacted] • FEIN [redacted]

Do you want to allow another person to discuss this tax return with us (see page 23)? • ☒ Yes ☐ No

HAL MODEL CPA [redacted]

Print Third Party Designee's Name Telephone Number

TAXABLE YEAR **2010**

California Adjustments - Nonresidents or Part-Year Residents

039021 12-28-10
SCHEDULE **CA (540NR)**

Important: Attach this schedule behind Long Form 540NR, Side 3 as a supporting California schedule.

Name(s) as shown on return: CHRISTOPHER J & MARY P CHRISTIE

SSN or ITIN: [redacted]

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP.

	Yourself	Spouse/RDP
During 2010:		
1 a I was domiciled in (enter state or country)	NEW JERSEY	NEW JERSEY
b I was in the military and stationed in (enter state or country)	N/A	N/A
2 I became a California resident (enter the state of prior residence and date of move)	N/A	N/A
3 I became a nonresident (enter new state of residence and date of move)	N/A	N/A
4 I was a nonresident of California the entire year (enter state or country of residence)	NJ	NJ
5 The number of days I spent in California (for **any** purpose) is:	N/A	N/A
6 I owned a home/property in California (enter "Yes" or "No")	NO	NO
Before 2010:		
7 I was a California resident for the period of (enter dates)	N/A	N/A
8 I entered California on (enter date)	N/A	N/A
9 I left California on (enter date)	N/A	N/A

Part II Income Adjustment Schedule

Section A - Income	A Federal Amounts (taxable amounts from your federal return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As If You Were a CA Resident (subtract column B from column A; add column C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C 7	410,045.			410,045.	
8 Taxable interest. (b) 6,713. 8(a)	6,875.	6,853.	6,713.	6,735.	
9 Ordinary dividends. (b) 1,480. 9(a)	5,440.	4,264.		1,176.	
10 Taxable refunds, credits, or offsets of state and local income taxes. Enter the same amount in column A and column B 10					
11 Alimony received 11					
12 Business income or (loss) 12					
13 Capital gain or (loss) 13	8,116.	11,116.		-3,000.	
14 Other gains or (losses) 14	5,163.			5,163.	
15 IRA distributions. (a) 15(b)					
16 Pensions and annuities. (a) 16(b)					
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 17	13,751.		8,130.	21,881.	123.
18 Farm income or (loss) 18					
19 Unemployment compensation 19					
20 Social security benefits. (a) 20(b)					
21 Other income.					
a California lottery winnings		a	a		
b Disaster loss carryover from FTB 3805V		b	b		
c Federal NOL (Form 1040, line 21)		c	c		
d NOL carryover from FTB 3805V 21	217.	d	d	21 217.	21
e NOL from FTB 3805D, FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809		e	e		
f Other (describe):		f	f		
22 a **Total:** Combine line 7 through line 21 in each column. Continue to Side 2 22a	449,607.	22,233.	14,843.	442,217.	123.

Income Adjustment Schedule	A	B	C	D	E 039022 12-28-10
Section B - Adjustments to Income	**Federal Amounts** (taxable amounts from your federal return)	**Subtractions** See instructions (difference between CA & federal law)	**Additions** See instructions (difference between CA & federal law)	**Total Amounts Using CA Law As If You Were a CA Resident** (subtract column B from column A; add column C to the result)	**CA Amounts** (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22b Enter totals from Schedule CA (540NR), Side 1, line 22a, column A through column E 22b	449,607.	22,233.	14,843.	442,217.	123.
23 Educator expenses 23					
24 Certain business expenses of reservists, performing artists, and fee-basis government officials 24					
25 Health savings account deduction 25					
26 Moving expenses 26					
27 One-half of self-employment tax 27					
28 Self-employed SEP, SIMPLE, and qualified plans 28					
29 Self-employed health insurance deduction 29					
30 Penalty on early withdrawal of savings 30					
31a Alimony paid. b Enter recipient's: SSN Last name 31a					
32 IRA deduction 32					
33 Student loan interest deduction 33					
34 Tuition and fees 34					
35 Domestic production activities deduction 35					
36 Add line 23 through line 31a and line 32 through line 35 in each column, A through E 36					
37 **Total.** Subtract line 36 from line 22b in each column, A through E 37	449,607.	22,233.	14,843.	442,217.	123.

Part III Adjustments to Federal Itemized Deductions

38 **Federal Itemized Deductions.** Add the amounts on federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 3, 7, 8, 15, and 16) 38 100,537.

39 Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), line 7 (new motor vehicle tax), and line 8 (foreign taxes **only**). See instructions 39 30,285.

40 Subtract line 39 from line 38 40 70,252.

41 Other adjustments including California lottery losses. See instructions. Specify _____ 41

42 Combine line 40 and line 41 42 70,252.

43 **Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status?**

Single or married/RDP filing separately **$162,186**
Head of household **$243,283**
Married/RDP filing jointly or qualifying widow(er) **$324,376**

No. Transfer the amount on line 42 to line 43.
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 LIMITED 43 62,738.

44 **Enter the larger of the amount on line 43 or your standard deduction listed below**

Single or married/RDP filing separately **$3,670**
Married/RDP filing jointly, head of household, or qualifying widow(er) **$7,340** 44 62,738.

Part IV California Taxable Income

45 **California AGI.** Enter your California AGI from line 37, column E 45 123.

46 Enter your deductions from line 44 46 62,738.

47 **Deduction Percentage.** Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- 47 .0003

48 **California Itemized/Standard Deductions.** Multiply line 46 by the percentage on line 47 48 19.

49 **California Taxable Income.** Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- 49 104.

ALL SOURCES

TAXABLE YEAR **2010**

California Capital Gain or Loss Adjustment

Do not complete this schedule if all of your California gains (losses) are the same as your federal gains (losses).

039261 12-17-10

SCHEDULE **D (540)**

Name(s) as shown on return: CHRISTOPHER J & MARY P CHRISTIE

SSN or ITIN: [redacted]

(a) Description of property Identify S corporation stock Example: 100 shares of "Z" (S stock)	(b) Sales price	(c) Cost or other basis	(d) Loss If (c) is more than (b), subtract (b) from (c)	(e) Gain If (b) is more than (c), subtract (c) from (b)
1a MARVEL ENTERTAINMENT	81,286.	36,286.		45,000.
WALT DISNEY	24.	23.		1.
50000 ECOSPHERE TECH	55,246.	50,000.		5,246.
50000 ECOSPHERE TECH	56,182.	50,000.		6,182.
50000 ECOSPHERE TECH	67,007.	50,000.		17,007.
50000 NJ TRANSP TRUST				
FD REV BOND [redacted]	50,000.	50,000.	0.	
FORM 6781, PART I				
FORM 6781, PART I				1,009.
FORM 6781, PART I				1,009.
FORM 6781, PART I				
FORM 6781, PART I				1,514.
FORM 6781, PART I				1,513.
1b				

2 Net gain or (loss) shown on California Schedule(s) K-1 (100S, 541, 565, and 568)	2		
3 Capital gain distributions (federal Form 1099-DIV, box 2a minus box 2c)		3	00
4 Total 2010 gains from all sources. Add column (e) amounts of line 1a, line 1b, line 2, and line 3		4	78,481. 00
5 2010 loss. Add column (d) amounts of line 1a, line 1b, and line 2	5 00		
6 California capital loss carryover from 2009, if any	6 -82,932. 00		
7 Total 2010 loss. Add line 5 and line 6	7 -82,932. 00		
8 Combine line 4 and line 7. If a loss, go to line 9. If a gain, go to line 10		8	-4,451. 00
9 If line 8 is a loss, enter the smaller of: (a) the loss on line 8 (b) $3,000 ($1,500 if married or an RDP filing a separate return)		9	3,000. 00
10 Enter the gain or (loss) from federal Form 1040, line 13		10	8,116. 00
11 Enter the California gain from line 8 or (loss) from line 9		11	-3,000. 00
12 a If line 10 is **more** than line 11, enter the difference here and on Schedule CA (540), line 13, column B		12a	11,116. 00
b If line 10 is **less** than line 11, enter the difference here and on Schedule CA (540), line 13, column C		12b	00

California	Schedule D and Capital Loss Carryover Worksheets for Nonresidents and Part-Year Residents	2010

Name(s) as shown on return
CHRISTOPHER J & MARY P CHRISTIE

Social security number
[redacted]

Schedule D Worksheet

		A	B	C	D	E
		Enter total amounts as if you were a **CA resident for the entire year.**	Enter amounts earned or received from CA sources as if you were a **nonresident for the entire year.**	Enter amounts earned or received during the portion of the year you were a **CA resident.**	Enter amounts earned or received from CA sources during the portion of the year you were a **nonresident.**	**Total** Combine columns C and D.
1	Gains	78,481.				
2	Losses					
3	Prior year loss carryover.	-82,932.				
4	Combine lines 1 through 3.	-4,451.				
5	Enter the smaller of the loss on line 4 or $3,000 ($1,500 if married filing separate).	3,000.				

Capital Loss Carryover Worksheet ALL SOURCES

1	Enter the loss from line 5, Sch. D worksheet (or Schedule D, line 11) as a positive number	3,000.
2	Amount from Form 540NR, line 17	442,217.
3	Amount from Form 540NR, line 18	62,738.
4	Subtract line 3 from line 2. If less than zero, enter as a negative amount	379,479.
5	Combine line 1 and line 4. If less than zero, enter -0-	382,479.
6	Loss from line 4, Sch. D worksheet (or Schedule D, line 8)	4,451.
7	Enter the smaller of line 1 or line 5	3,000.
8	Subtract line 7 from line 6. This is your capital loss carryover to 2011	1,451.

Capital Loss Carryover Worksheet

1	Enter the loss from line 5, Sch. D worksheet (or Schedule D, line 11) as a positive number	
2	Amount from Form 540NR, line 32	
3	Amount from Form 540NR, line 18	
4	Subtract line 3 from line 2. If less than zero, enter as a negative amount	
5	Combine line 1 and line 4. If less than zero, enter -0-	
6	Loss from line 4, Sch. D worksheet (or Schedule D, line 8)	
7	Enter the smaller of line 1 or line 5	
8	Subtract line 7 from line 6. This is your capital loss carryover to 2011	

TAXABLE YEAR **2010**

Alternative Minimum Tax and Credit Limitations - Nonresidents or Part-Year Residents

039691 12-16-10
CALIFORNIA SCHEDULE
P (540NR)

Attach this schedule to Long Form 540NR.

Name(s) as shown on Long Form 540NR: CHRISTOPHER J & MARY P CHRISTIE

Your SSN or ITIN: [redacted]

Part I **Alternative Minimum Taxable Income (AMTI)** **Important:** See instructions for information regarding California/federal differences.

1	If you itemized deductions, go to line 2. If you did not itemize deductions, enter your standard deduction from Long Form 540NR, line 18, and go to line 6	1	00
2	Medical and dental expense. Enter the smaller of Schedule A (Form 1040), line 4, or 2 1/2% (.025) of Form 1040, line 37	2	00
3	Personal property taxes and real property taxes. See instructions	3	36,453. 00
4	Certain interest on a home mortgage **not** used to buy, build, or improve your home. See instructions	4	00
5	Miscellaneous itemized deductions. See instructions	5	3,225. 00
6	Refund of personal property taxes and real property taxes. See instructions. **Do not** include your state income tax refund on this line.	6	( )
7	Investment interest expense adjustment. See instructions	7	00
8	Post-1986 depreciation. See instructions	8	-3. 00
9	Adjusted gain or loss. See instructions	9	-16. 00
10	Incentive stock options and California qualified stock options (CQSOs). See instructions	10	00
11	Passive activities adjustment. See instructions	11	00
12	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 12a	12	00
13	Other. Enter the amount, if any, for each item, a through o, and enter the total on line 13. See instructions.		
a	Appreciated contribution carryover	a	00
b	Circulation expenditures	b	00
c	Depletion	c	00
d	Depreciation (pre-1987)	d	12. 00
e	Installment sales	e	00
f	Intangible drilling costs	f	00
g	Long-term contracts	g	00
h	Loss limitations	h	00
i	Mining costs	i	22. 00
j	Patron's adjustment	j	00
k	Pollution control facilities	k	00
l	Qualified small business stock	l	00
m	Research and experimental costs	m	00
n	Tax shelter farm activities	n	00
o	Related adjustments	o	00
	Add amounts on line a through line o	13	34. 00
14	Total Adjustments and Preferences. Combine line 1 through line 13	14	39,693. 00
15	Enter taxable income from Long Form 540NR, line 19. See instructions	15	379,479. 00
16	Net operating loss (NOL) deduction from Schedule CA (540NR), line 21d and line 21e, column B. Enter as a positive amount	16	00
17	Alternative Minimum Tax Income (AMTI) exclusion. See instructions STMT 7	17	(21,758.)
18	If your federal adjusted gross income (AGI) is less than the amount for your filing status (listed below), skip this line and go to line 19. If you itemized deductions and your federal AGI is more than the amount for your filing status, see instructions	18	(7,514.)
	Single or married/RDP filing separately $162,186		
	Married/RDP filing jointly or qualifying widow(er) $324,376		
	Head of household $243,283		
19	Combine line 14 through line 18	19	389,900. 00
20	Alternative minimum tax NOL deduction. See instructions	20	00
21	**Alternative Minimum Taxable Income.** Subtract line 20 from line 19 (if married/RDP filing separately and line 21 is more than $308,159, see instructions)	21	389,900. 00

Part II - Alternative Minimum Tax (AMT)

22 **Exemption Amount.** (If this schedule is for certain children under age 24, see instructions.)

If your filing status is:	And line 21 is not over:	Enter on line 22:
Single or head of household	$223,669	$59,646
Married/RDP filing jointly or qualifying widow(er)	298,224	79,526
Married/RDP filing separately	149,111	39,762

If Part I, line 21 is more than the amount shown above for your filing status, see instructions. 22 56,607.00

23 Subtract line 22 from Part I, line 21. If zero or less, enter -0- 23 333,293.00

24 Total Tentative Minimum Tax (TMT). Multiply line 23 by 7.25% (.0725) 24 24,164.00

25 California adjusted gross income (AGI) from Schedule CA (540NR), line 45 25 123.00

26 NOL adjustment, if any, included on Schedule CA (540NR), line 21, column E. Enter as a positive number 26 00

27 Alternative Minimum Tax Income (AMTI) exclusion. See instructions 27 (00)

28 Combine line 25 through line 27 28 123.00

29 **Adjustments and Preferences.** See instructions before completing.

a	Investment interest expense	00	k	Intangible drilling costs	00
b	Post-1986 depreciation	00	l	Long-term contracts	00
c	Adjusted gain or loss	00	m	Loss limitations	00
d	Incentive stock options and CQSOs	00	n	Mining costs	00
e	Passive activities	00	o	Patron's adjustment	00
f	Beneficiaries of estates & trusts	00	p	Pollution control facilities	00
g	Circulation expenditures	00	q	Qualified small business stock	00
h	Depletion	00	r	Research and experimental costs	00
i	Depreciation (pre-1987)	00	s	Tax shelter farm activities	00
j	Installment sales	00	t	Related adjustments	00

Add line a through line t and enter total here 29 00

30 Combine line 28 and line 29 30 123.00

31 California Alternative Minimum Tax (AMT) net operating loss (NOL) deduction. See instructions 31 00

32 **California AMT AGI.** Subtract line 31 from line 30. If you did not itemize deductions, enter the result here and on line 40 and skip line 33 through line 39. If you itemized deductions, enter the result here and continue to line 33 32 123.00

33 Itemized deductions (before federal AGI limitation and proration). Enter the amount from Schedule CA (540NR), line 42 33 70,252.00

34 **Itemized deductions included in Part I.**

a	Medical and dental expense, enter amount from Part I, line 2	a	00
b	Personal property taxes and real property taxes, enter amount from Part I, line 3	b	36,453.00
c	Interest on home mortgage, enter amount from Part I, line 4	c	00
d	Miscellaneous itemized deductions, enter amount from Part I, line 5	d	3,225.00
e	Investment interest expense adjustment, enter amount from Part I, line 7	e	00

Combine line a through line e 34 (39,678.00)

35 Total AMT Itemized Deductions. Combine line 33 and line 34 35 30,574.00

36 Total AMTI. Enter the amount from Part I, line 21 36 389,900.00

37 **Total AMT AGI.** Add line 35 and line 36 37 420,474.00

38 AMT Itemized Deduction Percentage. Divide line 32 by line 37. Do not enter more than 1.0000 38 .0003

39 Prorated AMT Itemized Deductions. Multiply line 35 by line 38 39 9.00

40 **California AMTI.** Subtract line 39 from line 32 40 114.00

41 Total TMT. Enter the amount from line 24 41 24,164.00

42 California AMT Rate. Divide line 41 by amount from Part I, line 21 42 .0620

43 California TMT. Multiply line 40 by line 42 43 7.00

44 Regular Tax. Enter the amount from Long Form 540NR, line 37 44 9.00

45 **Alternative Minimum Tax.** Subtract line 44 from line 43. If zero or less enter -0- here and on Long Form 540NR, line 71. Continue to Part III to figure your allowable credits. (If you have a carryover credit for solar energy or commercial solar energy, also enter the result on Side 3, Part III, Section C, line 23 or 24). If you make estimated tax payments for taxable year 2011, enter amount from line 45 on the 2011 Form 540-ES, Estimated Tax Worksheet, line 16 45 0.00

Part III Credits that Reduce Tax

Note: Be sure to attach your credit forms to Long Form 540NR.

1 Enter the amount from Long Form 540NR, line 42	1	9.00
2 Enter the tentative minimum tax from Side 2, Part II, line 43	2	7.00

		(a) Credit amount	(b) Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
Section A - Credits that reduce excess tax.					
3 Subtract line 2 from line 1. If zero or less enter -0- and see instructions. This is your excess tax which may be offset by credits	3			2.	
A1 Credits that reduce excess tax and have no carryover provisions.					
4 Code: 162 Prison inmate labor credit (FTB 3507)	4				
5 Code: 169 Enterprise zone employee credit (FTB 3553)	5				
6 Code: New Home Credit or First Time Buyer Credit	6				
A2 Credits that reduce excess tax and have carryover provisions. See instructions.					
7 Code: ____ Credit Name: ____	7				
8 Code: ____ Credit Name: ____	8				
9 Code: ____ Credit Name: ____	9				
10 Code: ____ Credit Name: ____	10				
11 Code: 188 Credit for prior year alternative minimum tax	11				
Section B - Credits that may reduce tax below tentative minimum tax.					
12 If Part III, line 3 is zero, enter the amount from line 1. If line 3 is more than zero, enter the total of line 2 and the last entry in column (c)	12			9.	
B1 Credits that reduce net tax and have no carryover provisions.					
13 Code: 170 Credit for joint custody head of household Credit from Form 540NR, ____ X Credit Percentage ____ = See line 51 instructions on Long Form 540NR.	13				
14 Code: 173 Credit for dependent parent Credit from Form 540NR, ____ X Credit Percentage ____ = See line 52 instructions on Long Form 540NR	14				
15 Code: 163 Credit for senior head of household Credit from Form 540NR, ____ X Credit Percentage ____ = See line 53 instructions on Long Form 540NR.	15				
16 Nonrefundable renter's credit	16				
B2 Credits that reduce net tax and have carryover provisions. See instructions.					
17 Code: ____ Credit Name: ____	17				
18 Code: ____ Credit Name: ____	18				
19 Code: ____ Credit Name: ____	19				
20 Code: Credit Name:	20				
B3 Other state tax credit					
21 Code: 187 Other state tax credit	21				
Section C - Credits that may reduce alternative minimum tax.					
22 Enter your alternative minimum tax from Side 2, Part II, line 45	22				
23 Code: 180 Solar energy credit carryover from Section B2, column (d)	23				
24 Code: 181 Commercial solar energy credit carryover from Section B2, column (d)	24				
25 Adjusted AMT. Enter the balance from line 24, column (c) here and on Long Form 540NR, line 71	25				

039551 10-14-10

TAXABLE YEAR **2010**

Investment Interest Expense Deduction

CALIFORNIA FORM **3526**

Attach to Form 540, Long Form 540NR, or Form 541.

Name(s) as shown on return	SSN, ITIN, or FEIN
CHRISTOPHER J & MARY P CHRISTIE	[redacted]

1	Investment interest expense paid or accrued in 2010. See instructions SEE STATEMENT 9		1	349.00
2	Disallowed investment interest expense from 2009 form FTB 3526, line 7. If zero or less, enter -0-		2	0.00
3	Total investment interest expense. Add line 1 and line 2		3	349.00
4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment). See instructions SEE STATEMENT 10		4a	40,122.00
4b	Net gain from the disposition of property held for investment. See instructions	4b 00		
4c	Net capital gain from the disposition of property held for investment. See instructions	4c 00		
4d	Subtract line 4c from line 4b. If zero or less, enter -0-		4d	00
4e	Enter all or part of the amount on line 4c that you elect to include in investment income. **Do not** include more than the amount on line 4b. See instructions		4e	00
4f	Investment income. Add line 4a, line 4d, and line 4e		4f	40,122.00
5	Investment expenses. See instructions SEE STATEMENT 11		5	3,225.00
6	Net investment income. Subtract line 5 from line 4f		6	36,897.00
7	Disallowed investment interest expense to be carried forward to 2011. Subtract line 6 from line 3. If zero or less, enter -0-		7	0.00
8	Investment interest expense deduction. Enter the smaller of line 3 or line 6. Form 541 filers, stop here and see instructions. All other filers, go to line 9		8	349.00
9	Enter the amount from federal Form 4952, line 8		9	4,498.00
10	California investment interest expense deduction adjustment. Enter the difference between line 8 and line 9. See instructions.		10	-4,149.00

California	Exemption Credit - AGI Limitation Worksheet	2010

Name(s) as shown on return
CHRISTOPHER J & MARY P CHRISTIE

Social security number [redacted]

a.	Enter the amount from Form 540NR, line 13, or RDP recalculated AGI	a	449,607.
b.	Enter the amount for your filing status on line b: Single or married/RDP filing separate $162,186 Married/RDP filing joint or qualifying widow(er) $324,376 Head of household $243,283	b	324,376.
c.	Subtract line b from line a	c	125,231.
d.	Divide line c by $2,500 ($1,250 if married/RDP filing separate). **Note:** If the result is not a whole number, round it to the next higher whole number	d	51.
e.	Multiply line d by $6	e	306.
f.	Add the numbers from the boxes on Form 540NR, line 7, line 8 and line 9	f	2
g.	Multiply line e by line f	g	612.
h.	Enter the total dollar amount from Form 540NR, line 7, line 8 and line 9	h	198.
i.	Subtract line g from line h. If zero or less, enter -0-	i	0.
j.	Enter the number from the box on Form 540NR, line 10	j	4
k.	Multiply line e by line j	k	1,224.
l.	Enter the dollar amount from Form 540NR, line 10	l	396.
m.	Subtract line k from line l. If zero or less, enter -0-	m	
n.	Add line i and m. Enter the result here	n	
o.	Multiply the amount on line n by the CA Exemption Credit Percentage on Form 540NR, line 38. Enter the result here and on Form 540NR, line 39	o	

California	Itemized Deductions Worksheet	2010
Name(s) as shown on return CHRISTOPHER J & MARY P CHRISTIE		Social security number [redacted]

1.	Enter the amount from Schedule CA (540), line 42 or Schedule CA (540NR), line 42	70,252.
2.	Using California amounts, add the amounts on federal Schedule A, line 4, line 14 and line 20 plus any gambling losses included on line 28	349.
3.	Subtract line 2 from line 1	69,903.
	Note: If -0-, stop. Enter the amount from line 1 on Schedule CA (540), line 43 or Schedule CA (540NR), line 43	
4.	Multiply line 3 by 80% (.80)	55,922.
5.	Amount from Form 540 or Form 540NR, line 13	449,607.
6.	Enter amount shown below for your filing status: - Single or married/RDP filing separate, enter $162,186 - Head of household, enter $243,283 - Married/RDP filing joint or qualifying widow(er), enter $324,376	324,376.
7.	Subtract line 6 from line 5	125,231.
	Note: If -0- or less, stop. Enter the amount from line 1 above on Schedule CA (540), line 43 or Schedule CA (540NR), line 43	
8.	Multiply line 7 by 6% (.06)	7,514.
9.	Compare line 4 and line 8. Enter the smaller amount here	7,514.
10.	Total itemized deductions. Subtract line 9 from line 1. Enter here and on Schedule CA (540), line 43 or Schedule CA (540NR), line 43	62,738.

YEAR **2010**

Nonresident Withholding Tax Statement

CALIFORNIA FORM **592-B**

Part I Recipient

Name of Recipient	SSN or ITIN
CHRISTOPHER J CHRISTIE	[redacted]
Address (including suite, room, PO Box, or PMB no.) [redacted]	☐ FEIN ☐ CA Corp no.
City: MENDHAM, NJ 07945 / State / ZIP Code / Country	

Part II Withholding Agent

Name of Withholding Agent (Payer/S Corporation/Partnership/LLC/Trust)	Withholding Agent's SSN or ITIN
CANTOR FITZGERALD LP	
Address (including suite, room, PO Box, or PMB no.) [redacted]	☒ FEIN ☐ CA Corp no. [redacted]
City: NEW YORK, NY 10022 / State / ZIP Code	Daytime telephone number [redacted]

Part III Type of Income Subject to Withholding. Check the applicable box(es).

☐ Payment to Independent Contractor (I/C)	☐ Payment to I/C Entertainer/ Athletes/ Speakers	☐ Rents or Royalties	☐ Estate Distributions	☐ Trust Distributions	☐ Allocations to Foreign (non U.S.) Nonresident Partners/Members	☒ Distributions to Domestic (U.S.) Nonresident S corporation Shareholders/Partners/Members/Beneficiaries	☐ Other _____ (describe)	

Part IV Tax Withheld

1 Total income subject to withholding	1	122.00
2 Total California tax withheld	2	23.00
3 Total Backup Withholding	3	00

029011
07-29-10

2010 Income from Passthroughs

CA ALL-SOURCES

GOLDMAN SACHS HEDGE FUND PARTNERS, LLC
I.D. NUMBER: [redacted]

TAXABLE INCOME (LOSS) SUMMARY:

NONPASSIVE GAIN		1
NET INCOME (LOSS) FOR ENTITY		1

ACTIVITY INFORMATION:

GOLDMAN SACHS HEDGE FUND PARTNERS, LLC

ORDINARY INCOME (LOSS)	1	
	0	
SEC 59(E)(2) -	0	
TOTAL NONPASSIVE GAIN (LOSS)		1

CANTOR FITZGERALD LP
I.D. NUMBER: [redacted]

TAXABLE INCOME (LOSS) SUMMARY:

NONPASSIVE GAIN		122
NET INCOME (LOSS) FOR ENTITY		122
ACTIVITY INFORMATION:		
CANTOR FITZGERALD LP		
ORDINARY INCOME (LOSS)	122	
TOTAL NONPASSIVE GAIN (LOSS)		122

CHRISTOPHER J & MARY P CHRISTIE [redacted]

CA 540NR DEPENDENTS STATEMENT 1

NAME	RELATIONSHIP
ANDREW CHRISTIE	CHILD
SARAH CHRISTIE	CHILD
PATRICK CHRISTIE	CHILD
BRIDGET CHRISTIE	CHILD

CA SCHEDULE CA RENTS, ROYALTIES, PARTNERSHIPS, ETC... STATEMENT 2

DESCRIPTION	CALIFORNIA AMOUNT	FEDERAL AMOUNT	ADJUSTMENT
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	1.	-10,807.	10,808.
CANTOR FITZGERALD LP	122.	2,800.	-2,678.
TOTAL TO SCHEDULE CA(540NR), LINE 17C			8,130.

CA SCHEDULE CA CA SOURCE RENTS, ROYALTIES, ETC... STATEMENT 3

DESCRIPTION	CA SOURCE AMOUNT
CANTOR FITZGERALD LP	122.
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	1.
TOTAL TO SCHEDULE CA (540NR), LINE 17E	123.

CA SCHEDULE CA TAXABLE INTEREST INCOME - SUBTRACTION STATEMENT 4

DESCRIPTION	CALIFORNIA AMOUNT	FEDERAL AMOUNT	ADJUSTMENT
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS,	0.	664.	-664.
PEAPACK	22.	22.	0.
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	0.	6,189.	-6,189.
TOTAL TO SCHEDULE CA (540NR), LINE 8B			-6,853.

CHRISTOPHER J & MARY P CHRISTIE [redacted]

CA SCHEDULE CA — TAXABLE INTEREST INCOME - ADDITION — STATEMENT 5

DESCRIPTION	CALIFORNIA AMOUNT	FEDERAL AMOUNT	ADJUSTMENT
GOLDMAN SACHS	6,688.	0.	6,688.
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS,	25.	0.	25.
TOTAL TO SCHEDULE CA (540NR), LINE 8C			6,713.

CA SCHEDULE CA — ORDINARY DIVIDENDS - SUBTRACTION — STATEMENT 6

DESCRIPTION	CALIFORNIA AMOUNT	FEDERAL AMOUNT	ADJUSTMENT
GOLDMAN SACHS	1,162.	1,162.	0.
GOLDMAN SACHS	14.	14.	0.
CANTOR FITZGERALD LP	0.	263.	-263.
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	0.	4,001.	-4,001.
TOTAL TO SCHEDULE CA (540NR), LINE 9B			-4,264.

CA SCHEDULE P — AMTI EXCLUSION — STATEMENT 7

DESCRIPTION	AMOUNT
MCNEIL PPC INC - ROYALTIES	21,734.
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC - ROYALTY	24.
TOTAL TO SCHEDULE P, PART I, LINE 17	21,758.

SCHEDULE P — LINE 22 EXEMPTION WORKSHEET — STATEMENT 8

1. ENTER $59,114 IF SINGLE OR HEAD OF HOUSEHOLD; $78,817 IF MARRIED/RDP FILING JOINT OR QUALIFYING WIDOW(ER); $39,407 IF MARRIED/RDP FILING SEPARATELY	79,526.
2. ENTER YOUR AMTI FROM SCHEDULE P (540NR), PART I, LINE 21 . .	389,900.
3. ENTER $221,674 IF SINGLE OR HEAD OF HOUSEHOLD; $295,564 IF MARRIED/RDP FILING JOINT OR QUALIFYING WIDOW(ER); $147,781 IF MARRIED/RDP FILING SEPARATELY	298,224.
4. SUBTRACT LINE 3 FROM LINE 2. IF ZERO OR LESS, ENTER -0- . .	91,676.
5. MULTIPLY LINE 4 BY .25% (.25)	22,919.
6. SUBTRACT LINE 5 FROM LINE 1. IF ZERO OR LESS, ENTER -0-. IF THIS SCHEDULE IS FOR A CHILD UNDER AGE 14, GO TO LINE 7. OTHERWISE, ENTER THIS AMOUNT ON SCHEDULE P (540NR), PART II, LINE 22 AND COMPLETE SCHEDULE P (540NR).	56,607.
7. CHILD'S MINIMUM EXEMPTION AMOUNT	
8. ENTER THE CHILD'S EARNED INCOME, IF ANY. REFER TO THE INSTRUCTIONS FOR FEDERAL FORM 6251 FOR MORE INFORMATION. . .	
9. ADD LINE 7 AND LINE 8.	
10. ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON SCHEDULE P (540NR), PART II, LINE 22	

CA FORM 3526 — INVESTMENT INTEREST EXPENSE — STATEMENT 9

DESCRIPTION	CURRENT	CARRYOVER
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	349.	
TOTAL TO FORM 3526, LINE 1 AND/OR LINE 2	349.	

CA FORM 3526 — INCOME FROM PROPERTY HELD FOR INVESTMENT — STATEMENT 10

DESCRIPTION	AMOUNT
INTEREST INCOME	12,924.
DIVIDEND INCOME	5,440.
MCNEIL PPC INC - ROYALTIES	21,734.
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC - ROYALTY	24.
TOTAL TO FORM 3526, LINE 4A	40,122.

CA FORM 3526 INVESTMENT EXPENSE STATEMENT 11

DESCRIPTION	AMOUNT
SCHEDULE A DEDUCTION	3,225.
TOTAL TO FORM 3526, LINE 5	3,225.

2010 TAX RETURN FILING INSTRUCTIONS

CONNECTICUT INCOME TAX RETURN

COPY

FOR THE YEAR ENDING

DECEMBER 31, 2010

Prepared for	CHRISTOPHER J & MARY P CHRISTIE [redacted] MENDHAM, NJ 07945
Prepared by	HAL MODEL CPA PA [redacted]
Amount of tax	Total tax $ 19 Less: payments and credits $ 0 Plus: interest and penalties $ 0 BALANCE DUE $ 19
Overpayment	Miscellaneous Donations $ 0 Credited to your estimated tax $ 0 Refunded to you $ 0
Make check payable to	COMMISSIONER OF REVENUE SERVICES
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. WE WILL SUBMIT YOUR ELECTRONIC RETURN TO THE CTDRS.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	YOUR CHECK FOR $19, PAYABLE TO COMMISSIONER OF REVENUE SERVICES, MUST BE PAID BY OCTOBER 15, 2011. BE SURE TO INCLUDE FORM CT-1040V WITH YOUR PAYMENT. MAIL TO - DEPARTMENT OF REVENUE SERVICES STATE OF CONNECTICUT P.O. BOX 2921 HARTFORD, CT 06104-2921 INCLUDE YOUR SOCIAL SECURITY NUMBER, DAYTIME PHONE NUMBER AND THE WORDS "2010 FORM CT-1040NR/PY" ON YOUR CHECK.

Department of Revenue Services
State of Connecticut
(Rev. 12/10)

CT-1040V

2010 Connecticut Electronic Filing Payment Voucher

You must **pay in full** the total amount of tax due. If payment is not made on or before April 15, 2011, the tax due is subject to penalty and interest.

Balance Due Payment Options

www.ct.gov/DRS
TSC
Taxpayer Service Center

A. **Pay Electronically:** Visit **www.ct.gov/TSC** to use the **Taxpayer Service Center (TSC)** to make a direct tax payment. After logging into the **TSC**, select the *Make Payment Only* option and choose a tax type from the drop down box. Using this option authorizes the Department of Revenue Services (DRS) to electronically withdraw a payment from your bank account (checking or savings) on a date you select up to the due date. As a reminder, even if you pay electronically you must still file your return by the due date. Tax not paid on or before the due date will be subject to penalty and interest.

B. **Pay by Credit Card or Debit Card:** You may elect to pay your 2010 tax liability using a credit card (American Express, Discover, Master Card or Visa) or comparable debit card. A convenience fee will be charged by the service provider. You will be informed of the amount of the fee and may elect to cancel the transaction. At the end of the transaction, you will be given a confirmation number for your records.

There are three ways to pay by credit card or comparable debit card:

- Log in to your account in the **TSC** and select *Make Payment by Credit Card*;
- Visit **www.officialpayments.com** and select *State Payments*; **or**
- Call Official Payments Corporation toll-free at **1-800-2PAY-TAX** (1-800-272-9829) and follow the instructions. You will be asked to enter the Connecticut Jurisdiction Code: 1777.

Your payment will be effective on the date you make the charge.

C. **Pay by Mail:** Make your check payable to **Commissioner of Revenue Services.** To ensure payment is applied to your account, write "CT-1040V efile" and your Social Security Number (SSN), optional, on the front of your check. Be sure to sign your check. **Do not send cash.** DRS may submit your check to your bank electronically. Return form CT-1040V below with your payment.

Mail to: Department of Revenue Services
State of Connecticut
PO Box 2921
Hartford CT 06104-2921

041451
12-17-10

Separate here and mail voucher to DRS. Make a copy for your records.

Department of Revenue Services
State of Connecticut [redacted]
(Rev. 12/10)

CT-1040V
2010 Connecticut Electronic Filing Payment Voucher

1. Enter the amount enclosed $ 19.00
2. Make check payable to **Commissioner of Revenue Services.**
3. Write your SSN (optional) and "CT-1040V efile" on your check.
4. **Mail to:** DRS PO Box 2921, State of Connecticut, Hartford CT 06104-2921

☐ Check here if this is the first time you are filing a Connecticut income tax return.

DRS use only
112

								0

2010

M	M	D	D	2	0	1	1
				C	C	Y	Y

735

ELF

Your first name	Middle initial	Last name	Your SSN
CHRISTOPHER J		CHRISTIE	[redacted]
If a joint return, spouse's first name	**Middle initial**	**Last name**	**Spouse's SSN**
MARY P		CHRISTIE	[redacted]
Home address (number and street)		**PO Box**	
[redacted]			
City or town	**State**	**ZIP code**	
MENDHAM	NJ	07945	

[redacted]

20

[redacted]

Form CT-1040NR/PY-2010, Page 1 of 4

Connecticut Nonresident and Part-Year Resident Income Tax Return

Other taxable year, beginning: 2010 and ending:

N S Y FJFC N FJC N FSFC N FSC N HH N QW

*** - ** - **** *** - ** - ****

CHRISTOPHER J CHRISTIE N Dec. N P

MARY P CHRISTIE N Dec. Y N

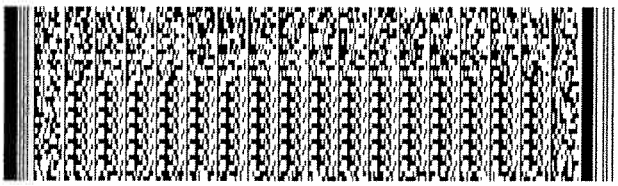
[redacted] Y No forms N CT-2210

N CT-8379 N CT-1040CRC

MENDHAM NJ 07945 -

1. Federal adjusted gross income (from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4)	1.	449607
2. Additions to federal adjusted gross income (from Schedule 1, Line 41)	2.	0
3. Add Line 1 and Line 2	3.	449607
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 52)	4.	664
5. **Connecticut adjusted gross income:** Line 4 subtracted from Line 3.	5.	448943
6. Income from Connecticut sources (from Schedule CT-SI, Line 30)	6.	372
7. Greater of Line 5 or Line 6. If less than zero, "0" is entered on Line 12.	7.	448943
8. Income tax	8.	22047
9. Line 6 divided by Line 5. If Line 6 is equal to or greater than Line 5, 1.0000 is entered.	9.	0.0008
10. Line 9 multiplied by Line 8	10.	18
11. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 61)	11.	0
12. Line 11 subtracted from Line 10. If Line 11 is greater than Line 10, "0" is entered.	12.	18
13. Connecticut alternative minimum tax (from Form CT-6251)	13.	1
14. Add Line 12 and Line 13.	14.	19
15. Total alowable credits (from Schedule CT-IT Credit, Part 1, Line 11)	15.	0
16. **Connecticut income tax:** Line 15 subtracted from Line 14. If less than zero, "0" is entered.	16.	19
17. Individual use tax (from Schedule 3, Line 62) If no tax is due, "0" is entered.	17.	0
18. **Total tax:** Add Line 16 and Line 17.	18.	19

Clip check here. Do not staple.
Do not send W-2 or 1099 forms.



041121 10-28-10

[redacted]

19. Amount from Line 18 — 19. 19

W-2, W-2G, and 1099 Information

	Col. A - Employer's Federal ID #	Col. B - CT Wages, Tips, etc.	Sch. CT K-1	Col. C - CT Income Tax Withheld
20a.	-	0		0
20b.	-	0		0
20c.	-	0		0
20d.	-	0		0
20e.	-	0		0
20f.	-	0		0
20g.	-	0		0

20h. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) — 20h. 0

20. **Total Connecticut income tax withheld:** Amounts in Column C.	20.	0
21. All 2010 estimated tax payments and any overpayments applied from a prior year	21.	0
22. Payments made with Form CT-1040 EXT	22.	0
23. **Total payments:** Add Lines 20, 21, and 22.	23.	0
24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23.	24.	0
25. Amount of Line 24 you want **applied to your 2011 estimated tax**	25.	0
26. Total contributions of refund to designated charities (from Schedule 4, Line 63)	26.	0
27. **Refund:** Lines 25 and 26 subtracted from Line 24.	27.	0

27a. Acct. Type Ck. Sv. 27b. Rout. # 27c. Acct. #

27d. Refund going to a bank account outside the U.S. — 27d. N

28. **Tax due:** If Line 19 is more than Line 23, Line 23 subtracted from Line 19.	28.	19
29. If late: Penalty entered. Line 28 multiplied by 10% (.10).	29.	0
30. If late: Interest entered. Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01).	30.	0
31. Interest on underpayment of estimated tax (from Form CT-2210.)	31.	0
32. **Total amount due:** Add Lines 28 through 31.	32.	19

I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than $5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign Here
Keep a copy for your records.

Your signature	Date	Daytime telephone number
Spouse's signature (if joint return)	Date	Daytime telephone number
Paid preparer's signature	Date: 10-10-11	Telephone number: [redacted]	Preparer's SSN or PTIN: [redacted]
Firm's name, address, and ZIP code: HAL MODEL CPA PA [redacted]		FEIN: [redacted]

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name	Telephone number	Personal identification number (PIN)
HAL MODEL CPA	[redacted]	[redacted]

Schedule 1 - Modifications to Federal Adjusted Gross Income

33. Interest on state and local government obligations other than Connecticut	33.	0
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	34.	0
35. Cancellation of debt income	35.	0
36. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	36.	0
37. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if greater than zero.	37.	0
38. Loss on sale of Connecticut state and local government bonds	38.	0
39. Domestic production activities (from federal Form 1040, Line 35)	39.	0
40. Other - specify • SEE STATEMENT 1	40.	0
41. **Total additions:** Add Lines 33 through 40.	41.	0
42. Interest on U.S. government obligations	42.	664
43. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	43.	0
44. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	44.	0
45. Refunds of state and local income taxes	45.	0
46. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	46.	0
47. 50% of military retirement pay	47.	0
48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	48.	0
49. Gain on sale of Connecticut state and local government bonds	49.	0
50. CHET contributions Acct. # -	50.	0
51. Other - specify •	51.	0
52. **Total subtractions:** Add Lines 42 through 51.	52.	664

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

			Col. A	Col. B
53. Connecticut AGI during residency portion of taxable year		53.		0
54. Qualifying jurisdiction's name and two-letter code	54. •		•	
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 Worksheet)		55.	0	0
56. Line 55 divided by Line 53. May not exceed 1.0000.		56.	0.0000	0.0000
57. Apportioned income tax		57.	0	0
58. Line 56 multiplied by Line 57		58.	0	0
59. Income tax paid to a qualifying jurisdiction		59.	0	0
60. Lesser of Line 58 or Line 59		60.	0	0
61. Total credit: Add Line 60, all columns.			61.	0

041123
10-28-10

Schedule 3 - Individual Use Tax

Column A	Column B	Column C	Column D	Column E	Column F	Column G
•			0	0	0	0
•			0	0	0	0
•			0	0	0	0
•			0	0	0	0
•			0	0	0	0
• Total of individual purchases under $300 not listed above			0	0	0	0

62. Individual use tax: Amounts for Column G. 62. • 0

Schedule 4 - Contributions to Designated Charities

63a. AR	63a.	0
63b. OT	63b.	0
63c. ES/W	63c.	0
63d. BCR	63d.	0
63e. SNS	63e.	0
63f. MFRF	63f.	0
63. **Total Contributions:** Add Lines 63a through 63f.	63. •	0

Department of Revenue Services
State of Connecticut
(Rev. 12/10)

2010

Form CT-6251

Connecticut Alternative Minimum Tax Return - Individuals

You must attach this form to the back of **Form CT-1040** or **Form CT-1040NR/PY**. Complete in blue or black ink only.

Your first name and middle initial	Last name	Your Social Security Number
CHRISTOPHER J CHRISTIE		[redacted]
If a joint return, spouse's first name and middle initial	**Last name**	**Spouse's Social Security Number**
MARY P CHRISTIE		[redacted]

Part I - Read the instructions before you complete this form.

1.	Federal alternative minimum taxable income: See instructions. ▶	1.	419,048	00
2.	Additions to federal alternative minimum taxable income: See instructions. ▶	2.		00
3.	Add Line 1 and Line 2.	3.	419,048	00
4.	Subtractions from federal alternative minimum taxable income: See instructions. ▶	4.	664	00
5.	Adjusted federal alternative minimum taxable income: Subtract Line 4 from Line 3. If filing separately and Line 5 is more than $219,900, see instructions. ▶	5.	418,384	00
6.	Enter $72,450 if filing jointly or qualifying widow(er); $47,450 if single or head of household; or $36,225 if filing separately.	6.	72,450	00
7.	Enter $150,000 if filing jointly or qualifying widow(er); $112,500 if single or head of household; or $75,000 if filing separately.	7.	150,000	00
8.	Subtract Line 7 from Line 5. If zero or less, enter "0" here and on Line 9.	8.	268,384	00
9.	Multiply Line 8 by 25% (.25).	9.	67,096	00
10.	Exemption: Subtract Line 9 from Line 6. If zero or less, enter "0." If you were under age 24 at the end of 2010, see instructions. ▶	10.	5,354	00
11.	Subtract Line 10 from Line 5. If more than zero, go to Line 12. If zero or less, enter "0" here and on Line 23 and skip Lines 12 through 22.	11.	413,030	00
12.	If Lines 2 and 4 above are zero, enter the amount from federal Form 6251, Line 31, here. If you entered an amount on Lines 2 or 4 above **and:** • You filed federal Form 2555 or Form 2555-EZ, see the Line 12 instructions for the amount to enter. • You completed Part III of federal Form 6251, complete Part II of this form and enter the amount from Line 42 here. **All others:** If Line 11 is $175,000 or less ($87,500 or less if filing separately), multiply Line 11 by 26% (.26). Otherwise, multiply Line 11 by 28% (.28) and subtract $3,500 ($1,750 if filing separately) from the result. ▶	12.	111,956	00
13.	Alternative minimum tax foreign tax credit from federal Form 6251, Line 32. ▶	13.		00
14.	Adjusted federal tentative minimum tax: Subtract Line 13 from Line 12.	14.	111,956	00
15.	Multiply Line 14 by 19% (.19).	15.	21,272	00
16.	Multiply Line 5 by 5.5% (.055).	16.	23,011	00
17.	Connecticut minimum tax: Enter the lesser of Line 15 or Line 16.	17.	21,272	00
18.	Apportionment factor: **Residents**, enter 1.0000; **nonresidents** and **part-year residents**, see instructions. ▶	18.	.0009	
19.	Apportioned Connecticut minimum tax: Multiply Line 17 by Line 18.	19.	19	00
20.	Connecticut income tax from Form CT-1040, Line 6, or Form CT-1040NR/PY, Line 10. ▶	20.	18	00
21.	Net Connecticut minimum tax: Subtract Line 20 from Line 19. If zero or less, enter "0."	21.	1	00
22.	Credit for alternative minimum tax paid to qualifying jurisdictions: **Residents and part-year residents only** from Schedule A, Line 51. ▶	22.		00
23.	Subtract Line 22 from Line 21. Enter the amount here and on Form CT-1040, Line 9, or Form CT-1040NR/PY, Line 13. ▶	23.	1	00

[redacted]

041311
01-18-11

Part II CHRISTOPHER J & MARY P CHRISTIE [redacted]

24.	Enter the amount from Line 11. If you are filing federal Form 2555 or Form 2555-EZ, enter the amount from Line 3 of the *Connecticut Foreign Earned Income Tax Worksheet* on Page 4. ▶				24.	413,030 00
25.	Enter the amount from federal Form 6251, Line 37. See instructions. ▶	25.	1,480	00		
26.	Enter the amount from federal Form 6251, Line 38. See instructions.	26.		00		
27.	Enter the amount from federal Form 6251, Line 39. See instructions. ▶	27.	1,480	00		
28.	Enter the smaller of Line 24 or Line 27.				28.	1,480 00
29.	Subtract Line 28 from Line 24.				29.	411,550 00
30.	If Line 29 is $175,000 or less ($87,500 or less if filing separately), multiply Line 29 by 26% (.26). Otherwise, multiply Line 29 by 28% (.28) and subtract $3,500 ($1,750 if filing separately) from the result.				30.	111,734 00
31.	Enter: • $68,000, if filing jointly or qualifying widow(er); • $34,000, if single or filing separately; or • $45,550, if head of household.	31.	68,000	00		
32.	Enter the amount from federal Form 6251, Line 44. See instructions. ▶	32.	325,690	00		
33.	Subtract Line 32 from Line 31. If zero or less, enter "0."	33.	0	00		
34.	Enter the smaller of Line 24 or Line 25.	34.	1,480	00		
35.	Enter the smaller of Line 33 or Line 34.	35.		00		
36.	Subtract Line 35 from Line 34.	36.	1,480	00		
37.	Multiply Line 36 by 15% (.15). **If Line 26 is zero or blank, skip Lines 38 and 39 and go to Line 40. Otherwise, go to Line 38.**				37.	222 00
38.	Subtract Line 34 from Line 28.	38.		00		
39.	Multiply Line 38 by 25% (.25).				39.	00
40.	Add Lines 30, 37 and 39.				40.	111,956 00
41.	If Line 24 is $175,000 or less ($87,500 or less if filing separately), multiply Line 24 by 26% (.26). Otherwise, multiply Line 24 by 28% (.28) and subtract $3,500 ($1,750 if filing separately) from the result.				41.	112,148 00
42.	Enter the smaller of Line 40 or Line 41 here and on Line 12. If you are filing federal Form 2555 or Form 2555-EZ, do not enter this amount on Line 12. Enter it on Line 4 of the *Connecticut Foreign Earned Income Worksheet* on Page 4 of the instructions. ▶				42.	111,956 00

Form CT-6251 Schedule A

Schedule A - Credit for Alternative Minimum Tax Paid to Qualifying Jurisdictions

You must attach a copy of your return filed with the qualifying jurisdiction(s) or your credit will be disallowed.

43. Modified adjusted federal alternative minimum taxable income: See instructions. 43. 00

For each column, enter the following:

		COLUMN A Name	COLUMN A Code	COLUMN B Name	COLUMN B Code
44. Enter qualifying jurisdiction's name and two-letter code.	44.				
45. Enter the non-Connecticut adjusted federal alternative minimum taxable income included on Line 43 which is subject to a qualifying jurisdiction's alternative minimum tax.	45.		00		00
46. Divide Line 45 by Line 43. Round to four decimal places.	46.				
47. Enter the net Connecticut minimum tax (from Form CT-6251, Line 21). Part-Year Residents, see instructions.	47.		00		00
48. Multiply Line 46 by Line 47.	48.		00		00
49. Alternative minimum tax paid to a qualifying jurisdiction: See instructions.	49.		00		00
50. Enter the lesser of Line 48 or Line 49.	50.		00		00
51. **Total credit:** Add Line 50, all columns. Enter amount here and on Line 22 on page 1 of this form.			51.		00

041321 01-18-11 [redacted]

Department of Revenue Services
State of Connecticut
(Rev. 12/10)

Schedule CT-SI

Nonresident or Part-Year Resident
Schedule of Income From Connecticut Sources

2010

Complete this schedule if you were a nonresident or part-year resident of Connecticut and attach it to Form CT-1040NR/PY.
Any reference in this document to a spouse also refers to a party to a civil union recognized under Connecticut law.

Your first name and middle initial	Last name	Your Social Security Number
CHRISTOPHER J CHRISTIE		[redacted]
If joint return, spouse's first name and middle initial	**Last name**	**Spouse's Social Security Number**
MARY P CHRISTIE		[redacted]

See instructions on Page 27 before completing this schedule. Complete in blue or black ink only.

Part 1 - Connecticut Income - Part-Year Residents: Complete **Schedule CT-1040AW**, *Part-Year Resident Income Allocation.* Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below. **Nonresidents:** Enter the income received from Connecticut sources.

1. Wages, salaries, tips, etc.	1		
2. Taxable interest	2		
3. Ordinary dividends	3		
4. Alimony received	4		
5. Business income or (loss)	5		
6. Capital gain or (loss)	6		
7. Other gains or (losses)	7		
8. Taxable amount of IRA distributions	8		
9. Taxable amount of pensions and annuities	9		
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc.	10	372	
11. Farm income or (loss)	11		
12. Unemployment compensation	12		
13. Taxable amount of social security benefits	13		
14. Other income: See instructions	14		
15. Gross income from Connecticut sources: Add Lines 1 through 14.	15	372	00

Part 2 - Adjustments to Connecticut Income - Enter adjustments **directly** related to income reported above.

16. Educator expenses	16		
17. Certain business expenses of reservists, artists, and fee-basis government officials	17		
18. Health savings account deduction	18		
19. Moving expenses	19		
20. One-half of self-employment tax	20		
21. Self-employed SEP, SIMPLE, and qualified plans	21		
22. Self-employed health insurance deduction	22		
23. Penalty on early withdrawal of savings	23		
24. Alimony paid. Recipient's last name ▶ _____ SSN ▶ _____	24		
25. IRA deduction	25		
26. Student loan interest deduction	26		
27. Tuition and fees	27		
28. *Reserved for future use*	28		
29. Total adjustments: Add Lines 16 through 28.	29		
30. **Income from Connecticut sources:** Subtract Line 29 from Line 15. Enter the amount here and on **Form CT-1040NR/PY**, Line 6.	30	372	00

This reflects the information on the federal 1040 as of the print date. Check the DRS website at **www.ct.gov/DRS** for an updated Schedule CT-SI.

Employee Apportionment Worksheet - Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not complete Lines A through G if you know the exact amount of your Connecticut-sourced income.** See instructions, Page 31.

A. Working days (or other basis) outside Connecticut	A		
B. Working days (or other basis) inside Connecticut	B		
C. Total working days: Add Line A and Line B.	C		
D. Nonworking days (Holidays, weekends, etc.)	D		
E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places.	E		
F. Total income being apportioned	F		
G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1.	G		

Basis, if other than working days: _____

CHRISTOPHER J & MARY P CHRISTIE [redacted]

CT-1040NR/PY ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME STATEMENT 1

DESCRIPTION	AMOUNT
UBT ADDBACK FROM FLOWTHROUGHS	
DEPRECIATION ADDBACK FROM FLOWTHROUGHS	
TOTAL TO FORM CT-1040NR/PY, SCHEDULE 1, LINE 40	

2010 TAX RETURN FILING INSTRUCTIONS

GEORGIA INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2010

Prepared for	CHRISTOPHER J & MARY P CHRISTIE [redacted] MENDHAM, NJ 07945
Prepared by	HAL MODEL CPA PA [redacted]
Amount of tax	Total tax $ 0 Less: payments and credits $ 0 Plus: interest and penalties $ 0 NO PMT REQUIRED $ 0
Overpayment	Miscellaneous Donations $ 0 Credited to your estimated tax $ 0 Refunded to you $ 0
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE GA DOR, PLEASE SIGN, DATE, AND RETURN FORM GA 8453 TO OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE GA DOR.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	

***** THIS IS NOT A FILEABLE COPY *****

PLEASE DO NOT MAIL! **KEEP WITH YOUR RECORDS**

IRS DCN OR SUBMISSION ID

[redacted]

GA-8453
2010

GEORGIA INDIVIDUAL INCOME TAX DECLARATION
SUMMARY OF AGREEMENT BETWEEN TAXPAYER AND ERO OR PAID PREPARER

First Name and Initial	Last Name	Social Security Number
CHRISTOPHER J	CHRISTIE	[redacted]
If Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number
MARY P	CHRISTIE	[redacted]
Home Address (number and street)	Apt Number	Daytime Telephone Number
[redacted]		
City, Town or Post Office, State and ZIP Code		
MENDHAM NJ 07945		

PART I — **TAX RETURN INFORMATION**

1. Federal Adjusted Gross Income (Form 500, Line 8; Form 500EZ, Line 1)	1.	448,943
2. Georgia Taxable Income (Form 500, Line 15; Form 500EZ, Line 3)	2.	4
3. Net Georgia Tax (Form 500, Line 18; Form 500EZ, Line 4)	3.	
4. Refund (Form 500, Line 37; Form 500EZ, Line 20)	4.	
5. Balance Due (Form 500, Line 36; Form 500EZ, Line 19)	5.	

PART II — **DECLARATION OF TAXPAYER(S)**

Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Service Provider and/or transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of my 2010 Georgia Income Tax Return. I declare that I have examined my tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my ERO/Online Service Provider/transmitter.

SIGN HERE ▶ ***** THIS IS NOT A FILEABLE COPY ***** ▶

TAXPAYER'S SIGNATURE _____ Date _____ SPOUSE'S SIGNATURE (if joint return, both must sign) _____ Date _____

PART III — **DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PREPARER**

I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THE GA-8453 ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

ERO's Use Only

ERO's Signature _____ Date _____
Firm's Name HAL MODEL CPA PA Check if also paid preparer [X]
Address [redacted] FEIN/PTIN [redacted]
SSN/TIN [redacted]

IF PREPARED BY ANY PERSON OTHER THAN THE TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH THE TAXPAYER HAS ANY KNOWLEDGE.

Paid Preparer's Use Only

Paid Preparer's Signature _____ Date _____
Firm's Name _____ FID/TIN _____
Address _____ SSN/TIN _____

GA-8453 (REV 8/10)

PLEASE DO NOT MAIL! KEEP WITH YOUR RECORDS

099061
08-23-10

IT-303 (Rev. 8/09)

GEORGIA DEPARTMENT OF REVENUE
TAXPAYER SERVICES DIVISION
ATLANTA, GEORGIA

IMPORTANT! ACCEPTANCE OF FEDERAL EXTENSIONS

A FEDERAL EXTENSION WILL BE ACCEPTED AS A GEORGIA EXTENSION IF: (1) THE RETURN IS RECEIVED WITHIN THE TIME AS EXTENDED BY THE INTERNAL REVENUE SERVICE, AND (2) A COPY OF THE FEDERAL EXTENSION(S) IS ATTACHED TO THE RETURN WHEN FILED. **NOTE: THERE IS NO EXTENSION FOR PAYMENT OF TAX. INCOME TAX OR CORPORATE NET WORTH TAX MUST BE PAID BY THE PRESCRIBED DUE DATE TO AVOID THE ASSESSMENT OF LATE PAYMENT PENALTIES AND INTEREST.**

THIS IS NOT A PAYMENT FORM! REMIT PAYMENT ON FORM IT-560 OR IT-560C.

APPLICATION FOR EXTENSION OF TIME FOR FILING STATE INCOME TAX RETURNS

A

READ INFORMATION ON PAGE 2
BEFORE PREPARING APPLICATION

APPLICANT: ENTER NAME AND ADDRESS, INCLUDING ZIP CODE, WITHIN BRACKETS

CHRISTOPHER J & MARY P CHRISTIE
[redacted]
MENDHAM, NJ 07945

B

Complete this form in TRIPLICATE. Mail the original prior to the return due date and keep 2 copies. Attach one copy to your return when filed and retain one copy for your records.

WE WILL NOTIFY YOU ONLY IF YOUR EXTENSION REQUEST IS DENIED.

C

NAME OF TAXPAYER FOR WHOM EXTENSION IS FILED, IF DIFFERENT FROM ABOVE	STREET ADDRESS		
CITY	STATE	ZIP CODE	SOCIAL SECURITY NO. OR FEIN ***_**_****

D

APPLICATION IS HEREBY MADE FOR AN EXTENSION OF TIME FOR THE FOLLOWING STATE TAX RETURN:

1. Type of return (check proper type):	2. For Period Ending:	3. Extension Requested To:
(X) Individual--Form 500	12/31/10	10/15/11
( ) Partnership--Form 700		
( ) Fiduciary--Form 501		
( ) Corporate Income Tax		
( ) Net Worth Tax (For Period Beginning) _____		
( ) Other _____		

NOTE: Extensions are limited by law to six (6) months, please see page 2 line 6 of instructions.

E

REASON FOR EXTENSION (SEE INFORMATION ON PAGE 2)

I AFFIRM THAT THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND ACCURATE. THIS AFFIRMATION IS MADE UNDER THE PENALTIES PRESCRIBED BY LAW.

DATE

SIGNATURE OF TAXPAYER OR AUTHORIZED AGENT

IF SIGNED BY AGENT, AGENT'S FIRM OR TRADE NAME

045231
05-01-10

INSTRUCTIONS

1) Extensions of time for filing returns may be granted in cases of sickness, absence, or other disability or whenever reasonable cause exists.

2) This form must be completed in triplicate. Mail the original form prior to the return due date to: Georgia Department of Revenue, Processing Center, P.O. Box 740320, Atlanta, GA 30374-0320.

3) **One copy of the extension must be attached to the completed return when filed.** Retain the other copy for your records.

4) Separate applications for extension must be submitted for husband and wife if separate returns are filed.

5) An extension request will not be accepted by telephone. Lists are not acceptable. Application must be made on this form, unless a copy of an approved federal extension is attached to your Georgia return when filed. If applicable, explain why it was not necessary to request a federal filing extension.

6) Additional time to file, within the six month limit, will require the submission of a new form along with a copy of the first extension request. **For tax years beginning on or after January 1, 2010, a partnership and fiduciary will only be granted an extension up to 5 months.**

7) Corporations filing consolidated returns must file a separate application for extension for filing Net Worth Tax for each subsidiary. Corporations not filing consolidated returns may request an extension for filing income tax and net worth tax returns on one form.

8) Interest will be assessed at a rate of 12% per year from the due date prescribed by law for filing the return until the date of payment. Interest accrues regardless of an approved extension request.

9) Late filing penalty on returns filed after the due date prescribed by law will be assessed at a rate of 5% per month computed on the balance of tax due as shown on the return.

10) Late payment penalty will be assessed at a rate of 1/2 of 1% per month if tax due on the return is not paid by the date prescribed by law. Late payment penalty accrues regardless of an approved extension request. Individuals and fiduciaries should remit payment due on Form IT-560. Corporations should remit payment on Form IT-560C. **NOTE: Remitting payment with Form IT-560 or IT-560C will not extend the due date for filing your return.** For filing a Net Worth Tax Return after the date prescribed by law, there shall be assessed a penalty amounting to 10% of the tax shown to be due. For failure to pay tax within the time prescribed by law, there shall be due an additional penalty amounting to 10% of the tax shown to be due.

REASON FOR REJECTION OF EXTENSION REQUEST

☐ Extension request form is not signed by the taxpayer or his duly authorized agent.

☐ Form IT-303 was not mailed or received before the date prescribed by law for filing the return.

☐ No reason was given for requesting an extension of time.

☐ A general statement of hardship or inability to pay is not considered grounds for granting an extension. You should file your return and pay the tax immediately upon receipt of this rejection notice. Attach a copy of this notice to your return.

☐ Separate forms were not filed for each tax type and/or taxpayer.

☐ Georgia law prohibits filing extensions of over six (6) months from the prescribed due date of the return.

☐ Other _____

_____

Version 1

Georgia Form **500** (Rev. 10/10)
Individual Income Tax Return
Georgia Department of Revenue
2010 (Approved software version) DEL ☐ EXT 6

1. YOUR FIRST NAME CHRISTOPHER | MI J | YOUR SOCIAL SECURITY NUMBER [redacted]

Special Program Code
See Tax Booklet on Page 8

LAST NAME CHRISTIE | SUFFIX

SPOUSE'S FIRST NAME MARY | MI P | SPOUSE'S SOCIAL SECURITY NUMBER [redacted]

DEPARTMENT USE ONLY

LAST NAME CHRISTIE | SUFFIX

2. ADDRESS (NUMBER AND STREET or P. O. BOX) (Use 2nd address line for Apt, Suite or Building Number) [redacted] ☐ CHECK IF ADDRESS HAS CHANGED

3. CITY MENDHAM | STATE NJ | ZIP CODE 07945

500 UET Exception Attached ☐

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number ..... ▶ Residency Status 4. 3

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 6

5. Enter Filing Status with appropriate letter (See Tax Booklet Page 10) ..... ▶ Filing Status 5. B
A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself ☒ 6b. Spouse ☒ 6c. 2

7. Dependents - (If you have more than 3 dependents, attach a list of additional dependents)

First Name, MI. ANDREW | Last Name CHRISTIE
Social Security Number [redacted] | Relationship to You CHILD

First Name, MI. SARAH | Last Name CHRISTIE
Social Security Number [redacted] | Relationship to You CHILD

First Name, MI. PATRICK | Last Name CHRISTIE
Social Security Number [redacted] | Relationship to You CHILD

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2010 Version 1

YOUR SOCIAL SECURITY NUMBER

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) ▶ ☐ 8. 449,607
(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is $40,000 or more, or your gross income is less 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 10, Line 9) ▶ ☐ 9.

10. Georgia adjusted gross income (Net total of Line 8 and Line 9) ▶ ☐ 10.

11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) ▶ 11a.
See Tax Booklet on Page 11 Line 11

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 deductions, **you must enclose Federal Schedule A**

a. Federal Itemized Deductions (Schedule A - Form 1040) ▶ 12a.

b. Less adjustments: see Tax Booklet on Page 12, Line 12 ▶ 12b.

c. Georgia Total Itemized Deductions ▶ 12c.

13. Subtract either Line 11c or Line 12c from Line 10; enter balance ▶ ☐ 13.

14a. Number on Line 6c. multiplied by $2,700 ▶ 14a.

14b. Number on Line 7a. multiplied by $3,000 ▶ 14b.

14c. Add Lines 14a. and 14b. Enter total ▶ 14c.

15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14) ▶ ☐ 15. 4

16. Tax (Use Tax Table in the Tax Booklet on Pages 19-21) ▶ 16. 0

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. 0

19. **Georgia Income Tax Withheld**
(Enter Tax Withheld Only and enclose W-2s, 1099s, etc.) ▶ 19.

20. **Estimated Tax for 2010 and Form IT-560** ▶ 20.

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2010 Version 1

YOUR SOCIAL SECURITY NUMBER

21. **Department Use Only** DO NOT WRITE IN THIS BOX
22. Total prepayment credits **(Add Lines 19 and 20)** ▶ 22.
23. If Line 18 exceeds Line 22 enter BALANCE DUE STATE ▶ 23.
24. If Line 22 exceeds Line 18 enter OVERPAYMENT amount ▶ 24. 0
25. **Amount to be credited to 2011 ESTIMATED TAX** ▶ 25.
26. Georgia Wildlife Conservation Fund **(No gift of less than $1.00)** ▶ 26.
27. Georgia Children and Elderly Fund **(No gift of less than $1.00)** ▶ 27.
28. Georgia Cancer Research Fund **(No gift of less than $1.00)** ▶ 28.
29. Statewide Land Conservation Program **(No gift of less than $1.00)** ▶ 29.
30. Georgia National Guard Foundation **(No gift of less than $1.00)** ▶ 30.
31. Dog & Cat Sterilization Fund **(No gift of less than $1.00)** ▶ 31.
32. Save the Cure Fund **(No gift of less than $1.00)** ▶ 32.
33. Georgia Student Finance Authority Fund **(No gift of less than $1.00)** ▶ 33.
34. Form 500 UET **(Estimated tax penalty)** ▶ 34.
    (If you owe) Add Lines 23, 26 thru 34
35. **THIS IS THE AMOUNT YOU OWE** ▶ 35.
36. **(If you are due a refund)** Subtract the sum of Lines 25 thru 34 from Line 24
    THIS IS YOUR REFUND ▶ 36.

(PAYMENT) Green Label: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER PO BOX 740399 ATLANTA, GA 30374-0399	**(REFUND) Blue Label:** GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER PO BOX 740380 ATLANTA, GA 30374-0380

ENCLOSE ALL ITEMS IN RETURN ENVELOPE. **DO NOT** STAPLE YOUR CHECK, W-2'S OR TAX RETURN

Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of GA Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has knowledge.

PHONE NUMBER

Taxpayer's Signature ☐ (Check box if deceased) DATE

Spouse's Signature ☐ (Check box if deceased) DATE

Do you want to authorize DOR to discuss this return with the named preparer. YES ☒ NO ☐

NAME OF PREPARER OTHER THAN TAXPAYER
HAL MODEL CPA

10-10-11

Signature of Preparer

PREPARER'S FEIN PREPARER'S SSN/PTIN PHONE NUMBER

TAXPAYER EMAIL ADDRESS

045011
10-30-10

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2010 Version 1

YOUR SOCIAL SECURITY NUMBER

SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW (see Tax Booklet on Pages 10 and 11)

ADDITIONS to INCOME

1. Interest on Non-Georgia Municipal and State Bonds ▶ 1.
2. Lump Sum Distributions ▶ 2.
3. Federal deduction for income attributable to domestic production activities (IRC Section 199) ▶ 3.
4. Other (specify) ▶ 4.
5. Total Additions (enter sum of Lines 1-4 here) ▶ 5.

SUBTRACTION from INCOME

6. Retirement Income Exclusion (see Tax Booklet on Page 10)

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 (Taxable portion from Federal return) ▶ 7.
8. Georgia Higher Education Savings Plan ▶ 8.
9. Interest on United States Obligations (See Tax Booklet on Page 10) SEE STATEMENT 3 ▶ 9. 664
10. Other Adjustments (specify) Adjustment Amount

Adjustment Amount
SEE STATEMENT 2
Adjustment Amount

Adjustment Amount

Total ▶ 10.

11. Total Subtractions (enter sum of Lines 6-10 here) ▶ 11. 664
12. Net Adjustments (Line 5 less Line 11.)
Enter Net Total here and on Line 9 of Page 2 (+ or -) of form 500 ▶ ☒ 12. -664

YOUR SOCIAL SECURITY NUMBER

SCHEDULE 2 CREDITS for LINE 17, PAGE 2 (see Tax Booklet on Pages 12 and 15)

1. Other State Credit(s) Tax Credit (see Tax Booklet on Page 14) ▶ 1.

2. Credits from Form IND-CR (Rural Physicians Credit, Disabled Person Home Purchase or Retrofit Credit, Driver Education Credit, Disaster Assistance Credit, Qualified Caregiving Expense Credit, Georgia National Guard/Air National Guard Credit, Child and Dependent Care Expense Credit, Adoption Credit, Eligible Single-Family Residence Credit) ▶ 2. 60

3. Low and Zero Emission Vehicle Credit ▶ 3.

4. Qualified Education Expense Credit (Individual/Non pass through) ▶ 4.

5. Clean Energy Property Credit (Individual/Non pass through) ▶ 5.

Pass Through Credits from Ownership of Sole Proprietor, S Corp., LLC or Partnership Interest and Other Credits
You must list the appropriate Credit Type Code in the space provided. If you claim more than four credits, enclose a schedule. Enter the schedule total on Line 10. See Tax Booklet on Page 15 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 claimed (attach schedule) ▶ 10.

11. Low Income Credit (see tax Booklet). 11a. 11b. ▶ 11c.

12. Enter the total of Lines 1 through 11 here and on Line 17, Pg. 2 of 500 form ▶ 12. 60

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2010 Version 1

YOUR SOCIAL SECURITY NUMBER

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 12, Line 17 and Page 14.

	FEDERAL INCOME AFTER GEORGIA ADJUSTMENT INCOME (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA INCOME (COLUMN B)	GEORGIA INCOME INCOME (COLUMN C)
1. WAGES, SALARIES, TIPS, etc	410,045	410,045	
2. INTERESTS AND DIVIDENDS	12,315	12,315	
3. BUSINESS INCOME OR (LOSS)	13,751	13,747	4
4. OTHER INCOME OR (LOSS)	13,496	13,496	
5. TOTAL INCOME: TOTAL LINES 1 THRU 4	449,607	449,603	4
6. TOTAL ADJUSTMENTS FROM FORM 1040			
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1, PAGE 4	-664	-664	
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	448,943	448,939	4

9.	RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage	9.	.00% % Not to exceed 100%
10.	Itemized or Standard Deduction (see Tax Booklet, Page 16, Line 10)	10.	70,252
11.	Personal Exemption from Form 500, Page 2 (see Tax Booklet, Page 16, Line 11a-c)		
11a.	Number on Line 6c. 2 multiplied by $2,700	11a.	5,400
11b.	Number on Line 7a. 4 multiplied by $3,000	11b.	12,000
11c.	Add Lines 11a. and 11b. Enter total	11c.	17,400
12.	Total Deductions and Exemptions: Add Lines 10 and 11c	12.	87,652
13.	Multiply Line 12 by Ratio on Line 9 and enter result	13.	0
14.	Georgia Taxable Income: Subtract Line 13 from Line 8, Column C Enter here and on Line 15, Page 2 of Form 500	14.	4

List the state(s) in which the income in Column B was earned and/or to which it was reported.

045014
10-30-10

1. 3.

2. 4.

CHRISTOPHER J & MARY P CHRISTIE [redacted]

GA 500 DEPENDENTS STATEMENT 1

FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER	RELATIONSHIP	MONTHS IN YOUR HOME
BRIDGET	CHRISTIE	[redacted]	CHILD	12

GA 500 ADJUSTMENTS TO INCOME - SUBTRACTIONS STATEMENT 2

DESCRIPTION	AMOUNT
CALIFORNIA STATE INCOME TAX REFUND	0.00
CONNECTICUT STATE INCOME TAX REFUND	0.00
MASSACHUSETTS STATE INCOME TAX REFUND	0.00
NEW JERSEY STATE INCOME TAX REFUND	0.00
NEW YORK STATE INCOME TAX REFUND	0.00
TOTAL TO FORM 500, PAGE 4, SCHEDULE 1, LINE 10	0.00

GA 500 INTEREST ON U.S. OBLIGATIONS STATEMENT 3

DESCRIPTION	AMOUNT
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	664.
TOTAL TO FORM 500, PAGE 6, SCHEDULE 3, INCLUDED IN LINE 7	664.

Georgia Form **IND-CR** (Rev. 11/10)
State of Georgia Individual Credit Form
Georgia Department of Revenue (Approved software version)

2010 Version 1 **- Enclose with Form 500 -**

YOUR FIRST NAME
CHRISTOPHER

MI
J

YOUR SOCIAL SECURITY NUMBER
[redacted]

LAST NAME
CHRISTIE

SUFFIX

SPOUSE'S SOCIAL SECURITY NUMBER
[redacted]

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number)
[redacted]

☐ CHECK IF ADDRESS HAS CHANGED

DEPARTMENT USE ONLY

CITY (PLEASE INSERT SPACE IF CITY HAS MULTIPLE NAMES)
MENDHAM

STATE
NJ

ZIP CODE
07945

Part 1 - Disabled Person Home Purchase or Retrofit Credit

O.C.G.A. § 48-7-29.1 provides a disabled person credit equal to the lesser of $500 per residence or the taxpayer's income tax liability for the purchase of a new single-family home that contains all of the accessibility features listed below. It also provides a credit equal to the lesser of the cost or $125 to retrofit an existing single-family home with one or more of these features. The disabled person must be the taxpayer or the taxpayer's spouse if a joint return is filed. Qualified features are:

- One no-step entrance allowing access into the residence.
- Interior passage doors providing at least a 32-inch-wide opening.
- Reinforcements in bathroom walls allowing installation of grab bars around the toilet, tub, and shower, where such facilities are provided.
- Light switches and outlets placed in accessible locations.

To qualify for this credit, the disabled person must be permanently disabled and have been issued a permanent parking permit by the Department of Revenue or have been issued a special permanent parking permit by the Department of Revenue. For more information, see Regulation 560-7-8-.44.

1. Purchase of a home that contains all four accessibility features **OR** total of accessibility features added to retrofit a home (up to $125 per feature) ..... ▶ 1.
2. Maximum credit per residence ..... ▶ 2. **500**
3. Enter the lesser of Line 1 or Line 2 and include in Part 10 ..... ▶ 3.

Part 2 - Child and Dependent Care Expense Credit

O.C.G.A. § 48-7-29.10 provides taxpayers with a credit for qualified child & dependent care expenses. The credit is a percentage of the credit claimed and allowed under Internal Revenue Code § 21 and claimed by the taxpayer on the taxpayer's Federal income tax return. The credit is computed as follows:

1. Amount of child & dependent care expense *credit* claimed on Federal Form 1040 ..... ▶ 1. 200.
2. Georgia allowable rate ..... ▶ 2. **30%**
3. Allowable Child & Dependent Care Expense Credit (Line 1 x .30)

   Enter here and include in Part 10 ..... ▶ 3. 60.

Georgia Form **IND-CR**
State of Georgia Individual Credit Form
Georgia Department of Revenue
2010 Version 1

YOUR SOCIAL SECURITY NUMBER

Part 3 - Georgia National Guard/Air National Guard Credit

O.C.G.A. § 48-7-29.9 provides a tax credit for Georgia residents who are members of the National Guard or Air National Guard and are on active duty full time in the United States Armed Forces, or active duty training in the United States Armed Forces for a period of more than 90 consecutive days. The credit shall be claimed and allowed in the year in which the majority of such days are served. In the event an equal number of consecutive days are served in two calendar years, then the exclusion shall be claimed and allowed in the year in which the ninetieth day occurs. The credit shall apply with respect to each taxable year in which such member serves for such qualifying period of time. The credit cannot exceed the amount expended for qualified life insurance premiums nor the taxpayer's income tax liability. Qualified life insurance premiums are the premiums paid for insurance coverage through the service member's Group Life Insurance Program administered by the United States Department of Veterans Affairs. Any unused tax credit is allowed to be carried forward to the taxpayer's succeeding year's tax liability.

1. Enter amount of qualified life insurance premiums and include in Part 10. ▶ 1.

Part 4 - Qualified Caregiving Expense Credit

O.C.G.A. § 48-7-29.2 provides a qualified caregiving expense credit equal to 10 percent of the cost of qualified caregiving expenses for a qualifying family member. The credit cannot exceed $150. Qualified services include Home health agency services, personal care services, personal care attendant services, homemaker services, adult day care, respite care, or health care equipment and other supplies which have been determined by a physician to be medically necessary. Services must be obtained from an organization or individual not related to the taxpayer or the qualifying family member.

The qualifying family member must be at least age 62 or been determined disabled by the Social Security Administration. A qualifying family member includes the taxpayer or an individual who is related to the taxpayer by blood, marriage or adoption.

Qualified caregiving expenses do not include expenses that were subtracted to arrive at Georgia net taxable income or for which amounts were excluded from Georgia net taxable income. There is no carryover or carry-back available. The credit cannot exceed the taxpayer's income tax liability. For more information, see Regulation 560-7-8-.43.

Qualifying Family Member Name

Name:

SS# Relationship

Age, if 62 or over If disabled, date of disability

1. Qualified caregiving expenses. ▶ 1.
2. Percentage limitation. ▶ 2. 10%
3. Line 1 multiplied by Line 2. ▶ 3.
4. Maximum credit. ▶ 4. 150
5. Enter the lesser of Line 3 or Line 4 and include in Part 10. ▶ 5.

Georgia Form **IND-CR**
State of Georgia Individual Credit Form
Georgia Department of Revenue
2010 Version 1

YOUR SOCIAL SECURITY NUMBER

Part 5 - Driver Education Credit

O.C.G.A. § 48-7-29.5 provides for a driver education credit. This is a credit for an amount paid for a dependent minor child for a successfully completed course of driver education at a private driver training school licensed by the Department of Driver Services under Chapter 13 of Title 43, "The Driver Training School License Act." The amount of the credit is equal to $150 or the actual amount paid, whichever is less. A private driver training school is one that primarily engages in offering driving instruction. **This does not include schools owned or operated by local, state, or federal governments. An amount paid for a completed course of driver education to a private or public high school does not qualify for this credit.** A completed course of driver education includes additional courses offered by private driver training schools such as defensive driver education. This tax credit is only allowed once for each dependent minor child of a taxpayer. The amount of the tax credit cannot exceed the taxpayer's income tax liability. The credit is not allowed with respect to any driver education expenses either deducted or subtracted by the taxpayer to arrive at Georgia taxable net income or with respect to any driver education expenses for which amounts were excluded from Georgia net taxable income. Any unused tax credit cannot be carried forward to any succeeding years' tax liability and cannot be carried back to any prior years' tax liability. Visit www.ddds.ga.gov/Training/index.aspx.

Name of private driver training school

Name of dependent minor child

Birth Date SS#

1. Date of Successful Completion ▶ 1.
2. Amount paid for the successfully completed course ▶ 2.
3. Maximum credit ▶ 3. 150
4. Enter the lesser of Line 2 or Line 3 and include in Part 10 ▶ 4.

Part 6 - Disaster Assistance Credit

O.C.G.A. § 48-7-29.4 provides for a credit for a taxpayer who receives disaster assistance during a taxable year from the Georgia Emergency Management Agency or the Federal Emergency Management Agency. The amount of the credit is equal to $500 or the actual amount of the disaster assistance, whichever is less. The credit cannot exceed the taxpayer's income tax liability. Any unused tax credit can be carried forward to the succeeding years' tax liability but cannot be carried back to the prior years' tax liability. The approval letter from the disaster assistance agency must be enclosed with the return.

The following types of assistance qualify:

- Grants from the Department of Human Services Individual and Family Grant Program.
- Grants from GEMA and/or FEMA.
- Loans from the Small Business Administration that are due to disasters declared by the President or Governor.

Disaster assistance agency

1. Date assistance was received ▶ 1.
2. Amount of the disaster assistance received ▶ 2.
3. Maximum credit ▶ 3. 500
4. Enter the lesser of Line 2 or Line 3 and include in Part 10 ▶ 4.

Georgia Form **IND-CR**
State of Georgia Individual Credit Form
Georgia Department of Revenue
2010 Version 1

YOUR SOCIAL SECURITY NUMBER

Part 7 - Rural Physicians Credit

O.C.G.A. § 48-7-29 provides for a $5,000 tax credit for rural physicians. The tax credit may be claimed for not more than five years. There is no carryover or carry-back available. The credit cannot exceed the taxpayer's income tax liability. In order to qualify, the physician must meet the following conditions:

1. The physician must have started working in a rural county after July 1, 1995. If the physician worked in a rural county prior to that date, a period of at least three years must have elapsed before the physician returns to work in a rural county.
2. The physician must practice and reside in a rural county. For taxable years beginning on or after January 1, 2003, a physician qualifies for the credit if they practice in a rural county and reside in a county contiguous to a rural county. A rural county is defined as one with 65 or fewer persons per square mile according to the United States Decennial Census of 1990 or any future such census. For taxable years beginning on or after January 1, 2002, the United States Decennial Census of 2000 is used.
3. The physician must be licensed to practice medicine in Georgia, primarily admit patients to a rural hospital, and practice in the fields of family practice, obstetrics and gynecology, pediatrics, internal medicine, or general surgery. A rural hospital is defined as an acute-care hospital located in a rural county that contains 80 or fewer beds. For taxable years beginning on or after January 1, 2003, a rural hospital is defined as an acute-care hospital located in a rural county that contains 100 or fewer beds. For more information, see Regulation 560-7-8-.20.

1. County of residence ▶ 1.
2. County of practice ▶ 2.
3. Type of practice ▶ 3.
4. Date started working as a rural physician ▶ 4.
5. Number of hospital beds in the rural hospital ▶ 5.
6. Rural physicians credit, enter $5,000 and include in Part 10 ▶ 6.

Part 8 - Adoption of a Foster Child Credit

1. Georgia Code Section 48-7-29.15 provides an income tax credit for the adoption of a qualified foster child. The amount of the credit is $2,000 per qualified foster child per taxable year, commencing with the year in which the adoption becomes final, and ending in the year in which the adopted child attains the age of 18. This credit applies to adoptions occurring in the taxable years beginning on or after January 1, 2008. Enter $2,000 per qualified foster child and include in Part 10 ▶ 1.

Georgia Form **IND-CR**
State of Georgia Individual Credit Form
Georgia Department of Revenue
2010 Version 1

YOUR SOCIAL SECURITY NUMBER

Part 9 - Eligible Single-Family Residence Tax Credit

O.C.G.A. § 48-7-29.17 provides taxpayers a credit for the purchase of an eligible single-family residence located in Georgia. An eligible single-family residence is a single family structure (including a condominium unit as defined in O.C.G.A. § 44-3-71) that is occupied for residential purposes by a single family, that is:

a) Any residence (including a new residence, one occupied at the time of sale, or a previously occupied residence) that was for sale prior to May 11, 2009 and that remained for sale after May 11, 2009; or

b) A residence with respect to which a foreclosure event has taken place and which is owned by the mortgagor or the mortgagor's agent; or

c) An owner-occupied residence with respect to which the owner's acquisition indebtedness was in default on or before March 1, 2009.

Acquisition indebtedness is debt incurred in acquiring, constructing, or substantially improving a qualified residence and which is secured by such residence. Refinanced debt is acquisition debt if at least a portion of such debt refinances the principal amount of existing acquisition indebtedness.

A taxpayer is allowed the tax credit for a purchase of one eligible single-family residence made between June 1, 2009 and November 30, 2009. The credit amount is the lesser of 1.2 percent of the purchase price of the eligible single-family residence or $1,800.00. The amount of the tax credit that may be claimed and allowed in a single tax year cannot exceed the lesser of 1/3 of the credit or the taxpayer's income tax liability. Any unused tax credit can be carried forward but cannot be carried back.

The taxpayer must have claimed the credit in 2009 in order to claim the unused credit below.

1. Total credit. (Enter amount from 2009 IND-CR, Part 9, Line 5.) ▶ 1.
2. Maximum allowed per year ▶ 2. 33.33%
3. Credit allowed, multiply Line 1 by Line 2, enter here and include in part 10 ▶ 3.

Part 10 - Total Section

1. Add Part 1, Line 3; Part 2, Line 3; Part 3, Line 1; Part 4, Line 5; Part 5, Line 4; Part 6, Line 4; Part 7, Line 6; Part 8, Line 1; and Part 9, Line 3. Enter the total here and on Form 500, Page 5, Schedule 2, Line 2 ▶ 1. 60

Form **1040** **U.S. Individual Income Tax Return** **2010** (99) IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2010, or other tax year beginning , 2010, ending , 20 — OMB No. 1545-0074

Name, Address, and SSN — PRINT CLEARLY

Your first name and initial: CHRISTOPHER J	Last name: CHRISTIE
If a joint return, spouse's first name and initial: MARY P	Last name: CHRISTIE
Home address (number and street). If you have a P.O. box, see instructions. [redacted]	Apt. no.
City, town or post office, state, and ZIP code. MENDHAM, NJ 07945	

Your social security number: [redacted]
Spouse's social security number: [redacted]

See separate instructions.

Make sure the SSN(s) above ▲ and on line 6c are correct.

Checking a box below will not change your tax or refund.

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund ▶ ☐ You ☐ Spouse

Filing Status — Check only one box.

1 ☐ Single
2 ☒ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b ☒ **Spouse**

Boxes checked on 6a and 6b: 2

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit
ANDREW CHRISTIE	[redacted]	CHILD	
SARAH CHRISTIE		CHILD	X
PATRICK CHRISTIE		CHILD	X
BRIDGET CHRISTIE		CHILD	X

No. of children on 6c who:
- lived with you: 4
- did not live with you due to divorce or separation (see instructions):

Dependents on 6c not entered above:

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

d Total number of exemptions claimed — Add numbers on lines above ▶ 6

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 20.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	410,045.
8a	**Taxable** interest. Attach Schedule B if required		8a	6,875.
b	**Tax-exempt** interest. **Do not** include on line 8a	8b 6,713.		
9a	Ordinary dividends. Attach Schedule B if required		9a	5,440.
b	Qualified dividends	9b 1,480.		
10	Taxable refunds, credits, or offsets of state and local income taxes	STMT 5 STMT 6	10	0.
11	Alimony received	STMT 8	11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐		13	8,116.
14	Other gains or (losses). Attach Form 4797		14	5,163.
15a	IRA distributions	15a	b Taxable amount	15b
16a	Pensions and annuities	16a	b Taxable amount	16b
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	13,751.
18	Farm income or (loss). Attach Schedule F		18	
19	Unemployment compensation		19	
20a	Social security benefits	20a	b Taxable amount	20b
21	Other income. List type and amount: SEE STATEMENT 4		21	217.
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		22	449,607.

Adjusted Gross Income

23	Educator expenses	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889	25		
26	Moving expenses. Attach Form 3903	26		
27	One-half of self-employment tax. Attach Schedule SE	27		
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	IRA deduction	32		
33	Student loan interest deduction	33		
34	Tuition and fees. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 31a and 32 through 35		36	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶		37	449,607.

010001 01-27-11

LHA **For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.**

Tax and Credits	38	Amount from line 37 (adjusted gross income)		38	449,607.
	39a	Check if: [ ] You were born before January 2, 1946, [ ] Blind. [ ] Spouse was born before January 2, 1946, [ ] Blind. Total boxes checked ▶ 39a			
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b [ ]			
	40	**Itemized deductions** (from Schedule A) **or your standard deduction** (see instructions)		40	100,537.
	41	Subtract line 40 from line 38		41	349,070.
	42	**Exemptions.** Multiply $3,650 by the number on line 6d		42	21,900.
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	327,170.
	44	**Tax.** Check if any tax is from: a [ ] Form(s) 8814 b [ ] Form 4972		44	85,481.
	45	**Alternative minimum tax.** Attach Form 6251		45	26,707.
	46	Add lines 44 and 45 ▶		46	112,188.
	47	Foreign tax credit. Attach Form 1116 if required	47		
	48	Credit for child and dependent care expenses. Attach Form 2441	48	200.	
	49	Education credits from Form 8863, line 23	49		
	50	Retirement savings contributions credit. Attach Form 8880	50		
	51	Child tax credit (see instructions)	51		
	52	Residential energy credits. Attach Form 5695	52		
	53	Other credits from Form: a [X] 3800 b [ ] 8801 c [ ]	53	14.	
	54	Add lines 47 through 53. These are your **total credits**		54	214.
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶		55	111,974.
Other Taxes	56	Self-employment tax. Attach Schedule SE		56	
	57	Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919		57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		58	
	59	a [ ] Form(s) W-2, box 9 b [X] Schedule H c [ ] Form 5405, line 16		59	4,098.
	60	Add lines 55 through 59. This is your **total tax** ▶		60	116,072.
Payments	61	Federal income tax withheld from Forms W-2 and 1099	61	87,813.	
	62	2010 estimated tax payments and amount applied from 2009 return	62	34,917.	
	63	Making work pay credit. Attach Schedule M	63		
If you have a qualifying child, attach Schedule EIC.	64a	**Earned income credit (EIC)**	64a		
	b	Nontaxable combat pay election 64b			
	65	Additional child tax credit. Attach Form 8812	65		
	66	American opportunity credit from Form 8863, line 14	66		
	67	First-time homebuyer credit from Form 5405, line 10	67		
	68	Amount paid with request for extension to file	68	5,000.	
	69	Excess social security and tier 1 RRTA tax withheld	69		
	70	Credit for federal tax on fuels. Attach Form 4136	70		
	71	Credits from Form: a [ ] 2439 b [ ] 8839 c [X] 8801 d [ ] 8885	71	10.	
	72	Add lines 61, 62, 63, 64a, and 65 through 71. These are your **total payments** ▶		72	127,740.
Refund	73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you **overpaid**		73	11,668.
	74a	Amount of line 73 you want **refunded to you.** If Form 8888 is attached, check here ▶ [ ]		74a	
Direct deposit? See instructions. ▶	b	Routing number [redacted] ▶ c Type: [ ] Checking [ ] Savings ▶ d Account number [redacted]			
	75	Amount of line 73 you want **applied to your 2011 estimated tax** ▶	75	11,668.	
Amount You Owe	76	**Amount you owe.** Subtract line 72 from line 60. For details on how to pay, see instructions ▶		76	
	77	Estimated tax penalty (see instructions)	77		

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

Designee's name ▶ HAL MODEL CPA Phone no. ▶ [redacted] Personal identification number (PIN) ▶ [redacted]

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

Joint return? See page 12. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
		GOVERNOR	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	
		SALES	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
HAL MODEL CPA		10-10-11		[redacted]

Firm's name ▶ HAL MODEL CPA PA Firm's EIN ▶ [redacted]

Firm's address [redacted] Phone no. [redacted]

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

▶ Attach to Form 1040. ▶ See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

2010

Attachment Sequence No. **07**

Name(s) shown on Form 1040: CHRISTOPHER J & MARY P CHRISTIE

Your social security number: [redacted]

Medical and Dental Expenses		**Caution.** Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1		
	2	Enter amount from Form 1040, line 38 [2]			
	3	Multiply line 2 by 7.5% (.075)	3		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	
Taxes You Paid	5	State and local **(check only one box):** a [X] Income taxes, **or** b [ ] General sales taxes — SEE STATEMENT 11	5	30,285.	
	6	Real estate taxes (see instructions)	6	36,453.	
	7	New motor vehicle taxes from line 11 of the worksheet on page 2 (for certain vehicles purchased in 2009). Skip this line if you checked box 5b	7		
	8	Other taxes. List type and amount ▶	8		
	9	Add lines 5 through 8		9	66,738.
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10	7,729.	
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11		
Note. Your mortgage interest deduction may be limited (see instructions).	12	Points not reported to you on Form 1098. See instructions for special rules	12		
	13	Mortgage insurance premiums (see instructions)	13		
	14	Investment interest. Attach Form 4952 if required. (See instructions.) STMT 13	14	349.	
	15	Add lines 10 through 14		15	8,078.
Gifts to Charity	16	Gifts by cash or check. If you made any gift of $250 or more, see instructions	16	22,416.	STMT 12
	17	Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500 — SEE STATEMENT 14	17	80.	
If you made a gift and got a benefit for it, see instructions.	18	Carryover from prior year	18		
	19	Add lines 16 through 18		19	22,496.
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21		
	22	Tax preparation fees	22	2,300.	
	23	Other expenses - investment, safe deposit box, etc. List type and amount ▶ GOLDMAN SACHS 750. FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC 9,167.	23	9,917.	
	24	Add lines 21 through 23	24	12,217.	
	25	Enter amount from Form 1040, line 38 [25] 449,607.			
	26	Multiply line 25 by 2% (.02)	26	8,992.	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	3,225.
Other Miscellaneous Deductions	28	Other - from list in instructions. List type and amount ▶		28	
Total Itemized Deductions	29	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40		29	100,537.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ [ ]			

Worksheet for Line 7 - New motor vehicle taxes

Use this worksheet to figure the amount to enter on line 7.

(Attach to Form 1040.)

Before you begin:
- You cannot take this deduction if the amount on Form 1040, line 38, is equal to or greater than $135,000 ($260,000 if married filing jointly).
- See the instructions for line 7 on page A-6.

1 Enter the state or local sales or excise taxes you paid in 2010 for the purchase of any new motor vehicle(s) **after** February 16, 2009, and **before** January 1, 2010 (see instructions) 1

2 Enter the purchase price (**before taxes**) of the new motor vehicle(s) 2

3 Is the amount on line 2 more than $49,500?
- ☐ **No.** Enter the amount from line 1.
- ☐ **Yes.** Figure the **portion** of the tax from line 1 that is attributable to the first $49,500 of the purchase price of each new motor vehicle and enter it here (see instructions). 3

4 Enter the amount from Form 1040, line 38 4

5 Enter the total of any -
- Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15, and
- Exclusion of income from Puerto Rico 5

6 Add lines 4 and 5 6

7 Enter $125,000 ($250,000 if married filing jointly) 7

8 Is the amount on line 6 more than the amount on line 7?
- ☐ **No.** Enter the amount from line 3 above on Schedule A, line 7. **Do not** complete the rest of this worksheet.
- ☐ **Yes.** Subtract line 7 from line 6 8

9 Divide the amount on line 8 by $10,000. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000 9

10 Multiply line 3 by line 9 10

11 **Deduction for new motor vehicle taxes.** Subtract line 10 from line 3. Enter the result here and on Schedule A, line 7 11

019502
12-21-10

2010 TAX RETURN FILING INSTRUCTIONS

ILLINOIS INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2010

Prepared for	CHRISTOPHER J & MARY P CHRISTIE [redacted] MENDHAM, NJ 07945
Prepared by	HAL MODEL CPA PA [redacted]
Amount of tax	Total tax $ 2 Less: payments and credits $ 2 Plus: interest and penalties $ 0 NO PMT REQUIRED $ 0
Overpayment	Miscellaneous Donations $ 0 Credited to your estimated tax $ 0 Refunded to you $ 0
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	ILLINOIS DEPARTMENT OF REVENUE PO BOX 1040 GALESBURG, IL 61402-1040
Return must be mailed on or before	OCTOBER 17, 2011
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY BOTH TAXPAYER AND SPOUSE.

Illinois Department of Revenue

IL-505-I

Automatic Extension Payment

for Individuals Filing Form IL-1040

2010

Tax Payment Worksheet for Your Records

1	Write the total income tax you expect to owe and any use tax you will report on IL-1040.	1	0.
2	Write your Illinois Income Tax withheld and pass-through entity payments.	2	0.
3	Write your Illinois estimated payments and 2009 overpayment credit.	3	0.
4	Write any tax payment made with a previous Form IL-505-I.	4	
5	Write the estimated allowable credits for income tax paid to other states, Illinois Property Tax paid, education expenses, earned income, and credits from Schedule 1299-C.	5	0.
6	Total tax payments and credits. Add Lines 2 through 5.	6	
7	**Tentative tax due** - Subtract Line 6 from Line 1. Write the amount here and on Form IL-505-I.	7	

STOP Do not file Form IL-505-I if no payment is due or if you make this payment electronically or by credit card. **STOP**

IL-505-I (R-12/10)
049021 11-19-10

Return only the bottom portion with your payment.

Illinois Department of Revenue

IL-505-I 2010

Automatic Extension Payment for Individuals

(R-12/10) ID: [redacted]

Official Use

Write your Social Security numbers in the order they appear on your federal return.

[redacted]
Your Social Security number

[redacted]
Spouse's Social Security number

STOP Do not file this form if no payment is due or you pay electronically or by credit card.

CHRISTOPHER J & MARY P CHRISTIE
Your first name & initial | Spouse's first name & initial | Your last name

For calendar year ending 12/10 or fiscal year ending _____
Month and year

[redacted]
Street address

MENDHAM, NJ 07945
City, State, ZIP

→ $ _____
Tentative tax due

Daytime phone number

Make your check or money order payable to "Illinois Department of Revenue."

Mail to:
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19005
SPRINGFIELD IL 62794-9005

Official Use

WebFile
tax.illinois.gov

Illinois Department of Revenue

2010 Form IL-1040

Individual Income Tax Return or for fiscal year ending _____

Do not write above this line.

Step 1: Personal Information

[redacted] [redacted]

CHRISTOPHER J CHRISTIE
MARY P CHRISTIE
[redacted]
MENDHAM, NJ 07945

C Filing status (see instructions)
☐ Single or head of household ☒ Married filing jointly ☐ Married filing separately ☐ Widowed

Step 2: Income

(Whole dollars only)

1 Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4. — 1 449,607 .00

2 Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ. — 2 6,713 .00

3 Other additions to your income. **Attach** Schedule M. — 3 .00

4 **Total income.** Add Lines 1 through 3. — 4 456,320 .00

Step 3: Base Income

5 Income received from Social Security benefits and certain retirement plans if included in Line 1. **Attach** federal Page 1. — 5 .00

6 Illinois Income Tax overpayment included in U.S. 1040, Line 10. — 6 .00

7 Other subtractions to your income. **Attach** Schedule M. — 7 664 .00

Check if Line 7 includes any amount from Schedule 1299-C. ☐

8 Add Lines 5, 6, and 7. This is the total of your subtractions. — 8 664 .00

9 **Illinois base income.** Subtract Line 8 from Line 4. — 9 455,656 .00

Step 4: Exemptions

See instructions before figuring exemptions.

10 a Number of exemptions from your federal return. 6 x $2,000 a 12,000 .00

b If someone else claimed or could have claimed you or your spouse as a dependent on their return, see instructions to figure the number to write here. ___ x $2,000 b .00

c Check if 65 or older: ☐ You + ☐ Spouse = ___ x $1,000 c .00

d Check if legally blind: ☐ You + ☐ Spouse = ___ x $1,000 d .00

Exemption allowance. Add Lines a through d. — 10 12,000 .00

Step 5: Net Income

11 **Residents Only: Net income.** Subtract Line 10 from Line 9. *Skip* Line 12. — 11 .00

12 **Nonresidents and part-year residents Only:**
Check the box that applies to you during 2010 ☒ Nonresident ☐ Part-year resident, and write the **Illinois base income** from Sch. NR. **Attach** Sch. NR. — 12 83 .00

Step 6: Tax

13 **Residents:** Multiply Line 11 by 3% (.03). Write the result here.
Nonresidents and part-year residents: Write the tax before recapture of investment credits from Schedule NR. — 13 2 .00

14 Recapture of investment tax credits. **Attach** Schedule 4255. — 14 .00

15 **Total tax.** Add Lines 13 and 14. This amount may not be less than zero. — 15 2 .00

Staple W-2 and 1099 forms here

Staple your check

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0065

16 Total tax amount from Page 1, Line 15 — 16 2 .00

Step 7: Tax After Nonrefundable Credits and Use Tax

17 Income tax paid to another state while an Illinois resident. **Attach** Schedule CR. — 17 .00

Complete Schedule ICR

18 Property tax and K-12 education expense credit amount from Schedule ICR. **Attach** Schedule ICR. — 18 .00

19 Credit amount from Schedule 1299-C. **Attach** Schedule 1299-C. — 19 .00

20 Add Lines 17, 18, and 19. This is the total of your credits. This amount may not exceed the tax amount on Line 16. — 20 .00

21 Tax after nonrefundable credits. Subtract Line 20 from Line 16. — 21 2 .00

- New - Pay IL Use Tax here.

22 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. **Do not** leave blank. — 22 0 .00

23 **Tax after nonrefundable credits and use tax.** Add Lines 21 and 22. — 23 2 .00

Step 8: Payments and Refundable Credit

24 Illinois Income Tax withheld. **Attach** W-2 and 1099 forms. — 24 .00

25 Estimated payments from Forms IL-505-I and IL-1040-ES, including overpayment applied from 2009 return. — 25 .00

See Instructions

26 Pass-through entity tax payments. **Attach** Schedule K-1-P or K-1-T. — 26 2 .00

Complete Schedule ICR

27 Earned Income Credit from Schedule ICR. **Attach** Schedule ICR. — 27 .00

28 **Total payments and refundable credit.** Add Lines 24 through 27. — 28 2 .00

Step 9: Overpayment or Underpayment

29 **Overpayment.** If Line 28 is greater than Line 23, subtract Line 23 from Line 28. — 29 .00

30 **Underpayment.** If Line 23 is greater than Line 28, subtract Line 28 from Line 23. — 30 0 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations

31 Late payment penalty for underpayment of estimated tax. — 31 .00

a Check if at least two-thirds of your federal gross income is from farming. ☐

b Check if you or your spouse are 65 or older and permanently living in a nursing home. ☐

c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210, otherwise we will figure this penalty for you. **Attach** Form IL-2210. ☐

32 Voluntary charitable donations. **Attach** Schedule G. — 32 .00

33 **Total penalty and donations.** Add Lines 31 and 32. — 33 .00

Step 11: Refund or Amount You Owe

34 If you have an overpayment on Line 29 and this amount is greater than Line 33, subtract Line 33 from Line 29. This is your remaining **overpayment.** — 34 .00

35 Amount from Line 34 you want **refunded to you.** — 35 .00

Direct Deposit

36 Complete to direct deposit your refund
Routing number _____ ☐ Checking or ☐ Savings
Account number _____

37 Subtract Line 35 from Line 34. This amount will be **applied to your 2011 estimated tax.** — 37 .00

See instructions for payment options.

38 If you have an underpayment on Line 30, add Lines 30 and 33. **or** If you have an overpayment on Line 29 and this amount is less than Line 33, subtract Line 29 from Line 33. This is the **amount you owe.** — 38 0 .00

Step 12: Sign and Date

Under penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, it is true, correct, and complete.

Sign here

Your signature | Date | Daytime phone number | Your spouse's signature | Date

Paid preparer's signature | Date 10-10-11 | Preparer's phone number [redacted] | Preparer's FEIN, SSN, or PTIN [redacted]

If no payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 1040
GALESBURG IL 61402-1040

If payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001

049002 11-19-10

ID: 2BX

 DR _____ AP _____ RR DC

Illinois Department of Revenue

2010 Schedule M Other Additions and Subtractions for Individuals

Attach to your Form IL-1040

IL. Attachment No. 15

Read this information first

Complete this schedule if you are required to add certain income on Form IL-1040, Line 3, or if you are entitled to take subtractions on Form IL-1040, Line 7.

Note If you are required to complete Schedule 1299-C, Schedule F, or Form IL-4562, you must do so before you complete this schedule.

Step 1: Provide the following information

CHRISTOPHER J & MARY P CHRISTIE

Your name as shown on Form IL-1040.

[redacted]

Your Social Security number.

Step 2: Figure your additions for Form IL-1040, Line 3

Write the amount of (Whole dollars only)

1	Your child's federally tax-exempt interest and dividend income as reported on U.S. Form 8814	1	.00
2	Distributive share of additions you received from a partnership, S corporation, trust, or estate. **Attach** Schedule K-1-P or Schedule K-1-T.	2	.00
3	Lloyd's plan of operations loss, if reported on your behalf on Form IL-1023-C and included in your adjusted gross income	3	.00
4	Earnings distributed in 2010 from IRC Section 529 college savings and tuition programs if not included in your adjusted gross income (Do not include distributions from "Bright Start," "Bright Directions," or "College Illinois" programs or programs that meet certain disclosure requirements - see instructions.)	4	.00
5	Illinois special depreciation addition amount from Form IL-4562, Step 2, Line 4. **Attach** Form IL-4562.	5	.00
6	Business expense recapture (nonresidents only)	6	.00
7	Recapture of deductions for contributions to Illinois college savings plans transferred to an out-of-state plan	7	.00
8	Credit taken on Schedule 1299-C for student-assistance contributions you made as an employer	8	.00
9	Recapture of deductions for contributions to college savings plans withdrawn for nonqualified expenses or refunded	9	.00
10	Other income - Identify each item SEE STATEMENT 1	10	.00
11	Add Lines 1 through 10. Write the amount here and on Form IL-1040, Line 3.	11	.00

Step 3: Figure your subtractions for Form IL-1040, Line 7

Write the amount of

12	Contributions made in 2010 to the following college savings plans:		
a	"Bright Start" College Savings Pool	12a	.00
b	"College Illinois" Prepaid Tuition Program	12b	.00
c	"Bright Directions" College Savings Pool	12c	.00
13	Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not include any amounts contained in Line 24 of this schedule.) **Attach** Schedule K-1-P or Schedule K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number. SEE STATEMENT 2	13	664 .00
14	Restoration of amounts held under claim of right under Internal Revenue Code, Section 1341	14	.00
15	Contributions to a job training project	15	.00
16	Expenses related to federal credits or federally tax-exempt income	16	.00
17	Interest earned on investments through the Home Ownership Made Easy Program	17	.00
18	Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 10. **Attach** Form IL-4562.	18	.00
19	Add Lines 12a through 18 and write the amount here and on page 2, Line 20.	19	664 .00

Step 3: Continued

20	Write the amount from page 1, Line 19.	20	664 .00

Write the following only if included in Form IL-1040, Lines 1, 2, or 3:

21	Military pay earned. **Attach** military W-2.	21	.00
22	U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040A or 1040. **Attach** a copy of U.S. 1040A or 1040, Schedule B, if required federally.	22	.00
23	August 1, 1969, valuation limitation amount from your Schedule F, Line 17. **Attach** Schedule F and required federal forms.	23	.00
24	Enterprise or river edge redevelopment zone and high impact business dividend subtraction amount from your Schedule 1299-C, Step 2, Line 7. **Attach** Schedule 1299-C.	24	.00
25	Recovery of items previously deducted on U.S. 1040, Schedule A (including refunds of any state and local income taxes, other than Illinois). **Attach** a copy of U.S. 1040, Page 1, and required federal forms.	25	.00
26	Ridesharing money and other benefits	26	.00
27	Payment of life insurance, endowment, or annuity benefits received	27	.00
28	Lloyds plan of operations income if reported on your behalf on Form IL-1023-C	28	.00
29	Income earned by certain trust accounts established under the Illinois Pre-Need Cemetery Sales Act	29	.00
30	Education loan repayments made for primary care physicians who agree to practice in designated shortage areas under the Family Practice Residency Act	30	.00
31	Reparations or other amounts received as a victim of persecution by Nazi Germany	31	.00
32	Interest on the following tax-exempt obligations of Illinois state and local government. Do not include interest you received indirectly through owning shares in a mutual fund.		
a	Illinois Housing Development Authority bonds and notes (except housing-related commercial facilities bonds and notes)	32a	.00
b	Export Development Act of 1983 bonds	32b	.00
c	Illinois Development Finance Authority bonds, notes, and other evidence of obligation (venture fund and infrastructure bonds only)	32c	.00
d	Quad Cities Regional Economic Development Authority bonds and notes (if declared to be exempt from taxation by the Authority)	32d	.00
e	College Savings bonds	32e	.00
f	Illinois Sports Facilities Authority bonds	32f	.00
g	Higher Education Student Assistance Act bonds	32g	.00
h	Illinois Development Finance Authority bonds issued under the Illinois Development Finance Authority Act, Sections 7.80 through 7.87	32h	.00
i	Rural Bond Bank Act bonds and notes	32i	.00
j	Illinois Development Finance Authority bonds issued under the Asbestos Abatement Finance Act	32j	.00
k	Quad Cities Interstate Metropolitan Authority bonds	32k	.00
l	Southwestern Illinois Development Authority bonds	32l	.00
m	Illinois Finance Authority bonds issued under the Illinois Finance Authority Act, Sections 820.60 and 825.55 or the Asbestos Abatement Finance Act	32m	.00
33	Interest on the following non-U.S. government bonds.		
a	Bonds issued by the government of Guam	33a	.00
b	Bonds issued by the government of Puerto Rico	33b	.00
c	Bonds issued by the government of the Virgin Islands	33c	.00
d	Bonds issued by the government of American Samoa	33d	.00
e	Bonds issued by the government of the Northern Mariana Islands	33e	.00
f	Mutual mortgage insurance fund bonds	33f	.00
34	Amount of your child's interest from U.S. Treasury and U.S. agency obligations or from sources in Line 32 or 33 as reported on U.S. Form 8814	34	.00
35	Railroad unemployment income. **Attach** Form 1099-G and a copy of page 1 of your federal return.	35	.00
36	Unjust imprisonment compensation awarded by Illinois Court of Claims	36	.00
37	Add Lines 20 through 36. Write the amount here and on Form IL-1040, Line 7.	37	664 .00

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-4425

049062
11-19-10 **ID: 2BX**

Illinois Department of Revenue

2010 Schedule NR

Attach to your Form IL-1040

Nonresident and Part-Year Resident Computation of Illinois Tax

IL Attachment No. 2

CHRISTOPHER J & MARY P CHRI
Your name as shown on your Form IL-1040

[redacted]
Your Social Security number

Step 1: Provide the following information

1 Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?
☐ Yes ☒ No If you answered "Yes," **STOP** you cannot use this form (see instructions).

2 If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2010.

a I lived in **Illinois** from ___/___/___ (Month Day Year) to ___/___/___ (Month Day Year) I lived in _____ (State) from ___/___/___ (Month Day Year) to ___/___/___ (Month Day Year)

b My spouse lived in **Illinois** from ___/___/___ (Month Day Year) to ___/___/___ (Month Day Year), and _____ (State) from ___/___/___ (Month Day Year) to ___/___/___ (Month Day Year)

3 If you were a resident of any of the states listed below during the tax year or if you were in Illinois only to accompany your spouse who was in the military, check the appropriate box.
☐ Iowa ☐ Kentucky ☐ Michigan ☐ Wisconsin ☐ Military Spouse

4 If you earned income or filed a tax return for the tax year in a state other than those listed above, write the two-letter abbreviation of that state.
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

Step 3: Figure the Illinois portion of your federal adjusted gross income

Write the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

			Column A Federal Total	Column B Illinois Portion
Income	5 Wages, salaries, tips, etc. (federal Form 1040 or 1040A, Line 7; 1040EZ, Line 1)	5	410,045 .00	.00
	6 Taxable interest income (federal Form 1040 or 1040A, Line 8a; 1040EZ, Line 2)	6	6,875 .00	.00
	7 Ordinary dividend income (federal Form 1040 or 1040A, Line 9a)	7	5,440 .00	.00
	8 Taxable refunds, credits, or offsets of state and local income tax (federal Form 1040, Line 10)	8	.00	.00
	9 Alimony received (federal Form 1040, Line 11)	9	.00	.00
	10 Business income or loss (federal Form 1040, Line 12)	10	.00	.00
	11 Capital gain or loss (federal Form 1040, Line 13 or 1040A, Line 10)	11	8,116 .00	.00
	12 Other gains or losses (federal Form 1040, Line 14)	12	5,163 .00	.00
	13 Taxable IRA distributions (federal Form 1040, Line 15b; or 1040A, Line 11b)	13	.00	.00
	14 Taxable pensions and annuities (federal Form 1040, Line 16b; or 1040A, Line 12b)	14	.00	.00
	15 Rents, royalties, partnerships, S corporations, trusts, and estates (federal Form 1040, Line 17) SEE STATEMENT 3	15	13,751 .00	83 .00
	16 Farm income or loss (federal Form 1040, Line 18)	16	.00	.00
	17 Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040, Line 19; 1040A, Line 13; 1040EZ, Line 3)	17	.00	.00
	18 Taxable Social Security benefits (federal Form 1040, Line 20b; or 1040A, Line 14b)	18	.00	.00
	19 Other income (federal Form 1040, Line 21) Include winnings from the **Illinois State Lottery** as Illinois income in Column B.	19	217 .00	.00
	20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	20		83 .00

Continue with Step 3 on Page 2 →

Step 3: Continued

Adjustments to Income		Column A Federal Total	Column B Illinois Portion
21 Write the Illinois portion of your federal total income from Page 1, Step 3, Line 20.			21 83 .00
22 Deduction for Educator Expenses (federal Form 1040, Line 23; or 1040A, Line 16)	22	.00	.00
23 Certain business expenses of reservists, performing artists, and fee-based government officials (federal Form 1040, Line 24)	23	.00	.00
24 Deduction for health savings account (federal Form 1040, Line 25)	24	.00	.00
25 Moving expenses (federal Form 1040, Line 26)	25	.00	.00
26 Deduction for one-half of self-employment tax (federal Form 1040, Line 27)	26	.00	.00
27 Self-employed (SEP), SIMPLE, and qualified plans (federal Form 1040, Line 28)	27	.00	.00
28 Self-employed health insurance deduction (federal Form 1040, Line 29)	28	.00	.00
29 Penalty on early withdrawal of savings (federal Form 1040, Line 30)	29	.00	.00
30 Alimony paid (federal Form 1040, Line 31a)	30	.00	.00
31 Total IRA deduction (federal Form 1040, Line 32; or 1040A, Line 17)	31	.00	.00
32 Deduction for student loan interest (federal Form 1040, Line 33; or 1040A, Line 18)	32	.00	.00
33 Deduction for tuition and fees (federal Form 1040, Line 34; or 1040A, Line 19)	33	.00	.00
34 Domestic production activities deduction (federal Form 1040, Line 35)	34	.00	.00
35 Other adjustments (see instructions)	35	.00	.00
36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.			36 .00
37 Write your adjusted gross income as reported on your federal Form 1040, Line 37; 1040A, Line 21; 1040EZ, Line 4.	37	449,607 .00	
38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.			38 83 .00

Step 4: Figure your Illinois additions and subtractions

In Column A, write the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

Illinois Adjustments		Column A Form IL-1040 Total	Column B Illinois Portion
39 Federally tax-exempt interest income (Form IL-1040, Line 2)	39	6,713 .00	.00
40 Other additions (Form IL-1040, Line 3)	40	.00	.00
41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.			41 83 .00
42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00	.00
43 Illinois Income Tax overpayment included on your U.S. 1040, Line 10. (Form IL-1040, Line 6)	43	.00	.00
44 Other subtractions (Form IL-1040, Line 7) SEE STATEMENT 4	44	664 .00	.00
45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.			45 .00

Step 5: Figure your Illinois income and tax

Tax Calculations			
46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, write zero. This is your **Illinois base income.** Write this amount on your Form IL-1040, Line 12. → If Line 46 is zero, skip Lines 47 through 51, and write "0" on Line 52.			46 83 .00
47 Write the base income from Form IL-1040, Line 9.	47	455,656 .00	
48 Divide Line 46 by Line 47 (carry to three decimal places). Write the appropriate decimal. If Line 46 is greater than Line 47, write 1.000.	48	.000	
49 Write your exemption allowance from your Form IL-1040, Line 10.	49	12,000 .00	
50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.			50 0 .00
51 Subtract Line 50 from Line 46. This is your Illinois net income.			51 83 .00
52 Multiply the amount on Line 51 by 3% (.03). This amount may not be less than zero. This is your **tax** before recapture of investment credits. Write this amount on your Form IL-1040, Line 13. →			52 2 .00

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0098

ID: 2BX

049072 12-17-10

CHRISTOPHER J & MARY P CHRISTIE [redacted]

IL SCHEDULE M	OTHER INCOME	STATEMENT 1

DESCRIPTION	AMOUNT
UBT ADDBACK	
UBT ADDBACK	
DEEPRECIATION	
TOTAL TO SCHEDULE M, LINE 10	

IL SCHEDULE M	OTHER SUBTRACTIONS	STATEMENT 2

DESCRIPTION	AMOUNT
U.S. INTEREST FROM PTSPS, S CORPS, TRUSTS, ETC	664.
TOTAL INCLUDED IN SCHEDULE M, LINE 13	664.

IL SCHEDULE NR	LINE 15 PASSTHROUGH STATEMENT	STATEMENT 3

DESCRIPTION	TAXPAYER	SPOUSE
CANTOR FITZGERALD LP	0.	83.
	0.	83.

IL SCHEDULE NR	OTHER SUBTRACTIONS	STATEMENT 4

DESCRIPTION	FORM IL-1040 TOTAL	ILLINOIS PORTION
U.S. INTEREST FROM PTSPS, S CORPS, TRUSTS, ETC	664.	0.
TOTAL TO SCHEDULE NR, LINE 44	664.	0.

2010 TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2010

Prepared for	CHRISTOPHER J & MARY P CHRISTIE [redacted] MENDHAM, NJ 07945
Prepared by	HAL MODEL CPA PA [redacted]
Amount of tax	Total tax $ 1 Less: payments and credits $ 2 Plus: interest and penalties $ 0 OVERPAYMENT $ 1
Overpayment	Miscellaneous Donations $ 0 Credited to your estimated tax $ 0 Refunded to you $ 1
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FORM M-8453 TO OUR OFFICE. WE WILL SUBMIT YOUR ELECTRONIC RETURN TO THE MDOR.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	

87-12-00014

Form M-8453
Individual Income Tax Declaration for Electronic Filing

***** THIS IS NOT A FILEABLE COPY *****

2010
Massachusetts Department of Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1-December 31, 2010.

Your first name and initial: CHRISTOPHER J — Last name: CHRISTIE	Declaration control number: [redacted]
If a joint return, spouse's first name and initial: MARY P — Last name: CHRISTIE	Your Social Security number: [redacted]
Present street address (and apartment number): [redacted]	Spouse's Social Security number: [redacted]
City/Town/Post Office: MENDHAM — State ZIP: NJ 07945	Filing status: [ ] Single [X] Married filing jointly [ ] Married filing separately [ ] Head of household

Part 1. Tax Return Information for Electronic Filing

1	Total 5.3% income (from Form 1, line 10, or Form 1-NR/PY, line 12)	1	42
2	Income tax after credits (from Form 1, line 31, or Form 1-NR/PY, line 36)	2	1
3	Massachusetts use tax (from Form 1, line 33, or Form 1-NR/PY, line 38)	3	
4	Massachusetts income tax withheld (from Form 1, line 36, or Form 1-NR/PY, line 41)	4	2
5	Refund amount (from Form 1, line 46, or Form 1-NR/PY, line 51)	5	1
6	Tax due (from Form 1, line 47, or Form 1-NR/PY, line 52)	6	

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2010 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature — Date — Spouse's signature (if joint return, **both** must sign) — Date

***** THIS IS NOT A FILEABLE COPY *****

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN: [redacted] — Date — EIN: [redacted] — [ ] Check if self-employed

Firm name (or yours, if self-employed) and address: HAL MODEL CPA PA [redacted] — City/Town — State — ZIP — [X] Check if also paid preparer

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

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

Paid preparer's signature and SSN or PTIN — Date — EIN — [ ] Check if self-employed

Firm name (or yours, if self-employed) and address — City/Town — State — ZIP

057261 11-01-10

057281
10-01-10
87-12-00014

▼ DETACH HERE ▼

Form M-4868

Application for Automatic Six-Month Extension - 2010

Massachusetts
Department of Revenue

Social Security number	Spouse's Social Security number	Period end date	Amount enclosed
[redacted]	[redacted]	12/10	0.00

CHRISTOPHER J CHRISTIE
MARY P CHRISTIE
[redacted]
MENDHAM NJ 07945

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

Your signature | Signature of paid preparer | Date

Employer Identification number of paid preparer | Social Security number or PTIN

[redacted]

[redacted]

[redacted]

2010 Form 1-NR/PY [redacted]

Massachusetts Nonresident/Part-Year Resident Income Tax Return

For the year January 1-December 31, 2010 or other taxable

Year beginning Ending

CHRISTOPHER J CHRISTIE [redacted]

MARY P CHRISTIE [redacted]

MENDHAM NJ 07945

Apt. no.

State Election Campaign Fund: $1 You $1 Spouse TOTAL ▶

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

Taxpayer deceased ▶ You Spouse

Fill in if under age 18 ▶ You ▶ Spouse

Check one: X Nonresident — Filing as both nonresident and part-year resident ▶ Name/address changed since 2009

Part-year resident — Nonresident composite ▶ Fill in if noncustodial parent

1. **Filing status** (select one only): ▶ Single ▶ Fill in if filing Schedule TDS

X Married filing jointly

Married filing separate return

Head of household ▶ Custodial parent has released claim to exemption for child(ren)

2. **Part-year residents.** Enter dates as Massachusetts resident: From ▶ To ▶

Total days as Massachusetts resident ÷ 365 = ▶ 2

3. **Total income** ▶ 3 449607

4. **Exemptions:**

a. Personal exemptions 4a 8800

b. Number of dependents. (Do not include yourself or your spouse.) Enter number ▶ 4 x $1,000 = 4b 4000

c. Age 65 or over before 2011 You + Spouse = ▶ x $700 = 4c

d. Blindness You + Spouse = ▶ x $2,200 = 4d

e. 1. Medical/dental ▶ 2. Adoption ▶ 1 + 2 = 4e

f. Total exemptions. Add items 4a through 4e. Enter here and on line 22a ▶ 4f 12800

5. Wages, salaries, tips ▶ 5

6. Taxable pensions and annuities ▶ 6

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

Your signature Date Spouse's signature Date

COPY

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

I do not want preparer to file my return electronically ▶ (this may delay your refund)

Print paid preparer's name Date 10-10-11 Check if self-employed Paid preparer's SSN ▶ [redacted]

HAL MODEL CPA

Paid preparer's signature Paid preparer's phone [redacted] Paid preparer's EIN ▶ [redacted]

057201 11-10-10

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

OCTOBER 11, 2011 10:57:11

2010 Form 1-NR/PY, pg. 2 [redacted]

Massachusetts Nonresident/Part-Year Resident Income Tax Return [redacted]

7.	Mass. bank interest: a. ▶ - b. exemption	=7	
8.	Business/profession or farm income or loss	▶ 8	
9.	Rental, royalty and REMIC, partnership, S corp., trust income/loss	▶ 9	42
10a.	Unemployment	▶ 10a	
10b.	Mass. lottery winnings	▶ 10b	
11.	Other income	▶ 11	
12.	**TOTAL 5.3% INCOME**	12	42
13.	**NONRESIDENT APPORTIONMENT WORKSHEET.** You **cannot** apportion Mass. wages as shown on Form W-2. Do **not** use this worksheet if you know the exact amount of your Mass. source income. **Only** use when income from employment/business is earned both inside and outside Mass. **and** the exact Mass. amount is not known. Basis: working days miles sales other:		
	Working days (or other basis) outside Massachusetts	13a	
	Working days (or other basis) inside Massachusetts	13b	
	Total working days	13c	
	Nonworking days (holidays, weekends, etc.)	13d	
	Massachusetts ratio	▶ 13e	
	Total income being apportioned. You **cannot** apportion Massachusetts wages as shown on Form W-2	13f	
	Massachusetts income	13g	
14.	**NONRESIDENT DEDUCTION AND EXEMPTION RATIO**		
	a. Total 5.3% income	14a	42
	b. Interest income	14b	
	c. Total capital gain income	14c	
	d. Total income this return	14d	42
	e. Non-Massachusetts source income. **Not less than "0"** SEE STATEMENT 1	▶ 14e	448901
	f. Total income SEE STATEMENT 2	14f	448943
	g. Deduction and exemption ratio	14g	.0001
15a.	Amount paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	▶ 15a	
15b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	▶ 15b	

2010 Form 1-NR/PY, pg. 3 [redacted]

Massachusetts Nonresident/Part-Year Resident Income Tax Return

CHRISTOPHER J CHRISTIE [redacted]

16.	Child under age 13, or disabled dependent/spouse care expenses	▶ 16	
17.	Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/10, or disabled dependent(s) **Not more than two.** a. ▶ 2	x $3,600 = ▶ 17	1
18.	Rental deduction. a. ▶	÷ 2 = ▶ 18	
	Nonresidents, during 2010, did you have a family home or any other dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future? Yes No. If "Yes," you do **not** qualify for this deduction.		
19.	Other deductions from Schedule Y, line 16	▶ 19	
20.	**Total deductions.** Add lines 15 through 19	▶ 20	1
21.	**5.3% INCOME AFTER DEDUCTIONS.** Subtract line 20 from line 12. **Not less than "0"**	21	41
22.	Exemption amount. a. 12800	▶ 22	1
23.	**5.3% INCOME AFTER EXEMPTIONS.** Subtract line 22 from line 21. **Not less than "0"**	23	40
24.	**INTEREST AND DIVIDEND INCOME**	▶ 24	
25.	**TOTAL TAXABLE 5.3% INCOME.** Add lines 23 and 24	25	40
26.	**TAX ON 5.3% INCOME. Note:** If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 20 by .0585 ▶	26	1
27.	**12% INCOME.** Not less than "0." a. ▶ 0	x .12= 27	
28.	**TAX ON LONG-TERM CAPITAL GAINS. Not less than "0."** Fill in if filing Schedule D-IS ▶	▶ 28	
	Fill in if any excess exemptions were used in calculating lines 24, 27 or 28 ▶		
29.	Credit recapture amount and/or additional tax on installment sale ▶ BC EOA LIH HR Installment sale	▶ 29	
30.	If you qualify for No Tax Status, fill in and enter "0" on line 31 ▶		
31.	**TOTAL INCOME TAX.** Add lines 26 through 29	31	1
32.	Limited Income Credit	▶ 32	
33.	Credits from Schedule Z, line 9	▶ 33	
34.	Credits from Schedule Z, line 12	▶ 34	
35.	Total credits	35	
36.	**INCOME TAX AFTER CREDITS.** Subtract line 35 from line 31. **Not less than "0"**	36	1

2010 Form 1-NR/PY, pg. 4 [redacted]

Massachusetts Nonresident/Part-Year Resident Income Tax Return

37.	**Voluntary Contributions**		
	a. Endangered Wildlife Conservation	▶ 37a	
	b. Organ Transplant Fund	▶ 37b	
	c. Massachusetts AIDS Fund	▶ 37c	
	d. Massachusetts U.S. Olympic Fund	▶ 37d	
	e. Massachusetts Military Family Relief Fund	▶ 37e	
	Total. Add lines 37a through 37e	37	
38.	Use tax due on out-of-state purchases. If no use tax due enter "0"	▶ 38	
39.	Health care penalty a. You ▶ b. Spouse ▶	a + b = 39	
40.	**INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.** Add lines 36 through 39	40	1
41.	Massachusetts income tax withheld	▶ 41	2
42.	2009 overpayment applied to your 2010 estimated tax	▶ 42	
43.	2010 Massachusetts estimated tax payments	▶ 43	
44.	Payments made with extension	▶ 44	
45.	Earned Income Credit. a. Number of qualifying children ▶ Amount from U.S. return ▶	x .15 = ▶ 45	
46.	Senior Circuit Breaker Credit	▶ 46	
47.	Other Refundable Credits	▶ 47	
48.	**TOTAL.** Add lines 41 through 47	48	2
49.	**Overpayment.** Subtract line 40 from line 48	▶ 49	1
50.	Amount of overpayment you want **applied to your 2011 estimated tax**	▶ 50	
51.	**Refund.** Subtract line 50 from line 49. Mail to: Massachusetts DOR, PO Box 7001, Boston, MA 02204	▶ 51	1

Direct deposit of refund. Type of account ▶ checking savings

RTN # ▶ account # ▶

52. **Tax due.** Mail to: Massachusetts DOR, PO Box 7002, Boston, MA 02204 ▶ 52

Interest ▶ Penalty ▶ M-2210 amt. ▶ 0 ▶ X EX enclose Form M-2210

057222 11-10-10

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1

OCTOBER 11, 2011 10:57:11

2010 Schedule DI [redacted]

CHRISTOPHER J CHRISTIE [redacted]

Schedule DI. Dependent Information

ANDREW CHILD — CHRISTIE [redacted]
Is dependent a qualifying child for earned income credit? ▶ X [redacted]

SARAH CHILD — CHRISTIE [redacted]
Is dependent a qualifying child for earned income credit? ▶ X [redacted]

PATRICK CHILD — CHRISTIE [redacted]
Is dependent a qualifying child for earned income credit? ▶ X [redacted]

BRIDGET CHILD — CHRISTIE [redacted]
Is dependent a qualifying child for earned income credit? ▶ X [redacted]

Is dependent a qualifying child for earned income credit? ▶

Is dependent a qualifying child for earned income credit? ▶

Is dependent a qualifying child for earned income credit? ▶

Is dependent a qualifying child for earned income credit? ▶

Is dependent a qualifying child for earned income credit? ▶

Is dependent a qualifying child for earned income credit? ▶

057135 11-02-10

2010 Schedule B [redacted]

CHRISTOPHER J CHRISTIE [redacted]

Part 1. Interest and Dividend Income

1.	Total interest income		1	13588
2.	Total ordinary dividends		2	5440
3.	Other interest and dividends not included above		3	
4.	Total interest and dividends		4	19028
5.	Total interest from Massachusetts banks		5	
6.	Other interest and dividends to be excluded	SEE STATEMENT 3	6	19028
7.	Subtotal		7	0
8.	Allowable deductions from your trade or business		8	
9.	Subtotal		9	

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

10.	Short-term capital gains	SEE STATEMENT 4	10	0
11.	Long-term capital gains on collectibles and pre-1996 installment sales		11	
12.	Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less		12	
13.	Add lines 10 through 12		13	
14.	Allowable deductions from your trade or business		14	
15.	Subtotal		15	
16.	Short-term capital losses		16	
17.	Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less		17	
18.	Prior short-term unused losses for years beginning after 1981		18	
19.	Combine lines 15 through 18		19	
20.	Short-term losses applied against interest and dividends		20	

05/041 11-02-10

2010 Schedule B, pg. 2 [redacted]

21.	Available short-term losses	21	
22.	Short-term losses applied against long-term gains	22	
23.	Short-term losses available for carryover in 2011	23	
24.	Short-term gains and long-term gains on collectibles	24	
25.	Long-term losses applied against short-term gain	25	
26.	Subtotal	26	
27.	Long-term gains deduction	27	
28.	Short-term gains after long-term gains deduction	28	

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

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

Part 4. Taxable Interest, Dividends and Certain Capital Gains

35.	Adjusted gross interest, dividends and certain capital gains	▶ 35	
36.	Excess exemptions	36	
37.	Subtract line 36 from line 35	37	
38.	Interest and dividends taxable at 5.3%	▶ 38	0
39.	Taxable 12% capital gains	▶ 39	0
40.	Available short-term losses for carryover in 2011	40	

057231 11-02-10

OCTOBER 11, 2011 10:57:11

2010 Schedule D [redacted]

Long-Term Capital Gains and Losses Excluding Collectibles

CHRISTOPHER J CHRISTIE [redacted]

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

1.	Enter amounts included in U.S. Schedule D, line 8, col. f	STMT 6	1	73436
2.	Enter amounts included in U.S. Schedule D, line 9, col. f		2	
3.	Enter amounts included in U.S. Schedule D, line 11, col. f	STMT 5	3	3027
4.	Enter amounts included in U.S. Schedule D, line 12, col. f	STMT 7	4	3954
5.	Enter amounts included in U.S. Schedule D, line 13, col. f		5	
6.	Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II	STMT 8	6	-26
7.	Carryover losses from prior years		7	
8.	Combine lines 1 through 7		8	80391
9.	Differences, if any	STMT 9	9	-80391
10.	Adjusted capital gains and losses		10	
11.	Long-term gains on collectibles and pre-1996 installment sales		11	
12.	Subtotal		12	
13.	Capital losses applied against capital gains		13	
14.	Subtotal		14	
15.	Long-term capital losses applied against interest and dividends		15	
16.	Subtotal		16	
17.	Allowable deductions from your trade or business		17	
18.	Subtotal		▶ 18	
19.	Excess exemptions		19	
20.	Taxable long-term capital gains		▶ 20	
21.	Tax on long-term capital gains		▶ 21	
22.	Available losses for carryover		22	

057861 11-02-10

2010 Schedule E [redacted]

CHRISTOPHER J CHRISTIE [redacted]

Income or Loss from Real Estate and Royalties:

Income

1. Rents received	1	
2. Royalties received	2	21758

Expenses

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	
10. Mortgage interest paid to banks, etc.	10	
11. Other interest	11	
12. Repairs	12	
13. Supplies	13	
14. Taxes	14	
15. Utilities	15	
16. Other expenses	16	
17. Add lines 3 through 16	17	
18. Depreciation expense or depletion	18	
19. Total expenses. Add lines 17 and 18	19	
20. Income or loss from rental real estate or royalty properties	20	21758
21. Deductible rental real estate loss	21	
22. Income. Enter positive amounts shown on line 20	22	21758
23. Losses. Add royalty losses from line 20 and real estate losses from line 21	23	
24. Rental real estate and royalty income or loss	24	21758

057121 11-02-10

OCTOBER 11, 2011 10:57:11

2010 Schedule E, pg. 2

Income or Loss from Partnerships and S Corporations

25.	Passive loss allowed	25	
26.	Passive income	26	
27.	Non-passive loss	27	10807
28.	Section 179 expense deduction	28	
29.	Non-passive income	29	2800
30.	Combine lines 26 and 29	30	2800
31.	Combine lines 25, 27 and 28	31	-10807
32.	Partnership and S corporation income or loss. Combine lines 30 and 31	32	-8007
33.	Interest (other than MA banks) and dividends if included in line 32	33	
34.	Interest from Massachusetts banks if included in line 32	34	
35.	Total income or loss from partnerships and S corporations	35	-8007

Income or Loss from Estates and Trusts

36.	Passive deduction or loss allowed	36	
37.	Passive income	37	
38.	Non-passive deduction or loss	38	
39.	Non-passive other income	39	
40.	Add lines 37 and 39	40	
41.	Add lines 36 and 38	41	
42.	Estate and trust income or loss. Combine lines 40 and 41	42	
43.	Estate or non-grantor-type trust income	43	
44.	Grantor-type trust and non-Massachusetts estate and trust income	44	
45.	Interest and dividends if included in line 44	45	
46.	Adjustments to 5.3% income	46	
47.	Subtotal. Combine lines 45 and 46	47	
48.	Income or loss from grantor-type and non-Mass estates and trusts	48	

Income or Loss from REMICs

49.	Excess inclusion	49	
50.	Taxable income or loss	50	
51.	Income	51	
52.	Combine lines 50 and 51	52	

Farm Income

53.	Net farm rental income or loss	53	

Summary

54.	Income or loss. Combine lines 24, 35, 48, 52 and 53	54	13751
55.	Massachusetts differences. Enclose statement SEE STATEMENT 10	55	-13709
56.	Abandoned building renovation deduction	56	
57.	Total income or loss. Combine lines 54, 55 and 56	57	42

OCTOBER 11, 2011 10:57:11

2010 Schedule E-1 [redacted]

MARY P CHRISTIE [redacted]
MCNEIL PPC INC - ROYALTIES

Check one: Real estate X Royalty

Income or Loss from Real Estate and Royalties

Income

1.	Rents received	1	
2.	Royalties received	2	21734

Expenses

3.	Advertising	3	
4.	Auto and travel	4	
5.	Cleaning and maintenance	5	
6.	Commissions	6	
7.	Insurance	7	
8.	Legal and other professional fees	8	
9.	Management fees	9	
10.	Mortgage interest paid to banks, etc.	10	
11.	Other interest	11	
12.	Repairs	12	
13.	Supplies	13	
14.	Taxes	14	
15.	Utilities	15	
16.	Other expenses	16	
17.	Add lines 3 through 16	17	
18.	Depreciation expense or depletion	18	
19.	Total expenses. Add lines 17 and 18	19	
20.	Income or loss from rental real estate or royalty properties	20	21734
21.	Deductible rental real estate loss	21	
22.	Income. Enter positive amounts shown on line 20	22	21734
23.	Losses. Add royalty losses from line 20 and real estate losses from line 21	23	
24.	Rental real estate and royalty income or loss	24	21734

25. Was this rental property used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value? Yes No

078061 11-02-10

OCTOBER 11, 2011 10:57:11

2010 Schedule E-1 [redacted]

CHRISTOPHER J CHRISTIE [redacted]

Check one: Real estate X Royalty

Income or Loss from Real Estate and Royalties

Income

1.	Rents received	1	
2.	Royalties received	2	24

Expenses

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

078061 11-02-10

OCTOBER 11, 2011 10:57:11

2010 Schedule E-2 [redacted]

CHRISTOPHER J CHRISTIE [redacted]
GOLDMAN SACHS HEDGE FUND PARTNERS, L [redacted]

Check one: S corp. X partnership

Income or Loss from Partnerships and S Corporations

1.	Passive loss allowed	1	
2.	Passive income	2	
3.	Non-passive loss	3	10807
4.	Section 179 expense deduction	4	
5.	Non-passive income	5	
6.	Combine lines 2 and 5	6	
7.	Combine lines 1, 3 and 4	7	-10807
8.	Partnership and S corporation income or loss. Combine lines 6 and 7	8	-10807
9.	Interest (other than MA banks) and dividends if included in line 8	9	
10.	Interest from Massachusetts banks if included in line 8	10	
11.	Total income or loss from partnerships and S corporations	11	-10807
12.	Are you reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses?	Yes X No	
13.	Check if any amount of this investment not at risk		

078062 11-02-10

OCTOBER 11, 2011 10:57:11

2010 Schedule E-2 [redacted]

MARY P CHRISTIE [redacted]
CANTOR FITZGERALD LP [redacted]

Check one: S corp. X partnership

Income or Loss from Partnerships and S Corporations

1.	Passive loss allowed	1	
2.	Passive income	2	
3.	Non-passive loss	3	
4.	Section 179 expense deduction	4	
5.	Non-passive income	5	2800
6.	Combine lines 2 and 5	6	2800
7.	Combine lines 1, 3 and 4	7	
8.	Partnership and S corporation income or loss. Combine lines 6 and 7	8	2800
9.	Interest (other than MA banks) and dividends if included in line 8	9	
10.	Interest from Massachusetts banks if included in line 8	10	
11.	Total income or loss from partnerships and S corporations	11	2800
12.	Are you reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses?	Yes X No	
13.	Check if any amount of this investment not at risk		

078062 11-02-10

OCTOBER 11, 2011 10:57:11

8/ 12-00014

Form M-2210

Underpayment of Massachusetts Estimated Income Tax

2010
Massachusetts Department of Revenue

Enclose this form with your income tax return. Please print in ink or type.

Name(s) as shown on page 1 of return

Social Security or Federal Identification number

CHRISTOPHER J & MARY P CHRISTIE [redacted]

Exceptions to the Underpayment Penalty

You may qualify for an exception to the underpayment penalty if:

- [ ] Your 2010 income tax due after credits and withholding is $400 or less.
- [ ] You are a qualified farmer or fisherman filing and paying your full amount due on or before March 1, 2011.
- [ ] You were a resident of Massachusetts for 12 months and not liable for taxes during 2009.
- [X] Your estimated payments and withholding equal or exceed your 2009 tax (where taxable year was 12 months and a return was filed).

Part 1. Required Annual Payment

1 2010 tax (from Form 1, line 27; Form 1-NR/PY, line 31; or Form 3M)	1	1.
2 Total credits (from Form 1, lines 30, 40, 41 and 42; Form 1-NR/PY, lines 35, 45, 46 and 47)	2	
3 Balance. Subtract line 2 from line 1. Not less than "0"	3	1.
4 Enter 80% of line 3 or 66 2/3% of line 3 if you are a qualified farmer or fisherman	4	1.
5 Enter 2009 tax liability after credits (from 2009 return)	5	1.
6 Enter the smaller of line 4 or line 5	6	1.

Part 2. Figuring Your Underpayment

		Installment due dates			
		a. April 15, 2010	b. June 15, 2010	c. Sept. 15, 2010	d. Jan. 15, 2011
7 Divide the amount in line 6 by the number of installments required for the year. Enter the result in the appropriate columns	7	0.	0.	0.	1.
8 Estimated taxes paid and taxes withheld for each installment	8	1.	1.	1.	
9 Overpayment of previous installment	9		1.	2.	3.
10 Total. Add lines 8 and 9	10	1.	2.	3.	3.
11 Overpayment. Subtract line 7 from line 10	11	1.	2.	3.	2.
12 Underpayment. Subtract line 10 from line 7	12				

Part 3. Figuring Your Underpayment Penalty

13 Enter the date you paid the amount in line 12 or the 15th day of the 4th mo. after the close of the taxable year, whichever is earlier	13				
14 Number of days from the due date of installment to the date shown in line 13	14				
15 Number of days in line 14 after 4/15/10 and before 7/1/10	15				
16 Number of days in line 14 after 6/30/10 and before 10/1/10	16				
17 Number of days in line 14 after 9/30/10 and before 1/1/11	17				
18 Number of days in line 14 after 12/31/10 and before 4/16/11	18				
19 Underpayment in line 12 x (number of days in line 15 ÷ 365) x 5%	19				
20 Underpayment in line 12 x (number of days in line 16 ÷ 365) x 5%	20				
21 Underpayment in line 12 x (number of days in line 17 ÷ 365) x 5%	21				
22 Underpayment in line 12 x (number of days in line 18 ÷ 365) x 4%	22				
23 Penalty. Add all amounts shown in lines 19 through 22. Enter this amount on Form 1, line 47; Form 1-NR/PY, line 52; or Form 3M	23				0.

*Rate to be determined.

05/141 01-04-11

CHRISTOPHER J & MARY P CHRISTIE [redacted]

MA 1-NR/PY NON-MASSACHUSETTS SOURCE INCOME STATEMENT 1

DESCRIPTION	AMOUNT
WAGES	410,045.
PARTNERSHIP	-8,049.
RENTAL INCOME	21,758.
MISCELLANEOUS INCOME	217.
INTEREST	6,211.
DIVIDENDS	5,440.
4797 CAPITAL GAINS/LOSSES	5,163.
CAPITAL GAINS/LOSSES	8,116.
TOTAL TO FORM 1-NR/PY, LINE 14E	448,901.

MA 1-NR/PY RECONCILIATION OF U.S. INCOME TO MASS. LINE 14F STATEMENT 2

CHRISTOPHER J & MARY P CHRISTIE [redacted]

TOTAL INCOME FROM U.S. FORM 1040, LINE 22 . . .		449,607
U.S. BOND INTEREST	664	
STATE TAX REFUNDS		
SOCIAL SECURITY AND TIER 1 RAILROAD RETIREMENT .		
TOTAL SUBTRACTIONS FROM TOTAL U.S. INCOME . . .		-664
NET OPERATING LOSS CARRYFORWARD		
FOREIGN EARNED INCOME EXCLUSION		
FOREIGN MOVING EXPENSE RECAPTURE		
TOTAL ADDITIONS TO TOTAL U.S. INCOME		
MISCELLANEOUS DIFFERENCES		
MASSACHUSETTS FORM 1-NR/PY, LINE 14F		448,943

CHRISTOPHER J & MARY P CHRISTIE [redacted]

MA B OTHER DIVIDEND AND INTEREST INCOME TO BE EXCLUDED STATEMENT 3

DESCRIPTION	AMOUNT
ADJUSTMENT FOR NON-MASSACHUSETTS AMOUNTS	11,651.
U.S. INTEREST	664.
NONTAXABLE INTEREST	6,713.
TOTAL TO SCHEDULE B, LINE 6	19,028.

MA B ADJUSTMENT TO GAIN FOR MASSACHUSETTS DIFFERENCES STATEMENT 4

EXPLANATION	SHORT-TERM
SHORT-TERM CAPITAL GAINS FROM U.S. SCHEDULE D, LINES 1, 2, 4 AND 5	10,631.00
DIFFERENCES BETWEEN U.S. AND MASS. AMOUNTS	-10,631.00
TOTAL TO SCHEDULE B, LINE 10	0.00

MA D U.S. SCHEDULE D, LINE 11, COL. F STATEMENT 5

EXPLANATION	AMOUNT
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	3,027.00
TOTAL TO SCHEDULE D, LINE 3	3,027.00

MA D U.S. SCHEDULE D, LINE 8, COL. F STATEMENT 6

EXPLANATION	AMOUNT
MARVEL ENTERTAINMENT	45,000.00
WALT DISNEY	1.00
50000 ECOSPHERE TECH	5,246.00
50000 ECOSPHERE TECH	6,182.00
50000 ECOSPHERE TECH	17,007.00
50000 NJ TRANSP TRUST FD REV BOND [redacted]	0.00
TOTAL TO SCHEDULE D, LINE 1	73,436.00

MA D — U.S. SCHEDULE D, LINE 12, COL. F — STATEMENT 7

EXPLANATION	AMOUNT
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	3,954.00
TOTAL TO SCHEDULE D, LINE 4	3,954.00

MA D — U.S. FORM 4797, PART II — STATEMENT 8

EXPLANATION	AMOUNT
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	-26.00
TOTAL TO SCHEDULE D, LINE 6	-26.00

MA D — MASSACHUSETTS DIFFERENCES — STATEMENT 9

EXPLANATION	AMOUNT
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	-3,954.00
MASSACHUSETTS DIFFERENCES	-76,437.00
TOTAL TO SCHEDULE D, LINE 9	-80,391.00

MA E — SCHEDULE E - MASSACHUSETTS DIFFERENCES — STATEMENT 10

DESCRIPTION	AMOUNT
MCNEIL PPC INC - ROYALTIES	-21,734.
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC - ROYALTY	-24.
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	10,807.
CANTOR FITZGERALD LP	-2,758.
TOTAL TO SCHEDULE E, LINE 55	-13,709.00

Form **2441**

Department of the Treasury
Internal Revenue Service (99)

Child and Dependent Care Expenses

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

OMB No. 1545-0074

2010

Attachment Sequence No. **21**

Name(s) shown on return: CHRISTOPHER J & MARY P CHRISTIE

Your social security number: [redacted]

Part I Persons or Organizations Who Provided the Care - You **must** complete this part.

(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid
DEBORAH RISKA	[redacted]	[redacted]	25,740.

Did you receive **dependent care benefits?**
- No ▶ Complete only Part II below.
- Yes ▶ Complete Part III on page 2 next.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59, or Form 1040NR, line 58.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s).** If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name First	Last	(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2010 for the person listed in column (a)
PATRICK	CHRISTIE	[redacted]	8,580.
BRIDGET	CHRISTIE	[redacted]	8,580.

3 Add the amounts in column (c) of line 2. **Do not** enter more than $3,000 for one qualifying person or $6,000 for two or more persons. If you completed Part III, enter the amount from line 31 COL (C) LIMITED	3	1,000.
4 Enter your **earned income.** See instructions	4	145,364.
5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); **all others,** enter the amount from line 4	5	264,681.
6 Enter the **smallest** of line 3, 4, or 5	6	1,000.
7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 — 7: 449,607.		
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	x .20
9 Multiply line 6 by the decimal amount on line 8. If you paid 2009 expenses in 2010, see the instructions	9	200.
10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions STATEMENT 11 — 10: 112,188.		
11 **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46	11	200.

If line 7 is:

Over	But not over	Decimal amount is
$0	15,000	.35
15,000	17,000	.34
17,000	19,000	.33
19,000	21,000	.32
21,000	23,000	.31
23,000	25,000	.30
25,000	27,000	.29
27,000	29,000	.28
$29,000	31,000	.27
31,000	33,000	.26
33,000	35,000	.25
35,000	37,000	.24
37,000	39,000	.23
39,000	41,000	.22
41,000	43,000	.21
43,000	No limit	.20

LHA **For Paperwork Reduction Act Notice, see separate instructions.**

013751 12-09-10

Part III Dependent Care Benefits

12 Enter the total amount of **dependent care benefits** you received in 2010. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. **Do not** include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership			12	5,000.
13 Enter the amount, if any, you carried over from 2009 and used in 2010 during the grace period. See instructions			13	
14 Enter the amount, if any, you forfeited or carried forward to 2011. See instructions			14	( )
15 Combine lines 12 through 14. See instructions			15	5,000.
16 Enter the total amount of **qualified expenses** incurred in 2010 for the care of the **qualifying person(s)**	16	17,160.		
17 Enter the **smaller** of line 15 or 16	17	5,000.		
18 Enter your **earned income.** See instructions	18	145,364.		
19 Enter the amount shown below that applies to you. • If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18.	19	264,681.		
20 Enter the **smallest** of line 17, 18, or 19	20	5,000.		
21 Enter $5,000 ($2,500 if married filing separately **and** you were required to enter your spouse's earned income on line 19)	21	5,000.		
22 Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) [X] **No.** Enter -0-. [ ] **Yes.** Enter the amount here				
23 Subtract line 22 from line 15	23	5,000.	22	0.
24 **Deductible benefits.** Enter the **smallest** of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions			24	
25 **Excluded benefits. Form 1040 and 1040NR filers:** If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. **Form 1040A filers:** Enter the **smaller** of line 20 or line 21			25	5,000.
26 **Taxable benefits. Form 1040 and 1040NR filers:** Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7; or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7; or Form 1040NR, line 8, enter "DCB." **Form 1040A filers:** Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB"			26	0.

To claim the child and dependent care credit, complete lines 27 through 31 below.

27 Enter $3,000 ($6,000 if two or more qualifying persons)	27	6,000.
28 **Form 1040 and 1040NR filers:** Add lines 24 and 25. **Form 1040A filers:** Enter the amount from line 25	28	5,000.
29 Subtract line 28 from line 27. If zero or less, **stop.** You cannot take the credit. **Exception.** If you paid 2009 expenses in 2010, see the instructions for line 9	29	1,000.
30 Complete line 2 on page 1 of this form. **Do not** include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30	12,160.
31 Enter the **smaller** of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	1,000.

2010 TAX RETURN FILING INSTRUCTIONS

NORTH CAROLINA INCOME TAX RETURN

CCF

FOR THE YEAR ENDING

DECEMBER 31, 2010

Prepared for	CHRISTOPHER J & MARY P CHRISTIE [redacted] MENDHAM, NJ 07945
Prepared by	HAL MODEL CPA PA [redacted]
Amount of tax	Total tax $ 0 Less: payments and credits $ 0 Plus: interest and penalties $ 0 NO PMT REQUIRED $ 0
Overpayment	Miscellaneous Donations $ 0 Credited to your estimated tax $ 0 Refunded to you $ 0
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	N.C. DEPT. OF REVENUE P.O. BOX 25000 RALEIGH, NC 27640-0640
Return must be mailed on or before	OCTOBER 17, 2011
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY BOTH TAXPAYER AND SPOUSE.

D-410 (39)
9-29-09

Application for Extension for Filing Individual Income Tax Return

North Carolina Department of Revenue

Instructions

Purpose - Use Form D-410 to ask for 6 more months to file the North Carolina Individual Income Tax Return, Form D-400.

Even if you do not expect to owe additional tax, you must still apply for an extension and file the return by the extended due date for the return to be considered timely filed. You do not have to explain why you are asking for the extension. **You do not have to attach this form to your return.**

To receive the extra time you MUST:

1. **Properly estimate your tax liability using the information available to you, and enter that amount on Line 1 of Form D-410.**
2. **File Form D-410 by the regular due date of your tax return. You are not required to send a payment of the tax you estimate as due. However, because an extension of time to file the return does not extend the time for paying the tax, it will benefit you to pay as much as you can.**

If you already had 4 extra months to file because you were "out of the country" (explained later) when your return was due, then use this form to ask for an additional 2 months to file.

Filing Your Tax Return - You may file the income tax return at any time before the extended due date. But remember, Form D-410 does not extend the time to pay the tax. If you do not pay the amount due by the original due date, you will owe interest. You may also be charged penalties.

Interest - You will owe interest on tax not paid by the original due date of the return. Even if you had a good reason not to pay on time, you will still owe interest.

Late Payment Penalty - The late payment penalty is 10 percent (minimum $5) of the tax not paid by the due date of the return. The penalty will apply on any remaining balance due if the tax paid by the original due date of the return is less than 90 percent of the total amount of tax due. If the 90 percent rule is met, any remaining balance due, including interest, must be paid with the income tax return on or before the expiration of the extension period to avoid the late payment penalty.

Late Filing Penalty - A penalty is usually charged if your return is filed after the due date (including extensions). It is 5 percent of the tax not paid by the due date for each month, or part of a month, that your return is late (minimum $5, maximum 25 percent).

If you do not file the application for extension by the original due date of the return, you are subject to both the 5 percent per month late filing penalty and the 10 percent late payment penalty on the remaining tax due.

How To Claim Credit For Payments Made With This Form - When you file your return, include the amount paid with this extension on Line 22b of Form D-400. If you and your spouse each file a separate Form D-410, but file a joint return, enter the total paid with the two Forms D-410 on Line 22b of your return.

If you and your spouse jointly filed Form D-410, but file separate returns, you may enter the total amount paid with Form D-410 on either of your separate returns. Or, you and your spouse may divide the payment in any agreed amounts. Be sure each separate return has the social security numbers of both spouses.

Specific Instructions

Line 1 - Enter on this line the amount you expect to enter on Line 16 of Form D-400. If you do not expect to owe tax, enter zero.

Line 2 - Enter on this line any North Carolina income tax withheld, estimated tax payments (including any overpayment applied from the previous year), and any other payments and credits you expect to show on your return.

Out of the Country - If you were a U.S. citizen or resident and were out of the country on the due date of your return, you are granted an automatic 4-month extension to file your return. You do not have to file this form on April 15. Instead, fill in the "Out of the Country" circle on page 1 of Form D-400 to indicate you were out of the country on April 15. If you need an additional two months to file your return, select "yes" for the "Out of country on due date" indicator located on this form and file the form on or before August 15. For this purpose, "Out of the Country" means either (1) you live outside the United States and Puerto Rico, AND your main place of work is outside the United States and Puerto Rico, or (2) you are in military or naval service outside the United States and Puerto Rico.

Important: Do not use this form to request extensions of time for filing partnership, estate, trust, corporate income, or franchise tax returns.

069161 09-24-10

Cut Here

D-410 (39)
9-29-09

Application for Extension for Filing Individual Income Tax Return
North Carolina Department of Revenue

[redacted]

Calendar year 2010 or tax year starting

CHRISTOPHER J CHRISTIE

N Out of country on due date? and ending

MARY P CHRISTIE

[redacted]

MENDHAM NJ 07945

1. Tax Liability for Year		0.00
2. Payments for Year		0.00
3. Balance Due	$	0.00

Mail to: NCDOR, PO Box 25000, Raleigh, NC 27640-0635

[redacted]

[redacted]

D-400 (39) 11-11-10

< *Staple All Pages of Your Return and W-2s Here*

Individual Income Tax Return 2010

North Carolina Department of Revenue

For calendar year 2010, or fiscal year beginning 10 and ending

CHRISTOPHER J CHRISTIE & MARY P CHRISTIE

[redacted]

MENDHAM NJ 07945 FOREIGN

Your SSN: [redacted]

Spouse's SSN: [redacted]

NC Public Campaign Fund
Select "Yes" if you want to designate $3 of taxes to this special Fund for voter education materials and for candidates who accept spending limits. Selecting "Yes" does not change your tax or refund.

You	☐ Yes	☐ No
Your Spouse	☐ Yes	☐ No

Filing Status — Year spouse died:

- ☐ 1. Single
- ☒ 2. Married Filing Jointly
- ☐ 3. Married Filing Separately
- ☐ 4. Head of Household
- ☐ 5. Widow(er) with Dependent Child

☐ Select box if this is an Amended 2010 return.

☐ Select box if you or your spouse were out of the country on April 15 and a U.S. citizen or resident.

☐ Select box if return is filed and signed by Executor or Administrator.

Number of Exemptions Claimed: 06

☐ Return for deceased taxpayer
Date of death:

☐ Return for deceased spouse
Date of death:

	You	Spouse
Select box if you or your spouse were a nonresident of NC for the entire year.	☒	☐
Select box if you or your spouse moved into or out of NC during the year.	☐	☐

NC Political Parties Financing Fund
Select appropriate box if you want to designate $3 to this fund. Your tax remains the same whether or not you make a designation.

You	Your Spouse
☐ Democratic	☐ Democratic
☐ Republican	☐ Republican
☐ Libertarian	☐ Libertarian
☐ Unspecified	☐ Unspecified

FS 2 EX 06 PP Y DT N OC N NRT Y PYT N PCT PFT 0

CHRI 46 C 07945 DS N EA N NRS N PYS N PCS PFS 0

CHRISTOPHER J CHRISTIE [redacted] AR N

MARY P CHRISTIE [redacted] NJ 07945

[redacted] MENDHAM

AGI	449607	22B	0	27	0	40	0		
06	327170	22C	0	29	0	41	0		
07	40185	22D	0	30	0	42	0		
09	664	23	0	32	0	44	0		
15	0	24	0	33	100537	45	664		
17	0	26A	0	34	6000	46	0	50C	0
19	0	26B	0	36	30285	47	0	51	0
21A	0	26C	0	37	30285	48	0	52	0
21B	0	26E	0	38	9900	49	0	54	7
22A	0	EU		39	0	50A	0	55	448943
TN		PN [redacted]		PP [redacted]		50B	0		

NCDOR Use Only

Sign Return Below | **Refund Due** | **Payment Due**

I certify that, to the best of my knowledge, this return is accurate and complete.

Your Signature — Date

Spouse's Signature (If filing joint return, both must sign.) — Date

Home Telephone Number (Include area code)

If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.

Paid Preparer's Signature — Date 10/10/11

[redacted]
Paid Preparer's FEIN, SSN, or PTIN

[redacted]
Paid Preparer's Telephone Number

If you ARE NOT due a refund, mail return, any payment, and Form D-400V to: NCDOR, P.O. Box 25000, Raleigh, N.C. 27640-0640
If REFUND mail to: NCDOR, P.O. Box R, Raleigh, N.C. 27634-0001 069001 12-07-10

Last Name (First 10 Characters) CHRISTIE

Your Social Security Number [redacted]

D-400 Line-by-Line Information

AGI	Federal Adjusted Gross Income	AGI	449607
6.	Taxable Income from Federal Return	6.	327170
7.	Additions to Federal Taxable Income	7.	40185
8.	Add Lines 6 and 7	8.	367355
9.	Deductions from Federal Taxable Income	9.	664
10.	Line 8 minus Line 9	10.	366691
11.	Same as Line 10	11.	366691
12.	Part-year residents and nonresidents	12.	0.0000
13.	N.C. Taxable Income	13.	0
14.	N.C. Income Tax	14.	0
15.	Surtax	15.	0
16.	Total North Carolina Income Tax	16.	0
17.	Tax Credits	17.	0
18.	Line 16 minus Line 17	18.	0
19.	Consumer Use Tax	19.	0
20.	Add Lines 18 and 19	20.	0

North Carolina Income Tax Withheld

21a.	Your Income Tax Withheld	21a.	0
21b.	Spouse's Income Tax Withheld	21b.	0

Other Tax Payments

22a.	2010 Estimated Tax	22a.	0
22b.	Paid with Extension	22b.	0
22c.	Partnership	22c.	0
22d.	S Corporation	22d.	0
23.	North Carolina Earned Income Tax Credit	23.	0
24.	Tax Credit for Small Businesses That Pay N.C. Unemployment Insurance	24.	0
25.	Add Lines 21a through 24	25.	0
26a.	**Tax Due** - If Line 20 is more than Line 25, subtract and enter the result	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on Line 26d	26d.	0
EU	Exception to underpayment of estimated tax	EU	
26e.	Interest on the underpayment of estimated income tax	26e.	0
27.	**Pay this Amount**	27.	0
28.	**Overpayment** - If Line 20 is less than Line 25, subtract and enter the result	28.	0

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2011 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	Add Lines 29 and 30	31.	0
32.	**Amount to be Refunded**	32.	0

069011 12-07-10

Additions to Federal Taxable Income

33.	Itemized deductions or standard deduction from your federal return	33.	100537
34.	N.C. standard deduction		

Single $3,000; Head of household $4,400;
Qualifying widow(er) $6,000; Married filing jointly $6,000;
Married filing separately:
If your spouse does NOT claim itemized deductions $3,000;
If your spouse claims itemized deductions $0

	NOTE: If 65 or older or blind or if someone can claim you as a dependent, see worksheet.	34.	6000
35.	Line 33 minus 34 - Amount cannot be less than zero	35.	94537
36.	State, local, and foreign taxes	36.	30285
37.	If standard deduction, enter amount from Line 35. If itemizing, enter Line 35 or 36, whichever is less.	37.	30285
38.	Personal exemption adjustment STMT 3	38.	9900
39.	Interest income from other states	39.	0
40.	Adjustment for Bonus Depreciation *(See instructions)*	40.	0
41.	Adjustment for Section 179 Expense Deduction *(See instructions)*	41.	0
42.	Other federal taxable income additions	42.	0
43.	**Total additions**	43.	40185

Deductions from Federal Taxable Income

44.	State or local income tax refund	44.	0
45.	Interest income from obligations of US or US' possessions	45.	664
46.	Social Security and Railroad Retirement Benefits	46.	0
47.	Bailey settlement retirement benefits	47.	0
48.	Other retirement benefits	48.	0
49.	Severance wages	49.	0
50.	Adjustment for bonus depreciation added back in 2008 and 2009		
50a.	2008	50a.	0
50b.	2009	50b.	0
50c.	Add Lines 50a and 50b and enter on Line 50c	50c.	0
51.	Contributions to North Carolina's National College Savings Program (NC 529 Plan) *(See instructions)*	51.	0
52.	Other federal taxable income deductions	52.	0
53.	**Total deductions**	53.	664

Part-Year Residents and Nonresidents

54.	All income while a part-year NC resident and NC source income while a nonresident	*54.	7
55.	Total income from all sources STMT 1	55.	448943
56.	*Divide Line 54 by Line 55 STMT 2	56.	0.0000

N.C. Residency Dates for Part-Year Residents

	Beginning	Ending
Taxpayer:		
Spouse:		

This page must be filed with the first page of this form.

D-422 (39)

Underpayment of Estimated Tax by Individuals

2010

North Carolina Department of Revenue

Do not file this form with your return. Keep it for your records.

Name(s) shown on tax return: CHRISTOPHER J & MARY P CHRISTIE

Social Security Number: [redacted]

Part I. Required Annual Payment - All filers must complete this part.

1. 2010 tax from Form D-400, line 14		1.	
2. Tax credits from 2010 Form D-400, lines 17, 23, and 24		2.	
3. Line 1 minus line 2		3.	0
4. Multiply line 3 by 90% (.90) or 66 2/3% (.6667) for farmers and commercial fishermen	4.		
5. Withholding taxes from 2010, Form D-400, line 21a plus line 21b		5.	
6. Line 3 minus line 5. If less than $1,000, stop here; do not complete this form. You do not owe interest		6.	
7. Enter your 2009 tax (amount from line 14 less tax credit(s) claimed on lines 17 and 23)		7.	
8. Required annual payment. Enter the smaller of line 4 or line 7		8.	

Note: *If line 5 is equal to or more than line 8, stop here. You do not owe interest.*

Part II. Short Method - Read the instructions for the Short Method before you complete this part. It cannot be used in all circumstances.

9. Enter the amount, if any, from line 5 above	9.		
10. Enter the total amount, if any, of estimated tax payments you made	10.		
11. Add lines 9 and 10		11.	
12. **Total underpayment for year.** Line 8 minus line 11. (If zero or less, stop here; you do not owe interest)		12.	
13. Multiply line 12 by **.03315** and enter the result		13.	
14. • If the amount on line 12 was paid **on or after** 4/15/11, enter -0-. • If paid **before** 4/15/11, make the following computation to find the amount to enter on line 14. **Amount on line 12** X **Number of days paid before 4/15/11** X .00014		14.	
15. **Interest on the underpayment.** Line 13 minus line 14. Enter the result here and on Form D-400, line 26e. ▶		15.	

069051
12-10-10

Part III. Regular Method

Section A - Figure Your Underpayment

		Payment Due Dates (If the payment due date falls on a Saturday, Sunday or holiday, the payment is due on or before the next business day.)			
		(a) 4/15/10	(b) 6/15/10	(c) 9/15/10	(d) 1/15/11
16. Divide line 8 by 4 and enter the result in each column. **Exception:** If you use the annualized income installment method, complete Form D-422A (Annualized Income Installment Worksheet) and check this box. ▶ ☐	16.				
17. Estimated tax paid and tax withheld. For column (a) only, enter the amount from line 17 on line 21. (If line 17 is equal to or more than line 16 for each payment period, stop here; you do not owe interest.)	17.				
Complete lines 18 through 24 of one column before going to the next column.					
18. Enter amount, if any, from line 24 of previous column.	18.				
19. Add lines 17 and 18.	19.				
20. Add amounts on lines 22 and 23 of the previous column and enter the result.	20.				
21. Subtract line 20 from line 19 and enter the result. If zero or less, enter zero. (For column (a) only, enter the amount from line 17.)	21.				
22. Remaining underpayment from previous period. If the amount on line 21 is -0-, subtract line 19 from line 20 and enter the result. Otherwise, enter -0-.	22.				
23. **Underpayment.** If line 16 is larger than or equal to line 21, subtract line 21 from line 16 and enter the result. Enter -0- on line 18 of the next column and go to line 19. Otherwise, go to line 24.	23.				
24. **Overpayment.** If line 21 is larger than line 16, subtract line 16 from line 21 and enter the result. Then go to line 18 of next column.	24.				

Section B - Figure the Interest on Underpayment (Complete lines 25 and 26 of one column before going to the next column)

April 15, 2010 - April 15, 2011		4/15/10	6/15/10	9/15/10	1/15/11
25. Number of days **after** the date shown above line 25 through the date the amount on line 23 was paid or 4/15/11, whichever is earlier.	25.	Days:	Days:	Days:	Days:
26. Underpayment on line 23 X Number of days on line 25 / 365 X .05	26.	$	$	$	$

27. **Interest on the underpayment** (Add amounts on line 26.) Enter here and on Form D-400, line 26e. ▶ 27. $

CHRISTOPHER J & MARY P CHRISTIE [redacted]

NC D-400	TOTAL INCOME FROM ALL SOURCES	STATEMENT 1

DESCRIPTION	AMOUNT
TOTAL INCOME FROM FEDERAL RETURN (FORM 1040, LINE 22)	449607
TOTAL NORTH CAROLINA ADDITIONS (FORM D-400, PAGE 2)	0
TOTAL NORTH CAROLINA DEDUCTIONS (FORM D-400, PAGE 2)	-664
TOTAL TO FORM D-400, LINE 55	448943

NC D-400	TOTAL INCOME FROM NORTH CAROLINA SOURCES	STATEMENT 2

DESCRIPTION	AMOUNT
SPOUSE PARTNERSHIP INCOME, NON FARM	7
TOTAL TO FORM D-400, LINE 54	7

NC D-400 PERSONAL EXEMPTION ADJUSTMENT WORKSHEET STATEMENT 3

(FOR AGI LESS THAN THAT INDICATED FOR YOUR FILING STATUS):

1. MULTIPLY THE NUMBER OF EXEMPTIONS CLAIMED ON LINE 6D OF 1040 OR 1040A BY $1150 AND ENTER THE RESULT. ENTER THIS AMOUNT ON FORM D-400, LINE 38..... 0

(FOR AGI AT LEAST THAT INDICATED FOR YOUR FILING STATUS):

2. MULTIPLY THE NUMBER OF EXEMPTIONS CLAIMED ON LINE 6D OF 1040 OR 1040A BY $1650 AND ENTER THE RESULT..... 9900

Name(s) as shown on Form NJ-1040

CHRISTIE CHRISTOPHER J & CHRISTIE MARY P

Your Social Security Number

[redacted]

Schedule A — CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION

If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 42.

A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS

1.	Income actually taxed by other jurisdiction during tax year (indicate name CALIFORNIA) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2)	1.	123
2.	Income subject to tax by New Jersey (From Line 28, Form NJ-1040)	2.	540,580
3.	Maximum Allowable Credit Percentage (Divide Line 2 into Line 1) — 1: 123. 2: 540,580.	3.	.02 %

IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN B.		COLUMN A		COLUMN B
4. Taxable Income (after Exemptions and Deductions) from Line 35, Form NJ-1040		4. 532,580		4. 532,580
5. Property Tax and Deduction — Enter in Box 5a the amount from Worksheet F line 1. See instructions page 37.	5a. 36,453			
Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions page 37.		5. 10,000		5. -0-
6. New Jersey Taxable Income (Line 4 minus Line 5)		6. 522,580		6. 532,580
7. Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)		7. 29,833		7. 30,730
8. Allowable Credit (Line 3 times Line 7)		8. 6		8. 6
9. Credit for Taxes Paid to Other Jurisdiction — Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions page 46.	9a. 9			
Credit allowed. (Enter lesser of Line 8 or Box 9a). **(The credit may not exceed your New Jersey tax on Line 38).**		9. 6		9. 6

- If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 40, Form NJ-1040. Make no entry on Lines 36c or 48, Form NJ-1040.
- If you are eligible for a property tax benefit, you must complete Worksheet H on page 45 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

Schedule B — NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

1. a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adjusted (see instructions) and expense of sale	f. Gain or (loss) (d less e)
SEE STATEMENT 6					73,436

2.	Capital Gains Distributions	2.	
3.	Other Net Gains	3.	
4.	Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here and make no entry on Line 18)	4.	73,436

Schedule C — NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS

List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your Federal Income Tax Return. If you have passive losses for Federal purposes, see instructions.

1. a. Kind of Property	b. Net Rental Income (Loss)	c. Net Income From Royalties	d. Net Income From Patents	e. Net Income From Copyrights
MCNEIL PPC INC -				
ROYALTIES		21,734.		
2. Totals	b.	c. 21,734.	d.	e.

3.	Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 22. If loss enter ZERO here and make no entry on Line 22)	3.	21,734.

Name(s) as shown on Form NJ-1040

CHRISTIE CHRISTOPHER J & CHRISTIE MARY P

Your Social Security Number

[redacted]

Schedule A — CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION

If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 42.

A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS

1.	Income actually taxed by other jurisdiction during tax year (indicate name CONNECTICUT) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2)	1.	372
2.	Income subject to tax by New Jersey (From Line 28, Form NJ-1040)	2.	540,580
3.	Maximum Allowable Credit Percentage (Divide Line 2 into Line 1) 1 372. 2 540,580.	3.	.07 %

IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN B.		COLUMN A		COLUMN B
4. Taxable Income (after Exemptions and Deductions) from Line 35, Form NJ-1040		4. 532,580		4. 532,580
5. Property Tax and Deduction — Enter in Box 5a the amount from Worksheet F line 1. See instructions page 37.	5a. 36,453			
Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions page 37.		5. 10,000		5. -0-
6. New Jersey Taxable Income (Line 4 minus Line 5)		6. 522,580		6. 532,580
7. Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)		7. 29,833		7. 30,730
8. Allowable Credit (Line 3 times Line 7)		8. 21		8. 22
9. Credit for Taxes Paid to Other Jurisdiction — Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions page 46.	9a. 18			
Credit allowed. (Enter lesser of Line 8 or Box 9a). **(The credit may not exceed your New Jersey tax on Line 38).**		9. 18		9. 18

- If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 40, Form NJ-1040. Make no entry on Lines 36c or 48, Form NJ-1040.
- If you are eligible for a property tax benefit, you must complete Worksheet H on page 45 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

Schedule B — NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

1. a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adjusted (see instructions) and expense of sale	f. Gain or (loss) (d less e)

2.	Capital Gains Distributions	2.	
3.	Other Net Gains	3.	
4.	Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here and make no entry on Line 18)	4.	

Schedule C — NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS

List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your Federal Income Tax Return. If you have passive losses for Federal purposes, see instructions.

1. a. Kind of Property	b. Net Rental Income (Loss)	c. Net Income From Royalties	d. Net Income From Patents	e. Net Income From Copyrights
2. Totals	b.	c.	d.	e.

3.	Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 22. If loss enter ZERO here and make no entry on Line 22)	3.	

Name(s) as shown on Form NJ-1040	Your Social Security Number
CHRISTIE CHRISTOPHER J & CHRISTIE MARY P	[redacted]

Schedule A — CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION

If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 42.

A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS

1.	Income actually taxed by other jurisdiction during tax year (indicate name ILLINOIS) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2)	1.	83
2.	Income subject to tax by New Jersey (From Line 28, Form NJ-1040)	2.	540,580
3.	Maximum Allowable Credit Percentage (Divide Line 2 into Line 1) 1 83. 2 540,580.	3.	.02 %

	IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN B.		COLUMN A		COLUMN B
4.	Taxable Income (after Exemptions and Deductions) from Line 35, Form NJ-1040		4. 532,580		4. 532,580
5.	Property Tax and Deduction — Enter in Box 5a the amount from Worksheet F line 1. See instructions page 37.	5a. 36,453			
	Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions page 37.		5. 10,000		5. -0-
6.	New Jersey Taxable Income (Line 4 minus Line 5)		6. 522,580		6. 532,580
7.	Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)		7. 29,833		7. 30,730
8.	Allowable Credit (Line 3 times Line 7)		8. 6		8. 6
9.	Credit for Taxes Paid to Other Jurisdiction — Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions page 46.	9a. 2			
	Credit allowed. (Enter lesser of Line 8 or Box 9a). **(The credit may not exceed your New Jersey tax on Line 38).**		9. 2		9. 2

- If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 40, Form NJ-1040. Make no entry on Lines 36c or 48, Form NJ-1040.
- If you are eligible for a property tax benefit, you must complete Worksheet H on page 45 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

Schedule B — NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

1.	a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adjusted (see instructions) and expense of sale	f. Gain or (loss) (d less e)

2.	Capital Gains Distributions	2.	
3.	Other Net Gains	3.	
4.	Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here and make no entry on Line 18)	4.	

Schedule C — NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS

List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your Federal Income Tax Return. If you have passive losses for Federal purposes, see instructions.

1.	a. Kind of Property	b. Net Rental Income (Loss)	c. Net Income From Royalties	d. Net Income From Patents	e. Net Income From Copyrights
2.	Totals	b.	c.	d.	e.

3.	Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 22. If loss enter ZERO here and make no entry on Line 22)	3.	

Name(s) as shown on Form NJ-1040

CHRISTIE CHRISTOPHER J & CHRISTIE MARY P

Your Social Security Number

[redacted]

Schedule A — CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION

If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 42.

A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS

1.	Income actually taxed by other jurisdiction during tax year (indicate name MASSACHUSETTS) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2)	1.	41
2.	Income subject to tax by New Jersey (From Line 28, Form NJ-1040)	2.	540,580
3.	Maximum Allowable Credit Percentage (Divide Line 2 into Line 1) 1 41. 2 540,580.	3.	.01 %

	IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN B.		COLUMN A		COLUMN B
4.	Taxable Income (after Exemptions and Deductions) from Line 35, Form NJ-1040	4.	532,580	4.	532,580
5.	Property Tax and Deduction — Enter in Box 5a the amount from Worksheet F line 1. See instructions page 37. 5a. 36,453 — Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions page 37.	5.	10,000	5.	-0-
6.	New Jersey Taxable Income (Line 4 minus Line 5)	6.	522,580	6.	532,580
7.	Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7.	29,833	7.	30,730
8.	Allowable Credit (Line 3 times Line 7)	8.	3	8.	3
9.	Credit for Taxes Paid to Other Jurisdiction — Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions page 46. 9a. 1 — Credit allowed. (Enter lesser of Line 8 or Box 9a). **(The credit may not exceed your New Jersey tax on Line 38).**	9.	1	9.	1

- If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 40, Form NJ-1040. Make no entry on Lines 36c or 48, Form NJ-1040.
- If you are eligible for a property tax benefit, you must complete Worksheet H on page 45 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

Schedule B — NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

1.	a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adjusted (see instructions) and expense of sale	f. Gain or (loss) (d less e)

2.	Capital Gains Distributions	2.	
3.	Other Net Gains	3.	
4.	Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here and make no entry on Line 18)	4.	

Schedule C — NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS

List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your Federal Income Tax Return. If you have passive losses for Federal purposes, see instructions.

1.	a. Kind of Property	b. Net Rental Income (Loss)	c. Net Income From Royalties	d. Net Income From Patents	e. Net Income From Copyrights
2.	Totals	b.	c.	d.	e.

3.	Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 22. If loss enter ZERO here and make no entry on Line 22)	3.	

Name(s) as shown on Form NJ-1040

CHRISTIE CHRISTOPHER J & CHRISTIE MARY P

Your Social Security Number

[redacted]

Schedule A — CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION

If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 42.

A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS

1.	Income actually taxed by other jurisdiction during tax year (indicate name NEW YORK) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2)	1.	886
2.	Income subject to tax by New Jersey (From Line 28, Form NJ-1040)	2.	540,580
3.	Maximum Allowable Credit Percentage (Divide Line 2 into Line 1) 1 886. 2 540,580.	3.	.16 %

	IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN B.	COLUMN A	COLUMN B
4.	Taxable Income (after Exemptions and Deductions) from Line 35, Form NJ-1040	4. 532,580	4. 532,580
5.	Property Tax and Deduction — Enter in Box 5a the amount from Worksheet F line 1. See instructions page 37. 5a. 36,453		
	Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions page 37.	5. 10,000	5. -0-
6.	New Jersey Taxable Income (Line 4 minus Line 5)	6. 522,580	6. 532,580
7.	Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7. 29,833	7. 30,730
8.	Allowable Credit (Line 3 times Line 7)	8. 48	8. 49
9.	Credit for Taxes Paid to Other Jurisdiction — Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions page 46. 9a. 62		
	Credit allowed. (Enter lesser of Line 8 or Box 9a). **(The credit may not exceed your New Jersey tax on Line 38).**	9. 48	9. 49

- If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 40, Form NJ-1040. Make no entry on Lines 36c or 48, Form NJ-1040.
- If you are eligible for a property tax benefit, you must complete Worksheet H on page 45 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

Schedule B — NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

1. a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adjusted (see instructions) and expense of sale	f. Gain or (loss) (d less e)

2.	Capital Gains Distributions	2.	
3.	Other Net Gains	3.	
4.	Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here and make no entry on Line 18)	4.	

Schedule C — NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS

List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your Federal Income Tax Return. If you have passive losses for Federal purposes, see instructions.

1. a. Kind of Property	b. Net Rental Income (Loss)	c. Net Income From Royalties	d. Net Income From Patents	e. Net Income From Copyrights
2. Totals	b.	c.	d.	e.

3.	Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 22. If loss enter ZERO here and make no entry on Line 22)	3.	

CHRISTOPHER J & MARY P CHRISTIE [redacted]

NJ-1040	TAXABLE INTEREST INCOME	STATEMENT 1

NAME OF FINANCIAL INSTITUTION	AMOUNT
PEAPACK	22.
TOTAL TO NJ-1040, PAGE 3, LINE 15A	22.

NJ-1040	TAX EXEMPT INTEREST INCOME	STATEMENT 2

NAME OF FINANCIAL INSTITUTION	AMOUNT
GOLDMAN SACHS	6,688.
TOTAL TO NJ-1040, PAGE 3, LINE 15B	6,688.

NJ-1040	DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME	STATEMENT 3

NAME OF ENTITY	I.D. NUMBER	AMOUNT
CANTOR FITZGERALD LP	[redacted]	2,658.
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	[redacted]	13,040.
TOTAL TO NJ-1040, PAGE 3, LINE 20		15,698.

NJ-1040	DIVIDEND INCOME	STATEMENT 4

NAME OF PAYER	AMOUNT
GOLDMAN SACHS	1,162.
GOLDMAN SACHS	14.
TOTAL TO NJ-1040, PAGE 3, LINE 16	1,176.

WORKSHEET H
WHICH PROPERTY TAX BENEFIT TO USE

	COLUMN A	COLUMN B
1 TAX. ENTER AMOUNTS FROM LINE 7 SCHEDULE A, COLUMNS A AND B HERE.	29,833.	30,730.
2 CREDIT FOR TAXES PAID TO OTHER JURISDICTIONS. ENTER AMOUNTS FROM LINE 9, SCHEDULE A, COLUMNS A AND B HERE. IF YOU COMPLETED MORE THEN ONE SCHEDULE A, ENTER THE TOTAL OF ALL LINE 9 AMOUNTS IN THE CORRESPONDING COLUMN. .	75.	76.
3 BALANCE OF TAX DUE. SUBTRACT LINE 2 FROM 1 . .	29,758.	30,654.
4 SUBTRACT LINE 3, COLUMN A, FROM LINE 3, COLUMN B AND ENTER THE RESULT HERE		896.

5 IS THE LINE 4 AMOUNT $50 OR MORE ($25 IF FILING STATUS IS MARRIED, FILING SEPARATE RETURN AND YOU MAINTAIN THE SAME RESIDENCE AS YOUR SPOUSE)?

* YES. YOU RECEIVE A GREATER TAX BENEFIT BY TAKING THE PROPERTY TAX DEDUCTION. MAKE THE FOLLOWING ENTRIES ON FORM NJ-1040.

FORM NJ-1040	ENTER AMOUNT FROM:
LINE 36C	LINE 5, COLUMN A SCHEDULE A
LINE 37	LINE 6, COLUMN A, SCHEDULE A
LINE 38 AND 39	LINE 7, COLUMN A, SCHEDULE A
LINE 40	LINE 2, COLUMN A, WORKSHEET H
LINE 48	MAKE NO ENTRY

* NO. YOU RECEIVE A GREATER TAX BENEFIT FROM THE PROPERTY TAX CREDIT. MAKE THE FOLLOWING ENTRIES ON FORM NJ-1040.

FORM NJ-1040	ENTER AMOUNT FROM:
LINE 36C	MAKE NO ENTRY
LINE 37	LINE 6, COLUMN B, SCHEDULE A
LINE 38 AND 39	LINE 7, COLUMN B, SCHEDULE A
LINE 40	LINE 2, COLUMN B, WORKSHEET H
LINE 48	$50 ($25 IF FILING MFS AND YOU MAINTAIN THE SAME RESIDENCE AS YOUR SPOUSE)

CHRISTOPHER J & MARY P CHRISTIE [redacted]

NJ SCHEDULE B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY STATEMENT 6

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	COST OR ADJ. BASIS	GAIN OR (LOSS)
MARVEL ENTERTAINMENT	11/15/02	01/04/10	81,286.	36,286.	45,000.
WALT DISNEY	09/02/04	01/04/10	24.	23.	1.
50000 ECOSPHERE TECH	09/22/05	03/22/10	55,246.	50,000.	5,246.
50000 ECOSPHERE TECH	09/22/05	03/23/10	56,182.	50,000.	6,182.
50000 ECOSPHERE TECH	09/22/05	04/01/10	67,007.	50,000.	17,007.
50000 NJ TRANSP TRUST FD REV BOND [redacted]	07/18/07	06/15/10	50,000.	50,000.	
TOTAL TO NJ SCHEDULE B, LINE 1					73,436.

SCHEDULE B
(Form 1040A or 1040)
Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

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

OMB No 1545-0074
2010
Attachment Sequence No. 08

Name(s) shown on return: CHRISTOPHER J & MARY P CHRISTIE

Your social security number: [redacted]

Part I Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶

	Amount
PEAPACK	22.
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	6,189.
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	664.

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1		
2	Add the amounts on line 1	6,875.
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶	6,875.

Note. If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

5 List name of payer ▶

	Amount
GOLDMAN SACHS	1,162.
GOLDMAN SACHS	14.
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	4,001.
FROM K-1 - CANTOR FITZGERALD LP	263.

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5		
6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶	5,440.

Note. If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

You must complete this part if you **(a)** had over $1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

		Yes	No
7a	At any time during 2010, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1		X
b	If "Yes," enter the name of the foreign country ▶		
8	During 2010, 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 page B-2		X

027501
10-18-10

LHA **For Paperwork Reduction Act Notice, see separate instructions.**