

Label (See instructions on page 14.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign	For the year Jan. 1-Dec. 31, 2009, or other tax year beginning _____, 2009, ending _____, 20	OMB No. 1545-0074	
	Your first name and initial JAMES R.	Last name PERRY	Your social security number
	If a joint return, spouse's first name and initial M. ANITA	Last name PERRY	Spouse's social security number
	Home address (number and street). If you have a P.O. box, see page 14. 1010 COLORADO	Apt. no.	You must enter ▲ your SSN(s) above. ▲
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. AUSTIN, TX 78701		Checking a box below will not change your tax or refund.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) ☐ You ☐ Spouse

Filing Status

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above _____ and full name here. ▶

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 (see page 16)

Exemptions

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

b ☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 17)

If more than four dependents, see page 17 and check here ☐

d Total number of exemptions claimed **2**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **135,342.**

8a Taxable interest. Attach Schedule B if required **324.**

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required **5,252.**

b Qualified dividends (see page 22) **9b 5,155.**

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ **<3,000.>**

14 Other gains or (losses). Attach Form 4797

15a IRA distributions **15a** b Taxable amount **15b**

16a Pensions and annuities **16a** b Taxable amount **16b 137.**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17 14,050.**

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation in excess of \$2,400 per recipient (see page 27)

20a Social security benefits **20a** b Taxable amount (see page 27) **20b**

21 Other income. List type and amount (see page 29) **SEE STATEMENT 1** **21 65,000.**

22 Add the amounts in the far right column for lines 7 through 21. This is your total income **22 217,105.**

Adjusted Gross Income

23 Educator expenses (see page 29) **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 4,653.**

28 Self-employed SEP, SIMPLE, and qualified plans **28 12,082.**

29 Self-employed health insurance deduction (see page 30) **29**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid b Recipient's SSN ▶ **31a**

32 IRA deduction (see page 31) **32**

33 Student loan interest deduction (see page 34) **STMT 4** **33**

34 Tuition and fees deduction. Attach Form 8917 **34**

35 Domestic production activities deduction. Attach Form 8903 **35**

36 Add lines 23 through 31a and 32 through 35 **36 16,735.**

37 Subtract line 36 from line 22. This is your adjusted gross income **37 200,370.**

Tax and Credits**Standard Deduction for -**

• People who check any box on line 39a, 39b, or 40b of who can be claimed as a dependent.

• All others:

Single or Married filing separately, \$5,700

Married filing jointly or Qualifying widow(er), \$11,400

Head of household, \$8,350

38	Amount from line 37 (adjusted gross income)	38	200,370.
39a	Check <input type="checkbox"/> You were born before January 2, 1945, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1945, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here <input type="checkbox"/> 39b		
40a	Itemized deductions (from Schedule A) or your standard deduction (see left margin) <input type="checkbox"/> 40a	40a	39,969.
b	If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see page 35) <input type="checkbox"/> 40b		
41	Subtract line 40a from line 38	41	160,401.
42	Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see page 37	42	7,300.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	153,101.
44	Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	30,461.
45	Alternative minimum tax. Attach Form 6251	45	
46	Add lines 44 and 45	46	30,461.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 29	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see page 42)	51	
52	Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	9.
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	30,452.

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	9,305.
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59	Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Schedule H	59	
60	Add lines 55 through 59. This is your total tax	60	39,757.

Payments

61	Federal income tax withheld from Forms W-2 and 1099	61	20,100.
62	2009 estimated tax payments and amount applied from 2008 return	62	8,669.
63	Making work pay and government retiree credits. Attach Schedule M	63	
64a	Earned income credit (EIC)	64a	
b	Nontaxable combat pay election <input type="checkbox"/> 64b		
65	Additional child tax credit. Attach Form 8812	65	
66	Refundable education credit from Form 8863, line 16	66	
67	First-time homebuyer credit. Attach Form 5405	67	
68	Amount paid with request for extension to file (see page 72)	68	5,000.
69	Excess social security and tier 1 RRTA tax withheld (see page 72) STMT 7	69	4.
70	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	70	
71	Add lines 61, 62, 63, 64a, and 65 through 70. These are your total payments	71	33,773.

Refund

Direct deposit? See page 73 and fill in 73b, 73c, and 73d, or Form 8888.

72	If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid	72	
73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	73a	
b	Routing number <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Account number <input type="checkbox"/> d number <input type="checkbox"/>		
74	Amount of line 72 you want applied to your 2010 estimated tax	74	
75	Amount you owe. Subtract line 71 from line 60. For details on how to pay, see page 74	75	6,094.
76	Estimated tax penalty (see page 74)	76	110.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 75)? ☒ Yes. Complete the following. ☐ No

Sign Here

Joint return? See page 15. Keep a copy for your records.

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.	Preparer's name PREPARER	Phone no. 512-472-0795	Personal identification number (PIN) <input type="checkbox"/>
Your signature <i>James R. Perry</i>	Date 31 Aug 10	Your occupation GOVERNOR	Daytime phone number 4
Spouse's signature, if a joint return, both must sign. <i>M. Anita Perry</i>	Date 8/31/2010	Spouse's occupation CONSULTANT	

Paid Preparer's Use Only

Preparer's signature <i>John McQuinn CPA</i>	Date 8-9-2010	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN P00164184
Firm's name (or yours if self-employed), address, and ZIP code MCQUINN & JONES, LLP	EIN 74 2984516	Phone no. 512-472-0795	
2414 EXPOSITION BLVD, SUITE BC-230			
AUSTIN, TX 78703			

910002 10-20-09

** INTEREST NOT INCLUDED
** PENALTY NOT INCLUDED

91.
150.

**** TOTAL DUE

6,335.

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service
Name(s) shown on Form 1040

(99)

Itemized Deductions

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

OMB No. 1545-0074

2009

Attachment
Sequence No. **07**

Your social security number

JAMES R. & M. ANITA PERRY

**Medical
and
Dental
Expenses**

Caution. Do not include expenses reimbursed or paid by others.

1 Medical and dental expenses (See page A-1.)

2 Enter amount from Form 1040, line 38

3 Multiply line 2 by 7.5% (.075)

4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-

**Taxes You
Paid**

(See
page A-2.)

5 State and local (check only one box):

a ☐ Income taxes, or

b ☒ General sales taxes

SEE STATEMENT 13

6 Real estate taxes (See page A-5.)

7 New motor vehicle taxes from line 11 of the worksheet on page 2.

Skip this line if you checked box 5b

8 Other taxes. List type and amount

9 Add lines 5 through 8

**Interest
You Paid**

(See
page A-6.)

10 Home mortgage interest and points reported to you on Form 1098

11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-7 and show that person's name, identifying no., and address

Note.
Personal
interest is
not
deductible.

12 Points not reported to you on Form 1098

13 Qualified mortgage insurance premiums (See page A-7.)

14 Investment interest. Attach Form 4952 if required. (See page A-8.)

15 Add lines 10 through 14

**Gifts to
Charity**

If you made a
gift and got a
benefit for it,
see page A-8.

16 Gifts by cash or check

17 Other than by cash or check. If any gift of \$250 or more, see page A-8.

You must attach Form 8283 if over \$500

18 Carryover from prior year

19 Add lines 16 through 18

**Casualty and
Theft Losses**

20 Casualty or theft loss(es). Attach Form 4684. (See page A-10.)

**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 page A-10.)

22 Tax preparation fees

23 Other expenses - investment, safe deposit box, etc. List type and amount

(See
page A-10.)

24 Add lines 21 through 23

25 Enter amount from Form 1040, line 38

26 Multiply line 25 by 2% (.02)

27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-

**Other
Miscellaneous
Deductions**

28 Other - from list on page A-11. List type and amount

**Total
Itemized
Deductions**

29 Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filing separately)?

☐ No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40a.

☒ Yes. Your deduction may be limited. See page A-11 for the amount to enter.

30 If you elect to itemize deductions even though they are less than your standard deduction, check here

LHA 919501 11-04-09

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2009

Worksheet 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).
 for Line 7 - ✓ See the instructions for line 7 on page A-6.
New motor vehicle taxes

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

(Keep a copy for your records.)

1 Enter the state or local sales or excise taxes you paid in 2009 for the purchase of any new motor vehicle(s) after February 16, 2009 (see page A-6)

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 page A-6).

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

Schedule A (Form 1040) 2009

SCHEDULE B

(Form 1040A or 1040)

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

Interest and Ordinary Dividends

Attach to Form 1040A or 1040.

See instructions.

OMB No. 1545-0074

2009

 Attachment
Sequence No. 08

Your social security number

JAMES R. & M. ANITA PERRY
**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 ▶

PLAINSCAPITAL BANK

BANK OF AMERICA

FROM K-1 - J.R. PERRY CO.

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

105.

17.

202.

1

- 2 Add the amounts on line 1 2 324.
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 3
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a 4 324.

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

**Part II
Ordinary
Dividends**

- 5 List name of payer ▶
- MELLON INVESTOR SERVICES
- MELLON INVESTOR SERVICES
- FROM K-1 - REVOCABLE "BLIND" TRUST AGREEMENT FBO ANITA PERRY
- FROM K-1 - REVOCABLE BLIND TRUST STATE AGREEMENT
- FBO RICK PERRY DTD 9-13-96

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

9.

82.

1.

5,160.

5

- 6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a 6 5,252.

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.

- 7a At any time during 2009, 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 2009, 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

 927501
10-20-09

LHA For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions.

Schedule B (Form 1040A or 1040) 2009

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

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

2009

Attachment
Sequence No. **12**

Your social security number

JAMES R. & M. ANITA PERRY

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				4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss Carryover Worksheet in the instructions				6	(209,747.)
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)				7	<209,747.>

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					
9 Enter your long-term totals, if any, from Schedule D-1, line 9		9			
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)		10			
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				11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12	
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	(354,776.)
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	<354,776.>

LHA For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.

Schedule D (Form 1040) 2009

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	<564,523.>
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. • A loss , skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • 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? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> 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? <input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete Form 1040 through line 43, or Form 1040NR through line 40. 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)	21	(<u>SEE STATEMENT 15</u>) 3,000.
Note. When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Schedule D (Form 1040) 2009

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

2009

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

JAMES R. & M. ANITA PERRY

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:	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:	Yes	No
A	RESIDENTIAL RENTAL PROPERTY 1610 LEOPARD COURT, COLLEGE STATION, TX 7		• 14 days or	A	X
B	J.R. PERRY CO. - ROYALTY		• 10% of the total days rented at fair rental value?	B	
C			(See page E-3)	C	

Income:		Properties			Totals (Add columns A, B, and C.)	
		A	B	C		
3	Rents received	3	8,490.		3	8,490.
4	Royalties received	4		2,670.	4	2,670.
Expenses:						
5	Advertising	5				
6	Auto and travel (see page E-4)	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		420.	20	420.
21	Total expenses. Add lines 19 and 20	21		420.		
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-5 to find out if you must file Form 6198	22	8,490.	2,250.		
23	Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-5 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			24	10,740.
25	Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25			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			26	10,740.

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

Your social security number

JAMES R. & M. ANITA PERRY

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-1.

- 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	J.R. PERRY CO.	P			
B					
C					
D					

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				2,070.	
B					
C					
D					
29a Totals				2,070.	
b Totals					
30 Add columns (g) and (j) of line 29a				30	2,070.
31 Add columns (f), (h), and (i) of line 29b				31	()
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	2,070.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A	SEE STATEMENT 16	
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			1,240.
b Totals			
35 Add columns (d) and (f) of line 34a			35 1,240.
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 1,240.

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	14,050.
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

2009

SCHEDULE E

Name JAMES R. PERRY

SSN/EIN _____

Passthrough J.R. PERRY CO.

ID _____

TAXPAYER

PARTNERSHIP

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)	4,523.							
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								
Net income (loss)	4,523.							4,523.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other	<2,453.>							<2,453.>
Total Schedule E (page 2)	2,070.							2,070.
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	83.							83.
Deductions related to portfolio income								
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2009

SCHEDULE E

Name JAMES R. PERRY

SSN/EIN _____

Passthrough J.R. PERRY CO.

ID _____

TAXPAYER _____

PARTNERSHIP

	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
NONPASSIVE								
INTEREST AND DIVIDENDS								
Interest income	202.							202.
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
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	4,523.							4,523.
Gross farming & fishing inc								
Royalties	2,670.							2,670.
Royalty expenses/depletion	420.							420.
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	4,388.							4,388.
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2009

SCHEDULE E

Name JAMES R. PERRY

SSN/EIN _____

Passthrough REVOCABLE "BLIND" TRUST AGREEMENT FBO ANITA PERRY

ID _____

SPOUSE _____

ESTATE OR TRUST

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)								
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Net income (loss)								
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)								
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								
Deductions related to portfolio income								
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2009

SCHEDULE E

Name JAMES R. PERRY

SSN/EIN _____

Passthrough REVOCABLE "BLIND" TRUST AGREEMENT FBO ANITA PERRY

ID _____

SPOUSE _____

ESTATE OR TRUST

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends	1.							1.
Qualified dividends								
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								
Casualty and theft loss								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2009

SCHEDULE E

Name JAMES R. PERRY

SSN/EIN _____

Passthrough REVOCABLE BLIND TRUST STATE AGREEMENT FBO RICK PERRY DTD ID _____

TAXPAYER _____

ESTATE OR TRUST

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)	7,895.							
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								
Net income (loss)	7,895.							7,895.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other	<6,655.>							<6,655.>
Total Schedule E (page 2)	1,240.							1,240.
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								
Deductions related to portfolio income								
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2009

SCHEDULE E

Name JAMES R. PERRY

SSN/EIN _____

Passthrough REVOCABLE BLIND TRUST STATE AGREEMENT FBO RICK PERRY DTD ID _____

TAXPAYER _____

ESTATE OR TRUST

	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
NONPASSIVE								
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends	5,160.							5,160.
Qualified dividends	5,064.							5,064.
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								
Casualty and theft loss								

Schedule of Mineral Interest Properties - Summary

Identifying Number		Taxable income including NOL carryover	153,101.
Name		Plus allowable depletion	420.
		Minus cost depletion	0.
		Taxable income before % depletion	153,521.
JAMES R. & M. ANITA PERRY		65% of taxable income	99,789.

Property Number		Property Description			Gross Income	Royalty Paid	Severance Tax
A	1	J.R. PERRY CO.					
B	2						
C							
D							
E							
F TOTAL							
		Depreciation	Amortization	Operating Expense	Overhead Expense	IDC Expense	Dry Hole Costs
A							
B							
C							
D							
E							
F							
		Other Expenses	Net Income Before Depletion	% Depletion	% Depletion Limited to Net Income	% Depletion After Quantity Limitations	Adjusted Basis
A					420.	420.	
B							
C							
D							
E							
F					420.	420.	
		Beginning Recoverables	Production	Cost Depletion	Prior Year % Depletion Carryover	Greater of Cost or % Depletion	* Limited % Depletion
A						420.	420.
B							
C							
D							
E							
F						420.	420.
		* Allowable Depletion	Net Income After Depletion	% Depletion C/O To Next Year	Excess Depletion	Excess IDC	* Net Income for Excess IDC Calc.
A		420.	<420.>				
B							
C							
D							
E							
F		420.	<420.>				

* "Limited % Depletion" - has been limited to 65% of Taxable Income

* "Allowable Depletion" - Greater of "Percentage Depletion" or "Cost Depletion" after calculation for the 65% taxable income limitations or "Non-Oil & Gas Depletion"

* "Net Income for Excess IDC CALC" - has been reduced by "Allowable Depletion" and "Excess IDC" has been added back.

Total excess Intangible Drilling Cost

Less 65% of Net Income for Excess IDC Calculation

Excess Intangible Drilling Cost Preference

[illegible]

Depletion Statement Number: 2

Description of Depletion Statement:

PASSTHROUGH

5

Prop No.	Property Description	Percent Depletion Available	Prior Year Percent Depletion Carryover	Cost Depletion	Greater of Cost or Percent	Disallowed Due to 65% Limitation	Allowable Depletion	Beginning Accumulated Depletion	Ending Accumulated Depletion	Adjusted Basis for Excess Depletion	Excess Depletion
Total											

Depletion Statement Number:

Description of Depletion Statement:

PASSTHROUGH

5

Prop No.	Property Description	Cost	Accumulated Depletion	Current Year Payments	Total Estimated Payments	Cost Depletion from Payments	Remaining Basis After Payments	Beginning Res. for Cost	Current Year Production	Cost Depletion Rate	Cost Depletion from Production	Total Cost Depletion
Total												

JAMES R. & M. ANITA PERRY

Depletion Statement Number:		4	Depletion - Net Income								2009	
Description of Depletion Statement:												
Prop No.	Property Description	Gross Income	Royalty Paid Amortization	Severence Tax	Operating Expense	IDC Expense	Dry Hole Costs	Depreciation Less 1245 Recapture	Overhead Expenses	Other Expense	Net Income	
2												
Total												

Depletion Statement Number:		4		Percentage, Cost and Preference Depletion - Page 1							2009		
Description of Depletion Statement:		RENT & ROYALTY										2	
Prop No.	Property Description	Percent Depletion Available	Prior Year Percent Depletion Carryover	Cost Depletion	Greater of Cost or Percent	Disallowed Due to 65% Limitation	Allowable Depletion	Beginning Accumulated Depletion	Ending Accumulated Depletion	Adjusted Basis for Excess Depletion	Excess Depletion		
2													
Total													

Depletion Statement Number: 4										Percentage, Cost and Preference Depletion - Page 2			2009	
Description of Depletion Statement:										RENT & ROYALTY			2	
Prop No.	Property Description	Cost	Accumulated Depletion	Current Year Payments	Total Estimated Payments	Cost Depletion from Payments	Remaining Basis After Payments	Beginning Res. for Cost	Current Year Production	Cost Depletion Rate	Cost Depletion from Production	Total Cost Depletion		
2														
Total														

JAMES R. PERRY

Depletion Statement Number: 6

Depletion - Net Income

2009

Description of Depletion Statement:[illegible]

JAMES R. PERRY

Depletion Statement Number: 6

Percentage, Cost and Preference Depletion - Page 1

2009

Description of Depletion Statement:

PASSTHROUGH

1.

[illegible]

Depletion Statement Number:		6	Percentage, Cost and Preference Depletion - Page 2								2009		
Description of Depletion Statement:										PASSTHROUGH			1
Prop No.	Property Description	Cost	Accumulated Depletion	Current Year Payments	Total Estimated Payments	Cost Depletion from Payments	Remaining Basis After Payments	Beginning Res. for Cost	Current Year Production	Cost Depletion Rate	Cost Depletion from Production	Total Cost Depletion	
Total													

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

OMB No. 1545-0074

2009

Attachment
Sequence No. **17**

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

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

Social security number of
person with self-employment
income ▶

M. ANITA PERRY

Who Must File Schedule SE

You must file Schedule SE if:

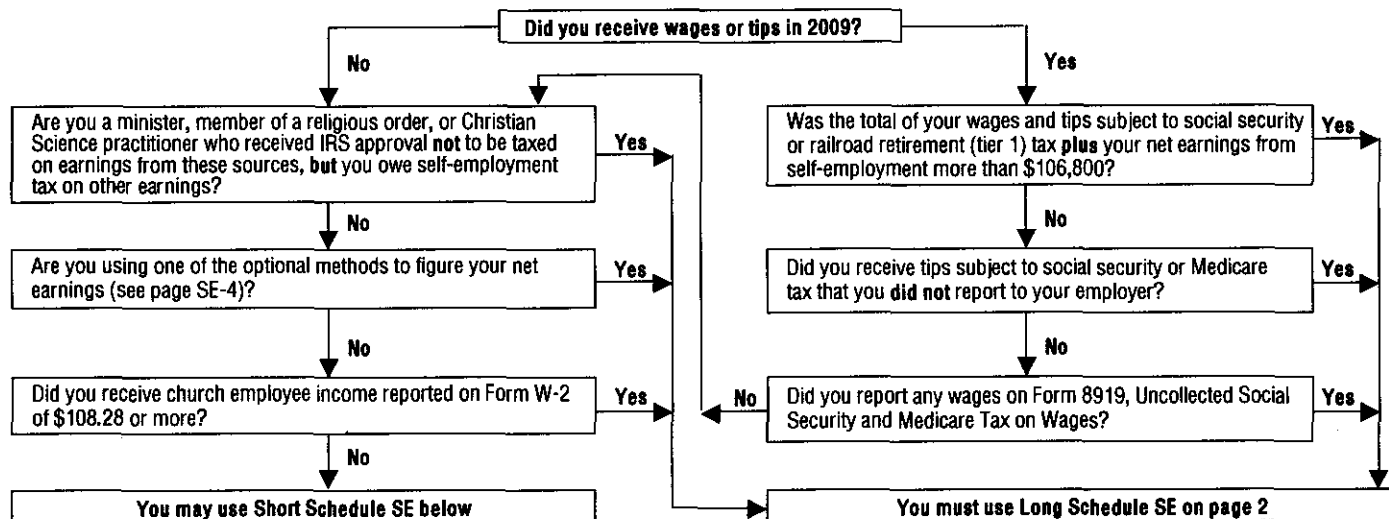
- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is **not** church employee income (see page SE-1).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE-4).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 56.

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

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE*, above.



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

1a Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see pg SE-1 for types of income to report on this line. See pg SE-3 for other income to report	2	65,000.
3 Combine lines 1a, 1b, and 2	3	65,000.
4 Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	60,028.
5 Self-employment tax. If the amount on line 4 is: • \$106,800 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56. • More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$13,243.20 to the result. Enter the total here and on Form 1040, line 56	5	9,184.
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27	6	4,592.

LHA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 2009

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

Social security number of
person with self-employment
income**JAMES R. PERRY****Section B - Long Schedule SE****Part I Self-Employment Tax****Note.** If your only income subject to self-employment tax is church employee income, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is not church employee income. See page SE-1.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I <input type="checkbox"/>	
1a Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see page SE-4)	1a
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see pg SE-1 for types of income to report on this line. See pg SE-3 for other income to report. Note. Skip this line if you use the nonfarm optional method (see page SE-4) SEE STATEMENT 18	2 4,523.
3 Combine lines 1a, 1b, and 2	3 4,523.
4a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a 4,177.
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b
c Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue	4c 4,177.
5a Enter your church employee income from Form W-2. See page SE-1 for definition of church employee income	5a
b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b
6 Net earnings from self-employment. Add lines 4c and 5b	6 4,177.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2009	7 106,800.00
8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$106,800 or more, skip lines 8b through 10, and go to line 11	8a 106,864.
b Unreported tips subject to social security tax (from Form 4137, line 10)	8b
c Wages subject to social security tax (from Form 8919, line 10)	8c
d Add lines 8a, 8b, and 8c	8d
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9
10 Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10
11 Multiply line 6 by 2.9% (.029)	11 121.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56	12 121.
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.50). Enter the result here and on Form 1040, line 27	13 61.

Part II Optional Methods To Figure Net Earnings (see page SE-4)**Farm Optional Method.** You may use this method only if (a) your gross farm income¹ was not more than \$6,540, or (b) your net farm profits² were less than \$4,721.

14 Maximum income for optional methods	14 4,360.00
15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$4,360. Also include this amount on line 4b above	15

Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$4,721 and also less than 72.189% of your gross nonfarm income⁴, and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years.**Caution.** You may use this method no more than five times.

16 Subtract line 15 from line 14	16
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17

¹ From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B.² From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

1116Department 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

2009Attachment
Sequence No. **19**

Name

Identifying number as shown on page 1 of your tax return

JAMES R. & M. ANITA PERRYUse 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 c ☐ Section 901(j) income e ☐ Lump-sum distributions
 b ☐ General category income d ☐ Certain income re-sourced by treaty

f Resident of (name of country) ▶ **UNITED STATES**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes 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			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession ▶	OTHER COUNTRIES	VARIOUS		
1a Gross income from sources within country shown above and of the type checked above:		86.		1a 86.
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) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See pages 13 and 14 of the instructions):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	8,070.	8,070.		
b Other deductions (attach statement)				
c Add lines 3a and 3b	8,070.	8,070.		
d Gross foreign source income		86.		
e Gross income from all sources	222,978.	222,978.		
f Divide line 3d by line 3e	.000000	.000386		
g Multiply line 3c by line 3f		3.		
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		3.		6 3.
7 Subtract line 6 from line 1a. Enter the result here and on line 14, page 2 ▶				7 83.

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued						(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
		In foreign currency			In U.S. dollars				
		Taxes withheld at source on:			Taxes withheld at source on:				
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends		
A									
B								9.	9.
C									
8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶									8 9.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **1116** (2009)

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	9.	
10 Carryback or carryover (attach detailed computation)	10		
11 Add lines 9 and 10	11	9.	
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		9.
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	83.	
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	83.	
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 SEE STATEMENT 19	17	157,455.	
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		.000527
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		30,461.
Caution: If you are completing line 19 for separate category (lump-sum distributions), see pg. 19 of the instructions.			
20 Multiply line 19 by line 18 (maximum amount of credit)	20		16.
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		9.

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		9.
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		9.

Form **1116** (2009)

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

2009

Attachment
Sequence No. 19

Name Identifying number as shown on page 1 of your tax return

JAMES R. & M. ANITA PERRY

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 c ☐ Section 901(j) income e ☐ Lump-sum distributions
b ☐ General category income d ☐ Certain income re-sourced by treaty

f Resident of (name of country) ▶ UNITED STATES

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes 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			Total (Add cols. A, B, and C.)
	A	B	C	
0 Enter the name of the foreign country or U.S. possession	OTHER COUNTRIES	VARIOUS		
1a Gross income from sources within country shown above and of the type checked above:		86.		1a 86.
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) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See pages 13 and 14 of the instructions):				
2 Expenses definitely related to the income on line 1a (attach statement)				
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		86.		
e Gross income from all sources	222,978.	222,978.		
f Divide line 3d by line 3e	.000000	.000386		
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				6
7 Subtract line 6 from line 1a. Enter the result here and on line 14, page 2				7 86.

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued						(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
		In foreign currency			In U.S. dollars				
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends		
A									
B								9.	9.
C									
8 Add lines A through C, column (s). Enter the total here and on line 9, page 2									8 9.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 1116 (2009)

ALTERNATIVE MINIMUM TAX

Form 1116 (2009) **JAMES R. & M. ANITA PERRY**

Page **2**

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	9.	
10 Carryback or carryover (attach detailed computation)	10		
11 Add lines 9 and 10	11	9.	
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	9.	
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	86.	
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	86.	
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 SEE STATEMENT 20	17	165,810.	
<i>Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.</i>			
18 Divide line 16 by line 17. If line 16 is more than line 17, enter "1"	18	.000519	
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	25,902.	
<i>Caution: If you are completing line 19 for separate category (lump-sum distributions), see pg. 19 of the instructions.</i>			
20 Multiply line 19 by line 18 (maximum amount of credit)	20	13.	
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	9.	

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	9.	
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	9.	

Form **1116** (2009)

Domestic Production Activities Deduction

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

2009Attachment
Sequence No. **143**

Name(s) as shown on return

Identifying number

JAMES R. & M. ANITA PERRY

1 Domestic production gross receipts (DPGR)	1	
2 Allocable cost of goods sold. If you are using the small business simplified overall method, skip lines 2 and 3	2	
3 Enter deductions and losses allocable to DPGR (see instructions)	3	
4 If you are using the small business simplified overall method, enter the amount of cost of goods sold and other deductions or losses you ratably apportion to DPGR. All others, skip line 4	4	
5 Add lines 2 through 4	5	
6 Subtract line 5 from line 1	6	
7 Qualified production activities income from estates, trusts, and certain partnerships and S corporations (see instructions)	7	4,388.
8 Add lines 6 and 7. Estates and trusts, go to line 9, all others, skip line 9 and go to line 10	8	4,388.
9 Amount allocated to beneficiaries of the estate or trust (see instructions)	9	
10 Qualified production activities income. Estates and trusts, subtract line 9 from line 8, all others, enter amount from line 8. If zero or less, enter -0- here, skip lines 11 through 19, and enter -0- on line 20	10	4,388.
11 Income limitation (see instructions): <ul style="list-style-type: none"> Individuals, estates, and trusts. Enter your adjusted gross income figured without the domestic production activities deduction All others. Enter your taxable income figured without the domestic production activities deduction (tax-exempt organizations, see instructions) 	11	200,370.
12 Enter the smaller of line 10 or line 11. If zero or less, enter -0- here, skip lines 13 through 19, and enter -0- on line 20	12	4,388.
13 Enter 6% of line 12	13	263.
14 Form W-2 wages (see instructions)	14	
15 Form W-2 wages from estates, trusts, and certain partnerships and S corporations (see instructions)	15	
16 Add lines 14 and 15. Estates and trusts, go to line 17, all others, skip line 17 and go to line 18	16	
17 Amount allocated to beneficiaries of the estate or trust (see instructions)	17	
18 Estates and trusts, subtract line 17 from line 16, all others, enter amount from line 16	18	
19 Form W-2 wage limitation. Enter 50% of line 18	19	
20 Enter the smaller of line 13 or line 19	20	
21 Domestic production activities deduction from cooperatives. Enter deduction from Form 1099-PATR, box 6	21	
22 Expanded affiliated group allocation (see instructions)	22	
23 Domestic production activities deduction. Combine lines 20 through 22 and enter the result here and on Form 1040, line 35; Form 1120, line 25; or the applicable line of your return	23	0.

Form 1116

U.S. and Foreign Source Income Summary

NAME

JAMES R. & M. ANITA PERRY

INCOME TYPE	TOTAL	U.S.	FOREIGN PASSIVE
Compensation	135,342.	135,342.	
Dividends/Distributions	5,252.	5,252.	
Interest	324.	324.	
Capital Gains			
Business/Profession			
Rent/Royalty	11,160.	11,160.	
State/Local Refunds			
Partnership/S Corporation	4,523.	4,523.	
Trust/Estate	1,240.	1,154.	86.
Other Income	65,137.	65,137.	
Gross Income	222,978.	222,892.	86.
Less:			
Section 911 Exclusion			
Capital Losses			
Capital Gains Tax Adjustment			
Total Income - Form 1116	222,978.	222,892.	86.
Deductions:			
Business/Profession Expenses	2,453.	2,453.	
Rent/Royalty Expenses	420.	420.	
Partnership/S Corporation Losses			
Trust/Estate Losses			
Capital Losses	3,000.	3,000.	
Non-capital Losses			
Individual Retirement Account			
Moving Expenses			
Self-employment Tax Deduction	4,653.	4,653.	
Self-employment Health Insurance			
Keogh Contributions	12,082.	12,082.	
Alimony			
Forfeited Interest			
Foreign Housing Deduction			
Other Adjustments			
Capital Gains Tax Adjustment			
Total Deductions	22,608.	22,608.	
Adjusted Gross Income	200,370.	200,284.	86.
Less Itemized Deductions:			
Specifically Allocated	19,916.	19,916.	
Home Mortgage Interest	11,983.	11,983.	
Other Interest			
Ratably Allocated	8,070.	8,067.	3.
Total Adjustments to Adjusted Gross Income	39,969.	39,966.	3.
Taxable Income Before Exemptions	160,401.	160,318.	83.

Form 1116

Allocation of Itemized Deductions

NAME

JAMES R. & M. ANITA PERRY

	Total Itemized Deductions	Itemized Deductions After Sec. 68 Reduction	Form 1116		
			Specifically U.S.	Specifically Foreign	Ratable
Taxes	8,138.	8,070.			8,070.
Interest - Not Including Investment Interest	12,084.	11,983.	11,983.		
Contributions	20,083.	19,916.	19,916.		
Miscellaneous Deductions Subject to 2%					
Other Miscellaneous Deductions - Not Including Gambling Losses					
Foreign Adjustment					
Total Itemized Deductions Subject to Sec. 68	40,305.	39,969.			
Add Itemized Deductions Not Subject to Sec. 68:					
Medical/Dental					
Investment Interest					
Post Aug. 27 Contributions					
Casualty Losses					
Gambling Losses					
Foreign Adjustment					
Total Itemized Deductions	40,305.				
Total Allowed on Schedule A		39,969.	31,899.		8,070.

NAME

JAMES R. & M. ANITA PERRY

Foreign Income Category

PASSIVE INCOME

Regular

	2004	2005	2006	2007	2008	2009
1. Foreign tax paid/accrued						9.
2. FTC carryback to 2009 for amended returns						
3. Reduction allocated to excluded income						
4. Foreign tax available						9.
5. Maximum credit allowable						16.
6. Unused foreign tax (+) or excess of limit (-)					<64.>	<7.>
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Less treaty adjustment						
10. Foreign tax or excess limit remaining					<64.>	<7.>
Total foreign taxes from all available years to be carried to next year						

	1999	2000	2001	2002	2003
1. Foreign tax paid/accrued					
2. FTC carryback to 2009 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					

NAME

JAMES R. & M. ANITA PERRY

Foreign Income Category

PASSIVE INCOME

AMT	2004	2005	2006	2007	2008	2009
1. Foreign tax paid/accrued						9.
2. FTC carryback to 2009 for amended returns						
3. Reduction allocated to excluded income						
4. Foreign tax available						9.
5. Maximum credit allowable						13.
6. Unused foreign tax (+) or excess of limit (-)					<34.>	<4.>
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Less treaty adjustment						
10. Foreign tax or excess limit remaining					<34.>	<4.>
Total foreign taxes from all available years to be carried to next year						

	1999	2000	2001	2002	2003
1. Foreign tax paid/accrued					
2. FTC carryback to 2009 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					

Depletion		65% of Taxable Income Allocation						2009	
Taxable income including all available NOL carryover 153,101. Plus allowable depletion 420. Minus cost depletion Taxable income before percentage depletion 153,521. 65% 0.65 65% of taxable income 99,789.									
Property Number	Property Description	Percentage Depletion 1st Iteration	Allocation Ratio	Limited Percentage Depletion	Cost Depletion	Percentage Depletion Final Iteration	Reallocation Ratio	Allowable Depl. after the 65% Limitation	Excess Percentage Depl. Carryover
1	J.R. PERRY CO.	420.	1.000000	420.		420.	1.000000	420.	
2									
Total		420.	1.000000	420.		420.	1.000000	420.	

FORM 1040	MISCELLANEOUS INCOME	STATEMENT	1
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DESCRIPTION

AMOUNT

TEXAS ASSOCIATION AGAINST SEXUAL ASSAULT

65,000.

TOTAL TO FORM 1040, LINE 21

65,000.

FORM 1040	PENSIONS AND ANNUITIES	STATEMENT	2
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AURORA NATIONAL LIFE

AMOUNT RECEIVED THIS YEAR	137.
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NONTAXABLE AMOUNT

CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D

137.

TOTAL INCLUDED IN FORM 1040, LINE 16B

137.

FORM 1040

SEP DEDUCTION

STATEMENT 3

M. ANITA PERRY

1. PLAN CONTRIBUTION RATE OR SELF-EMPLOYED PERSON'S RATE200000
2. NET EARNINGS FROM SCHEDULE C, SCHEDULE F, OR SCHEDULE K-1 .	65,000.
3. DEDUCTION FOR SELF-EMPLOYMENT TAX FROM 1040, LINE 27 . . .	4,592.
4. SUBTRACT LINE 3 FROM LINE 2	60,408.
5. MULTIPLY LINE 4 TIMES LINE 1	12,082.
6. MULTIPLY \$245,000 BY YOUR PLAN CONTRIBUTION RATE. ENTER THE RESULT BUT NOT MORE THAN \$49,000	49,000.
7. ENTER THE SMALLER OF LINE 5 OR LINE 6	12,082.
8. CONTRIBUTION DOLLAR LIMIT	49,000.
*IF ANY ELECTIVE DEFERRALS WERE MADE, GO TO LINE 9.	
*OTHERWISE, SKIP LINES 9 THROUGH 18 AND ENTER THE SMALLER OF LINE 7 OR LINE 8 ON LINE 19.	
9. ALLOWABLE ELECTIVE DEFERRALS	
10. SUBTRACT LINE 9 FROM LINE 8	
11. SUBTRACT LINE 9 FROM LINE 4	
12. ENTER ONE-HALF OF LINE 11	
13. ENTER THE SMALLEST OF LINES 7, 10 OR 12	
14. SUBTRACT LINE 13 FROM LINE 4	
15. ENTER THE SMALLER OF LINE 9 OR LINE 14	
*IF CATCH-UP CONTRIBUTIONS WERE MADE, GO TO LINE 16.	
*OTHERWISE, SKIP LINES 16 THROUGH 18.	
16. SUBTRACT LINE 15 FROM LINE 14	
17. CATCH-UP CONTRIBUTION (AGE 50 OR OLDER)	
18. ENTER THE SMALLER OF LINE 16 OR LINE 17	
19. ADD LINES 13, 15 AND 18. ENTER HERE AND ON LINE 28, FORM 1040	12,082.

FORM 1040	STUDENT LOAN INTEREST DEDUCTION	STATEMENT	4
1.	ENTER THE TOTAL INTEREST PAID IN 2009 ON QUALIFIED STUDENT LOANS. DO NOT ENTER MORE THAN \$2,500	2,500.	
2.	ENTER THE AMOUNT FROM FORM 1040, LINE 22	217,105.	
3.	ENTER THE TOTAL OF THE AMOUNTS FROM FORM 1040, LINES 23 THROUGH 32 PLUS ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED LINE NEXT TO LINE 36	16,735.	
4.	SUBTRACT LINE 3 FROM LINE 2	200,370.	
5.	ENTER THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS. * SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)-\$60,000 * MARRIED FILING JOINTLY-\$120,000	120,000.	
6.	IS THE AMOUNT ON LINE 4 MORE THAN THE AMOUNT ON LINE 5? [] NO. SKIP LINES 6 AND 7, ENTER -0- ON LINE 8, AND GO TO LINE 9 [X] YES. SUBTRACT LINE 5 FROM LINE 4	80,370.	
7.	DIVIDE LINE 6 BY \$15,000 (\$30,000 IF MARRIED FILING JOINTLY). ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES). IF THE RESULT IS 1.000 OR MORE, ENTER 1.000 . . .	1.000	
8.	MULTIPLY LINE 1 BY LINE 7.	2,500.	
9.	STUDENT LOAN INTEREST DEDUCTION. SUBTRACT LINE 8 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1040, LINE 33 . .	0.	

FORM 1040	WAGES RECEIVED AND TAXES WITHHELD	STATEMENT	5			
T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T OFFICE OF THE GOVERNOR	135,278.	20,059.			6,622.	2,094.
T SPE CORPORATE SERVICES, INC	64.	16.			4.	1.
TOTALS	135,342.	20,075.			6,626.	2,095.

FORM 1040	QUALIFIED DIVIDENDS	STATEMENT 6
NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
MELLON INVESTOR SERVICES	9.	9.
MELLON INVESTOR SERVICES	82.	82.
FROM K-1 - REVOCABLE BLIND TRUST STATE AGREEMENT FBO RICK PERRY DTD 9-13-96	5,160.	5,064.
TOTAL INCLUDED IN FORM 1040, LINE 9B		5,155.

FORM 1040

EXCESS SOCIAL SECURITY TAX WORKSHEET

STATEMENT

7

	TAXPAYER	SPOUSE
1. ADD ALL SOCIAL SECURITY TAX WITHHELD BUT NOT MORE THAN \$6,621.60 FOR EACH EMPLOYER (THIS TAX SHOULD BE SHOWN IN BOX 4 OF YOUR W-2 FORMS). ENTER THE TOTAL HERE	6,626.	
2. ENTER ANY UNCOLLECTED SOCIAL SECURITY TAX ON TIPS OR GROUP-TERM LIFE INSURANCE INCLUDED IN THE TOTAL ON FORM 1040, LINE 60		
3. ADD LINES 1 AND 2	6,626.	
4. SOCIAL SECURITY TAX LIMIT	6,622.	
5. SUBTRACT LINE 4 FROM LINE 3. EXCESS SOCIAL SECURITY TAX INCLUDED IN FORM 1040, LINE 69.	4.	

FORM 1040

FEDERAL INCOME TAX WITHHELD

STATEMENT

8

T S DESCRIPTION	AMOUNT
T OFFICE OF THE GOVERNOR	20,059.
T SPE CORPORATE SERVICES, INC	16.
J MELLON INVESTOR SERVICES	2.
S MELLON INVESTOR SERVICES	23.
TOTAL TO FORM 1040, LINE 61	20,100.

FORM 1040

LATE PAYMENT INTEREST

STATEMENT

9

DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
TAX DUE	04/15/10	10,984.	10,984.	.0400		
FORM 4868 PAYMENT	04/15/10	<5,000.>	5,984.	.0400	138	91.
DATE FILED	08/31/10		6,075.			
TOTAL LATE PAYMENT INTEREST						91.

FORM 1040		LATE PAYMENT PENALTY			STATEMENT 10	
DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY	
TAX DUE	04/15/10	10,984.	10,984.			
FORM 4868 PAYMENT	04/15/10	<5,000.>	5,984.	5	150.	
DATE FILED	08/31/10					
TOTAL LATE PAYMENT PENALTY					150.	

SCHEDULE A		CASH CONTRIBUTIONS		STATEMENT 11	
DESCRIPTION		AMOUNT 50% LIMIT	AMOUNT 30% LIMIT		
TEXAS ASSOCIATION AGAINST SEXUAL ASSAULT		5,000.			
TEXAS GOVERNOR'S MANSION RESTORATION FUND		15,000.			
FROM K-1 - J.R. PERRY CO.		83.			
SUBTOTALS		20,083.			
TOTAL TO SCHEDULE A, LINE 16				20,083.	

SCHEDULE A

ITEMIZED DEDUCTIONS WORKSHEET

STATEMENT 12

1.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28	40,305.
2.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28.	0.
3.	IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 2 FROM LINE 1	40,305.
4.	MULTIPLY LINE 3 BY 80% (.80).	32,244.
5.	ENTER THE AMOUNT FROM FORM 1040, LINE 38.	200,370.
6.	ENTER: \$166,800 (\$83,400 IF MARRIED FILING SEPARATELY)	166,800.
7.	IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 6 FROM LINE 5	33,570.
8.	MULTIPLY LINE 7 BY 3% (.03)	1,007.
9.	ENTER THE SMALLER OF LINE 4 OR LINE 8	1,007.
10.	DIVIDE LINE 9 BY 1.5	671.
11.	SUBTRACT LINE 10 FROM LINE 9	336.
12.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 11 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29	39,969.

SCHEDULE A

STATE AND LOCAL GENERAL SALES TAXES

STATEMENT 13

DESCRIPTION

AMOUNT

STATE SALES TAX
LOCAL SALES TAX

2,151.
688.

TOTAL TO SCHEDULE A, LINE 5

2,839.

SCHEDULE A

GENERAL SALES TAX DEDUCTION WORKSHEET

STATEMENT 14

1	ENTER YOUR STATE GENERAL SALES TAXES FROM THE APPLICABLE TABLE. TEXAS IF, FOR ALL OF 2009, YOU LIVED ONLY IN CONNECTICUT, THE DISTRICT OF COLUMBIA, INDIANA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MICHIGAN, NEW JERSEY, RHODE ISLAND, OR WEST VIRGINIA, SKIP LINES 2 THROUGH 5, ENTER -0- ON LINE 6, AND GO TO LINE 7. OTHERWISE, GO TO LINE 2.	2,151.
2	DID YOU LIVE IN ALASKA, ARIZONA, ARKANSAS, CALIFORNIA (LOS ANGELES COUNTY ONLY), COLORADO, GEORGIA, ILLINOIS, LOUISIANA, MISSOURI, NEW YORK STATE, NORTH CAROLINA, SOUTH CAROLINA, TENNESSEE, UTAH, OR VIRGINIA IN 2009? IF NO, ENTER -0-. IF YES, ENTER YOUR LOCAL GENERAL SALES TAXES FROM THE APPLICABLE TABLE.	0.
3	DID YOUR LOCALITY IMPOSE A LOCAL GENERAL SALES TAX IN 2009? RESIDENTS OF CALIFORNIA AND NEVADA SEE INSTRUCTIONS. IF NO, SKIP LINES 3 THROUGH 5, ENTER -0- ON LINE 6 AND GO TO LINE 7. IF YES, ENTER YOUR LOCAL GENERAL SALES TAX RATE, BUT OMIT PERCENTAGES. AUSTIN	2.0000
4	DID YOU ENTER -0- ON LINE 2 ABOVE? IF NO, SKIP LINES 4 AND 5 AND GO TO LINE 6. IF YES, ENTER YOUR STATE GENERAL SALES TAX RATE, BUT OMIT PERCENTAGES.	6.2500
5	DIVIDE LINE 3 BY LINE 4. ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES).	.3200
6	DID YOU ENTER -0- ON LINE 2 ABOVE? IF NO, MULTIPLY LINE 2 BY LINE 3. IF YES, MULTIPLY LINE 1 BY LINE 5.	688.
6A	ADD LINE 1 AND LINE 6.	2,839.
6B	PART-YEAR DAYS RATE.	1.000000
6C	MULTIPLY LINE 6A BY LINE 6B.	2,839.
7	ENTER YOUR GENERAL SALES TAXES PAID ON SPECIFIED ITEMS, IF ANY.	
8	DEDUCTION FOR GENERAL SALES TAXES. ADD LINES 6C AND 7. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 5 AND CHECK BOX "B" ON THAT LINE.	2,839.

SCHEDULE D	CAPITAL LOSS CARRYOVER	STATEMENT 15
1. ENTER THE AMOUNT FROM FORM 1040, LINE 41		160,401.
2. DID YOU FILE FORM 8914?		
X NO. ENTER -0-		
YES. ENTER THE AMOUNT FROM YOUR FORM 8914, LINE 6		
3. SUBTRACT LINE 2 FROM LINE 1		160,401.
4. ENTER THE LOSS FROM SCHEDULE D, LINE 21, AS A POSITIVE AMOUNT.		3,000.
5. COMBINE LINES 3 AND 4. IF ZERO OR LESS, ENTER -0-		163,401.
6. ENTER THE SMALLER OF LINE 4 OR LINE 5		3,000.
7. ENTER THE LOSS FROM SCHEDULE D, LINE 7, AS A POSITIVE AMOUNT .		209,747.
8. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 15		
9. ADD LINES 6 AND 8		3,000.
10. SHORT-TERM CAPITAL LOSS CARRYOVER TO 2010.		
SUBTRACT LINE 9 FROM LINE 7. IF ZERO OR LESS, ENTER -0- . . .		206,747.
11. ENTER THE LOSS FROM SCHEDULE D, LINE 15, AS A POSITIVE AMOUNT.		354,776.
12. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 7		
13. SUBTRACT LINE 7 FROM LINE 6. IF ZERO OR LESS, ENTER -0-		
14. ADD LINES 12 AND 13		
15. LONG-TERM CAPITAL LOSS CARRYOVER TO 2010.		
SUBTRACT LINE 14 FROM LINE 11. IF ZERO OR LESS, ENTER -0- . .		354,776.

SCHEDULE E	INCOME OR (LOSS) FROM ESTATES AND TRUSTS				STATEMENT 16
NAME	EMPLOYER ID NO.	PASSIVE LOSS	PASSIVE INCOME	NONPASSIVE LOSS	NONPASSIVE INCOME
REVOCABLE "BLIND" TRUST AGREEMENT FBO ANITA PERRY	03-6092780				
REVOCABLE BLIND TRUST STATE AGREEMENT FBO	74-6467584		0.		
					1,240.
TOTALS TO SCHEDULE E, LINE 34					1,240.

SCHEDULE SE	NON-FARM INCOME	STATEMENT 17
DESCRIPTION		AMOUNT
TEXAS ASSOCIATION AGAINST SEXUAL ASSAULT		65,000.
TOTAL TO SCHEDULE SE, LINE 2		65,000.

SCHEDULE SE	NON-FARM INCOME	STATEMENT 18
DESCRIPTION		AMOUNT
J.R. PERRY CO.		4,523.
TOTAL TO SCHEDULE SE, LINE 2		4,523.

FORM 1116	WORLDWIDE CAPITAL GAINS WORKSHEET FOR LINE 17	STATEMENT 19
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1	ENTER THE AMOUNT FROM FORM 1040, LINE 41. IF YOU ARE A NONRESIDENT ALIEN, ENTER THE AMOUNT FROM FORM 1040NR, LINE 38	160,401.
2	ENTER WORLDWIDE 28% GAINS	
3	MULTIPLY LINE 2 BY 0.2000	
4	ENTER WORLDWIDE 25% GAINS	
5	MULTIPLY LINE 4 BY 0.2857	
6	ENTER WORLDWIDE 15% GAINS AND QUALIFIED DIVIDENDS	5,155.
7	MULTIPLY LINE 6 BY 0.5714	2,946.
8	ENTER WORLDWIDE 0% GAINS AND QUALIFIED DIVIDENDS	
9	ADD LINES 3, 5, 7, AND 8	2,946.
10	SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1116, LINE 17	157,455.

FORM 1116	ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT	STATEMENT 20
	WORLDWIDE CAPITAL GAINS	
	WORKSHEET FOR LINE 17	

1	ENTER THE AMOUNT FROM FORM 6251, LINE 29	168,203.
2	ENTER WORLDWIDE 25% GAINS	
3	MULTIPLY LINE 2 BY 0.1071	
4	ENTER WORLDWIDE 15% GAINS AND QUALIFIED DIVIDENDS	5,155.
5	MULTIPLY LINE 4 BY 0.4643	2,393.
6	ENTER WORLDWIDE 0% GAINS AND QUALIFIED DIVIDENDS	
7	ADD LINES 3, 5, AND 6	2,393.
8	SUBTRACT LINE 7 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1116 AMT, LINE 17	165,810.

FORM 8903	QPAI FROM PASSTHROUGH ENTITIES	STATEMENT 23
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NAME OF PASSTHROUGH ACTIVITY	QPAI AMOUNT	WAGES AMOUNT
J.R. PERRY CO.	4,388.	0.
TOTAL TO FORM 8903, LINES 7 AND 15	4,388.	0.

FORM 1116	INCOME SUMMARY FOREIGN TRUST/ESTATE INCOME	STATEMENT 24
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DESCRIPTION	AMOUNT
REVOCABLE BLIND TRUST STATE AGREEMENT FBO RICK PER	86.
TOTAL FOREIGN TRUST/ESTATE INCOME	86.

Form W-2 Wage and Tax Statement 2007

a Control number 00000004		7 Social security tips		1 Wages, tips, other comp. 135277.68		2 Federal income tax withheld 20059.47	
b Employer's name, address, and ZIP code OFFICE OF THE GOVERNOR 1100 SAN JACINTO AUSTIN TX 78701 00301		8 Allocated tips		3 Social security wages 106800.00		4 Social security tax withheld 6621.60	
c Employee's name, address, and ZIP code 00000100100 JAMES R. PERRY 1010 COLORADO AUSTIN TX 78701		9 Advance EIC payment		5 Medicare wages and tips 144446.43		6 Medicare tax withheld 2094.47	
d Employer's name, address, and ZIP code 00000100100 JAMES R. PERRY 1010 COLORADO AUSTIN TX 78701		10 Dependent care benefits		11 Nonqualified plans		12a See instructions for box 12 C 541.80	
15 State Employer's state I.D. no.		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name					

Copy B To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008 Dept. of the Treasury - IRS Visit the IRS web site at www.irs.gov/efile.

2009 Form W-2 Wage and Tax Statement			
1. Wages, tips, other compensation 63.96		2. Federal income tax withheld 15.98	
3. Social security wages 63.96		4. Social security tax withheld 3.96	
5. Medicare wages and tips 63.96		6. Medicare tax withheld .92	
Copy B To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service.			
a. Employer's security no.		OMB NO. 1545-0008	
b. Employer's identification no. 133540358		d. Control number F100 00249546	
c. Employer's name, address and ZIP code SPE CORPORATE SERVICES INC. 600 CORPORATE POINTE, BOX 3638 CULVER CITY, CA 90231		2009	
e. Employee's name (first, middle initial, last) JAMES R PERRY			
f. Employee's address and ZIP code 1010 COLORADO AUSTIN, TX 78701			
10. Dependent care benefits		11. Nonqualified Plans	
12. See EARNINGS SUMMARY		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third party sick pay <input type="checkbox"/>	
14. Other			
15. State / Employer's State ID no. TX NOT APPLICABLE		16. State wages, tips, etc. 63.96	
17. State income tax		18. Local wages, tips, etc.	
19. Local income tax		20. Locality name	

Department of the Treasury - Internal Revenue Service