HAL MODEL CPA PA

OCTOBER 4, 2012

CHRISTOPHER J & MARY P CHRISTIE

MENDHAM, NJ

DEAR MR. AND MRS. CHRISTIE:

ENCLOSED ARE YOUR 2011 INCOME TAX RETURNS, AS FOLLOWS...

2011 U.S. INDIVIDUAL INCOME TAX RETURN

2011 CALIFORNIA INDIVIDUAL INCOME TAX RETURN

2011 CONNECTICUT INDIVIDUAL INCOME TAX RETURN

2011 NEW JERSEY INDIVIDUAL INCOME TAX RETURN

2011 NEW YORK INDIVIDUAL INCOME TAX RETURN

YOUR COPY SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY,

HAL MODEL CPA PA

2011 TAX RETURN FILING INSTRUCTIONS

U.S. INDIVIDUAL INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2011

Prepared for	CHRISTOPHER J & MARY P CHRISTIE MENDHAM, NJ
Prepared by	HAL MODEL CPA PA
Amount of tax	Total tax \$ 141,158 Less: payments and credits \$ 157,976 Plus: interest and penalties \$ 0 OVERPAYMENT \$ 16,818
Overpayment	Miscellaneous Donations \$ 0 Credited to your estimated tax \$ 16,818 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	
100081	

100081 05-01-11

Department of the Treasury Internal Revenue Service

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

Declaration Control Number (DCN) 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, 2011 (Whole Dollars Only) Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4) 567,772. Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10) 141,158. 2 Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7) 102,286. 3 Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line 12a) 4 Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12) 5 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2011, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or to revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only X lauthorize HAL MODEL CPA PA to enter or generate my PIN ERO firm name Enter five numbers, but as my signature on my tax year 2011 electronically filed income tax return. do not enter all zeros I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature ► ***** THIS IS NOT A FILEABLE COPY ***** Date $\rightarrow 10/04/2012$ Spouse's PIN: check one box only X lauthorize HAL MODEL CPA PA to enter or generate my PIN ERO firm name Enter five numbers, but as my signature on my tax year 2011 electronically filed income tax return. do not enter all zeros 」I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's signature Date $\rightarrow 10/04/2012$ Practitioner PIN Method Returns Only - continue below Certification and Authentication - Practitioner PIN Method Only Part III ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the tax year 2011 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature **ERO Must Retain This Form - See Instructions** 119995 10-05-11

Do Not Submit This Form to the IRS Unless Requested To Do So

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

ERO Declaration

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

ERO Signature

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

ERO's PIN

(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.

Taxpaver's PIN:

Date 10042012

Spouse's PIN:

06-08-11

▼ DETACH HERE ▼

Application for Automatic Extension of Time 1019 To File U.S. Individual Income Tax Return 2011 Department of the Treasury Internal Revenue Service (99) For calendar year 2011, or other tax year beginning , 2011, ending Part I Identification Part II | Individual Income Tax 4 Estimate of total tax liability for 2011 1 Your name(s) 151,420. CHRISTOPHER J CHRISTIE 5 Total 2011 payments 125,943. MARY P CHRISTIE 6 Balance due. Subtract line 5 25,477. from line 4 MENDHAM, NJ 31,500. 7 Amount you are paying 8 Check here if you are "out of the country" and a U.S. citizen or resident 2 Your social security number 3 Spouse's social security number ***_** ***_**_*** 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

<u>= 1040</u>	U	.S. Individual Inco	ome Tax Retur	n ⁽⁹⁹⁾ 2011 OME	3 No. 1545-0074 RS U	se Only - Do no	t write or	r staple in this space.	
		011, or other tax year beginnin	g	, 2011	, ending	. 20		See separate instr	uctions.
Your first name an	d initia		Last name				,	Your social security nur	
CHRISTOP	HER	J	CHRISTIE	1 1				***_**_*	***
If a joint return, sp	ouse's	first name and initial	Last name	······································			- 5	Spouse's social securit	y number
MARY P			CHRISTIE) 				***_**_*	***
Home address (nu	mber a	nd street). If you have a P.	O. box, see instruction	ons.		Apt. no).		
								Make sure the SSN and on line 6c are c	(s) above correct.
City, town or post office	ce, state	, and ZIP code. If you have a fo	reign address, also comp	olete spaces below.				Presidential Election Ca	ampaign
MENDHAM,							(Check here if you, or yo f filing jointly, want \$3 this fund. Checking a b	our spous
Foreign country na		***************************************	Foreign	province/county	TEA	rajan naatal a		his fund. Checking a b will not change your tax	ox below
orongii oodiita y ma	.,,,,		rordigit	province/county	10	reign postal c	oue I		
	1	Single			Head of hous	abald (with a	L L		Spous
Filing Status		X Married filing jointly	(avan if anly one had					g person). If the qu	
	3		ately. Enter spouse's		•		our dep	endent, enter this c	niia s
Check only one box.	Ū	and full name here.			name here. I				
	63			dependent, do not check bo			aepena	ent child Boxes checked	
Exemptions				dependent, do not check bo				on 6a and 6b	2
					(3) Depender	t'o T		No. of children on 6c who:	,
	Ü	Dependents: (1) First name	Last name	(2) Dependent's social security number	relationship	to I	under age	17 a lived with you	
		CHRIS		*** <u>*</u> ****	you		alifying fo tax credit	you due to divord or separation	
If mare then four		CHRIST		***_**	SON			(see instructions)	
If more than four dependents, see				***_**_***	DAUGHTER		X	Dependents on 6	ic.
instructions and -			STIE	***_**_***	SON		X	not entered abov	
check here			STIE	<u> </u>	DAUGHTER		X	Add numbers	
	d							on lines	<u> 6</u>
Income	7	Wages, salaries, tips, etc	, ,		******		7	469,3	
	8a	Taxable interest. Attach	, .				8a	6,8	877.
Attach Form(s)	b	Tax-exempt interest. Do	not include on line 8	a	8b	<u>4,219.</u>	1		
W-2 here. Also	9a			ired			9a	<u> </u>	648.
attach Forms	þ					5,294.		STMT 5	
W-2G and 1099-R if tax	10			d local income taxes		MT 3	10		0.
was withheld.	11	Alimony received	11						
	12	Business income or (loss	s). Attach Schedule C	or C-EZ			12		
If you did not	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here						63,2	256.
get a W-2,	14	Other gains or (losses). A	Attach Form 4797	·····	************	*******	14		221.
see instructions.	15a	IRA distributions	15a	1	b Taxable amount		15b		***************************************
	16a		16a		b Taxable amount		16b		
	17	Rental real estate, royalti	es, partnerships, S co	orporations, trusts, etc. Attac	h Schedule E		17	19,0	060.
Enclose, but do	10	Form income on (leas) A						<u> </u>	

Adjusted Gross Income

not attach, any

payment. Also, please use

Form 1040-V.

18

19

21

22

23

33

34

35 36

37

Educator expenses

Educator expenses
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 Moving expenses. Attach Form 3903 26 26 Deductible part of self-employment tax. Attach Schedule SE 27 27 Self-employed SEP, SIMPLE, and qualified plans 28 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

Farm income or (loss). Attach Schedule F

Unemployment compensation

Combine the amounts in the far right column for lines 7 through 21. This is your total income

Add lines 23 through 35

b Taxable amount

32

33

34

Student loan interest deduction

Tuition and fees. Attach Form 8917

Domestic production activities deduction. Attach Form 8903

Social security benefits 20a

Other income. List type and amount SEE STATEMENT 1

567,772.

18

19

20b

21

22

37

Form 1040 (2011) C	CHRISTOPHER J & MARY P CHRISTIE ***	*_**		Page 2
Tax and		Amount from line 37 (adjusted gross income)		38	567,772.
Credits	39	a Check \ \ \ You were born before January 2, 1947, \ \ Blind. \ \ Total boxes		- 00	301,112
Standard		if: Spouse was born before January 2, 1947, Blind. checked			
Deduction for -	,	of If your spouse itemizes on a separate return or you were a dual-status alien, check here	398		
People who check any	L ,,	The your spouse itemizes on a separate return or you were a dual-status alien, theck here	> 390		400 45
box on line 39a or 39b or		Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	109,167.
who can be	41		************************	41	458,605.
claimed as a dependent.	42	Exemptions. Multiply \$3,700 by the number on line 6d	******************	42	22,200.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	***************************************	43	436,405.
	44	Tax. Check if any from: a Form(s) 8814 b Form 4972 c 962 election	***************************************	44	109,130.
	45	Alternative minimum tax. Attach Form 6251		45	27,548.
All others: Single or	46	Add lines 44 and 45		46	136,678.
Married filing	47	Foreign tax credit. Attach Form 1116 if required	374.		<u> </u>
separately, \$5,800	48	Credit for child and dependent care expenses. Attach Form 2441 48	200.	1	
Married filing	49	Education credits from Form 8863, line 23		1 1	
jointly or Qualifying	50	Retirement savings contributions credit. Attach Form 8880 50		1 1	
widow(er), \$11,600	51	Child tax credit (see instructions) 51			
Head of	52	Residential energy credits. Attach Form 5695 52			
household, \$8,500	53		4.		
φ6,300	54	Other credits from Form: a X 3800 b 8801 c 53			F F 0
		Add lines 47 through 53. These are your total credits		54	578.
Othor	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-		55	136,100.
Other Taxes	56	Self-employment tax, Attach Schedule SE	***************************************	56	
Taxes	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	
		Household employment taxes from Schedule H	** * * * * * * * * * * * * * * * * * * *	59a	5,058.
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		59b	
	60	Other taxes. Enter code(s) from instructions		60	
	61	Add lines 55 through 60. This is your total tax		61	141,158.
Payments	62	Federal income tax withheld from Forms W-2 and 1099 62	102,286.		
	63	2011 estimated tax payments and amount applied from 2010 return 63	24,180.		
If you have		Earned income credit (EIC) 64a	, , , , , , , , , , , , , , , , , , , ,		
a qualifying child, attach		Nontaxable combat pay election 64b			
Schedule EIC.		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	31,500.	ja l	
	69	Excess social security and tier 1 RRTA tax withheld 69	31,300.		
		Credit for federal tox on fuels. Attach Form 4490			
	70	Credit for federal tax on fuels. Attach Form 4136 70 Credits from Form: a 2439 b 8839 c X 8801 d 8885 71			
			10.		4
Defined	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments		72	157,976.
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid.		73	16,818.
Direct deposit?	74 a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here		74a	
See instructions.		Routing ▶ c Type: Checking Savings ▶ d Account		.	
	75	Amount of line 73 you want applied to your 2012 estimated tax	16,818.	.	
Amount	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions		76	
You Owe	77	Estimated tax penalty (see instructions) 77			
Third Party		o you want to allow another person to discuss this return with the IRS (see instructi <u>ons)?</u>	Yes, Complete belo	ow.	No
Designee	Des nai	ignee's ►HAL MODEL CPA Phone ►		number (identification
Sign	(Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statemen correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	ts and to the hest of my	knowledg	ge and belief, they are true,
Here	١	our signature Date Your occupation	nas any knowledge.	Dayti	me phone number
Joint return? See instructions.		GOVERNOR			
Кеер а сору		Spouse's signature. If a joint return, b0th must sign. Date Spouse's occupation		If the	IRS sent you an Identity
for your records.		SALES			ction PIN,
	Print	Type preparer's name Preparer's signature Date	Check	if PTI	it here
Paid		1/1 h. 1	self-employed	- ' '	
	HAI	L MODEL CPA Hel Must 10-4-1			
Use Only		s name ► HAL MODEL CPA PA		* * . *	****
	. 4111	, min model cla la	Firm's EIN		
110002	Eirm!	Sarkhaes	Phone n		
11-07-11	1 (111)	s address			

SCHEDULE A (Form 1040)

Itemized Deductions

OMB No. 1545-0074 Attachment Sequence No. 07

Department of the Treasury Internal Revenue Service (99) Name(s) shown on Form 1040

➤ See Instructions for Schedule A (Form 1040).

CHRISTOR	PHE	R J & MARY P CHRISTIE			* * *	*****
Medical		Caution. Do not include expenses reimbursed or paid by others.	П		••••	T in the second second
and	1	Medical and dental expenses (see instructions)	1			
Dental	2	Enter amount from Form 1040, line 38				1
Expenses	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	1
Taxes You	5	State and local (check only one box):	I			
Paid		a X Income taxes, or SEE STATEMENT 10	5	36,2	47.	
		b General sales taxes				
	6	Real estate taxes (see instructions)	6	37,5	85.	
	7	Personal property taxes	7			
	8	Other taxes. List type and amount				
			8			
	9	Add lines 5 through 8			9	73,832.
Interest	10	Home mortgage interest and points reported to you on Form 1098	10	8,7		
You Paid	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			·····	
Note.			111			
Your mortgage interest	12	· · · · · · · · · · · · · · · · · · ·	12			
deduction may	13	Mortgage insurance premiums (see instructions)	13			
be limited (see instructions).	14	Investment interest. Attach Form 4952 if required. (See instructions.) STMT 12		4	03.	
	15	Add lines 10 through 14.			15	9,111.
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	25,7	24.	STMT 11
Charity	17	Other than by cash or check. If any gift of \$250 or more, see instructions.				
If you made a gift and got a		You must attach Form 8283 if over \$500 SEE STATEMENT 13	17	5	00.	
benefit for it,	18	Carryover from prior year	18			
see instructions	. 19	Add lines 16 through 18			19	26,224.
Casualty and Theft Losses						
	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20	
Job Expenses and Certain	21	Unreimbursed employee expenses - job travel, union dues, job education, etc.				
Miscellaneous		Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶				
Deductions						
			21	·····		
	22	Tax preparation fees	22			
	23	Other expenses · investment, safe deposit box, etc. List type and amount SEE STATEMENT 9				
			23	9,68		
	24	Add lines 21 through 23	24	9,68	38.	
	25	Enter amount from Form 1040, line 38 [25] 567,772.				
	26	Multiply line 25 by 2% (.02)	26	11,35	25.1	
)thar	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	******		27	0.
Other Miscellaneous	28	Other - from list in instructions. List type and amount ▶				
Deductions					.	
					-	
					-	
Гotal	29	Add the amounts in the far right column for the second sec			28	
temized	4 .0	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount line 40				100 107
Deductions	30	line 40 If you elect to itemize deductions even though they are less than your standard dedu			29	109,167.
	55	· · · · · · · · · · · · · · · · · · ·	iction	,		
		check here		P L		

SCHEDULE B

(Form 1040A or 1040)

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

Interest and Ordinary Dividends

Attach to Form 1040A or 1040.

➤ See instructions.

OMB No. 1545-0074

2011
Attachment
Sequence No. 08

CHRISTOP	HE:	R J & MARY P CHRISTIE	***_**	r	* *
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the		Amoun	t
Interest		property as a personal residence, see instructions and list this interest first. Also, show that			***************************************
		buyer's social security number and address			
		PEAPACK			
		STATE OF NJ	l	1 /	642.
		THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST	l		$\frac{312}{272}$
Note. If you		THE MARY PAT CHRISTIE 2010 BLIND TRUST			052
received a Form		FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	ļ ———		588
1099-INT, Form 1099-OID,		FROM K-1 - CANTOR FITZGERALD LP	_	<u> </u>	1
or substitute		TDOM: TO 1 COT DOM: CO COT COT COT COT COT COT COT COT COT	1		<u>, T </u>
statement from		FROM K-I - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	l		322.
a brokerage firm list the firm's	,		 		
name as the			ļ		
payer and enter the total interest					
shown on that					
form.					

	2	Add the amounts on line 1	2	6,8	377.
	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	6.8	377.
		te. If line 4 is over \$1,500, you must complete Part III.		Amoun	
Part II	5	List name of payer		Amoun	<u>. </u>
Ordinary		GOLDMAN SACHS	<u> </u>		147.
Dividends		GOLDMAN SACHS			
		THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST		4 4	135.
		THE MARY PAT CHRISTIE 2010 BLIND TRUST	ļ		315.
		FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC			333.
Note. If you		FROM K-1 - CANTOR FITZGERALD LP			18.
received a Form				1	10.
1099-DIV or substitute					
statement from					
a brokerage firm, list the firm's			5	····	
name as the					
payer and enter the ordinary					
dividends shown					
on that form.					
	6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a >	6	9,6	48.
		e. If line 6 is over \$1,500, you must complete Part III.			
Part III		must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a	foreign	Van	Nia
Foreign	acc	ount; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		Yes	No
Accounts	7a	At any time during 2011, did you have a financial interest in or signature authority over a financial ac	count (such		
and Trusts		as a bank account, securities account, or brokerage account) located in a foreign country? See instr			X
114313		If "Yes," are you required to file Form TD F 90-22.1 to report that financial interest or signature autho			
		Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements	,		1
	b	If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the financial	al account		
		is located	account		
	8	During 2011, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign	truet?		
127501 11-02-11		If "Yes," you may have to file Form 3520. See instructions			x

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 Form 8949 to list your transactions for lines 1, 2, 3, 8, 9, and 10.

OMB No. 1545-0074

2011
Attachment
Sequence No. 12

Name(s) shown on return

Your social security number

CHRISTOPHER J & MARY P CHRISTIE

**

	nplete Form 8949 before completing line 1, 2, or 3.	(e) Sales price from	(f) Cost or other basis	(g) Adjustments		(h) Gain or (loss)	
	s form may be easier to complete if you round off ts to whole dollars.	Form(s) 8949, line 2, column (e)	from Form(s) 8949, line 2, column (f)	gain or loss from Form(s) 8949, line 2, column (g)		Combine columns (e), (f), and (g)	
1	Short-term totals from all Forms 8949 with						
	box A checked in Part I		(
2	Short-term totals from all Forms 8949 with		,				
	box B checked in Part I		(<1,3	03.	> <1,303.	
3	Short-term totals from all Forms 8949 with						
	box C checked in Part I		()				
4	Short-term gain from Form 6252 and short-term g	ain and form Farm	4004 0704	COMMO 16		2.1	
5				DIMI TO	4	21	
J	Net short-term gain or (loss) from partnerships, S from Schedule(s) K-1				5	633	
6	Short-term capital loss carryover. Enter the amount						
	Corresponde Markabant in the instruction				6	(
7	Net short-term capital gain or (loss). Combine I					· · · · · · · · · · · · · · · · · · ·	
	capital gains or losses, go to Part II below. Otherv				7	<649	
Pa	rt II Long-Term Capital Gains and Los				······································		
Com	plete Form 8949 before completing line 8, 9, or 10.	(e) Sales price from	(f) Cost or other basis	(g) Adjustments	to	(h) (h-i)	
This form may be easier to complete if you round off cents to whole dollars.		Form(s) 8949, line 4, column (e)	from Form(s) 8949, line 4, column (f)	gain or loss from Form(s) 8949, line 4, column (g	l	(h) Gain or (loss) Combine columns (e), (f), and (g)	
8	Long-term totals from all Forms 8949 with						
	box A checked in Part II		(
9	Long-term totals from all Forms 8949 with		***************************************		$\neg \neg \dagger$		
	box B checked in Part II	58,993.	(57,018.)	45,9	63.	47,938.	
10	Long-term totals from all Forms 8949 with		· ! ··· ··· · · · · · · · · · · · · · · 				

	box B checked in Part II	58,993 . (57,018	45,963.	47,938.
10	Long-term totals from all Forms 8949 with			······································	
	box C checked in Part II	()		
11	Gain from Form 4797, Part I; long-term gain from I	orms 2439 and 6252; and I	ong-term gain or (loss)		
	from Forms 4684, 6781, and 8824			11	126.
		SEE STATI	EMENT 19		
12	Net long-term gain or (loss) from partnerships, S c	orporations, estates, and tre	usts from Schedule(s) K	1 12	13,751.
13	Capital gain distributions	SEE STATI	EMENT 20	13	2,090.
14	Long-term capital loss carryover. Enter the amoun	t, if any, from line 13 of you	Capital Loss Carryove	er	
	Worksheet in the instructions		•	14 /	1

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

Net long-term capital gain or (loss). Combine lines 8 through 14 in column (h). Then go to

Schedule D (Form 1040) 2011

63,905.

15

Part III on page 2

Schedule D (Form 1040) 2011	CHRISTOPHER	JT &	MARY	P	CHRISTIE

*	*		*	*		*	*	*	*	Page	2	
---	---	--	---	---	--	---	---	---	---	------	---	--

	it iii Summary		
16	Combine lines 7 and 15 and enter the result	16	63,256.
	 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? X Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22.		
	SEE STATEMENT 22		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions SEE STATEMENT 21	19	
20	Are lines 18 and 19 both zero or blank? Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below. No. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
	 The loss on line 16 or (\$3,000), or if married filling separately, (\$1,500) 	21 () Dan San San San San San San San San San S
	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? Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). No. Complete the rest of Form 1040 or Form 1040NR.		

Schedule D (Form 1040) 2011

Form **8949**

Department of the Treasury Internal Revenue Service (99

Sales and Other Dispositions of Capital Assets

► See Instructions for Schedule D (Form 1040).

► For more information about Form 8949, see www.irs.gov/form8949

Attach to Schedule D to list your transactions for lines 1, 2, 3, 8, 9, and 10.

OMB No. 1545-0074

Attachment Sequence No. 12A

Name(s) shown on return

Your social security number

CHRISTOPHER J & MARY	P CH	RISTIE			*	**_**
Part I Short-Term Capital G	ains and	Losses - Asse	ts Held One Ye	ear or Less		
Note: You must check one of the boxe					checked.	
* Caution. Do not complete column (b)						nedule D (Form 1040)).
Columns (b) and (g) do not apply for m	ost transac	tions and should g	enerally be left blank	C.		· · · · · · · · · · · · · · · · · · ·
(A) Short-term transactions report			rm transactions repo		(C) Short-term	transactions for which
Form 1099-B with basis reported	to the IRS		basis not reported t		you cannot che	
(a)	(b)	(c)	(d)	(e)	(f)	(g)
Description of property	Code, if	Date acquired	Date sold	Sales price	Cost or	Adjustments to
1 (Example: 100 sh. XYZ Co.)	any, for column (g)*	(Mo., day, yr.)	(Mo., day, yr.)		other basis	gain or loss, if any*
THE CHRISTOPHER J	Joint (g/					
CHRISTIE 2010 BLIND					T	
TRUST DTD 8/25/10	0					143.
THE MARY PAT	t d					140.
CHRISTIE 2010 BLIND	,					
TRUST DATED 8/25/10						<1,446.
				 		<u>\</u>
	†					
						
		······································				
					 	
					 	
					<u> </u>	
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				<u> </u>		
N. T						
2 Totals. Add the amounts in columns						
amounts in column (g). Enter here an			1			
(if box A above is checked), line 2 (if	box B abo	ve is checked), or				1 202 >

Name(s) shown on return. Do not enter name and social security number if shown on other side. CHRISTOPHER J & MARY P CHRISTIE

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

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

Note: You must check one of the boxes below. Complete a separate Form 8949, page 2, for each box that is checked. * Caution. Do not complete column (b) or (g) until you have read the instructions for those columns (see the instructions for Schedule D (Form 1040)). Columns (b) and (g) do not apply for most transactions and should generally be left blank. (A) Long-term transactions reported on (B) Long-term transactions reported on Form (C) Long-term transactions for which Form 1099-B with basis reported to the IRS 1099-B but basis not reported to the IRS you cannot check box A or B (c) (g) Description of property Code, if Sales price Date acquired Date sold Cost or Adjustments to any, for (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) other basis gain or loss, if any* olumn (g) 8000 GOLDMAN SACHS LARGE CAP VALUE 08/03/05 01/27/11 8,000. 8,863. 22000 GOLDMAN SACHS STRATEGIC GROWTH 08/03/05 01/27/11 22,000. 18,950. 20000 GOLDMAN SACHS LARGE CAP VALUE 08/03/05 02/04/11 20,000. 22,104. SYBRON DENTAL SPECIALTIES 05/04/11 2,025. 1,900. APOGENT TECH 05/04/11 1,742. 1,300. APOGENT TECH 05/04/11 3,484. 2,601. APOGENT TECH 05/04/11 1,742. 1,300. THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST DTD 8/25/10 21,064. THE MARY PAT CHRISTIE 2010 BLIND TRUST DATED 8/25/100 24,899. Totals. Add the amounts in columns (e) and (f). Also, combine the amounts in column (g). Enter here and include on Schedule D, line 8 (if box A above is checked), line 9 (if box B above is checked), or line 58,993. 10 (if box C above is checked) 57,018. 45,963.

	ne(s) shown on return RISTOPHER J & MARY P CHRISTIE		Your SSN	***_**_**
	fore you begin: ✓ See the instructions for line 44 to see if you can use the	his worksheet to figure your ta	ix.	
	√ If you do not have to file Schedule D and you received checked the box on line 13 of Form 1040.	d capital gain distributions, be	sure you	
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 Foreign Earned Income Tax Worksheet	1. 436,405	•	
2.	line 3 of the Foreign Earned Income Tax Worksheet Enter the amount from Form 1040, line 9b* 2. 5,294.	<u> </u>	-	
3.	Are you filing Schedule D?*			
	X Yes. Enter the smaller of line 15 or 16 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			
4.	Add lines 2 and 3 4. 68,550.			
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.			
6.	Subtract line 5 from line 4. If zero or less, enter -0-	6. 68,550	•	
7.	Subtract line 6 from line 1. If zero or less, enter -0-	7. 367,855	•	
	Enter:			
	\$ 34,500 if single or married filing separately,			
	\$ 69,000 if married filing jointly or qualifying widow(er),	869,000	•	
	\$ 46,250 if head of household.			
9.	Enter the smaller of line 1 or line 8	969,000		
10.	Enter the smaller of line 7 or line 9	10. 69,000	•	
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. 68,550	•	
13.	Enter the amount from line 11	13. 0	•	
14.	Enter the amount from line 11 Subtract line 13 from line 12	14. 68,550		
15.	Multiply line 14 by 15% (.15)		 15	10,283.
16.	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100	0,000, use the Tax Table to		
	figure this tax. If the amount on line 7 is \$100,000 or more, use the Tax Compu Add lines 15 and 16	utation Worksheet	16	98,847.
			17.	109,130.
18.	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100	0,000, use the Tax Table to		
	figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Compu	utation Worksheet	18	122,613.
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 of			
	Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet		19.	109,130.
* If y	ou are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Inco			

SCHEDULE E

(Form 1040)

Department of the Treasury Internal Revenue Service (99) Name(S) Shown on return

Supplemental Income and Loss

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

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

See separate instructions.

OMB No. 1545-0074
2011

Attachment Sequence No. 13

Your social security number

CHRISTOPHER J & MARY P CHRISTIE ***_**_*** A Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions) Yes No B If "Yes," did you or will you file all required Forms 1099? Yes No Income or Loss From Rental Real Estate and Royalties Note. If you are in the business of renting personal property, use Part I Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Caution. For each rental property listed on line 1, check the box in the last column only if you owned that property as a member of a qualified joint venture (QJV) reporting income not subject to self-employment tax. 1 Physical address of each property-street, city, state, ZIP Type-from list 2 For each rental real Fair Rental Personal QJV estate property listed, Days Use Days below report the number of 6 Α days rented at fair rental Α В 6 value and days with В personal use. See C 6 instructions. С Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties** Α С 3a Merchant card and third party payments. For 2011, enter -0-0. 0 O. 3a **b** Payments not reported to you on line 3a 22,557 6. 3b 4 Total not including amounts on line 3a that are not income (see instructions) 22,557 4 6. **Expenses:** 5 Advertising Auto and travel (see instructions) 6 7 Cleaning and maintenance 7 Commissions 8 8 9 Insurance 9 10 Legal and other professional fees 10 11 Management fees 11 12 Mortgage interest paid to banks, etc. (see instructions) 13 13 14 Repairs 14 15 Supplies 15 16 Taxes _____ 16 17 Utilities 17 Depreciation expense or depletion 18 18 Other (list) 19 20 Total expenses. Add lines 5 through 19 20 21 Subtract line 20 from line 4. If result is a (loss), see instructions to find out if you must file Form 6198 22,557 6 21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 23a Total of all amounts reported on line 3a for all rental properties 23 a b Total of all amounts reported on line 3a for all royalty properties 23b c Total of all amounts reported on line 4 for all rental properties 23c d Total of all amounts reported on line 4 for all royalty properties 23 d e Total of all amounts reported on line 12 for all properties 23 e f Total of all amounts reported on line 18 for all properties 23f g Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 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

SCHEDULE E

(Form 1040)

Department of the Treasury Internal Revenue Service

Supplemental Income and Loss

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

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

See separate instructions.

OMB No. 1545-0074

Name(s) shown on return Your social security number CHRISTOPHER J & MARY P CHRISTIE ***_**_** A Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions) Yes B If "Yes," did you or will you file all required Forms 1099? Ves No 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 instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Caution. For each rental property listed on line 1, check the box in the last column only if you owned that property as a member of a qualified joint venture (QJV) reporting income not subject to self-employment tax. 1 Physical address of each property-street, city, state, ZIP Type-from list 2 For each rental real Fair Rental Personal QJV estate property listed. Days Use Davs below report the number of GOLDMAN SACHS HEDGE FUND PARTNERS Α 6 days rented at fair rental Α value and days with В В personal use. See С С instructions. Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties** Α В С 3a Merchant card and third party payments. For 2011, enter -0-0 3a **b** Payments not reported to you on line 3a 9. 3b 4 Total not including amounts on line 3a that are not income (see instructions) 4 Expenses: 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance 7 Commissions 8 9 Insurance 9 Legal and other professional fees 10 11 Management fees 11 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest 13 14 Repairs 14 Supplies _____ 15 16 Taxes 16 17 Utilities _____ 17 Depreciation expense or depletion 18 18 Other (list) 19 20 Total expenses. Add lines 5 through 19 20 21 Subtract line 20 from line 4. If result is a (loss), see instructions to find out if you 9. 21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 23a Total of all amounts reported on line 3a for all rental properties 23a **b** Total of all amounts reported on line 3a for all royalty properties 23b c Total of all amounts reported on line 4 for all rental properties 23c d Total of all amounts reported on line 4 for all royalty properties 22,581 23d e Total of all amounts reported on line 12 for all properties 23e f Total of all amounts reported on line 18 for all properties 23f g Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 22,581 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. 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

Schedule E (Form 1040) 2011 Attachment Sequence No. 13 Name(s) shown on return. Do not enter name and social security number if shown on page 1. Your social security number CHRISTOPHER J & MARY P CHRISTIE ***_*** Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1. 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 instructions. 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? X No If you answered "Yes," see instructions before completing this section. (b)Enter P for partnership; S or S corporation (C) Check if foreign (d) Employer (e) Check if 28 (a) Name identification number any amount is partnership not at risk SEE STATEMENT 23 Α В C D Passive Income and Loss Nonpassive Income and Loss (f) Passive loss allowed (g) Passive income (h) Nonpassive loss (i) Section 179 expense (i) Nonpassive income from Schedule K-1 (attach Form 8582 if required) from Schedule K-1 deduction from Form 4562 from Schedule K-1 В C D 29a Totals 1,462. Totals 4,906. b Add columns (g) and (j) of line 29a 30 1,462 Add columns (f), (h), and (i) of line 29b 31 4,983. 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 -3,521.Part III Income or Loss From Estates and Trusts (b) Employer 33 (a) Name identification number SEE STATEMENT 24 Α В Passive Income and Loss Nonpassive Income and Loss (c) Passive deduction or loss allowed (d) Passive income (e) Deduction or loss (f) Other income from (attach Form 8582 if required) from Schedule K-1 from Schedule K-1 Schedule K-1 Α В 34a Totals b 35 Add columns (d) and (f) of line 34a 35 36 Add columns (c) and (e) of line 34b 36 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 37 Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder (c) Excess inclusion from (d) Taxable income (net (b) Employer (e) Income from 38 (a) Name Schedules Q, line 2c loss) from Schedules Q. identification number Schedules Q, line 3b (see instructions) Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below 39 Part V | Summary * ENTIRE DISPOSITION OF NONPASSIVE ACTIVITY 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 19,060. 41 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 instructions) 42 Reconciliation for real estate professionals. If you were a real estate professional (see instructions),

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

JOINT

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

SCHEDULE E

SSN/EIN ***-**** **** Ω Name CHRISTOPHER J & MARY P CHRISTIE
Passthrough GOLDMAN SACHS HEDGE FUND PARTNERS, LLC - GOLDMAN SACHS HE
PARTNERSHIP

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed Disallowed Due to At-Risk Loss At-Risk		Prior Year Passive Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2							
Ordinary business income (loss)	-703.						
Rental real estate income (loss)	-1.						
Other net rental income (loss)	4.						
Intangible drilling costs/dry hole costs					^		
Self-charged passive interest expense							
Guaranteed payments						- deal-sector	
Section 179 and carryover	,					, , , , , , , , , , , , , , , , , , , 	
Disallowed section 179 expense					* .	***************************************	
Excess farm loss							
Net income (loss)	-700.						-700.
First passive other							
Second passive other							
Cost depletion							
Percentage depletion							
Depletion carryover							
Disallowed due to 65% limitation							
Unreimbursed expenses (nonpassive)							
Nonpassive other	-1,552.						-1,552.
Total Schedule E (page 2)	-2,252.						-2,252.
FORM 4797							
Section 1231 gain (loss)	44.						44.
Section 179 recapture on disposition							
SCHEDULE D							
Net short-term cap. gain (loss)	3,480.						3,480.
Net long-term cap. gain (loss)	16,396.						16,396.
Section 1256 contracts & straddles	19.						19.
FORM 4952							
Investment interest expense - Sch. A	147.						147.
Other net investment income	-3,290.						-3,290.
ITEMIZED DEDUCTIONS			,				
Charitable contributions							
Deductions related to portfolio income	3,266.						3,266.
Other							

SSN/EIN *** ***** JOINT

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

SCHEDULE E

Name CHRISTOPHER J & MARY P CHRISTIE

 $\underline{\circ}$ Passthrough GOLDMAN SACHS HEDGE FUND PARTNERS, LLC - GOLDMAN SACHS HE

PARTNERSHIP

1,588. 729. 322. 1,833 Tax Return Prior Year Unallowed Disallowed Due to Prior Year Passive Disallowed Passive At-Risk Loss Loss Prior Year Unallowed Disallowed Due to Basis Loss Basis Limitation 729. 1,588. 322. 1,833. 2. -ထ K-1 Input Depreciation adjustment after 12/31/86 INTEREST AND DIVIDENDS Beneficiary's AMT adjustment Tax-exempt interest income FORM 6251 Interest from U.S. bonds Depletion (other than oil) Adjusted gain or loss Ordinary dividends Qualified dividends NONPASSIVE Interest income

22.

					_	
MISCELLANEOUS		, ,				
Self-employment earnings (loss)/Wages						
Gross farming & fishing inc						
Royalties	. 6					6
Royalty expenses/depletion						
Undistributed capital gains credit						
Backup withholding						
Credit for estimated tax						
Cancellation of debt	1.					4
Medical insurance - 1040						
Dependent care benefits						der
Retirement plans						
Qualified production activities income						aki da
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

SCHEDULE E

	₽
Name MARY P CHRISTIE	Passthrough CANTOR FITZGERALD LP - CANTOR FITZGERALD LP

Name MARY P CHRISTIE							SSN/EIN	****
Passthrough CANTOR FITZGERALD PARTNERSHIP	LP - CANTOR FIT	FITZGERALD LP	Q	****			**	SPOUSE
		Prior Year Unallowed		Prior Year Unallowed	Disallowed Due to	Prior Year Passive	Prior Year Passive Disallowed Passive	
NONPASSIVE	K-1 Input	Basis Loss	Basis Limitation	At-Risk Loss	At-Risk	Loss	Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	1,471.							
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			, d					
Net income (loss)	1,471.							1,471.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								and dates are represented to the contract of t
Nonpassive other	-6-							. 6-
Total Schedule E (page 2)	1,462.							1,462.
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	102.							102.
Deductions related to portfolio income								
Other	11.							11.

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

SCHEDULE E

TIE	
CHRISTIE	
ы	1
MARY	-
Vame	

SSN/EiN ***_****
SPOUSE ₽ Passthrough CANTOR FITZGERALD LP - CANTOR FITZGERALD LP PARTNERSHIP

		Prior Year Haallowad						
NONPASSIVE	K-1 Input	Basis Loss	Basis Limitation	At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Prior fear Passive Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS		,						
Interest income	1.							1,
Interest from U.S. bonds								
Ordinary dividends	118.							118.
Qualified dividends	118.							118.
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								
etion								
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	4.							4.
Casualty and theft loss								
				**************************************			7	

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

SCHEDULE E

Name CHRISTOPHER J CHRISTIE

₽ Passthrough THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST DID 8/25/10 ESTATE OR TRUST

Tax Return Disallowed Due to Prior Year Passive Disallowed Passive At-Risk Loss Prior Year Unallowed At-Risk Loss Prior Year Unallowed Disallowed Due to
Basis Loss Basis Limitation K-1 Input Deductions related to portfolio income Intangible drilling costs/dry hole costs Self-charged passive interest expense Unreimbursed expenses (nonpassive) Investment interest expense - Sch. A Section 179 recapture on disposition Section 1256 contracts & straddles Other net investment income ITEMIZED DEDUCTIONS Disallowed due to 65% limitation Disallowed section 179 expense SCHEDULE E, PAGE 2 Ordinary business income (loss) Rental real estate income (loss) Other net rental income (loss) Net short-term cap. gain (loss) Net long-term cap. gain (loss) SCHEDULE D Section 179 and carryover **FORM 4952** Total Schedule E (page 2) **FORM 4797** Charitable contributions Nonpassive other Section 1231 gain (loss) Guaranteed payments Second passive other Percentage depletion Excess farm loss Depletion carryover OTHER PASSIVE First passive other Net income (loss) Cost depletion Other SSN/EIN ***_*****
TAXPAYER

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

SCHEDULE E

Name CHRISTOPHER J CHRISTIE

***** ₽ Passthrough THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST DTD 8/25/10 -- ESTATE OR TRUST

Tax Return Prior Year Unallowed Disallowed Due to Prior Year Unallowed Disallowed Due to Prior Year Passive Disallowed Passive Loss Loss Loss Loss K-1 Input Depreciation adjustment after 12/31/86 Depletion (other than oil) INTEREST AND DIVIDENDS Beneficiary's AMT adjustment Tax-exempt interest income FORM 6251 Interest from U.S. bonds Adjusted gain or loss OTHER PASSIVE Ordinary dividends Qualified dividends Interest income

פופס					
MISCELLANEOUS				,	
Self-employment earnings (loss)/Wages					
Gross farming & fishing inc					
Royalties					
Royalty expenses/depletion					AND THE PROPERTY OF THE PROPER
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					

SSN/EIN ******** SPOUSE

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

SCHEDULE E

Name MARY P CHRISTIE

***** ≘ - MA Passthrough THE MARY PAT CHRISTIE 2010 BLIND TRUST DATED 8/25/10 ESTATE OR TRUST

Tax Return Prior Year Unallowed Disallowed Due to Prior Year Unallowed Dus to Prior Year Passive Disallowed Passive Basis Loss Basis Limitation At-Risk Loss Loss K-1 Input Deductions related to portfolio income Intangible drilling costs/dry hole costs Self-charged passive interest expense Unreimbursed expenses (nonpassive) Section 179 recapture on disposition Investment interest expense - Sch. A Section 1256 contracts & straddles ITEMIZED DEDUCTIONS Disallowed due to 65% limitation Disallowed section 179 expense SCHEDULE E, PAGE 2 Ordinary business income (loss) Rental real estate income (loss) Other net rental income (loss) Net short-term cap. gain (loss) Net long-term cap. gain (loss) Other net investment income SCHEDULE D Section 179 and carryover **FORM 4952** Total Schedule E (page 2) **FORM 4797** Nonpassive other Charitable contributions Section 1231 gain (loss) Guaranteed payments Second passive other Percentage depletion OTHER PASSIVE Excess farm loss Depletion carryover First passive other Net income (loss) Cost depletion

SSN/EIN ********* SPOUSE

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

SCHEDULE E

Name MARY P CHRISTIE

₽ Passthrough THE MARY PAT CHRISTIE 2010 BLIND TRUST DATED 8/25/10 - MA ESTATE OR TRUST

Tax Return Prior Year Unallowed Disallowed Due to Prior Year Unallowed Disallowed Due to Prior Year Passive Disallowed Passive Basis Loss Loss Loss K-1 Input Self-employment earnings (loss)/Wages Depreciation adjustment after 12/31/86 INTEREST AND DIVIDENDS Beneficiary's AMT adjustment MISCELLANEOUS Gross farming & fishing inc Tax-exempt interest income **FORM 6251** Interest from U.S. bonds Depletion (other than oil) Ordinary dividends Adjusted gain or loss OTHER PASSIVE Qualified dividends Interest income

Passthrough adjustment to Form 1040 Penalty on early withdrawal of savings

Other taxes/recapture of credits

Casualty and theft loss

Credits

Qualified production activities income

Dependent care benefits

Retirement plans

Medical insurance - 1040

Cancellation of debt

Undistributed capital gains credit

Credit for estimated tax

Backup withholding

Royalty expenses/depletion

Royalties

Other

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

SCHEDULE E

₽ Name CHRISTOPHER J CHRISTIE

Passthrough THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST - THE CHRISTO

PARTNERSHIP

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

PARTNERSHIP							And the second s	
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)	-164.							
Rental real estate income (loss)	-3,561.							
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)	-3,725.						3,696.	-29.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other	-1,080.							-1,080.
Total Schedule E (page 2)	-4,805.						3,696.	-1,109.
FORM 4797								
Section 1231 gain (loss)	29.							29.
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)	*586'2-							-2,935.
Net long-term cap. gain (loss)	-3,051.							-3,051.
Section 1256 contracts & straddles	13.							13.
FORM 4952								
Investment interest expense - Sch. A	*86							98.
Other net investment income	-108.							-108.
ITEMIZED DEDUCTIONS		,		,				
Charitable contributions								
Deductions related to portfolio income	2,083.							2,083.
Other								

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

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

SCHEDULE E

Name CHRISTOPHER J CHRISTIE

₽ Passthrough THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST - THE CHRISTO PARTNERSHIP

Tax Return K-1 Input Self-employment earnings (loss)/Wages Depreciation adjustment after 12/31/86 Depletion (other than oil) Passthrough adjustment to Form 1040 Penalty on early withdrawal of savings INTEREST AND DIVIDENDS Gross farming & fishing inc Undistributed capital gains credit Qualified production activities income Other taxes/recapture of credits Beneficiary's AMT adjustment MISCELLANEOUS Royalty expenses/depletion Tax-exempt interest income Backup withholding Credit for estimated tax **FORM 6251** Dependent care benefits Interest from U.S. bonds Medical insurance - 1040 Casualty and theft loss Adjusted gain or loss Cancellation of debt OTHER PASSIVE Ordinary dividends Qualified dividends Retirement plans Interest income Royalties Other

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

SCHEDULE E

Ω Name MARY P CHRISTIE
Passthrough THE MARY PAT CHRISTIE 2010 BLIND TRUST - THE MARY PAT CHR

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

PARTNERSHIP								
OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2							٠	
Ordinary business income (loss)								
Rental real estate income (loss)	-2,760.						,	
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)	-2,760.						2,712.	-48
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other	-1,574.							-1,574.
Total Schedule E (page 2)	-4,334.						2,712.	-1,622.
FORM 4797								
Section 1231 gain (loss)	48.							48.
Section 179 recapture on disposition								
SCHEDULE D	*							
Net short-term cap. gain (loss)	88.							88.
Net long-term cap. gain (loss)	406.							406.
Section 1256 contracts & straddles	20.							20.
FORM 4952							,	
Investment interest expense - Sch. A	158.							158,
Other net investment income	-2.							-2.
ITEMIZED DEDUCTIONS								
Charitable contributions	- 1							
Deductions related to portfolio income	3,305.							3,305.
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

SCHEDULE E

SSN/EIN ***-****
SPOUSE ***** ₽ Name MARY P CHRISTIE
PASSThrough THE MARY PAT CHRISTIE 2010 BLIND TRUST - THE MARY PAT CHR

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					7 7			
Interest income								
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								
Gross farming & fishing inc								
Royalties								
etion								
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								

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

Nam	ne						ļ	ldentifying numb	er as show	n on page	1 of your tax return
СН	RTSTOPH	ER J &	MARY P	CHRIST	TE			***_**_	****		
					w. See Categories	of Income in t	he instructions. (Check only one b	ox on eac	h Form 1	116. Report all
			ere specified in					onson only one o	o 011 040		, rot troport an
a [Passive ca	ategory incom	e c	Section 901	(j) income		e Lum	p-sum distributio	ns		
b L	X General ca	ategory incom	e d	Certain inco	me re-sourced by	treaty	,				
					1.00						
	esident of (name			D STATE							
fore	e: If you paid to	axes to only	one foreign co	untry or U.S. j parate colum	possession, use n and line for eac	column A in F b.country or i	Part I and line A	In Part II. If you	u paid ta	xes tq _n	ore than one
					side the United			kad Abova)			
	Tuxus	one moonie (01 2033 1 10111		T	·····	ntry or U.S. Po				Total
					A	r or eigh Cou	В	C		hhA)	cols. A, B, and C.)
g	Enter the na	me of the fo	oreign country	v or U.S.	OTHER					Trad .	5013. 71, D, dire 0.7
•					COUNTRIE	S					
1a			within country s								
	and of the type	checked abo	ve:		Same Same						
				······································							
					5,8	82.		· ·		1a	5,882.
b	Check if line 1a	is compensa	tion for persona	l services as					5-2		
			pensation from		Line of Mari						
			used an alternat		The Robert St.						
Davi			structions)								
Dea	luctions and i	osses (Caut	tion: See instru	icuoris);							
2	Expenses defin	nitely related	to BHATEM	Highla 26	6	59.					
3			ctions not defin			33.		<u> </u>		1.	
а			or standard ded	•	73,8	32.					
b			tement)				***************************************				
c	Add lines 3a ar				73,8	32.					
d	Gross foreign s		9		5,8	82.					
е			es		636,5	84.					
f					.009	1 .					
g	Multiply line 3c	by line 3f		***************************************	6	82.					
4	Pro rata share	•			and the star				• • •		
а		•	e worksheet on p	•						, .	
						80.					
	Other interest e						***************************************	<u> </u>			
5 6	Losses from fo		5 5		1,4	21	***************************************				1,421.
			nter the result h			21.1		<u> </u>		7	4,461.
			Paid or A		10, page 2			SEE	STA	reme	
	redit is claimed			,	Foreig	ın taxes paic	or accrued				
	for taxes (you must		In forei	gn currency				In U.S. dolla	ars		
2	check one)		VII.		(n) Other				(r) 0	ther	(s) Total foreign
Country	h) Paid	Taxes w	rithheld at sourc	e on:	foreign	Тахе	s withheld at sou	ırce on:	fore		taxes paid or
					taxes paid or				taxes p		accrued (add cols.
	(j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	accrued	(0) Dividends	(p) Rents and royalties	(q) Interest	accr		(o) through (r))
<u> </u>					 					374.	374.
В											
<u>c</u>	Add lines A thre	uah C aalum	n (a) Entarth	total bara and	on line 9 nage 2	<u> </u>					371

P	art III Figuring the Credit				NA interessor
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued			Τ	
	for the category of income checked above Part I	9	374.		
10	Carryback or carryover (attach detailed computation)	10			
11	Add lines 9 and 10	11	374.		
12	Reduction in foreign taxes	12	***************************************		
13	Taxes reclassified under high tax kickout	13		-	
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14	374.
	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the	1		 •	
	United States (before adjustments) for the category of income checked above Part I	15	4,461.		
16	Adjustments to line 15	16		_	
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income.] .	
	(If the result is zero or less, you have no foreign tax credit for the category of income				
	you checked above Part I. Skip lines 18 through 22. However, if you are filing more than				
	one Form 1116, you must complete line 20.)	17	4,461.	.]	
18	Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39.] .	
	Estates and trusts: Enter your taxable income without the deduction for your				
	exemption SEE STATEMENT 27	18	419,436.		
	Caution: If you figured your tax using the lower rates on qualified dividends or capital ga.	ins, s	ee instructions.	1	
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	,,,,,,,,	***************************************	19	.010636
	Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the an				
	line 42. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of f	orm 9	990-T,		
	lines 36 and 37		***************************************	20	109,130.
	Caution: If you are completing line 20 for separate category e (lump-sum distributions),	see in	structions.		
21	Multiply line 20 by line 19 (maximum amount of credit)		*********************	21	1,161.
	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 thro	ough 2	27 and enter this		
,	amount on line 28. Otherwise, complete the appropriate line in Part IV		<u></u>	22	374.
P	art IV Summary of Credits From Separate Parts III				
		23			
24	Credit for taxes on general category income	24			
	Credit for taxes on certain income re-sourced by treaty				
	Credit for taxes on lump-sum distributions				
27	Add lines 23 through 26			27	
28	Enter the smaller of line 20 or line 27			28	374.
29	Reduction of credit for international boycott operations		*************	29	
	Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 47				
	Form 1040NR, line 45; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a			30	374.

Form **1116** (2011)

Child and Dependent Care Expenses

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

OMB No. 1545-0074

→ Complete Part III on page 2 next.

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return Your social security number CHRISTOPHER J & MARY P CHRISTIE

Part I Persons or (If you have mo	Organizations Who Provided the Care - You must corpore than two care providers, see the instructions.)	mplete this part.	***************************************
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	MENDHAM, NJ	***_**	19,830.
	Did you receive No	Complete only Part II below.	

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 59a, or Form 1040NR, line 58a.

dependent care benefits?

2 Information a		ifying person(s). If yo	ot Care Expense ou have more than to		a persons, see t	he instructions		
	First	(a) Qualifying perso		Last	g porcorre, coo r	(b) Qualifying pers		(c) Qualified expenses you incurred and paid in 2011 for the person listed in column (a
		С	HRISTIE			***_**_*	***	9,915
		C	HRISTIE			***_**_*	***	9,915
		c) of line 2. Do not en u completed Part III,					3	1,000
4 Enter your ear	ned income. S	ee instructions	***************************************	**************			4	161,779
5 If married filing	jointly, enter yo	our spouse's earned i); all others, enter the	income (if your spou	se was a st	udent or was		5	307,372
6 Enter the smal	lest of line 3, 4	, or 5		**************		***************************************	6	1,000
7 Enter the amou	ant from Form 1	1040, line 38; Form 10	040A,					
line 22; or Forn		***************************************				567,772.	7 5 .	
	the decimal am f line 7 is:	nount shown below th		ount on line	e 7			
	But no	ot Decimal amount is	If line 7 is: Bu Over ov	ıt not er	Decimal amount is			
1 1 2 2	\$0 - 15,000 5,000 - 17,000 7,000 - 19,000 9,000 - 21,000 1,000 - 23,000 3,000 - 25,000	.34 .33 .32 .31 .30	\$29,000 - 3 31,000 - 3 33,000 - 3 35,000 - 3 37,000 - 3 39,000 - 4	3,000 5,000 7,000 9,000 1,000	.27 .26 .25 .24 .23 .22		8	x.20
2	25,000 - 27,000 27,000 - 29,000	.28	41,000 - 4 43,000 - N	lo limit	.21 .20			
the instructions		amount on line 8. If yo					9	200
Tax liability limit		ount from the Credit L						
in the instruction	ns	***********************	STATE	MENT 2	8 10	136,304.		
		ent care expenses. E						
	2404 6 00	E 40.401/D #	46				11	200.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2441 (2011)

_	artin populatin dare belients					
12	Enter the total amount of dependent care benefits you received in 2011. Amount	its you red	ceived 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					F 000
	dependent care assistance program from your sole proprietorship or partnership			12		5,000.
13	3 Enter the amount, if any, you carried over from 2010 and used in 2011 during the grace period. See instructions			13		***************************************
14	Enter the amount, if any, you forfeited or carried forward to 2012. See instructions	s		14	(
15	Combine lines 12 through 14. See instructions			15		5,000.
16	Enter the total amount of qualified expenses incurred in 2011 for the care of	1 1				
	the qualifying person(s)	16	19,830.			
17	Enter the smaller of line 15 or 16	17	5,000.			
18	Enter your earned income . See instructions	18	161,779.			
	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.	19	307,372.			
	• All others, enter the amount from line 18.	3.				
	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	(1) (1) (1) (1) (1) (1) (1) (1)	5,000.	\$ 150 \$ 150 \$ 150		
22	your spouse's earned income on line 19) Is any amount on line 12 from your sole proprietorship or partnership? (Form 104)	21		1		
den den	X No. Enter -0		0 to line 25.)			
	Yes. Enter the amount here			22		0.
	Subtract line 22 from line 15		5,000.			
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this ar			-		
25	line(s) of your return. See instructions Excluded benefits. Form 1040 and 1040NR filers: If you checked "No" on line 2			24		
	or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or le					
	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			1.00 m		
	include this amount on Form 1040, line 7; or Form 1040NR, line 8. On the dotted $$	line next t	o Form 1040, line 7;			
	or Form 1040NR, line 8, enter "DCB." Form 1040A filers: Subtract line 25 from lin	ne 15. A l s	o, 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 car 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	e amount	from line 25	28		5,000.
29	Subtract line 28 from line 27. If zero or less, stop. You cannot take the credit. Exc	-	* *			1 000
	expenses in 2011, 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 or	uline 28			
	above. Then, add the amounts in column (c) and enter the total here			30		14,830.
	· · · · · · · · · · · · · · · · · · ·		***************************************			
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of t					
	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

2011

Attachment
Seguence No. 22

Name(s) shown on return

Identifying number

CH	RISTOPHER J & MARY P CHRISTIE	***_**_***	
	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TM7)	
	(See instructions and complete Part(s) III before Parts I and II)		
1	General business credit from line 2 of all Parts III with box A checked	1	
2	Passive activity credits from line 2 of all Parts III with box B checked		
3	Enter the applicable passive activity credits allowed for 2011 (see instructions)	3	
4	Carryforward of general business credit to 2011. Enter the amount from line 2 of Part III with		
	box C checked. See instructions for schedule to attach	4	39.
5	Carryback of general business credit from 2012. Enter the amount from line 2 of Part III with		
	box D checked	5	
6	Add lines 1, 3, 4, and 5	6	39.
Pa	art II Allowable Credit		
7	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, Part I, line 2; or the		
	applicable line of your return	7	109,130.
	• 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		
8	Alternative minimum tax:		
	● Individuals. Enter the amount from Form 6251, line 35		
	Corporations. Enter the amount from Form 4626, line 14	8	27,548.
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56		
			426 680
9	Add lines 7 and 8	9	136,678.
	Personal credits from Form 1040 or 1040NR (see instructions) 10h 200.		
	Total desiration of the form (cost motivation)		E 77 /
C	Add lines 10a and 10b	10c	574.
			126 104
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16a	11	136,104.
40	No. 100 556		
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0- 12 108, 556.		
10	Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see instructions)		
13 14	Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see instructions) Tentative minimum tax:		
14			
	 Individuals. Enter the amount from Form 6251, line 33 Corporations. Enter the amount from Form 4626, line 12 14 136,304. 		
	Corporations. Enter the amount from Form 4626, line 12 Estates and trusts. Enter the amount from Schedule I		
15	(Form 1041), line 54	15	136,304.
13	Enter the greater of line 13 or line 14	15	130,301.
16 a	Subtract line 15 from line 11. If zero or less, enter -0-	16a	0.
	For a corporation electing to accelerate the research credit, enter the bonus depreciation amount	10a	
~	attributable to the research credit (see instructions)	16b	
c	Add lines 16a and 16b	16c	
	7 Add into Tod direction	100	
17 a	Enter the smaller of line 6 or line 16c	17a	0.
	C corporations: See the line 17a instructions if there has been an ownership change, acquisition,		
	or reorganization.		
b	Enter the smaller of line 6 or line 16a. If you made an entry on line 16b, go to line 17c; otherwise,		
~	skip line 17c (see instructions)	17b	0.
С	Subtract line 17b from line 17a. This is the refundable amount for a corporation electing to accelerate		
	the research credit. Include this amount on Form 1120, Schedule J, Part II, line 19c (or the applicable		
	line of your return)	17c	

	m 3800 (2011) art II Allowable Credit (Continued)		Page 2
	te. If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter 0- on line	e 26.	
18	Multiply line 14 by 75% (.75) (see instructions)	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17h from line 20. If your ay lone ontay 0	0.1	
21	Subtract line 17b from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked	4 .	
24	Enter the applicable passive activity credit allowed for 2011 (see instructions)	24	
25 26	Add lines 22 and 24	25	
20	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0.
	Sinding of line 21 of line 23	20	· ·
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	115,215.
28	Add lines 17b and 26	28	
			115 015
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	115,215.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Enter the total eligible small business credit from line 6 of all Parts III with box E		
	checked	31	4.
		3.5	
32			
	of all Parts III with box F checked 32	1	
33	Enter the applicable passive activity credits allowed for 2011 (see instructions)	33	
	and the applicable passive activity credite allowed for 2011 (600 liberation)	00	
34	Carryforward of business credit to 2011. Enter the amount from line 5 of Part III with box C checked		
	and line 6 of Part III with box G checked. See instructions for schedule to attach	34	
35	Carryback of business credit from 2012. Enter the amount from line 5 of Part III with box D checked		
	and line 6 of Part III with box H checked (see instructions)	35	
36	Add lines 30, 31, 33, 34, and 35	36	4.
30	Add lines 30, 31, 33, 34, and 35	30	
37	Enter the smaller of line 29 or line 36	37	4.
		1 8	
38	Credit allowed for the current year. Add lines 28 and 37.		
	Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36,		
	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, Part I, line 5c Festers and trusts Form 1041. Schedule C, line 3b.		4.
	Estates and trusts. Form 1041, Schedule G, line 2b	38	4.

P	art III General Business Credits or Eligible Small Business Cred	its (se	ee instructions)	1 400	
Cor	nplete a separate Part III for each box checked below. (see instructions)				
Α	General Business Credit From a Non-Passive Activity E X Eligible Small Business Credit From a Non-Passive Activity				
В	General Business Credit From a Passive Activity F Eligible Small Business Credit From a Passive Activity				
С					
D			II Business Credit Carryfon		
ı		e Sma	II Business Credit Carrybac	cks	
•	If you are filing more than one Part III with box A, B, E, or F checked, complete and a	ttach			
*********	Parts III with box A, B, E, or F checked. Check here if this is the consolidated Part III (a) Description of credit		·	<u> </u>	
Not nee	e: On any line where the credit is from more than one source, a separate Part III is ded for each pass-through entity.		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount	
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a			
b	Reserved for future use	1b			
С	Increasing research activities (Form 6765)	1c	**_****	4.	
d	Low-income housing (Form 8586, Part I only)	1d			
е	Disabled access (Form 8826) (do not enter more than \$5,000 in column (c) of Parts				
	Ill with box A, B, E, or F checked, combined)	4.			
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1e			
g	Indian employment /Form 8845)	1f			
h	Indian employment (Form 8845)	1g			
i	Orphan drug (Form 8820)	1h			
	New markets (Form 8874)	1i			
j	Small employer pension plan startup costs (Form 8881) (do not enter more than				
	\$500 in column (c) of Parts III with box A, B, E, or F checked, combined)	1j			
k	Employer-provided child care facilities and services (Form 8882)	1k			
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11			
m	Low sulfur diesel fuel production (Form 8896)	1m			
n	Distilled spirits (Form 8906)	1n			
0	Nonconventional source fuel (Form 8907)	10			
р	Energy efficient home (Form 8908)	1p			
q	Energy efficient appliance (Form 8909)	1q			
r	Alternative motor vehicle (Form 8910)	1r			
s	Alternative fuel vehicle refueling property (Form 8911)	1s			
t	Reserved for future use	1t			
u		1u	**		
v	Mine rescue team training (Form 8923) Agricultural chemicals security (Form 8931) (do not enter more than \$2 million in	- iu			
	column (c) of Parts III with box A, B, E, or F checked, combined)				
w	Employer differential wage payments (Form 8932)	1v			
x	Carbon diavide cognestration (Form 1992)	1w			
	Carbon dioxide sequestration (Form 8933)	1x			
у 	Qualified plug-in electric drive motor vehicle (Form 8936)	<u>1y</u>			
z	Qualified plug-in electric vehicle (Form 8834, Part I only)	1z		***************************************	
aa	New hire retention (Form 5884-B)	1aa			
	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb			
	Other	1zz			
2	Add lines 1a through 1zz and enter here	2		4.	
3	Enter the amount from Form 8844	3			
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a			
b	Work opportunity (Form 5884)	4b			
С	Alcohol and cellulosic biofuel fuels (Form 6478)	4c			
d	Low-income housing (Form 8586, Part II)	4d			
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e			
f	Employer social security and Medicare taxes paid on certain employee	-,-			
	tips (Form 8846)	4f			
	Qualified railroad track maintenance (Form 8900)				
h	Small employer health insurance premiums (Form 8941)	4g			
i	Reserved for future use	4h			
i	Reserved for future use	4i			
J Z	Reserved for future use	<u>4j</u>	`		
£	Other Add lines 4a through 4a and 1	4z			
5	Add lines 4a through 4z and enter here	5			
6 114403	Add lines 2, 3, and 5	6		4.	
12-14-1	1			Form 3800 (2011)	

***_**

Forn	n 3800 (2011)			Page 3
Pa	rt III General Business Credits or Eligible Small Business Credit	t s (se	e instructions)	
Com	plete a separate Part III for each box checked below. (see instructions)			
Α	General Business Credit From a Non-Passive Activity E Eligible	Smal	I Business Credit From a N	Ion-Passive Activity
В	General Business Credit From a Passive Activity F Eligible	Smal	l Business Credit From a F	assive Activity
С	X General Business Credit Carryforwards G Eligible	Smal	I Business Credit Carryfon	wards
D	General Business Credit Carrybacks H Eligible	Smal	Business Credit Carrybac	cks
ı	If you are filing more than one Part III with box A, B, E, or F checked, complete and at	tach fi	irst an additional Part III co	mbining amounts from all
	Parts III with box A, B, E, or F checked. Check here if this is the consolidated Part III			>
Note	(a) Description of credit On any line where the credit is from more than one source, a separate Part III is		(b)	(c) Enter the appropriate amount
neec	ed for each pass-through entity.		pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved for future use	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (do not enter more than \$5,000 in column (c) of Parts			
	III with box A, B, E, or F checked, combined)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (do not enter more than			
	\$500 in column (c) of Parts III with box A, B, E, or F checked, combined)	1j		
k	Employer-provided child care facilities and services (Form 8882)	1k		
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	<u>1n</u>		
0	Nonconventional source fuel (Form 8907)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (Form 8909)	<u>1q</u>		
r	Alternative motor vehicle (Form 8910)	1r		
S	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved for future use	1t		
u	Mine rescue team training (Form 8923)	1u		
V	Agricultural chemicals security (Form 8931) (do not enter more than \$2 million in	a		
	column (c) of Parts III with box A, B, E, or F checked, combined)	10		
W	Employer differential wage payments (Form 8932) Carbon dioxide sequestration (Form 8933)	1w 1x		
X	Qualified plug-in electric drive motor vehicle (Form 8936)			
y z	Qualified plug-in electric vehicle (Form 8834, Part I only)	1y 1z		
aa	New hire retention (Form 5884-B)	1aa		
bb		1bb		39.
	Other	1zz		
2	Add lines 1a through 1zz and enter here	2		39.
3	Enter the amount from Form 8844	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		****
С	Alcohol and cellulosic biofuel fuels (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		**************************************
f	Employer social security and Medicare taxes paid on certain employee			
	tips (Form 8846)	4f		
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved for future use	4i		
j	Reserved for future use	4j	,	
z	Other	4z		
5	Add lines 4a through 4z and enter here	5		
6	Add lines 2.3 and 5	6		39.

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))
your tax return. See separate instructions. ➤ Attach to your tax return.

OMB No. 1545-0184

Form 4797 (2011)

Name(s) shown on return

CH	RISTOPHER J & MARY	P CHRIST	'IE					***_**_**
1 E	Enter the gross proceeds from sales o	r exchanges repo	orted to you for 2	2011 on Form(s) 1	099-B or 1099-S			······································
	or substitute statement) that you are i					1		
Pa	art I Sales or Exchanges		Used in a Tr	ade or Busine	ess and Involu	ntary Conv	ersi	ons From
	Other Than Casualty	y or Theπ-Mo	ost Property	Held More II	·	· · · · · · · · · · · · · · · · · · ·		
	(a) Description	(b) Date acquired	(C) Date sold	(d) Gross sales	(e) Depreciation allowed or	(f) Cost or ot basis, plus		(g) Gain or (loss)
	of property	(mo., day, yr.)	(mo., day, yr.)	price	allowable since	improvements	and	Subtract (f) from the sum of (d) and (e)
2					acquisition	expense of sa	ile	
SE	E STATEMENT 29							121.
				<u> </u>		L		
3	Gain, if any, from Form 4684, line 39	9			************************		3	
4	Section 1231 gain from installment						4	
5	Section 1231 gain or (loss) from like						5	
6	Gain, if any, from line 32, from other						6	
7	Combine lines 2 through 6. Enter th	e gain or (loss) h	ere and on the a	ippropriate line as	follows:		7	121.
	Partnerships (except electing larginstructions for Form 1065, Schedubelow.							
	Individuals, partners, S corporation from line 7 on line 11 below and skip 1231 losses, or they were recapture the Schedule D filed with your return	p lines 8 and 9. It ed in an earlier ye	f line 7 is a gain a ear, enter the gai	and you did not han han and from line 7 as a	ave any prior year	section		
8	Nonrecaptured net section 1231 los	otured net section 1231 losses from prior years (see instructions) STATEMENT 30					8	26.
9	Subtract line 8 from line 7. If zero or					elow. If		
	line 9 is more than zero, enter the ar			-			l	
	capital gain on the Schedule D filed			_			9	95.
Da								·
Га	rt II Ordinary Gains and	LUSSES (see in	structions)					
10	Ordinary gains and losses not include	ded on lines 11 t	hrough 16 (inclu	de property held	1 year or less):			
GO	LDMAN SACHS HEDGE							
FU	ND PARTNERS, LLC							-247.
-								

11	Loss, if any, from line 7		***************************************			<u> </u>	11	
12	Gain, if any, from line 7 or amount fr	om line 8, if appl	icable	***********			12	26.
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, li					1	14	<u> </u>
15	Ordinary gain from installment sales						15	
16	Ordinary gain or (loss) from like-kind	exchanges from	Form 8824				16	
17	Combine lines 10 through 16						17	-221.
18	For all except individual returns, ent	er the amount fro	om line 17 on the	e appropriate line	of your return and	skin lines	L	
	a and b below. For individual returns	s, complete lines	a and b below:					
а	If the loss on line 11 includes a loss the part of the loss from income-pro from property used as an employee	ducing property	on Schedule A	Form 1040), line 2	28, and the part of	the loss		
		,	**	,			18a	
b							10h	-221.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2011) CHRISTOPHER J &	MARY P	CHRISTIE			* *	**	*-*** Page 2
Part III Gain From Disposition of P	roperty Un	der Sections 12	45, 1250, 125	2, 12	254, and 125	5 (see	instructions)
19 (a) Description of section 1245, 1250, 1252,	1254, or 125	5 property:			(b) Date acqu (mo., day, y		(c) Date sold (mo., day, yr.)
A	····					·	
В							
С							
D							
These columns relate to the properties or	1						
lines 19A through 19D.	>	Property A	Property	В	Property	С	Property D
20 Gross sales price (Note: See line 1 before comple	eting.) 20						
21 Cost or other basis plus expense of sale	21						
22 Depreciation (or depletion) allowed or allows	ible 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 2	22 25a						
b Enter the smaller of line 24 or 25a	25b						
26 If section 1250 property: If straight line depre was used, enter -0- on line 26g, except for a corpo subject to section 291.							
a Additional depreciation after 1975 (see instruction							
b Applicable percentage multiplied by the sm of line 24 or line 26a (see instructions)	aller 26b					***************************************	
c Subtract line 26a from line 24. If residential in property or line 24 is not more than line 26a lines 26d and 26e	, skip						
d Additional depreciation after 1969 and before 197	6 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 dispose of farmland or if this form is being comple a partnership (other than an electing large partner	eted for ship).						
a Soil, water, and land clearing expenses							
b Line 27a multiplied by applicable percentage		·····					
c Enter the smaller of line 24 or 27b	27c						
28 If section 1254 property: a Intangible drilling and development costs, expend for development of mines and other natural depos mining exploration costs, and depletion (see instru	its,						
b Enter the smaller of line 24 or 28a	28b						
 29 If section 1255 property: a Applicable percentage of payments exclude from income under section 126 (see instruct 	d ions) 29a						
b Enter the smaller of line 24 or 29a (see instruct							
Summary of Part III Gains. Complete pro	perty column	s A through D throug	h line 29b before	going	to line 30.		
30 Total gains for all properties. Add property c	olumns A thro	ough D, line 24				30	
31 Add property columns A through D, lines 25	b. 26a. 27c. 2	8b, and 29b. Enter h	ere and on line 10	3		31	
32 Subtract line 31 from line 30. Enter the portion	on from casua	llty or theft on Form	1684, line 33. Ent	er the	portion		
from other than casualty or theft on Form 47 Part IV Recapture Amounts Under S	97, line 6 Sections 1	79 and 280F(b)(2	2) When Busir	ness	Use Drops 1	32 to 50°	% or Less
(see instructions)					T / 12 / 22	••••••	#10 G 11
					(a) Section 179	1	(b) Section 280F(b)(2)
33 Section 179 expense deduction or deprecia				33			
34 Recomputed depreciation (see instructions)				34			

35

35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report.

ALTERNATIVE MINIMUM TAX

Department of the Treasury Internal Revenue Service (99)

CHRISTOPHER J & MARY P CHRISTIE

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

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Form 4797 (2011)

Name(s) shown on return

	nter the gross proceeds from sales or							
	r substitute statement) that you are in rt I Sales or Exchanges	cluding on line	2, 10, or 20			-t Con	1	ana Eram
Pa	Other Than Casualty	of Property	Used in a Tr	ade or Busine Held More Th	ss and involui ian 1 Year(see	instructions	versi	ons From
	(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 basis, plus improvement expense of	other is s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
SEI	E STATEMENT 31							121.
	G DIAILIMINI SI							
3	Gain, if any, from Form 4684, line 39	<u> </u>				L	3	
4	Section 1231 gain from installments						4	
5	Section 1231 gain or (loss) from like						5	
6	Gain, if any, from line 32, from other						6	
7	Combine lines 2 through 6. Enter the						7	121.
	Partnerships (except electing larginstructions for Form 1065, Schedulbelow. Individuals, partners, S corporation	e partnerships) e K, line 10, or F	and S corpora form 1120S, Sch	tions. Report the g nedule K, line 9. Sk	gain or (loss) follow kip lines 8, 9, 11, a	ring the nd 12		
	from line 7 on line 11 below and skip 1231 losses, or they were recapture the Schedule D filed with your return	o lines 8 and 9. I od in an earlier ye n and skip lines i	f line 7 is a gain ear, enter the ga 8, 9, 11, and 12	and you did not ha in from line 7 as a below.	ave any prior year long-term capital g	section		
8	Nonrecaptured net section 1231 los	ses from prior y	ears (see instruc	tions) STATEM	MENT 32		8	26.
9	Subtract line 8 from line 7. If zero or	less, enter -0 If	f line 9 is zero, e	nter the gain from	line 7 on line 12 be			
	line 9 is more than zero, enter the ar	mount from line	8 on line 12 belo	w and enter the g	ain from line 9 as a	long-term		
	capital gain on the Schedule D filed	with your return	(see instruction	s)			9	95.
Pa	rt II Ordinary Gains and	Losses (see ir	nstructions)					-
10	Ordinary gains and losses not include	ded on lines 11 t	through 16 (inclu	ide property held	1 year or less):			
GO:	LDMAN SACHS HEDGE	T	T	T in the second				
	ND PARTNERS, LLC							0.
11	Loss, if any, from line 7				************		11	
12	Gain, if any, from line 7 or amount fr	om line 8, if app	licable				12	26.
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, li						14	
15	Ordinary gain from installment sales						15	
16	Ordinary gain or (loss) from like-kind						16	26.
17	Combine lines 10 through 16						17	20.
18	For all except individual returns, ent a and b below. For individual return				of your return and	skip lines		
а	If the loss on line 11 includes a loss the part of the loss from income-pro- from property used as an employee	ducing property	on Schedule A	(Form 1040), line 2	28, and the part of	the loss		
							18a	
b	Redetermine the gain or (loss) on lir							
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	18b	26.

LHA For Paperwork Reduction Act Notice, see separate instructions.

*	*	*	 *	*	_	*	*	*	*	Page 2

Pa	rt III Gain From Disposition of Propert	y Un	der Sections 1245	5, 1250, 1252	2, 12	54, and 1255	(see i	nstructions)
19	(a) Description of section 1245, 1250, 1252, 1254, o	or 125	5 property:			(b) Date acquire (mo., day, yr.)		(c) Date sold (mo., day, yr.)
Α								
В								
С								
D								
	These columns relate to the properties on lines 19A through 19D.	•	Property A	Property I	В	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:						ŀ	
	Depreciation allowed or allowable from line 22	25a		···				
	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.							
а	Additional depreciation after 1975 (see instructions)	26a						
b	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b					_	and the state of t
С	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						
е	Enter the smaller of line 26c or 26d	26e					\dashv	
f	Section 291 amount (corporations only)	26f						
	Add lines 26b, 26e, and 26f	26g						
	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).							
	Soil, water, and land clearing expenses Line 27a multiplied by applicable percentage	27a						
	Enter the smaller of line 24 or 27b	27b 27c		· · · · · · · · · · · · · · · · · · ·				
28	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)							
	Enter the smaller of line 24 or 28a	28b						
а	If section 1255 property: 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						
Sur	nmary of Part III Gains. Complete property c	olumr	ıs A through D through I	line 29b before	going	to line 30.		
30	Total gains for all properties. Add property columns	A thre	ough D, line 24				30	
31	Add property columns A through D, lines 25b, 26g,	27c, 2	28b, and 29b. Enter here	e and on line 13	3		31	
32	Subtract line 31 from line 30. Enter the portion from	casu	alty or theft on Form 468	84, line 33. Ente	er the			
	from other than casualty or theft on Form 4797, line	6		<u> </u>			32	
Pa	rt IV Recapture Amounts Under Section (see instructions)	ns 1	79 and 280F(b)(2)	When Busir	ness	use Drops to	50%	or Less
	(see instructions)					(a) Section 179		(b) Section 280F(b)(2)
20	Continue 470 summer dead off a continue of the second		da adagoa	I	20	***	\longrightarrow	200: (0)(2)
33	Section 179 expense deduction or depreciation allo Recomputed depreciation (see instructions)		, ,		33 34		-+	
34 35	Recapture amount. Subtract line 34 from line 33. Se		instructions for where t		35		-	
35	mecapture amount. Subtract line 34 from line 33. St	o uie	monucions for where t	o report	J			

6251

Alternative Minimum Tax - Individuals

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040 or Form 1040NR.

Your social security number Name(s) shown on Form 1040 or Form 1040NR CHRISTOPHER J & MARY P CHRISTIE ***_**_*** 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 458,605. amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.) 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 73,832. Taxes from Schedule A (Form 1040), line 9 3 3 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line 4 5 Miscellaneous deductions from Schedule A (Form 1040), line 27 5 6 Skip this line. It is reserved for future use 6 Tax refund from Form 1040, line 10 or line 21 7 Investment interest expense (difference between regular tax and AMT) 8 8 Depletion (difference between regular tax and AMT) 9 9 10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount 10 Alternative tax net operating loss deduction 11 11 12 Interest from specified private activity bonds exempt from the regular tax 12 Qualified small business stock (7% of gain excluded under section 1202) Exercise of incentive stock options (excess of AMT income over regular tax income) 14 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 15 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) 16 16 Disposition of property (difference between AMT and regular tax gain or loss) 17 17 STMT 34 2. Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 18 18 Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 33 19 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) 20. 23 Mining costs (difference between regular tax and AMT) 23 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 2. 27 28 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 532,460. 28 is more than \$223,900, see instructions.) Part II Alternative Minimum Tax (AMT) 29 Exemption. (If you were under age 24 at the end of 2011, see instructions.) IF your filing status is AND line 28 is not over ... THEN enter on line 29 Single or head of household \$112,500 \$48,450 Married filing jointly or qualifying widow(er) 150,000

Married filing separately 75,000 74,450 0. 29 Married filing separately 37.225 If line 28 is over the amount shown above for your filing status, see instructions. 30 Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 532,460. 31, 33, and 35, and go to line 34 30 31 ● If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported gualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured 136,678. 31 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. 374. 32 Alternative minimum tax foreign tax credit (see instructions) 33 Tentative minimum tax. Subtract line 32 from line 31 136,304. 33 Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). 108,756. 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 27,548.

35 AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45

35

Part III Tax Computation Using Maximum Capital Gains Rates

	Complete Part III only if you are required to do so by line 31 or by the Fo	reign Earne	d Income Tax Worksh	eet in th	e instructions.
36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ,	enter the a	mount from		
	line 3 of the worksheet in the instructions for this line			36	532,460.
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax	1 1			
	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				
	instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the				
	amount to enter	37	68,550.		
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			1 1	
	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	68,550.		
40	Enter the smaller of line 36 or line 39			40	68,550.
41	Subtract line 40 from line 36			41	463,910.
	If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply			71	
	Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married fill	-			
	the result			42	126,395.
43	Enter:	* 1 * * * * * * * * * * * * * * * * * *		42	
70	• \$69,000 if married filing jointly or qualifying widow(er),	1 1			
	• \$34,500 if single or married filing separately, or	43	69,000.		
	• \$46,250 if head of household.	+3			
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain			153	
	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			3.5	
	annual state of the survey of the section of the se	44	367,855.	3	
	complete either worksheet for the regular tax, enter -0-	44	301,033.		
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	0.		
10	Cobtract line 44 Horn line 45. If 2610 of 1655, 61Ref 40	+3	V •		
46	Enter the smaller of line 36 or line 37	46	68,550.		
70	Little the smaller of life 30 of life 37	46	00,330.	3.3	
17	Enter the smaller of line 45 or line 46	47			
т,	Enter the smaller of line 45 or line 46	47		22.5	
1Ω	Subtract line 47 from line 46	48	68,550.		
10	Subtract line 47 from line 46	40	00,550.	Ar.	
10	Multiply line 48 by 15% (.15)			49	10,283.
10	Widitiply in 6 40 by 1076 (.10)			49	10,200.
	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			
,,,	Subtract line 46 from line 40				
51	Multiply line 50 by 25% (.25)			E4	
<i>J</i> I	Multiply line 50 by 25% (.25)	*************		51	
52	Add lines 42, 49, and 51			50	136,678.
12	Add lines 42, 49, and 51		***************************************	52	130,070.
53	If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply I	ina se hu s	60/ / 06\		
,,,	Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married fill				
		.	**		145,589.
	the result	***********		53	143,303.
5/	Enter the smaller of line 50 or line 50 here and as line 21. Here was filled 5 - 5 - 100	55 AV 0555	E7 do nott		
	Enter the smaller of line 52 or line 53 here and on line 31. If you are filing Form 25 this amount on line 31, lestered enter it on line 4 of the workshoot in the instruction		· ·	E4	136,678.
	this amount on line 31. Instead, enter it on line 4 of the worksheet in the instruction	ns for line () I	54	Form 6251 (2011)
					FORD 11/21 (2017.1)

CHRISTOPHER J & MARY P CHRISTIE Form Name K1-GOLDMAN SACHS HEDGE FU ND PARTNERS, LLC * REGULAR INCOME DEPR ADJ ADJ GAIN/LOSS, LN OTHER, LN 27 * AMT NET INCOME ND PARTNERS, LLC * REGULAR INCOME MINING COST, LN 23 * AMT NET INCOME 4797 THE CHRISTOPHER J CHRI STIE 2010 BLIND TRUS * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME	Adjustment Form 6251, Line 17 Form 6251, Line 18 Form 6251, Line 19 2. 21. 21. 2.	Sorm 6251, Line 20	Social Security Number ***-*** Form 6251 Other Adjustment 2.
Description GOLDMAN SACHS HEDG ND PARTNERS, LLC * REGULAR INCOME DEPR ADJ ADJ GAIN/LOSS, OTHER, LN 27 * AMT NET INCOME GOLDMAN SACHS HEDG ND PARTNERS, LLC * REGULAR INCOME MINING COST, L * AMT NET INCOME	Adjustment Form 6251, Line 17 Form 6251, Line 19 2. 1. 21. 21. 2.		Form 6251 For Adjustmen
Description GOLDMAN SACHS HEDGE ND PARTNERS, LLC * REGULAR INCOME DEPR ADJ ADJ GAIN/LOSS, L OTHER, LN 27 * AMT NET INCOME OCLDMAN SACHS HEDGE ND PARTNERS, LLC * REGULAR INCOME MINING COST, LN * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME	Adjustment Form 6251, Line 17 Form 6251, Line 19 2. 1. 2. -1. 2. 2. -1. 2.	n 6251, Line 20	Form 6251 Other Adjustment 2.
GOLDMAN SACHS HEDGE ND PARTNERS, LLC * REGULAR INCOME DEPR ADJ ADJ GAIN/LOSS, L OTHER, LN 27 * AMT NET INCOME ND PARTNERS, LLC * REGULAR INCOME MINING COST, IN * AMT NET INCOME THE CHRISTOPHER J CH STIE 2010 BLIND TRUS * REGULAR INCOME * AMT NET INCOME	Form 6251, Line 17 Form 6251, Line 18 Form 6251, Line 19 2. 2. 21. 21. 2.	n 6251, Line 20	Form 6251 Other Adjustment 2.
GOLDMAN SACHS HEDGE ND PARTNERS, LLC * REGULAR INCOME DEPR ADJ ADJ GAIN/LOSS, L OTHER, LN 27 * AMT NET INCOME COLDMAN SACHS HEDGE ND PARTNERS, LLC * REGULAR INCOME MINING COST, LN * AMT NET INCOME THE CHRISTOPHER J CH STIE 2010 BLIND TRUST THE MARY PAT CHRISTI 2010 BLIND TRUST * AMT NET INCOME	2. 2. 9. -1. 2.		22.
* REGULAR INCOME DEPR ADJ ADJ GAIN/LOSS, L OTHER, LN 27 * AMT NET INCOME COLDMAN SACHS HEDGE ND PARTNERS, LLC * REGULAR INCOME MINING COST, LN * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2		22
ADJ GAIN/LOSS, L OTHER, LN 27 * AMT NET INCOME GOLDMAN SACHS HEDGE ND PARTNERS, LLC * REGULAR INCOME MINING COST, LN * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME	2. 2. 2. 2.		22
* AMT NET INCOME GOLDMAN SACHS HEDGE ND PARTNERS, LLC * REGULAR INCOME MINING COST, LN * AMT NET INCOME THE CHRISTOPHER J CH STIE 2010 BLIND TRUS * AMT NET INCOME * AMT NET INCOME THE MARY PAT CHRISTI 2010 BLIND TRUST * REGULAR INCOME * AMT NET INCOME	2		10
GOLDMAN SACHS HEDGE ND PARTNERS, LLC * REGULAR INCOME MINING COST, LN * AMT NET INCOME THE CHRISTOPHER J CH STIE 2010 BLIND TRUS * REGULAR INCOME * AMT NET INCOME THE MARY PAT CHRISTI 2010 BLIND TRUST * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME			
ND PARTNERS, LLC * REGULAR INCOME MINING COST, LN * AMT NET INCOME THE CHRISTOPHER J CH STIE 2010 BLIND TRUS * AMT NET INCOME * AMT NET INCOME THE MARY PAT CHRISTI 2010 BLIND TRUST * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME	2.		
* KEGULAK INCOME MINING COST, IN * AMT NET INCOME THE CHRISTOPHER J CH STIE 2010 BLIND TRUS * AMT NET INCOME THE MARY PAT CHRISTI 2010 BLIND TRUST * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME	7		
	20°	wywysandiaddor.	20.
	,232.		20.
	299.		
ZOIO BLIND IRUST * REGULAR INCOME * AMT NET INCOME			
		,	

		ALTERNA	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	7T		
Name(s)							Social Security Number
CHRIE	CHRISTOPHER J & MARY P CHRISTIE	TIE					****
Form					Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
- K1	THE CHRISTOPHER J CHRI STIE 2010 BLIND TRUST * REGULAR INCOME PAL DISALLOWED AMT PAL DISALLOWED * AMT NET INCOME	-29. -3,696. 3,696.			-3,696.		
K1-	THE MARY PAT CHRISTIE 2010 BLIND TRUST						
	* REGULAR INCOME PAL DISALLOWED AMT PAL DISALLOWED * AMT NET INCOME	-48. -2,712. 2,712. -48.			-2,712. 2,712.		
						`	
	** TOTAL ADJ & PREF **						22.
	No.						
				\$,			

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

Name

Identifying number as shown on page 1 of your tax return

CHRISTOP:	HER J	& MARY	P CHRIS	TIE			***_**	***	*	
	ollars except of category inco	more opcomed		elow. See Catego r 01(j) income	ies of Income in	F	. Check only one		ach Forn	1116. Report all
b X General o	category inco	ome d [come re-sourced t	y treaty	c L. Lui	np-sum distribu	uons		
f Resident of (nam	e of country	D UNIT	ED STAT	ES				***************************************	***************************************	
Note: If you paid foreign country o	taxes to oni or U.S. poss	ly one foreign session, use a	country or U.S separate colun	. possession, us on and line for ea	acii countily of	possession.		ou paid	taxes to	nore than one
Part I Taxa	ble Income	e or Loss Fro	m Sources Ou	itside the Unite	d States (for	Category Che	cked Above)			
						untry or U.S. F			7	Tatal
				Α	Ĭ	В	C	······································	- (Ad	Total d cols. A, B, and C.)
possession	*************	foreign coun	>	OTHER COUNTRI	ES				(Au	1 cois. A, B, and C.)
1a Gross income and of the type	from source	s within country	y shown above							
b Check if line 1.	a is compens	sation for nervo	nal services as	5,	882.			**	1a	5,882
an employee,	your total co	mpensation fror	n all sources is							
\$250,000 or n determine its s	nore, and you	used an altern.	ative basis to							
eductions and	osses (Car	ution: See inst	tructions):							
2 Expenses defi	nitely relate	d to the income	on line to							
(attach statem) Pro rata share	ent) of other dedi	uctions not defi	nitely related:		659.				ince	
 a Certain itemize 	d deductions	or standard de	duction		-J.: 1:					
b Other deductio	ns (attach st	atement)							1	
c Add lines 3a ar	nd 3b									
a Gross foreign s	source incom	1e	***************		382.					
e Gross income t				636,5				······································	19	
T Divide line 30 p	y line 3e		***************************************	.009	9240					
g Multiply line 3c Pro rata share of	of interest ou		**************						161	
a Home mortgag			nana 14						101	
					80.					
b Other interest e			*******************							
Losses from for	reign source:	s								
Add lines 2, 3g,				7	739.				6	739
Subtract line 6 fr	om line 1a. E	nter the result h	nere and on line	15, page 2					7	5,143
Part II Forei	gn raxes	s Paid or A	ccrued	-					·	
for taxes		I I.	Y	Foreig	gn taxes paid	or accrued				
(you must check one)		in fore	ign currency				In U.S. dolla	ars		
(h) Paid (i) X Accrued	Paid Taxes withheld at source on:		e on:	(n) Other foreign Ta taxes paid or		Taxes withheld at source on: (r)			ther ign aid or	(s) Total foreign taxes paid or
(j) Date paid or accrued	k) Dividends	(I) Rents and royalties	(m) Interest	accrued	(0) Dividends	(p) Rents and royalties	(q) Interest	accr		accrued (add cols. (o) through (r))
						. Sydnes	,		374.	374.
										J / I
Add lines A three	ah C	- (-) F : ::	<u> </u>							
Add lines A throu	yli U, COIUM	in (S). Enter the	total here and	on line 9, page 2					8	374.
A For Paperwo	ик неduct	ion Act Notic	e, see instruc	tions.					F	orm 1116 (2011)

***_** Page 2

-	art III Figuring the Credit				
L	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	374.		
	to all suregery or mount and above at the	H			
10	Carryback or carryover (attach detailed computation)	10			
		1		1	
11	Add lines 9 and 10	11	374.		
12	Reduction in foreign taxes	12			
13	Taxes reclassified under high tax kickout	13] .	
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14	374.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the				
	United States (before adjustments) for the category of income checked above Part I	15	5,143.	1	
16	Adjustments to line 15	16		1	
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income.				
	(If the result is zero or less, you have no foreign tax credit for the category of income				
	you checked above Part I. Skip lines 18 through 22. However, if you are filing more than				
	one Form 1116, you must complete line 20.)	17	5,143.	1	
18	Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39.				
	Estates and trusts: Enter your taxable income without the deduction for your				
	•	18	500,632.	1	
	Caution: If you figured your tax using the lower rates on qualified dividends or capital ga				010070
	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	.010273
20	Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the ar				
	line 42. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of				126 670
	lines 36 and 37			20	136,678.
	Caution: If you are completing line 20 for separate category e (lump-sum distributions),			l	1 404
	Multiply line 20 by line 19 (maximum amount of credit)			21	1,404.
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filling, skip lines 23 through an line 29. Otherwise, complete the appropriate line in Part IV.			00	374.
Г	amount on line 28. Otherwise, complete the appropriate line in Part IV		>	22	J/4.
-	Credit for taxes on passive category income	23		T	
	Credit for taxes on general category income			1:	
	Credit for taxes on certain income re-sourced by treaty			1	
	Credit for taxes on lump-sum distributions			1	
	Add lines 23 through 26			27	
	Enter the smaller of line 20 or line 27			28	374.
	Reduction of credit for international boycott operations			29	
	Subtract line 29 from line 28. This is your foreign tax credit . Enter here and on Form 1040, line 43		*****************************	٣	
55	Form 1040NR, line 45; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a		•	30	374.
-			·····	, , ,	

Form 1116 (2011)

SCHEDULE H (Form 1040)

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

Department of the Treasury Internal Revenue Service (99) Name of employer

Social security number ***_**_***

Employer identification number

Schedule H (Form 1040) 2011

<u>C</u>	HRISTOPHER J & MARY P CHRISTIE	*******
Α	Did you pay any one household employee cash wages of \$1,700 or more in 2011? (If any household employee under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question	e was your spouse, your child
	X Yes. Skip lines B and C and go to line 1. No. Go to line B.	
В	Did you withhold federal income tax during 2011 for any household employee?	
	Yes. Skip line C and go to line 5. No. Go to line C.	
С	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2010 or 2011 to all household emp (Do not count cash wages paid in 2010 or 2011 to your spouse, your child under age 21, or your parent.)	ployees?
•	No. Stop. Do not file this schedule. Yes. Skip lines 1-7 and go to line 8. (Calendar year taxpayers having no household employees in 2011 to complete this form for 2011.)	do not have
F	Social Security, Medicare, and Federal Income Taxes	
1	Total cash wages subject to social security taxes1 29,744	
2	Social security taxes. Multiply line 1 by 10.4% (.104)	2 3,093.
3	Total cash wages subject to Medicare taxes 29,744	•
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4 863.
5	Federal income tax withheld, if any	5 1,025.
6	Total social security, Medicare, and federal income taxes. Add lines 2, 4, and 5	6 4,981.
7	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2010 or 2011 to all household employ (Do not count cash wages paid in 2010 or 2011 to your spouse, your child under age 21, or your parent.)	/ees?
	No. Stop. Include the amount from line 6 above on Form 1040, line 59a. If you are not required to file Foliae 7 instructions.	orm 1040, see the
	X Yes. Go to line 8.	
_H/	For Privacy Act and Paperwork Reduction Act Notice, see the instructions.	Schedule H (Form 1040) 2011

Part II	Fede	ral Ur	nemployment (I	FUTA) Tax									
										-		Yes	No
8 Did y	ou pay une	employi	ment contributions t	o only one state? (If	you paid co	ntributions to a	credit reducti	ion state,					
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						- 1	8		X
•				butions for 2011 by	•					ſ	9	X	
	•			ax also taxable for y		, ,	ax?			[10	X	<u></u>
				lines above, comple he lines above, skip			action B						
11 y	OU CHECKE	u trie	NO DOX ON ANY OF L		Section A		Chorr D.					***************************************	
11 Name	of the sta	ite whe	re vou paid unemple	oyment contributions			***************************************						
i i indine	5 01 1110 512	ito wiio	re you paid dirempi	Syment contribution	· ,		······································	***************************************	•				
12 Contr	ributions p	aid to y	our state unemploy	ment fund		12							
									13				
14 FUTA	tax. Multi	iply the	portion of the wage	es on line 13 paid be	fore July 1 b	y .008. Multiply	the portion o	f the					
wage	s on line 1	3 paid	after June 30 by .00	6. Enter the sum of	those two an	nounts on line	14, skip Sectio	on B,					
and g	go to line 2	3			Section B				. 14	<u> </u>		·····	
4m 0													
(a)	plete all co (b)	iumns i		you need more spac	e, see instrui	ctions): (e)	(f)		(g	<u>, </u>		(h)	
Name	Taxable wag		State expe	rience rate	State experience	Multiply col. (b) by .054	Multiply c		Subtract from co	col. (f)		ontribution	
of state	defined in Sta	ite act)	From	То	rate	Бу .034	by col.	(d)	If zero o	rless,		employn fund	
NJ	29,60	0.	01/01/11	12/31/11	.0078	1,598	3.	231.	1,	367.		2	32.
													
16 Total	•							16	1.	367.		2	32.
						1 1		1,599		T	L		
				the line 13 instruct								7,0	00.
19 Multip	ply the por	tion of	the wages on line 1	8 paid before July 1	by 6.2% (.06	62). Multiply the	e portion of the	e wages					
on lin	e 18 paid	after Ju	ine 30 by 6.0% (.06	0). Enter the sum of	those amour	nts on line 19	STATEM	ENT 3	7 19			4	34.
20 Multip	ply line 18	by 5.4%	% (.054)			20		378					
			ne 17 or line 20			CMVMEN	עוביאזיי אַ כּ	X				3	57.
				t use the worksheet					-				77.
Y			sehold Employ	nter the result here a ment Taxes	and go to line	23			. 44	1		***************************************	
				ed the "Yes" box on	line C of pag	ge 1, enter -0-			23				81.
									24			5,0	58.
	,		Form 1040?										
1				ine 24 above on For		59a. Do not co	omplete Part I	/ below.					
				IV. See instructions			051						
Part IV			box if mail is not delivere	Complete this part c d to street address	only if require	ea. See the line	25 Instruction	is.	Apt., r	oom, or sui	te no.		······································
City, town or	r post office, s	tate, and	ZIP code				***************************************				~~~~~~~		
Under penalt	ties of perjury,	, I declare	that I have examined this	schedule, including accomedit was, or is to be, deduc	panying stateme	ents, and to the best	of my knowledge Declaration of pr	and belief, it	t is true, con	rrect, and co	omplete	. No par	t of any
	rer has any kn			San Was, or is to be, assess		,				, ,			
—													
Employ	yer's signature						Date	O: .1	T	DT			
Paid	Print	/Type	preparer's name	Preparer's	signature	Į Di	ate	Check l	if	PTIN			
Prepai	rer Firm	's name	e b					self- em Firm's	EIN >	1			
Use O	1	Jilani	~ F										
	Firm	's addr	ess >					Phone	no.				
	1							1					

Department of the Treasury Internal Revenue Service

Investment Interest Expense Deduction

► Attach to your tax return.

OMB No. 1545-0191

Name(s) shown on return

	RISTOPHER J & MARY P CHRISTIE		***_**		
Pa	rt I Total Investment Interest Expense			,	
1	Investment interest expense paid or accrued in 2011 (see instructions)	STATEMENT 38	1	4,410.	
2	Disallowed investment interest expense from 2010 Form 4952, line 7		2		
3	Total investment interest expense. Add lines 1 and 2			3	4,410.
Pa	rt II Net Investment Income		1		-
4 a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) STMT 39	4a	35,706.		
b	Qualified dividends included on line 4a	4b	5,294.		
С	Subtract line 4b from line 4a	1		4c	30,412.
d	Net gain from the disposition of property held for investment				
е	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e	63,161.		
f	Subtract line 4e from line 4d			4f	0.
g	Enter the amount from lines 4b and 4e that you elect to include in investment in inves			4g	
h	Investment income. Add lines 4c, 4f, and 4g			4h	30,412.
5	Investment expenses (see instructions)			5	
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-			6	30,412.
ra	t III Investment Interest Expense Deduction	······································		Ι	
7	Disallowed investment interest expense to be carried forward to 2012. Subtract If zero or less, enter -0-	7	0.		
_8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See in		C 40	8	4,410.

Form 4952

Department of the Treasury Internal Revenue Service (99)

Investment Interest Expense Deduction

Attach to your tax return.

OMB No. 1545-0191

2011

Attachment 51

Attachment Sequence No. **51**

Internal Revenue Service (99)			Sequence No. 51	
Name(s) shown on return				Identifying number
CHRISTOPHER J & MARY P CHRISTIE				***_**
Part I Total Investment Interest Expense				
Investment interest expense paid or accrued in 2011 (see instructions)	ATEMENT 41	1	4,410	
2 Disallowed investment interest expense from 2010 Form 4952, line 7		2		
3 Total investment interest expense. Add lines 1 and 2			3	4,410
Part II Net Investment Income				
4a Gross income from property held for investment (excluding any net		35 706		
gain from the disposition of property held for investment)	4a	35,706.		
b Qualified dividends included on line 4a	4b	5,294.		
c Subtract line 4b from line 4a			4c	30,412
d Net gain from the disposition of property held for investment				
e Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e	63,161.		
f Subtract line 4e from line 4d			4f	0
g Enter the amount from lines 4b and 4e that you elect to include in invest (see instructions)			4 g	
h Investment income. Add lines 4c, 4f, and 4g	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4h	30,412
5 Investment expenses (see instructions)			5	
6 Net investment income. Subtract line 5 from line 4h. If zero or less, ent	er -0-		6	30,412
Part III Investment Interest Expense Deduction		T		T
7 Disallowed investment interest expense to be carried forward to 2012. S If zero or less, enter -0-	7	0		
8 Investment interest expense deduction. Enter the smaller of line 3 or	S	8	4,410	
REGULAR FORM 4952, LINE LESS RECOMPUTED FORM 49		8		4,410. 4,410.

INTEREST ADJUSTMENT - FORM 6251, LINE 9

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

➤ See separate instructions.

OMB No. 1545-1073

Attachment Sequence No. **74**

Identifying number

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

Attach to Form 1040, 1040NR, or 1041.

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

_	art I Net Minimum Tax on Exclusion Items		
L.	art 1 Net Millimain Tax on Exclusion Items		
1	Combine lines 1, 6, and 10 of your 2010 Form 6251. Estates and trusts, see instructions	1	349,070.
2	Enter adjustments and preferences treated as exclusion items (see instructions)	2	69,963.
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 \$219,900 and you were married filing separately for 2010, see instructions	4	419,033.
5	Enter: \$72,450 if married filing jointly or qualifying widow(er) for 2010; \$47,450 if single or head of household for 2010; or \$36,225 if married filing separately for 2010. Estates and trusts, enter \$22,500	5	72,450.
6	Enter: \$150,000 if married filing jointly or qualifying widow(er) for 2010; \$112,500 if single or head of household for 2010; or \$75,000 if married filing separately for 2010. Estates and trusts, enter \$75,000	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	269,033.
8	Multiply line 7 by 25% (.25)	8_	67,258.
9	Subtract line 8 from line 5. If zero or less, enter -0 If under age 24 at the end of 2010, see instructions	9	5,192.
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	413,841.
11	 If for 2010 you filed Form 2555 or 2555-EZ, see instructions for the amount to enter. If for 2010 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified 		
	dividends on Form 1040, line 9b (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (lines 14a and 15, column (2), of Schedule D (Form 1041)), complete Part III of Form 8801 and enter the amount from line 47 here. Form 1040NR filers, see instructions.	11	112,183.
	• All others: If line 10 is \$175,000 or less (\$87,500 or less if married filing separately for 2010), multiply line 10 by 26% (.26). Otherwise, multiply line 10 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2010) from the result. Form 1040NR filers, see instructions.	Y	
12	Minimum tax foreign tax credit on exclusion items (see instructions)	12	
13	Tentative minimum tax on exclusion items. Subtract line 12 from line 11	13	112,183.
14	Enter the amount from your 2010 Form 6251, line 34, or 2010 Form 1041, Schedule I, line 55	14	85,481.
15	Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-	15	26,702.

LHA For Paperwork Reduction Act Notice, see instructions. Form **8801** (2011)

P	art II Current Year Nonrefundable and Refundable Credits and Carryforward to 2012		
16	Enter the amount from your 2010 Form 6251, line 35, or 2010 Form 1041, Schedule I, line 56	16	26,707.
17	Enter the amount from line 15	17	26,702.
18	Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	5.
19	2010 credit carryforward. Enter the amount from your 2010 Form 8801, line 28	19	33.
20	Enter your 2010 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	38.
22	Enter your 2011 regular income tax liability minus allowable credits (see instructions)	22	108,552.
23	Enter the amount from your 2011 Form 6251, line 33, or 2011 Form 1041, Schedule I, line 54	23	136,304.
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 2011 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: Skip lines 26 and 27 and go to line 28. Individuals: Did you have a minimum tax credit carryforward to 2009 (on your 2008 Form 8801, line 31)?		
	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 2011 Form 1040, line 71 (check box c), or Form 1040NR, line 67 (check box c)	27	10.
28	Credit carryforward to 2012. 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	28.

Form 8801 (2011)

P	art III Tax Computation Using Maximum Capital Gains Ra	tes			
	Caution. If you did not complete the 2010 Qualified Dividends and Capital Gair		heet,	T	**************************************
	the 2010 Schedule D Tax Worksheet, or Part V of the 2010 Schedule D (Form 1	1041), see th	e	-	
	instructions before completing this part.	,-			
29	Enter the amount from Form 8801, line 10. If you filed Form 2555 or 2555-EZ fo	r 2010, ente	r		
	the amount from line 3 of the worksheet in the instructions			29	413,841.
	Caution. If for 2010 you filed Form 1040NR, 1041, 2555, or 2555-EZ, see the in				
	completing lines 30, 31, and 32.				
30	Enter the amount from line 6 of your 2010 Qualified Dividends and Capital	1 1			
	Gain Tax Worksheet, the amount from line 13 of your 2010 Schedule D Tax				
	Worksheet, or the amount from line 22 of the 2010 Schedule D (Form 1041),				
	whichever applies*	30	1,480.	.	
				1	
	If you figured your 2010 tax using the 2010 Qualified Dividends				
	and Capital Gain Tax Worksheet, skip line 31 and enter the amount				
	from line 30 on line 32. Otherwise, go to line 31.				
31	Enter the amount from line 19 of your 2010 Schedule D (Form 1040),				
	or line 14b, column (2), of the 2010 Schedule D (Form 1041)	31			
32	Add lines 30 and 31, and enter the smaller of that result or the amount			1	
	from line 10 of your 2010 Schedule D Tax Worksheet	32	1,480.		
33	Enter the smaller of line 29 or line 32			33	1,480.
34	Subtract line 33 from line 29			34	412,361.
35	If line 34 is \$175,000 or less (\$87,500 or less if married filing separately for 2010	0), multiply li	ne		
	34 by 26% (.26). Otherwise, multiply line 34 by 28% (.28) and subtract \$3,500 (*	
	filing separately for 2010) from the result. Form 1040NR filers, see instructions			35	111,961.
36	Enter:				
	 \$68,000 if married filing jointly or qualifying widow(er) for 2010, 				
	 \$34,000 if single or married filing separately for 2010, 			1 1 1	
	 \$45,550 if head of household for 2010, or 				
	• \$2,300 for an estate or trust.				
	Form 1040NR filers, see instructions	36	68,000.		
37	Enter the amount from line 7 of your 2010 Qualified Dividends and Capital			1	
	Gain Tax Worksheet, the amount from line 14 of your 2010 Schedule D Tax	.425.			
	Worksheet, or the amount from line 23 of the 2010 Schedule D (Form 1041),				
	whichever applies. If you did not complete either worksheet or Part V of the				
	2010 Schedule D (Form 1041), enter -0 Form 1040NR filers, see	**			
	instructions	37	325,690.		
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	1,480.		
40	Enter the smaller of line 38 or line 39	40		1 1	
41	Subtract line 40 from line 39	41	1,480.	1	
42	Multiply line 41 by 15% (.15)			42	222.
	If line 31 is zero or blank, skip lines 43 and 44 and go to line 45. Otherwise,				
	, ,		·3.		
43	Subtract line 39 from line 33]	
44	Multiply line 43 by 25% (.25)		>	44	
45	Add lines 35, 42, and 44		***************************************	45	112,183.
46	If line 29 is \$175,000 or less (\$87,500 or less if married filing separately for 2010				
	by 26% (.26). Otherwise, multiply line 29 by 28% (.28) and subtract \$3,500 (\$1,				
	separately for 2010) from the result. Form 1040NR filers, see instructions			46	112,375.
47	Enter the smaller of line 45 or line 46 here and on line 11. If you filed Form 2555				
	do not enter this amount on line 11. Instead, enter it on line 4 of the Foreign Ear	rned Income	Tax		
	Worksheet in the instructions			1 47	112 183

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

-	art IV Tentative Refundable Credit			rage -
48	Enter the amount from line 21	.,,,,,,,,,,	48	38.
49	Enter the total of lines 18 and 20 from your 2009 Form 8801. If zero or less, enter -0-	10.	,	
50	Enter the total of lines 18 and 20 from your 2010 Form 8801. If zero or less, enter -0- 50	13.	,	
51	Enter the total of lines 18 and 20 from your 2011 Form 8801. If zero or less, enter -0- 51	5.		
52	Add lines 49 through 51		52	28.
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	10.
54	Multiply line 53 by 50% (.50)		54	5.
55	Enter the amount from your 2010 Form 8801, line 57	55	10.	
56	Enter the larger of line 54 or line 55		56	10.
<u>57</u>	Enter the smaller of line 53 or line 56. Enter the result here and on line 26		57	10.

Form **8801** (2011)

Department of the Treasury Internal Revenue Service

Gains and Losses From Section 1256 **Contracts and Straddles**

OMB No. 1545-0644

Identifying number

Attach to your tax return. Name(s) shown on tax return

CHRISTOPHER	J & MAR	Y P CHRIST	IE								***_**	-***
Check all applicable box		Mixed straddle elec				·	С	Mixed str				
(see instructions). Part I Section	B L	Straddle-by-straddle	e identificatio	n elec	tion		D	Net section	on 1256	contract	ts loss elec	tion
Tarer Section	1230 Contra	Cts Marked to	warket				*************			т		
	(a)	dentification of acc	ount					(b	(Loss)		(c)	Gain
1 SEE STATE	MENT 42											
												
2 Add the amounts of	on line 1 in colur	nns (b) and (c)					. 2		···			<u>52.</u>
3 Net gain or (loss). (Combine line 2,	columns (b) and (c)								3		52.
5 Combine lines 3 ar	4 Form 1099-B adjustments. See instructions and attach schedule 5 Combine lines 3 and 4											
Note: If line 5 show	iu 4	in time C t t t								5		52.
instructions.	rs a net gain, sk	ip line 6 and enter th	ne gain on iin	e 7. P	artner	ships a	ind S ci	orporations,	see			
6 If you have a net se	ection 1256 con	tracts loss and che	cked hoy D a	hove	enter	the an	nount c	floce to be				
carried back. Enter	the loss as a p	ositive number					nount c	1 1033 10 00		6		
7 Combine lines 5 an	d 6	*****************************								7		52.
8 Short-term capita	l gain or (loss).	Multiply line 7 by 4	0% (.40) ₋ Ent	er her	e and	includ	e on th	e appropriat	e line			
of Schedule D (see	instructions)								*******	8		21.
9 Long-term capital	gain or (loss).	Multiply line 7 by 60	0% (.60). Ente	er here	e and	include	on the	appropriate	line			
Part II Gains and	instructions)	om Straddles								9	***************************************	31.
Part II Gains and Section A - Losse	s From Stra	om Straudies.	Attach a sepa	arate :	sched	ule list	ing eac	h straddle a	nd its co	mponen	ts.	
20000	(b) Date entered into or	idules			Т	(f) Los		T				
05	acquired (c) Date	(d) Gross	(e) Cost or			f column	(e) is	(g) Unreco	anized		(h) Recognize If column	
(a) Description of property	closed out or sold	sales price	other basis plus expens		differ			gain on of	fsetting		is more that enter differ	an (g),
	Mo. Day Yr.		of sale			Otherwi enter -		poon	3113		Otherwise, er	
10					†					 		
										1		
			***************************************		<u></u>							
11a Enter the short-ten												
Schedule D (see in	structions)									11a ()
b Enter the long-term Schedule D (see in	n portion of loss	es from line 10, colu	umn (h), here	and ir	nclude	on the	e appro	priate line o	f			
Section B - Gains	From Strad	dles			••••••	********				11b ()
		(b) Date entered								T	(f) Gain. If colu	uman (d)
(a) Description o	f property	into or acquired (c) Date closed	(d) Gross sa	ales pric	e			Cost or other ba			is more tha	ın (e),
		out or sold Mo. Day Yr.					þi	us expense of sa	ie		enter differente Otherwise, er	
2							······					***************************************

3 a Enter the short-term p	ortion of gains fr	om line 12, column (f)	, here and incl	ıde on	the ap	propria	te line o	Schedule D		13a		
b Enter the long-term p	ortion of gains fro	m line 12, column (f),	here and inclu	de on t	the app	ropriat	e line of	Schedule D	A14112121	13b		
Part III Unrecogn	ized Gains	rom Positions	Held on I						ntry Only	(see ins		
	(a) Description of p	roperty		(b) E	ate acq		on last l	market value ousiness day of	(d) Cost	or other ba adjusted		gnized gain. If column nore than (d), enter
4				IVIO.	Day	Yr.		tax year			difference	Otherwise, enter-0-
T									-			····
	······				ļ		:	***************************************	 			
			J		L			····	<u></u>			

Passive Activity Loss Limitations

See separate instructions. Internal Revenue Service (99)

OMB No. 1545-1008

Attach to Form 1040 or Form 1041. Name(s) shown on return Identifying number ***_** CHRISTOPHER J & MARY P CHRISTIE Part I 2011 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Worksheet 1. column (a)) **b** Activities with net loss (enter the amount from Worksheet 1. 1b column (b)) c Prior years unallowed losses (enter the amount from Worksheet 1, column (c)) d Combine lines 1a, 1b, and 1c. 1d Commercial Revitalization Deductions From Rental Real Estate Activities 2a Commercial revitalization deductions from Worksheet 2, column (a) 2a b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) Add lines 2a and 2b 2c All Other Passive Activities 3a Activities with net income (enter the amount from Worksheet 3, 77 column (a)) **b** Activities with net loss (enter the amount from Worksheet 3, -6,4853b column (b)) c Prior years unallowed losses (enter the amount from Worksheet 3. column (c)) -6,408. d Combine lines 3a, 3b, and 3c 3d Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used -6,408. If line 4 is a loss and: • Line 1d is a loss, go to Part II. Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15. Part II Special Allowance for Rental Real Estate Activities With Active Participation Note: Enter all numbers in Part II as positive amounts. See instructions for an example. Enter the smaller of the loss on line 1d or the loss on line 4 5 Enter \$150,000. If married filing separately, see instructions Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. 8 Subtract line 7 from line 6 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions 9 Enter the **smaller** of line 5 or line 9 10 If line 2c is a loss, go to Part III. Otherwise, go to line 15. Part III | Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions. Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions 11 Enter the loss from line 4 12 12 Reduce line 12 by the amount on line 10 13 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13. Part IV Total Losses Allowed Add the income, if any, on lines 1a and 3a and enter the total 15 Total losses allowed from all passive activities for 2011. Add lines 10, 14, and 15. See instructions

SEE STATEMENT

to find out how to report the losses on your tax return

Form 8582 (2011) CHRISTOPHER J & MARY P CHRISTIE ***_** Page 2 Caution: The worksheets must be filed with your tax return. Keep a copy for your records. Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.) Current year Prior years Overall gain or loss Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss (line 1a) (line 1b) loss (line 1c) Total. Enter on Form 8582, lines 1a, 1b, and 1c Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.) (a) Current vear (b) Prior year Name of activity (c) Overall loss deductions (line 2a) unallowed deductions (line 2b) Total. Enter on Form 8582, lines 2a and 2b Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.) Current year Prior years Overall gain or loss Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss (line 3a) (line 3b) loss (line 3c) SEE ATTACHED STATEMENT FOR WORKSHEET 3 Total. Enter on Form 8582, lines 3a. 3b, and 3c 77. -6,485. Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.) Form or schedule (d) Subtract and line number (c) Special Name of activity (a) Loss (b) Ratio column (c) to be reported on allowance from column (a) (see instructions) Worksheet 5 - Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
	SEE ATTACHED	STATEMENT F	OR WORKSHEET	5
Total	>	6,408.	1.000000000	6,408.

Worksheet 6 - Allowed Losses (See in	structions.)			******************			
Name of activity	Form or sch and line nu to be report (see instruc	mber ed on (a)	Loss	(b) Ur	nallowed loss	(c) Allowed loss	
				·····			
Total Worksheet 7 - Activities With Losses	Reported on Ty	vo or More For	ms or Sch	-dule	S (See instruct	ione)	
Name of activity:	(a)	(b)	(c) Rat		(d) Unallowed		
Form or schedule and line number to be reported on (see instructions):							
1a Net loss plus prior year unallowed loss from form or schedule							
b Net income from form or schedule							
c Subtract line 1b from line 1a. If zero or less, er	nter-0 ▶						
Form or schedule and line number to be reported on (see instructions):							
1a Net loss plus prior year unallowed loss from form or schedule							
b Net income from form or schedule							
c Subtract line 1b from line 1a. If zero or less, en	ter-0				***************************************		
Form or schedule and line number to be reported on (see nstructions):							
la Net loss plus prior year unallowed loss from form or schedule	,						
b Net income from form or schedule							
c Subtract line 1b from line 1a. If zero or less, en		CHED STATE	MENT FO	OR W	ORKSHEET	7	
	VERALL		 				
Total)	6,485.	1.0000	0000	6,408	. 77.	

Form **8582** (2011)

ALTERNATIVE MINIMUM TAX

Form 8582

Passive Activity Loss Limitations

Department of the Treasury Internal Revenue Service (99) See separate instructions.Attach to Form 1040 or Form 1041.

2011
Attachment
Sequence No. 88

Identifying number Name(s) shown on return CHRISTOPHER J & MARY P CHRISTIE ***_** Part I 2011 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Worksheet 1, column (a)) **b** Activities with net loss (enter the amount from Worksheet 1. 1b column (b)) c Prior years unallowed losses (enter the amount from Worksheet 1, column (c)) 10 d Combine lines 1a, 1b, and 1c. 1d Commercial Revitalization Deductions From Rental Real Estate Activities 2a Commercial revitalization deductions from Worksheet 2, column (a) 2a **b** Prior year unallowed commercial revitalization deductions from 2b Worksheet 2, column (b) c Add lines 2a and 2b 2c **All Other Passive Activities** 3a Activities with net income (enter the amount from Worksheet 3, 77. 3а column (a)) **b** Activities with net loss (enter the amount from Worksheet 3, -6,485 3b c Prior years unallowed losses (enter the amount from Worksheet 3. column (c)) d Combine lines 3a, 3b, and 3c -6,408. 3d Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used -6,408. If line 4 is a loss and: • Line 1d is a loss, go to Part II. Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15. Part II | Special Allowance for Rental Real Estate Activities With Active Participation Note: Enter all numbers in Part II as positive amounts. See instructions for an example. Enter the **smaller** of the loss on line 1d or the loss on line 4 5 Enter \$150,000. If married filing separately, see instructions 6 Enter modified adjusted gross income, but not less than zero (see instructions) 7 Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. Subtract line 7 from line 6 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions Enter the **smaller** of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15 Part III | Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions. Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions 11 11 12 Enter the loss from line 4 12 Reduce line 12 by the amount on line 10 13 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13 Part IV | Total Losses Allowed Add the income, if any, on lines 1a and 3a and enter the total Total losses allowed from all passive activities for 2011. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return SEE STATEMENT

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Caution: The worksheets must be filed with your tax return. Keep a copy for your records. Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.) **Current year** Prior years Overall gain or loss Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss loss (line 1c) (line 1a) (line 1b) Total. Enter on Form 8582, lines 1a, 1b, and 1c Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.) (b) Prior year (a) Current year Name of activity (c) Overall loss deductions (line 2a) unallowed deductions (line 2b) Total. Enter on Form 8582, lines 2a and 2b Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.) Current year Prior years Overall gain or loss Name of activity (c) Unallowed (b) Net loss (a) Net income (d) Gain (e) Loss loss (line 3c) (line 3a) (line 3b) SEE ATTACHED STATEMENT FOR WORKSHEET Total. Enter on Form 8582, lines 3a, 77. -6,485. Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.) Form or schedule (d) Subtract and line number (c) Special column (c) Name of activity (a) Loss (b) Ratio to be reported on allowance from column (a) (see instructions) Worksheet 5 - Allocation of Unallowed Losses (See instructions.) Form or schedule and line number Name of activity (b) Ratio (c) Unallowed loss (a) Loss to be reported on (see instructions) SEE ATTACHED STATEMENT FOR WORKSHEET 1.0000000000 6,408. 6,408. Total

*	*	*	 *	*	 *	*	*	*	Page

Worksheet 6 - Allowed Losses (See i	nstructions.)							
Name of activity	Form or se and line r to be repo (see instri	number orted on	(a) l	Loss	(b) Ur	nallowed loss	(c) Allowed loss	5
		·						
					ļ			
		***************************************	 		ļ			
_{Total} Worksheet 7 - Activities With Losses	Reported on	Two or N	Aore Forn	ne or Sch	edules	2/Socientriot	ione	
Name of activity:		I WO OI II				(d) Unallowed		
•	(a)		(b)	(c) Ra	tio	loss	(e) Allowed lo	ss
Form or schedule and line number to be reported on (see instructions):								
1a Net loss plus prior year unallowed loss from form or schedule								
b Net income from form or schedule								
c Subtract line 1b from line 1a. If zero or less,	enter -0	-						
Form or schedule and line number to be reported on (see nstructions):								
1a Net loss plus prior year unallowed loss from form or schedule								
b Net income from form or schedule								
c Subtract line 1b from line 1a. If zero or less,	enter -0					***************************************		
Form or schedule and line number o be reported on (see nstructions):								
la Net loss plus prior year unallowed loss from form or schedule	Ī							
b Net income from form or schedule		MCHED	CMAME	MENIO E	OB W	ORKSHEET		
c. Subtract line 1b from line 1a. If your and leave		ACUED	SIAIL	LTOWI. L	OK W	OKVOUFET.	1	
c Subtract line 1b from line 1a. If zero or less,	OVERALL							
otal			6.485.	1,000	0000	6.408	7	7.

Form **8582** (2011)

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)

CI	HRISTOPHER J & MARY P CHRISTIE			***_**
Nu	mber, street, and room or suite no.	1 '	ite, and ZIP code	
		MENDHAM		
Α	If you are filing more than one Form 8886 with your tax return, sequentially number		_	CT.
	***************************************	ement number _	1	of 7
В	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			▶ 2011
	Is this Form 8886 being filed with an amended tax return?			Yes X No
С	Check the box(es) that apply (see instructions).	X Protective	disclosure	
1a	Name of reportable transaction			
L(OSS TRANSACTIONS- SECTION 988			
1b	Initial year participated in transaction		1c Reportable transaction or ta	ax shelter registration number
2	007			
2	Identify the type of reportable transaction. Check all boxes that apply (see instructio	ns).		
	a Listed c Contractual protecti		Transaction of interest	
	b Confidential d X Loss			
2		agation		
3	If you checked box 2a or 2e, enter the published guidance number for the listed transaction of interest	N.	/A	
4	Enter the number of "same as or substantially similar" transactions reported on this			► VARIOUS
5	If you participated in this reportable transaction through a partnership, S corporatio			
٠	information below for the entity(s) (see instructions). (Attach additional sheets, if ne		in charg, check the applicable box	tos and provide the
	* * * * * * * * * * * * * * * * * * * *	X Partner	ahin Trust	
	a Type of entity Partnership Trust	p		
	S corporation Foreign	S corpo	ration Foreign	
	b Name	T. T. C.		
	▶ GOLDMAN SACHS HEDGE FUND PARTNERS,	LLC		
	c Employer identification number (EIN), if known			
	d Date Schedule K-1 received from entity (enter		_	
	"none" if Schedule K-1 not received)	NON		
6	Enter below the name and address of each individual or entity to whom you paid a fe	ee with regard to t	he transaction if that individual or	r entity promoted, solicited, or
	recommended your participation in the transaction, or provided tax advice related to	the transaction. (Attach additional sheets, if neces	sary.)
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			

Form 8886 (Rev. 3-2011) CHRISTOPHER J & MARY P CHRISTIE	***_**_*** Page 2
7 Facts	i Ugg a
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 Cred	lits
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	or 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. Including	
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.	TIG UTITAL TO 1
TAXPAYER IS A PARTNER IN GOLDMAN SACHS HEDGE FUND PARTNERS,	
PARTNER IN VARIOUS PARTNERSHIPS THAT HAVE DIRECTLY FILED TH	
	IS FOR ALL FORMS
8886 MADE PART OF THIS TAX RETURN.	
O Hariffy His P. H. L. D. W. H	
8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es	
name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its count	try 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	
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)

C	HRISTOPHER J & MARY P CHRISTIE				***_*	**_***
	mber, street, and room or suite no.	City or town, sta	ite, and ZIP code NJ			
Α	If you are filing more than one Form 8886 with your tax return, sequentially number	r each Form 8886 a	and enter the statement number			
		ement number	2	_ of _		7
В	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	***************************************	***************************************	▶ 2	2011	
_	Is this Form 8886 being filed with an amended tax return?				Yes	X No
C	Check the box(es) that apply (see instructions).	X Protective	disclosure	·····	· · · · · · · · · · · · · · · · · · ·	
	Name of reportable transaction OSS TRANSACTIONS— SECTION 988					
	Initial year participated in transaction 0 6		1c Reportable transaction or	tax she	lter registrat	ion number
2	Identify the type of reportable transaction. Check all boxes that apply (see instruction a Listed c Contractual protect b Confidential d X Loss	tion e	Transaction of interest			
	If you checked box 2a or 2e, enter the published guidance number for the listed trainer transaction of interest					
4 5	Enter the number of "same as or substantially similar" transactions reported on this If you participated in this reportable transaction through a partnership, S corporation	form		>		IOUS
	information below for the entity(s) (see instructions). (Attach additional sheets, if ne a Type of entity Partnership Trust S corporation Foreign b Name	ecessary.) X Partners	hip Trust		a provide tir	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	► GOLDMAN SACHS HEDGE FUND PARTNERS,	LLC				
	c Employer identification number (EIN), if known ▶					
	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 f				promoted,	solicited, or
	recommended your participation in the transaction, or provided tax advice related to			ssary.)		
a	Name		dentifying number (if known)	Fees	paid	
	Number, street, and room or suite no.	<u> </u>		[\$		·
	City or town, State, and ZIP code					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b	Name		dentifying number (if known)	Fees	paid	
·····	Number, street, and room or suite no.			\$	***************************************	
	number, sheet, and found of suite no.					
	City or town, State, and ZIP code	······································	***************************************			

Form 8886 (Rev. 3-2011) CHRISTOPHER J & MARY P CHRISTIE	***_**
7 Facts	Page 2
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 Cred	lite
Capital loss Nonrecognition of gain Deferral	iits
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	and the first of the state of t
each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Including the amount and nature of your investment.	
participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include	
protection with respect to the transaction.	a description of any tax result
TAXPAYER IS A PARTNER IN GOLDMAN SACHS HEDGE FUND PARTNERS,	IIC WIITCH IC A
PARTNER IN VARIOUS PARTNERSHIPS THAT HAVE DIRECTLY FILED TH	LLC WHICH IS A
FORMS 8866 ACCORDING TO IRS REGULATIONS. THIS EXPLANATION	
8886 MADE PART OF THIS TAX RETURN.	15 FOR ALL FORMS
THE THE THE OF THE TAX RETURN.	
8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box/es	
and and an	
name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its count	ry 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	
Audiess	
Description	
Description	
b Type of individual or entity: Tax-exempt Foreign Related	
N	
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Address I	
1441 055	
Description	
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Reportable Transaction Disclosure Statement

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

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)

	·	•			1
CHRIST	OPHER J & MARY P CHR	ISTIE			***_**_*
	and room or suite no.		City or town, sta	ite, and ZIP code NJ	
A If you are	filing more than one Form 8886 with your tax	x return, sequentially number	each Form 8886	and enter the statement number	
for this Fo			ment number	3	of7
	orm number of the tax return to which this fo			***************************************	► 1040
Enter the	vear of the tax return identified above	***************************************		· · · · · · · · · · · · · · · · · · ·	▶ 2011
	m 8886 being filed with an amended tax retu				Yes X No
	box(es) that apply (see instructions).	Initial year filer	X Protective	disclosure	
	eportable transaction RANSACTIONS - SECTION	988			
1b Initial year 2006	participated in transaction			1c Reportable transaction or	tax shelter registration number
a L	e type of reportable transaction. Check all bo isted onfidential	xes that apply (see instruction c Contractual protection X Loss	·	Transaction of interest	
or transac	sked box 2a or 2e, enter the published guida tion of interest	******************			
	number of "same as or substantially similar" t				
informatio a Type o				ship Trust	oxes and provide the
	DMAN SACHS HEDGE FU	ND PARTNERS,	LLC		
c Employ	rer identification number (EIN), if known	•			
d Date So	chedule K-1 received from entity (enter				
	f Schedule K-1 not received)	·	NONE		
	w the name and address of each individual o				
	ded your participation in the transaction, or	provided tax advice related to			ssary.)
a Name				dentifying number (if known)	Fees paid
Number, s	reet, and room or suite no.				<u> </u> \$
City or tow	n, State, and ZIP code				
b Name				dentifying number (if known)	Fees paid
Number, s	reet, and room or suite no.			***************************************	\$
City or tow	n, State, and ZIP code				

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)

CI	RISTOPHER J & MARY P CHRISTIE		* * * _ * * _ * * * *
Nu	nber, street, and room or suite no.	City or town, state, and ZIP code MENDHAM, NJ	······································
Α	If you are filing more than one Form 8886 with your tax return, sequentially number e	each Form 8886 and enter the statement number	
		,	of 7
В			1040
	The same of the sa		→ 2011
	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	103 [44] 110
1a	Name of reportable transaction		
	SS TRANSACTIONS- SECTION 988		
	Initial year participated in transaction 08	1c Reportable transaction or tax	shelter registration number
2	Identify the type of reportable transaction. Check all boxes that apply (see instructions a Listed c Contractual protection b Confidential d X Loss	n e Transaction of interest	
3	If you checked box 2a or 2e, enter the published guidance number for the listed trans or transaction of interest		
4	Enter the number of "same as or substantially similar" transactions reported on this fo	orm	▶ VARIOUS
5	If you participated in this reportable transaction through a partnership, S corporation,	, trust, and foreign entity, check the applicable boxe	s and provide the
	information below for the entity(s) (see instructions). (Attach additional sheets, if nec	essary.)	
	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		
	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 e	ntity promoted, solicited, or
	recommended your participation in the transaction, or provided tax advice related to t	he transaction. (Attach additional sheets, if necessa	ry.)
a	Name		ees paid
	,		3
	Number, street, and room or suite no.		
	City or town, State, and ZIP code		
	Name	Identifying number (if known)	
•	Numb	stentilying number (ii known)	•
•	Number, street, and room or suite no.		9
**********	City or town, State, and ZIP code		

Form 8886 (Rev. 3-2011) CHRISTOPHER J & MARY P CHRISTIE	*****
7 Facts	Page 2
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 Cred	tite
Capital loss Nonrecognition of gain Deferral	nto
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	or all affected years, lookeds facts of
each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Includ	of all allected years, include facts of
participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include	e iii your description your
protection with respect to the transaction.	a description of any tax result
TAXPAYER IS A PARTNER IN GOLDMAN SACHS HEDGE FUND PARTNERS,	T.I.C WHICH IC N
PARTNER IN VARIOUS PARTNERSHIPS THAT HAVE DIRECTLY FILED TH	FTP PECDECUTIVE
FORMS 8866 ACCORDING TO IRS REGULATIONS. THIS EXPLANATION	TO FOR ALL FORMS
8886 MADE PART OF THIS TAX RETURN.	10 1 OK ADD FORMS
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 count	ry of incorporation or evictores. For
each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.	ry of incorporation of existence, rol
a Type of individual or entity: Tax-exempt Foreign Related	
Name	Identifying number
	Tablianying Hamber
Address	
Description	
b Type of individual or entity: Tax-exempt Foreign Related	
Name	
	Identifying number
Address	
Description	

Reportable Transaction Disclosure Statement

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

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)

				'	• • • • • • • • • • • • • • • • • • • •
C	HRISTOPHER J & MARY P CHRISTIE			***	_**_**
N	umber, street, and room or suite no.		ate, and ZIP code		
	•	MENDHAM			
Α	If you are filing more than one Form 8886 with your tax return, sequentially number				
D	False Head	ement number _	5	of	7
В	Enter the form number of the tax return to which this form is attached or related			$\rightarrow \frac{1040}{2011}$	
	Enter the year of the tax return identified above Is this Form 8886 being filed with an amended tax return?			≥ 2011	1 37 1
C	Check the box(es) that apply (see instructions). Initial year filer	X Protective	disclosure	Yes	X No
	Name of reportable transaction	[21] Flotective	uisciosare		
	OSS TRANSACTIONS- SECTION 988				
	Initial year participated in transaction		1c Reportable transaction or	tax shelter regis	tration number
	008			tax onotion rogio	a dison namou
2	Identify the type of reportable transaction. Check all boxes that apply (see instructio	ons).			··········
	a Listed c Contractual protect	ion e	Transaction of interest		
	b Confidential d X Loss				
3	If you checked box 2a or 2e, enter the published guidance number for the listed trat or transaction of interest				
4	Enter the number of "same as or substantially similar" transactions reported on this	form	***************************************	▶ VZ	ARIOUS
5	If you participated in this reportable transaction through a partnership, S corporatio	n, trust, and foreig	n entity, check the applicable bo	exes and provide	the
	information below for the entity(s) (see instructions). (Attach additional sheets, if ne				
	a Type of entity Partnership Trust	X Partners			
	S corporation Foreign	S corpo	ration Foreign		
	b Name ▶ GOLDMAN SACHS HEDGE FUND PARTNERS,	LLC			
	c Employer identification number (EIN), if known	1110			····
	Employer identification number (Emy, it known				
	d Date Schedule K-1 received from entity (enter				
	"none" if Schedule K-1 not received)	NONE	2		
6	Enter below the name and address of each individual or entity to whom you paid a fe	ee with regard to the	ne transaction if that individual o	r entity promote	d. solicited, or
	recommended your participation in the transaction, or provided tax advice related to	the transaction. (Attach additional sheets, if nece	ssary.)	-, · · · · · · · · · · · · · · · · ·
a	Name		Identifying number (if known)	Fees paid	
				\$	
	Number, street, and room or suite no.				
	City or town, State, and ZIP code				
b	Name	Ti	dentifying number (if known)	Fees paid	
		ľ	donarying number (ir known)	\$	
	Number, street, and room or suite no.			ΙΨ	
	City or town, State, and ZIP code				

Form 8886 (Rev. 3-2011) CHRISTOPHER J & MARY P CHRISTIE	***_**_*** Page 2
7 Facts	(OUC **
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 Credi	ts
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	r 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	
participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a	a description of any tax result
protection with respect to the transaction.	II C WIII CII IC A
TAXPAYER IS A PARTNER IN GOLDMAN SACHS HEDGE FUND PARTNERS,	
PARTNER IN VARIOUS PARTNERSHIPS THAT HAVE DIRECTLY FILED TH	
FORMS 8866 ACCORDING TO IRS REGULATIONS. THIS EXPLANATION	IS FOR ALL FORMS
8886 MADE PART OF THIS TAX RETURN.	
8 Identify all individuals and entitles involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es	\ (aga instructions) Include their
	· ·
name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its countries to the first of the foreign entity, identify its countries to the foreign entity is a foreign entity in the foreign entity in the foreign entity is a foreign entity in the foreign entity in the foreign entity is a foreign entity in the foreign entity in the foreign entity is a foreign entity in the foreign entity in the foreign entity is a foreign entity in the foreign entity in the foreign entity is a foreign entity in the foreign entity in the foreign entity is a foreign entity in the foreign entity in the foreign entity is a foreign entity in the foreign entity in the foreign entity is a foreign entity in the foreign entity in the foreign entity is a foreign entity in the foreign entity in the foreign entity is a foreign entity in the foreign entity in the foreign entity is a foreign entity in the foreign entity in the foreign entity is a foreign entity in the foreign entity in the foreign entity is a foreign entity in the foreign entity in the foreign entity is a foreign entity in the forei	ry 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
I Address	
Addition	
Description	
b Type of individual or entity: Tax-exempt Foreign Related	
Name	Identifying number
Address	
D	
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

IVo	anie(s) snown on return (individuals enter last name, first name, middle initial)			Identifying number	
	HRISTOPHER J & MARY P CHRISTIE			***_**_**	
	imber, street, and room or suite no.	MENDHAM			
Α	If you are filing more than one Form 8886 with your tax return, sequentially number	each Form 8880	3 and enter the statement number	ır	
-	for this Form 8886 State	ment number	6	of 7	
В	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			▶ 2011	
	is this Form 8886 being filed with an amended tax return?		4	Yes X No	
C	Check the box(es) that apply (see instructions).	X Protectiv	re disclosure		
	Name of reportable transaction				
	OSS TRANSACTIONS- SECTION 988				
1b 2	Initial year participated in transaction 0 0 8		1c Reportable transaction of	tax shelter registration number	
2	Identify the type of reportable transaction. Check all boxes that apply (see instruction a Listed c Contractual protection d X Loss		Transaction of interest		
3	If you checked box 2a or 2e, enter the published guidance number for the listed tran or transaction of interest	saction >			
4	Enter the number of "same as or substantially similar" transactions reported on this t	orm		► VARIOUS	
5	If you participated in this reportable transaction through a partnership, S corporation	n, trust, and fore	ion entity, check the applicable b	ovec and provide the	
information below for the entity(s) (see instructions). (Attach additional sheets, if necessary.)					
	a Type of entity Partnership S corporation Trust Foreign	X Partne	rship Trust oration Foreign		
	b Name	O COLD	oration roreign		
	► GOLDMAN SACHS HEDGE FUND PARTNERS,	LLC			
	c Employer identification number (EIN), if known	+===			
	(=,,				
	d Date Schedule K-1 received from entity (enter				
	"none" if Schedule K-1 not received)	NON	R		
6	Enter below the name and address of each individual or entity to whom you paid a fe	e with regard to	the transaction if that individual	ar antitu promoted policited	
	recommended your participation in the transaction, or provided tax advice related to	the transaction	(Attach additional cheets, if nece	ecany)	
a	Name	ano transaction;	Identifying number (if known)	Fees paid	
			raditary and raditable (it known)	\$	
-	Number, street, and room or suite no.			19	
	City or town, State, and ZIP code				
)	Name		Identifying much as (it because)	TE	
			Identifying number (if known)	Fees paid \$	
	Number, street, and room or suite no.				
	City or town, State, and ZIP code				

Form 8886 (Rev. 3-2011) CHRISTOPHER J & MARY P CHRISTIE	***_**_**
7 Facts	Page 2
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 Cre	dito
	uns
politically politi	
The section of the se	***************************************
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	de 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 THE	HEIR 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(e	s) (see instructions). Include their
name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its coun	try of incorporation or existence. For
each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.	ay of moorporation of existence, for
a Type of individual or entity: Tax-exempt Foreign Related	
Name	Identifying number
	identifying namber
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

Na	ame(s) shown on return (individuals enter last name, first name, middle initial)	I	Identifyin	g number
C	HRISTOPHER J & MARY P CHRISTIE		***_	*****
	umber, street, and room or suite no. City or town, state, and ZIP code MENDHAM, NJ			
Α	If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number	er		1/
_	for this Form 8886 Statement number 7	of		7
В	Enter the form number of the tax return to which this form is attached or related		040	***************************************
	Enter the year of the tax return identified above	. 🕨 👱	011	
C	Is this Form 8886 being filed with an amended tax return?	. > L	Yes	X No
-	Check the box(es) that apply (see instructions). Initial year filer X Protective disclosure Name of reportable transaction			
	OSS TRANSACTIONS - SECTION 988			
-				1 ' Y
	Initial year participated in transaction 0 0 9	r tax snen	er registra	tion number
2	Identify the type of reportable transaction. Check all boxes that apply (see instructions). a Listed c Contractual protection e Transaction of interest b Confidential d X Loss	***************************************		***************************************
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 to	oxes and	provide th	е
	information below for the entity(s) (see instructions). (Attach additional sheets, if necessary.)		p. 5 7 15 5 11	
	a Type of entity Partnership Trust Partnership Trust S corporation Foreign 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 i	promoted	solicited or
	recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if nec	essarv.)	J. 011101000,	Johonda, or
a	Name Identifying number (if known)	Fees	aid	<u> </u>
		\$		
	Number, street, and room or suite no.			
	City or town, State, and ZIP code			
b	Name Identifying number (if known)	Fees p	aid	
	Number, street, and room or suite no.	\$		
	City or town, State, and ZIP code			***************************************

Form 8886 (Rev. 3-2011) CHRISTOPHER J & MARY P CHRISTIE	***_**
7 Facts	Page 2
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 Cred	lits
Capital loss Nonrecognition of gain Deferral	
77	
· · · · · · · · · · · · · · · · · · ·	·
b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for	or 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. Includ	a in your description your
narticination in the transaction and all related transactions recording a regardless of the year is which the succession and all related transactions recording a regardless of the year is which the succession and all related transactions are recording to the year is which the succession and the succession and the year is which the succession and the succession are recorded to the year is which the succession and the succession are recorded to the year is which the succession are recorded to the year is the succession and the succession are recorded to the year is the year is the succession and the succession are recorded to the year is the year i	o iii 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 TH	ETD DECDEOUTE
FORMS 8866 ACCORDING TO IRS REGULATIONS. THIS EXPLANATION	EIR RESPECTIVE
	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 count	ry of incorporation as selection
each individual or related eatily applies how the individual and its first that the individual or related eatily applies how the individual and its first that the individual an	ry or 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
	radinarying nambor
Address	
nuuress	
Description	
b Type of individual or entity: Tax-exempt Foreign Related	
long.	
vanie	Identifying number
Address	
Description	
rescription	

Form 1116 U.S. and Foreign Source Income Summary							
NAME CHRISTOPHER J & MARY P CHRISTIE			*****				
INCOME TYPE	TOTAL	U.S.	FOREIGN GENERAL				
Compensation	469,151.	469,151.	<u> </u>				
Dividends/Distributions	9,648.	9,648.					
Interest	6,877.	6,877.					
Capital Gains	67,695.	67,695.					
Business/Profession							
Rent/Royalty	22,581.	22,572.	9.				
State/Local Refunds							
Partnership/S Corporation SEE STATEMENT	51 60,631.	54,758.	5,873.				
Trust/Estate	1	1					
Other Income	1.	1.	F 000				
Gross Income	636,584.	630,702.	5,882.				
Less:							
Section 911 Exclusion							
Capital Losses	4,439.	4,439.					
Capital Gains Tax Adjustment							
Total Income - Form 1116	632,145.	626,263.	5,882.				
Deductions:							
Business/Profession Expenses	61,421.	60,762.	659.				
Rent/Royalty Expenses		00,,02.	000.				
Partnership/S Corporation Losses	2,731.	2,731.					
Trust/Estate Losses	·	•					
Capital Losses							
Non-capital Losses	221.	221.					
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	64,373.	63,714.	659.				
Adjusted Gross Income	567,772.	562,549.	5,223.				
Less Itemized Deductions:							
Specifically Allocated	26,224.	26,224.					
Home Mortgage Interest	8,708.	8,628.	80.				
Other Interest	403.	403.					
Ratably Allocated	73,832.	73,150.	682.				
Total Adjustments to Adjusted Gross Income	109,167.	108,405.	762.				
Taxable Income Before Exemptions	458,605.	454,144.	4,461.				

Allocation of Itemized Deductions

NAME

CHRISTOPHER J & MARY P CHRISTIE

***_**

	Total Itemized	emized After Sec. 68		Form 1116	Form 1116		
	Deductions	Reduction	Specifically U.S.	Specifically Foreign	Ratable		
Taxes	73,832.				73,832.		
Interest - Not Including Investment Interest	8,708.		8,628.	80.	·		
Contributions	26,224.		26,224.				
Miscellaneous Deductions Subject to 2%							
Other Miscellaneous Deductions - Not Including Gambling Losses							
Foreign Adjustment							
Total Itemized Deductions Subject to Sec. 68	108,764.						
Add Itemized Deductions Not Subject to Sec. 68:							
Medical/Dental							
Investment Interest	403.		403.				
Casualty Losses							
Gambling Losses							
Foreign Adjustment							
Total Itemized Deductions	109,167.						
Total Allowed on Schedule A			35,255.	80.	73,832.		

Form	1	1	1	6
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Foreign Tax Credit Carryover Statement (Page 1 of 2)

NAME

CHRISTOPHER J & MARY P CHRISTIE

**

Foreign Income Category

GENERAL LIMITATION INCOME

Regular	200	6 2007	2008	2009	2010	2011
 Foreign tax pa 	id/accrued					374.
2. FTC carryback	to 2011					
for amended r	eturns			`		
3. Reduction allo	ocated to					
excluded inco	me			·		
4. Foreign tax av	ailable					374.
Maximum crei	dit allowable					1,161.
6. Unused foreig	n tax (+)					2,101.
or excess of li	mit (-)					-787.
7. Foreign tax ca	rryback	·				707.
8. Foreign tax car						
9. Less treaty ad	justment					
10. Foreign tax or	excess					
limit remaining						-787.
Total foreign ta	axes from all available year	s to be carried to next year		<u></u>		707.

		2001	2002	2003	2004	2005
1.	Foreign tax paid/accrued		in a lipsanini.			200
2.	FTC carryback to 2011					
	for amended returns					
3.	Reduction allocated to		1.8 F. 32 F. 3.0			
	excluded income					
4.	Foreign tax available					
5.	Maximum credit allowable					
6.	Unused foreign tax (+)					
	or excess of limit (-)					
7.	Foreign tax carryback			AND AREA BY		
8.	Foreign tax carryforward					
9.	Less treaty adjustment					
10.	Foreign tax or excess				<u> </u>	
	limit remaining					

F	o	rm	1 1	1	1	6

Foreign Tax Credit Carryover Statement (Page 2 of 2)

NAME

CHRISTOPHER J & MARY P CHRISTIE

***_**_**

Foreign Income Category

GENERAL LIMITATION INCOME

AMT		2006	2007	2008	2009	2010	2011
1.	Foreign tax paid/accrued					2.010	374.
2.	FTC carryback to 2011						3/4.
	for amended returns	,	,			,	
3.	Reduction allocated to						
	excluded income						
4.	Foreign tax available						374.
5.	Maximum credit allowable						1,404.
6.	Unused foreign tax (+)						1,404.
	or excess of limit (-)						-1,030.
7.	Foreign tax carryback			······································			-1,030.
8.	Foreign tax carryforward						
9.	Less treaty adjustment	,					
10.	Foreign tax or excess						
	limit remaining						-1,030.
	Total foreign taxes from all a	vailable years to be car	ried to next year	***************************************	L		-1,030.
		,		******************	*************		

		2001	0000	1 0000		T
1.	Foreign tax paid/accrued	2001	2002	2003	2004	2005
		1. 2 m 1. 1. 1/4 p. 1 1 1 1				e \$ 6 Mark ger yille
2.	FTC carryback to 2011					March 2 No.
	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				Same and the second	
8.	Foreign tax carryforward					
9.	Less treaty adjustment		. 41. 14.5143			
10.	Foreign tax or excess					
	limit remaining					

Form 1116	Form 1116 Foreign Wages, Salaries, Business and Profession Income				
CHRISTOPHER J	6 MARY P CHRISTIE		***_**		
Wages and Salaries:					
	Source	Amount			

Total Foreign Wages and Sala	aries				
Business and Profession Inco	me:				
	Source	Amount			
GOLDMAN SACHS	HEDGE FUND PARTNERS, LLC	740.			
THE CHRISTOPH	ER J CHRISTIE 2010 BLIND TRUST HEDGE FUND PARTNERS, LLC	2,197.			
THE MARY PAT	CHRISTIE 2010 BLIND TRUST	739. 2,197.			

Total Foreign Business and Pr	ofession Income	5,873.			
Reduction for Foreign Earned I	Income Exclusion/Deduction:				
Total Foreign Wages and Salar	ries				
oreign carried micorne exclus	ion/peauction				
ordent Applicable to Foreign v	Wages and Salaries	_			
Reduction Amount					
Nages and Salaries Included c	on Form 1116, line 1				
otal Foreign Business and Pro	ofession Income				
or origin Larried Income LAGIUSI	on/Deduction Business and Profession Income				
eauction Amount					
Jusiness and Profession Incon	ne Included on Form 1116, line 1		5 873		

FORM 1040 M	ISCELLANEOUS INCOM	E	STATEMENT	1
DESCRIPTION			AMOUNT	
CANCELLATION OF DEBT - GOLDMAN SPARTNERS, LLC	SACHS HEDGE FUND			1.
TOTAL TO FORM 1040, LINE 21				1.
FORM 1040 STATE AND	D LOCAL INCOME TAX	REFUNDS	STATEMENT	2
	2010	2009	2008	
GROSS STATE/LOCAL INC TAX REFUNI LESS: TAX PAID IN FOLLOWING YEAR	CALIFORNIA DS 14.			
NET TAX REFUNDS CALIFORNIA	14.			
GROSS STATE/LOCAL INC TAX REFUND LESS: TAX PAID IN FOLLOWING YEAR	MASSACHUSETTS DS 1.			
NET TAX REFUNDS MASSACHUSETTS	1.			
GROSS STATE/LOCAL INC TAX REFUND LESS: TAX PAID IN FOLLOWING YEAR	NEW JERSEY 25 3,616. 379.			
NET TAX REFUNDS NEW JERSEY	3,237.		-	
GROSS STATE/LOCAL INC TAX REFUND LESS: TAX PAID IN FOLLOWING YEAR	NEW YORK S 76.			
NET TAX REFUNDS NEW YORK	35.			
TOTAL NET TAX REFUNDS	3,287.			

FOR	M 1040	TAXABLE STATE AND	LOCAL INCO	ME TAX	REFUNDS	STATEMENT
			2010		2009	2008
NET LO	TAX REFUNDS	FROM STATE AND AX REFUNDS STMT.	3,287	•		
LES	S:REFUNDS-NO -SALES TAX	BENEFIT DUE TO AMT BENEFIT REDUCTION	3,287	•		
1	NET REFUNDS	FOR RECALCULATION				
2 3 4	BEFORE PHAS	T SUBJ TO PHASEOUT	100,537			
5 6 7 8	MULT LN 5 BY PRIOR YEAR	LINES 3 AND 4 APPL SEC. 68 PCT GI PHASEOUT THRESHOLD	100,537			
9 10 11	(IF ZERO OR 10 THROUGH 1 AMOUNT FROM MULT LN 9 BY ALLOWABLE IT (LINE 5 LESS LINE 6 OR L	IE 8 FROM LINE 7 LESS, SKIP LINES 5, AND ENTER LINE 1 ON LINE 16) APPL SEC. 68 PCT EMIZED DEDUCTIONS THE LESSER OF INE 10) T SUBJ TO PHASEOUT				
13A 13B 14	PRIOR YR. ST	TEMIZED DEDUCTIONS D. DED. AVAILABLE LOWABLE ITEM. DED.	100,537. 11,400. 100,537.			
L5 L6 L7 L8	13A OR LINE TAXABLE REFU (LESSER OF L ALLOWABLE PR	GREATER OF LINE 13B FROM LINE 14 NDS INE 15 OR LINE 1) IOR YR. ITEM. DED. TD. DED. AVAILABLE	100,537. 11,400.			
0 :	LESSER OF LI	E 18 FROM LINE 17 NE 16 OR LINE 19 AXABLE INCOME	89,137. 327,170.	***************************************		
2	* IF LINE 21	CLUDE ON FORM 1040, I IS -0- OR MORE, USE IS A NEGATIVE AMOUNT	AMOUNT FROM	LINE 20 AN	20 D 21	0.
	STATE AND LO	CAL INCOME TAX REFUNI	OS PRIOR TO	2008		
	TOTAL TO FORI	M 1040, LINE 10				0.

FORM 1040	TAX	-EXEMPT INT	EREST		STATE	EMENT
NAME OF PAYER					AM	10UNT
GOLDMAN SACHS THE CHRISTOPHER J. CHRI THE MARY PAT CHRISTIE I FROM K-1 - GOLDMAN SACI	2010 BLIND	TRUST			West Market Market (Market Market	1,313 1,519 1,379
TOTAL TO FORM 1040, LI			,			4,219
FORM 1040 REFUNDS AT	TRIBUTABLE	TO EST. TA	X PAID FOL	LOWING Y	R STATE	MENT
		2010	STATE REF		OUNT SUB M TAXABL	
STATE TAX PAID IN FOLLO	NEW W YEAR	JERSEY 3,500.	2	616. =	77 (1994) A	270
TOTAL STATE TAX PAID 20	10	33,374.	3,			379.
STATE TAX PAID IN FOLLO	NEW '	75.				
TOTAL STATE TAX PAID 20	10	138.		76. =		41.
EODW 1040						
FORM 1040	WAGES RECE	IVED AND TAX	XES WITHHE	LD	STATE	MENT
I' S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICAR: TAX
S CANTOR FITZGERALD F STATE OF NEW JERSEY	307,372. 161,779.	71,238.	18,838. 7,804.		4,486. 4,486.	4,550 2,485

FORM 1040 Q	UALIFIED DIVIDENDS	5	STATEMENT	7
NAME OF PAYER		ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS	
GOLDMAN SACHS THE CHRISTOPHER J. CHRISTIE 2010	BLIND	447.	44	7.
TRUST THE MARY PAT CHRISTIE 2010 BLIND FROM K-1 - GOLDMAN SACHS HEDGE F		4,435. 2,815.	2,37 1,62	
PARTNERS, LLC FROM K-1 - CANTOR FITZGERALD LP		1,833. 118.	72 11	
TOTAL INCLUDED IN FORM 1040, LIN	E 9B		5,29	4.

FORM 2210/2210-F

STATEMENT FOR WAIVER OF PENALTY

STATEMENT

8

PARTNERSHIP K-1'S WERE NOT RECEIVED UNTIL SEPTEMBER 2012 WHICH REFLECTED ADDITIONAL INCOME THAT WAS NOT PROVIDED FOR IN THEIR ORIGINAL ESTIMATES.

SCHEDULE A MISC	CELLANEOUS DEDUCTIONS SUBJECT TO FLOOR	STATEMENT	9
DESCRIPTION		AMOUNT	
FROM K-1 - THE CHRISTO	CHS HEDGE FUND PARTNERS, LLC OPHER J CHRISTIE 2010 BLIND TRUST AT CHRISTIE 2010 BLIND TRUST	2 3,2 2,0	750. 284. 266. 083.
TOTAL TO SCHEDULE A, I	JINE 23	9,6	88.
SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT	10
DESCRIPTION		AMOUNT	
STATE UNEMPLOYMENT INS STATE FAMILY LEAVE INS STATE OF NEW JERSEY CONNECTICUT PRIOR YEAR NEW JERSEY 2ND QTR EST NEW JERSEY BRIOR YEAR NEW JERSEY PRIOR YEAR NEW JERSEY PRIOR YEAR NEW YORK 1ST QTR ESTIN NEW YORK 2ND QTR ESTIN NEW YORK PRIOR YEAR EST CALIFORNIA FORM 592-B NEW JERSEY 1ST QTR EST NEW JERSEY 2ND QTR EST NEW JERSEY 2ND QTR EST NEW JERSEY 4TH QTR EST	RANCE - CANTOR FITZGERALD SURANCE - CANTOR FITZGERALD SURANCE - CANTOR FITZGERALD R BALANCE DUE AND EXTENSION PAYMENTS SIMATE PAYMENTS OVERPAYMENT APPLIED BALANCE DUE AND EXTENSION PAYMENTS MATE PAYMENTS MATE PAYMENTS STIMATE PAYMENTS WITHHOLDING SIMATE PAYMENTS SIMATE PAYMENTS SIMATE PAYMENTS	1 7,8 3 1,9 3,6 3,5	11. 38. 48. 26. 19. 64. 500. 522. 75. 40. 20.
TOTAL TO SCHEDULE A, I	JINE 5	36,2	47.

SCHEDULE A	CASH (CONTRIBUTIONS		STATEMENT	1:
DESCRIPTION			AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	I
MISCELLANEOUS FROM K-1 - CANTOR FI	TZGERALD LP	_	25,685. 39.		
SUBTOTALS		25,724.			
TOTAL TO SCHEDULE A,	LINE 16	=		25,7	24.
SCHEDULE A	INVESTM	MENT INTEREST		STATEMENT	12
DESCRIPTION				AMOUNT	
FROM K-1 - GOLDMAN SE FROM K-1 - THE CHRIST FROM K-1 - THE MARY I	POPHER J CHRISTI	E 2010 BLIND T	RUST	:	47. 98. 58.
TOTAL TO SCHEDULE A,	LINE 14			4	03.
SCHEDULE A (CONTRIBUTIONS OT	HER THAN CASH	OR CHECK	STATEMENT	13
DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMI	
CLOTHING, TOYS AND HOUSEHOLD FROM K-1 - CANTOR		437.			***************************************
FITZGERALD LP			63.		
SUBTOTALS		437.	63.		
TOTAL TO SCHEDULE A,	LINE 17			5 0	00.

FORM 8949 B SHOP	RT-TERM CAPIT	AL GAINS AND I	JOSSES S	TATEMENT 1
DESCRIPTION OF PROPERTY	SALES PRICE	COST OR OTHER BASIS	ADJUSTMENTS TO GAIN OR LOSS	GAIN OR LOSS
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST DTD 8/25/10 THE MARY PAT CHRISTIE 2010 BLIND TRUST DATED			143.	143.
8/25/10			-1,446.	-1,446.
TOTAL TO SCH D, LINE 2			-1,303.	-1,303.
		AL GAINS AND L	00000	TATEMENT 15
DESCRIPTION OF PROPERTY	SALES PRICE	COST OR OTHER BASIS	ADJUSTMENTS TO GAIN OR LOSS	GAIN OR LOSS
8000 GOLDMAN SACHS LARGE CAP VALUE 22000 GOLDMAN SACHS STRATEGIC GROWTH 20000 GOLDMAN SACHS LARGE CAP VALUE SYBRON DENTAL SPECIALTIES APOGENT TECH		8,863. 18,950. 22,104. 1,900.	TO GAIN OR	-863. 3,050. -2,104. 125.
8000 GOLDMAN SACHS LARGE CAP VALUE 22000 GOLDMAN SACHS STRATEGIC GROWTH 20000 GOLDMAN SACHS LARGE CAP VALUE SYBRON DENTAL SPECIALTIES	8,000. 22,000. 20,000. 2,025.	8,863. 18,950. 22,104.	TO GAIN OR	-863. 3,050. -2,104.

SCHEDULE D NET SHORT-TERM GAIN OR LOSS FROM FORMS 6252, 4684, 6781 AND 8824 DESCRIPTION OF PROPERTY FORM 6781, PART I TOTAL TO SCHEDULE D, PART I, LINE 4 SCHEDULE D NET LONG-TERM GAIN OR LOSS FROM FORMS 4797, 2439, 6252, 4684, 6781 AND 8824 DESCRIPTION OF PROPERTY FORM 6781, PART I FORM 4797 GAIN OR LOSS FORM 6781, PART I FORM 4797 TOTAL TO SCHEDULE D, PART II, LINE 11 126.	
FORM 6781, PART I TOTAL TO SCHEDULE D, PART I, LINE 4 SCHEDULE D NET LONG-TERM GAIN OR LOSS FROM FORMS 4797, 2439, 6252, 4684, 6781 AND 8824 DESCRIPTION OF PROPERTY GAIN OR LOSS FORM 6781, PART I FORM 4797 TOTAL TO COUNTY P. D. DESCRIPTION OF PART I	
TOTAL TO SCHEDULE D, PART I, LINE 4 SCHEDULE D NET LONG-TERM GAIN OR LOSS FROM FORMS 4797, 2439, 6252, 4684, 6781 AND 8824 DESCRIPTION OF PROPERTY GAIN OR LOSS FORM 6781, PART I FORM 4797 TOTAL TO SCHEDULE D, PART I, LINE 4	21.
SCHEDULE D NET LONG-TERM GAIN OR LOSS FROM FORMS 4797, 2439, 6252, 4684, 6781 AND 8824 DESCRIPTION OF PROPERTY GAIN OR LOSS FORM 6781, PART I FORM 4797 TOWN TO GOVERN FOR THE PROPERTY 95.	21.
### ### ### ### ### ### ### ### ### ##	
FORM 6781, PART I 31. FORM 4797 95.	STATEMENT 17
FORM 4797 95.	28% GAIN
TOTAL TO SCHEDULE D, PART II, LINE 11 126.	
SCHEDULE D NET SHORT-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES	STATEMENT 18
DESCRIPTION OF ACTIVITY	GAIN OR LOSS
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST THE MARY PAT CHRISTIE 2010 BLIND TRUST	3,480. -2,935. 88.
TOTAL TO SCHEDULE D, PART I, LINE 5	633.
SCHEDULE D NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES	STATEMENT 19
DESCRIPTION OF ACTIVITY GAIN OR LOSS	28% GAIN
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST THE MARY PAT CHRISTIE 2010 BLIND TRUST 406.	5. 4. 6.
TOTAL TO SCHEDULE D, PART II, LINE 12 13,751.	15.

*	*	*	 *	*	****	*	*	*	×	

SCHEDULE D CAPITAL GAIN DISTRIBUTIONS		STATEMENT	20
NAME OF PAYER	TOTAL CAPITAL GAIN	28% GAI	N
THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST	2,090.		
TOTALS TO SCHEDULE D, LINE 13	2,090.		

SCI	HEDULE D UNRECAPTURED SECTION 1250 GAIN	STATEMENT	21
	IF YOU HAVE A SECTION 1250 PROPERTY IN PART III OF FORM 4797 FOR WHICH YOU MADE AN ENTRY IN PART I OF FORM 4797, ENTER THE SMALLER OF LINE 22 OR LINE 24 OF FORM 4797 FOR THAT PROPERTY. IF YOU DID NOT HAVE ANY SUCH PROPERTY, GO TO LINE 4		
2.	ENTER THE AMOUNT FROM FORM 4797, LINE 26G, FOR THE PROPERTY FOR WHICH YOU MADE AN ENTRY ON LINE 1		
3. 4.	SUBTRACT LINE 2 FROM LINE 1		
5.	ENTER THE TOTAL OF ANY AMOUNTS REPORTED TO YOU ON A SCHEDULE K-1 FROM A PARTNERSHIP OR AN S CORPORATION AS "UNRECAPTURED SECTION 1250 GAIN"		1.
6. 7.	ADD LINES 3 THROUGH 5		1.
	FROM FORM 4797, LINE 7	1.	
9.	LINE 8		
11.	ENTER THE TOTAL OF ANY AMOUNTS REPORTED TO YOU ON A SCHEDULE K-1, FORMS 1099-DIV, OR FORM 2439 AS "UNRECAPTURED SECTION 1250 GAIN" FROM AN ESTATE, TRUST, REAL ESTATE	•	
12.	INVESTMENT TRUST, OR MUTUAL FUND (OR OTHER REGULATED INVESTMENT COMPANY)	ALES ON	
L3. L4.	ADD LINES 9 THROUGH 12	•	
L5.	ENTER THE (LOSS), IF ANY, FROM SCH D, LINE 7.	5.	
.6.	IF SCH D, LINE 7, IS ZERO OR A GAIN ENTER -064 ENTER YOUR LONG-TERM CAPITAL LOSS CARRYOVERS FROM SCHEDULE D, LINE 14, AND SCHEDULE K-1 (FORM 1041),	9.	
.7.	COMBINE LINES 14 THROUGH 16. IF THE RESULT IS A (LOSS), ENTER IT AS A POSITIVE AMOUNT. IF THE RESULT IS ZERO OR A GAIN		
.8.	SUBTRACT LINE 17 FROM LINE 13. IF ZERO OR LESS, ENTER -0	. 63	4.
	IF MORE THAN ZERO, ENTER THE RESULT HERE AND ON SCHEDULE D, LINE 19	•	0.

***************************************	EDULE 1	D		28% I	RATE GAIN W	ORKSHEET	S	TATEMENT	22
1.	ENTER '	THE TOTAL	OF ALL	COLLECT	IBLES GAIN	OR (LOSS) FR	OM	***************************************	
۵.	EXCLUS:	ON YOU RE	L'IVE AMO EPORTED	OUNT THE IN COLUM	AMOUNT OF AMOUNT OF F	ANY SECTION ORM 8949 1.T	1202 NE 3		
	THE GA	ODE "S" IN IN, PLUS 2	COLUMI 2/3 OF 2	N (B), FO ANY SECTI	OR WHICH YOU ON 1202 EX	U EXCLUDED 5	0% OF		
	IN COP!	JMN (B), F	OR WHIC	CH YOU EX	CLUDED 60%	3, WITH COD OF THE GAIN OR (LOSS) FRO			
]	FORM 46 MORE TH	84, LINE IAN ZERO);	4 (BUT FORM 6	ONLY IF 5252; FOR	FORM 4684, M 6781. PAI	LINE 15, IS	OM		
4.	FORM 88	324				REPORTED TO	YOU		
·	* FOF	M 1099-DI M 2439, B	V, BOX OX 1D.:	2D;					
	* SCH EST	EDULE K-1 ATE, OR T	FROM A	A PARTNER		RPORATION,			15.
2	SCHEDUL	E D, LINE	14 AND	SCHEDUL	SS CARRYOVI E K-1 (FORM	(1041) BOX	11,		
0	rr SCHE	DODE D' P	INE /,	IS A (LO	SS), ENTER	THAT (LOSS)		6	49.
						S, ENTER -0-	-		
1	LF MORE	THAN ZER	O, ALSO	ENTER T	HIS AMOUNT	ON SCHEDULE	D,		
				• • •	• • • •	• • • • • •	• • •		
				_	0.5		TODD G G		
SCHE	EDULE E	INCO	ME OR (LOSS) FR	OM PARTNERS	SHIPS AND S C	TORPS ST	ᡊᠩᠼᢂᠼᠬ᠘	23
SCHE	EDULE E	INCO	ME OR (LOSS) FR	OM PARTNERS	SHIPS AND S C	CORPS ST	'ATEMENT	23
SCHE NAME	***************************************	INCO	ME OR (LOSS) FR	OM PARTNERS	GHIPS AND S (CORPS ST	'ATEMENT	23
·····	***************************************	ANY	ME OR (LOSS) FR	OM PARTNERS	HIPS AND S C	CORPS ST	'ATEMENT	23
NAME	***************************************			PASSIVE	PASSIVE INCOME	NONPASSIVE	SEC. 179 DEDUCTION	NONPASSI	
NAME EMP ID	PLOYER O NO.	ANY NOT X AT IF	CODE	PASSIVE LOSS	PASSIVE INCOME	NONPASSIVE LOSS	SEC. 179	NONPASS	
NAME EMP ID GOLD **-*	PLOYER NO.	ANY NOT X AT IF RISK FRN	CODE FUND P.	PASSIVE LOSS ARTNERS,	PASSIVE INCOME	NONPASSIVE LOSS 767.	SEC. 179	NONPASS	
NAME EMP ID GOLD **-* INVE **-* SEC **-*	PLOYER O NO. OMAN SACTION STMENT ****** 59(E)(;	ANY NOT X AT IF RISK FRN CHS HEDGE INTEREST	CODE FUND P. P * EXPENS: P *	PASSIVE LOSS ARTNERS,	PASSIVE INCOME	NONPASSIVE LOSS 767. 1,463.	SEC. 179	NONPASS	
EMP ID GOLD **-* INVE **-* SEC **-*	PLOYER O NO. OMAN SACTION STMENT ****** 59(E)(;	ANY NOT X AT IF RISK FRN CHS HEDGE	CODE FUND P. P * EXPENS: P *	PASSIVE LOSS ARTNERS,	PASSIVE INCOME	NONPASSIVE LOSS 767.	SEC. 179	NONPASSI INCOME	IVE
EMP ID GOLD **-* INVE **-* SEC **-* CANT **-*	PLOYER O NO. OMAN SAGENT ***** 59(E)(: ****** OR FIT: ****** CHRIST(ANY NOT X AT IF RISK FRN CHS HEDGE INTEREST	CODE FUND P. P * EXPENS: P *	PASSIVE LOSS ARTNERS,	PASSIVE INCOME LLC	NONPASSIVE LOSS 767. 1,463.	SEC. 179	NONPASS	IVE

CHRISTOPHER J & N	MARY P CHR	ISTIE				***_**_**
THE MARY PAT CHRIST	P 2010 B	LIND TRU	ST	1,	574.	
TOTALS TO SCH. E, I	ıN. 29	77.		4,	906.	1,462.
* ENTI	RE DISPOS	ITION OF	NONPA	ASSIVE ACTI	VITY	
SCHEDULE E	INCOME O	R (LOSS)	FROM	ESTATES AN	D TRUSTS	STATEMENT 24
NAME	EMPLOYE		SSIVE OSS	PASSIV INCOME		
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST DTD THE MARY PAT	**_***		0.		- VIPPO ANTAL VIPPO ANTAL PARTE SAN MAJO SAN MA	
CHRISTIE 2010 BLIND TRUST DATED			0.			
TOTALS TO SCHEDULE	E, LINE 3	4	0.		•	

^{*} ENTIRE DISPOSITION OF NONPASSIVE ACTIVITY

GOLDMAN SACHS HEDGE FUND PARTNERS, LLC

TOTAL TO FORM 1116, PART I, LINE 2

THE MARY PAT CHRISTIE 2010 BLIND TRUST

FORM 1116 SUMMARY OF FOREIGN TAXES PAID OR ACCRUED STATEMENT 25 GENERAL LIMITATION INCOME NAME OF COUNTRY IMPOSING TAX DATE AMT/FOREIGN — -AMOUNT IN U.S. DOLLARS-PAID ACCRUED DIVIDENDS RENT/ROYALTY INTEREST CURRENCY OTHER OTHER COUNTRIES 0. 69. OTHER COUNTRIES 0. 101. OTHER COUNTRIES 0. 102. OTHER COUNTRIES 0. 102. 374. TOTAL TO FORM 1116, PART II, LINE 8 374. PRIOR YEAR TAXES PAID IN THE CURRENT YEAR: CONV. RATE U.S. AMT FOREIGN AMT 2010 2009 2008 2007 2006 TOTAL PRIOR YEAR TAXES PAID IN THE CURRENT YEAR FORM 1116 EXPENSES DIRECTLY ALLOCABLE TO FOREIGN INCOME STATEMENT 26 DESCRIPTION COUNTRY AMOUNT GOLDMAN SACHS HEDGE FUND PARTNERS, LLC OTHER COUNTRIES 142. THE CHRISTOPHER J CHRISTIE 2010 BLIND OTHER COUNTRIES 188.

OTHER COUNTRIES

OTHER COUNTRIES

141.

188.

659.

		American de compresso de contracto de contra
FOF	RM 1116 WORLDWIDE CAPITAL GAI WORKSHEET FOR LINE 1	
1	ENTER THE AMOUNT FROM FORM 1040, LINE 41. IF YOU ARE A NONRESIDENT ALIEN, ENTER THE AMOUNT FROM FORM 1040NR, LINE 38	458,605.
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	68,550.
7	MULTIPLY LINE 6 BY 0.5714	39,169.
8	ENTER WORLDWIDE 0% GAINS AND QUALIFIED DIVIDENDS	
9	ADD LINES 3, 5, 7, AND 8	39,169.
10	SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1116, LINE 18	419,436.

FORM 2441		CREDIT L	IMIT WORKS	HEET	SI	ATEMENT	2
2 ENTER THE A	MOUNT FROM F ONR, LINE 44 MOUNT FROM F	OPM 1040	T TAID 47		• • • • • •	. 136,6	78
LINE 45; FO	RM 1040A FIL	ERS, ENT	ER -0		• • • • • •	• 3	74
3 SUBTRACT LI LINE 10. BU	NE 2 FROM LI T IF ZERO OR	NE 1. AL LESS, S'	SO ENTER TH TOP; YOU CA	HE AMOUNT (ON FORM 2441 THE CREDIT	. 136,3	04
FORM 4797	PRO	PERTY HEI	LD MORE THA	N ONE YEAR	R ST	ATEMENT	29
ESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS	S
OLDMAN SACHS EDGE FUND ARTNERS, LLC HE CHRISTOPHER HRISTIE 2010	ACQUIRED -			DEPR.		OR LOSS	S
OLDMAN SACHS EDGE FUND ARTNERS, LLC HE CHRISTOPHER HRISTIE 2010 LIND TRUST HE MARY PAT HRISTIE 2010	ACQUIRED -			DEPR.		OR LOSS	
OLDMAN SACHS COLDMAN SACHS EDGE FUND ARTNERS, LLC HE CHRISTOPHER HRISTIE 2010 LIND TRUST HE MARY PAT HRISTIE 2010 LIND TRUST HRISTIE 2010 LIND TRUST	ACQUIRED -	SOLD		DEPR.		OR LOSS	14

FORM 4797	NONRECA	APTURED FRO	NET SECTI	ON 1231 LOSS EARS	SES	STATEMENT	30
TAX YEAR			ON 1231	SECTION LOSSES RECA	1231 APTURED	NONRECAPTU SECTION 1 LOSSES	
2006 2007 2008 2009							
2010			26.				26.
TOTAL TO FORM 4	797, LINE 8		26.	# ### . *******************************			26.
FORM 4797	PROP	ALTERNA ERTY HE	TIVE MINI LD MORE T	MUM TAX HAN ONE YEAR		STATEMENT	31
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST (,	
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC THE CHRISTOPHER J CHRISTIE 2010							44.
BLIND TRUST THE MARY PAT CHRISTIE 2010 BLIND TRUST							29.
FOTAL TO 4797, PAI	DM T T T***	,					48.
10 4/5/, PAI	KI I, LINE 2	4				-	121.

FORM 4797		TERNATIVE MI URED NET SEC FROM PRIOR	TION 1231	LOSSES	STATEMENT	32
TAX YEAR		SECTION 1231 LOSSES		ION 1231 RECAPTURED	NONRECAPTUR SECTION 12 LOSSES	
2006 2007 2008 2009						
2010 TOTAL TO FORM 4797,	LINE 8	26		·····		26.
FORM 6251		PASSIVE ACT	IVITIES		STATEMENT	33
		N	ET INCOME	(LOSS)		
NAME OF ACTIVITY	FORM	AMT		REGULAR	ADJUSTMEN	ΙΤ
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUS THE CHRISTOPHER J	FORM 47	97	29.	29.		
CHRISTIE 2010 BLIND TRUST THE MARY PAT CHRISTIE	FORM 47	97	-29.	-29.		
2010 BLIND TRUST THE MARY PAT CHRISTIE 2010 BLIND TRUST	SCH E		48. -48.	48.		
TOTAL TO FORM 6251, LI	NE 19					
FORM 6251 DEPRECIAT	'ION ON A	SSETS PLACED	IN SERVICE	E AFTER 1986	STATEMENT	34
DESCRIPTION					AMOUNT	
FROM K-1 - GOLDMAN SAC	HS HEDGE	FUND PARTNE	RS, LLC			2.
TOTAL TO FORM 6251, LI	NE 18					2.

FOI	MM 1116 ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT WORLDWIDE CAPITAL GAINS WORKSHEET FOR LINE 18	STATEMENT	35
1	ENTER THE AMOUNT FROM FORM 6251, LINE 28	532,4	60.
2	ENTER WORLDWIDE 25% GAINS		
3	MULTIPLY LINE 2 BY 0.1071		
4	ENTER WORLDWIDE 15% GAINS AND QUALIFIED DIVIDENDS 68,550.		
5	MULTIPLY LINE 4 BY 0.4643 31,828.		
6	ENTER WORLDWIDE 0% GAINS AND QUALIFIED DIVIDENDS		
7	ADD LINES 3, 5, AND 6	31,8	28.
8	SUBTRACT LINE 7 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1116 AMT, LINE 18	500,6	32.

							~~~~	****************
SCHEDULE H	HOUSEHOLD	EMPLOYERS	IN A	CREDIT	REDUCTION	STATE	STATEMENT	36

1. ENTER THE SMALLER OF THE AMOUNT FROM SCHEDULE H, LINE 17 OR LINE 20

378.

2. ENTER THE TOTAL TAXABLE FUTA WAGES FROM SCHEDULE H, LINE 18

7,000.

3. CHECK THE BOX OF EVERY STATE IN WHICH YOU WERE REQUIRED TO PAY STATE UNEMPLOYMENT TAX THIS YEAR. IF THE CREDIT REDUCTION RATE FROM A STATE IS GREATER THAN ZERO, IT IS A CREDIT REDUCTION STATE. IF ALL OF THE STATES YOU CHECK HAVE A CREDIT REDUCTION RATE OF ZERO, DO NOT ENTER AN AMOUNT ON LINE 21. FOR CREDIT REDUCTION STATES, ENTER THE FUTA TAXABLE WAGES PAID IN THE STATE, MULTIPLY BY THE REDUCTION RATE, AND THEN ENTER THE CREDIT REDUCTION AMOUNT FOR THAT STATE. IF ANY STATES DO NOT APPLY TO YOU, LEAVE THEM BLANK.

POSTAL X ABBREV.	FUTA TAXABLE REDUCTION WAGES RATE	CREDIT REDUCTION X	POSTAL ABBREV.	FUTA TAXABLE WAGES	REDUCTION RATE	CREDIT REDUCTION
AK AL AR AZ CA CO CT DC DE FL GA HI IA ID IL IN	X.000 X.000 X.003 X.000 X.003 X.000 X.003 X.000 X.000 X.003 X.003 X.000 X.000 X.000 X.000 X.000		ABBREV. NC ND NE NH	TAXABLE	X.003 X.000 X.000 X.000	
KS KY LA MA MD ME MI MN MO MS MT	X.000 X.003 X.000 X.000 X.000 X.000 X.009 X.003 X.003 X.000		TX UT VA VT WA WI WV WY		X.000 X.000 X.000 X.000 X.000 X.000 X.000 X.000 X.000	

4. TOTAL CREDIT REDUCTION

21.

5. SUBTRACT LINE 4 OF THIS WORKSHEET FROM LINE 1 OF THIS WORKSHEET AND ENTER THE RESULT HERE AND ON SCHEDULE H, LINE 21

357.

SCHEDULE H	FUTA TAX LIN	E 19		STATEMENT	37
TIME PERIOD	LINE 18 WAGES	PERC	ENTAGE	SUM	
BEFORE 7/1/2011	7,000.	x .0	62	43	4.
AFTER 6/30/2011	0.	x .0	60		0.
SCHEDULE H, LINE 19		ТОТА	L =	43	4.
FORM 4952	INVESTMENT INTERES	T EXPE	NSE	STATEMENT	38
DESCRIPTION			CURRENT	CARRYOVER	
LLC	SACHS HEDGE FUND PARTNERS		147.		
TRUST	PAT CHRISTIE 2010 BLIND	птир	98.		
TRUST	SACHS HEDGE FUND PARTNERS		158.		
LLC	STOPHER J CHRISTIE 2010 B		1,463.		
TRUST			972.		
TRUST	PAT CHRISTIE 2010 BLIND		1,572.		
TOTALS TO FORM 4952	2, LINES 1 AND 2	===	4,410.		
FORM 4952	INCOME FROM PROPERTY HEL	D FOR	INVESTMENT	STATEMENT	39
DESCRIPTION				AMOUNT	
INTEREST INCOME DIVIDEND INCOME MCNEIL PPC INC - RO					377. 548. 557.
THE MARY PAT CHRIST GOLDMAN SACHS HEDGI GOLDMAN SACHS HEDGI THE CHRISTOPHER J (CHRISTIE 2010 BLIND TRUST FIE 2010 BLIND TRUST E FUND PARTNERS, LLC - ROY CHRISTIE 2010 BLIND TRUST FIE 2010 BLIND TRUST	ALTY		-3,2 -2	9 . 9 .
TOTAL TO FORM 4952	, LINE 4A			35,	706

FORM 4952 INVESTM	ENT INTERES	T EXPENSE DI	EDUCTION SU	MMARY	ST	ATEMENT	40
NAME	FORM OR SCHEDULE	INVESTMENT INTEREST EXPENSE	INVESTMENT INTEREST EXPENSE C/	INTER	MENT EST	ALLOWE INVESTM INTERE EXPENS	IENT EST
FROM K-1 - GOLDMAN SAFROM K-1 - THE CHRIST FROM K-1 - THE MARY PROM K-1 - GOLDMAN SAFROM K-1 - THE CHRIST FROM K-1 - THE MARY PROM K-1 - THE MARY	O SCH A A SCH A C SCH E O SCH E	147. 98. 158. 1,463. 972. 1,572.	0 0 0 0 0 0	• • •	0. 0. 0. 0. 0.	1 1,4 9 1,5	.47. 98. .58. 163. 172. 110.
FORM 4952AMT	INVESTM	ENT INTEREST	T EXPENSE		ST	ATEMENT	41
DESCRIPTION FROM K-1 - GOLDMAN SACTULC FROM K-1 - THE CHRISTOTTRUST FROM K-1 - THE MARY PATTRUST FROM K-1 - GOLDMAN SACTULC FROM K-1 - THE CHRISTOTTRUST FROM K-1 - THE CHRISTOTTRUST FROM K-1 - THE MARY PATTRUST TOTALS TO FORM 4952AMT	PHER J CHRISTIE : HS HEDGE FUI PHER J CHRISTIE :	STIE 2010 BI 2010 BLIND ND PARTNERS, STIE 2010 BI 2010 BLIND	LIND	147. 98. 158. 1,463. 972. 1,572. 4,410.		ARRYOVER	
FORM 6781 PART I	- SECTION 12	256 CONTRACT	'S MARKED TO	O MARKET	STA	TEMENT	42
(A) IDENTIFICATION OF A FROM K-1 - GOLDMAN SACH LLC FROM K-1 - THE CHRISTON TRUST FROM K-1 - THE MARY PAT TRUST	HER J CHRIS	STIE 2010 BI	***************************************	(LOSS)	((19. 13. 20.
TOTAL TO FORM 6781, LIN	IE 1, COLUMN	NS B AND C					52.

	OT	HER PASSIV	E ACTIVITIE	ES - WORKSHEE	ET 3 STA	ATEMENT 4
NAME OF LOW		CURRENT	YEAR	PRIOR YEAR UNALLOWED	OVERALL GA	AIN OR LOS
NAME OF ACTIVI	TY N	ET INCOME	NET LOSS	LOSS	GAIN	LOSS
THE CHRISTOPHE CHRISTIE 2010 TRUST THE MARY PAT CI 2010 BLIND TRU	BLIND HRISTIE	29. 48.	-3,725. -2,760.			-3,696 -2,712
TOTALS	Ministration of the Control of the C	77.	-6,485.			-6,408
FORM 8582	ALLOCA	ATION OF UN	VALLOWED LO	SSES - WORKS	HEET 5 STA	TEMENT 44
NAME OF ACTIVIT			FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
THE CHRISTOPHER BLIND TRUST THE MARY PAT CH			SCH E SCH E	3,696.	.576779026	3,696.
FRUST				2,712.	.423220974	2,712.
TOTALS				C 100		
				6,408.	1.00000000	6,408.
ORM 8582	ACTI MORE DIF	VITIES WIT	H LOSSES RE MS OR SCHED	EPORTED ON 2		6,408. EMENT 45
GROUP	ACTI MORE DIF FORM OR SCHEDULE NET LOSS	FERENT FOR	H LOSSES RE MS OR SCHED OVERALL LOSS	EPORTED ON 2	OR STAT	
GROUP O. NAME - THE CHRISTOPHER J CHRISTIE 1 THE	FORM OR SCHEDULE	FORM OR SCHEDULE NET GAIN	OVERALL LOSS	PORTED ON 2 DULES - WORKS RATIO	OR STAT	TEMENT 45 ALLOWED
GROUP O. NAME - THE CHRISTOPHER J CHRISTIE	FORM OR SCHEDULE NET LOSS	FORM OR SCHEDULE NET GAIN	OVERALL LOSS	PORTED ON 2 DULES - WORKS RATIO	OR STATE OR	PEMENT 45 ALLOWED LOSS
GROUP O. NAME 1 THE CHRISTOPHER J CHRISTIE 1 THE CHRISTOPHER J CHRISTIE	FORM OR SCHEDULE NET LOSS	FORM OR SCHEDULE NET GAIN	OVERALL LOSS 0. 3,725.	PORTED ON 2 DULES - WORKS RATIO	OR STATE OF THEET 7 UNALLOWED LOSS	ALLOWED LOSS
GROUP O. NAME 1 THE CHRISTOPHER J CHRISTIE 1 THE CHRISTOPHER	FORM OR SCHEDULE NET LOSS	FORM OR SCHEDULE NET GAIN	OVERALL LOSS 0. 3,725.	PORTED ON 2 DULES - WORKS RATIO .0000000000	OR STATE OR	PEMENT 45 ALLOWED LOSS 0.

2,760. 1.000000000	2,712.	48
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FORM 8582	SUI	MARY OF 1	PASSIVE A	CTIVITIES	STAT	EMENT 46
A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR S YEAR C/	NET O GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUS THE CHRISTOPHER J		29.		29.		
CHRISTIE 2010 BLIND TRUST THE MARY PAT CHRISTIE 2010	FORM 4797	-3,725		-3,725.	3,696.	29.
BLIND TRUST	SCH E	48.		48.		
BLIND TRUST		-2,760		-2,760.	2,712.	48.
TOTALS		-6,408.		-6,408.	6,408.	77.
	RS ALLOWE				-	
PRIOR YEAR CARRYOVE					-	
PRIOR YEAR CARRYOVE	LINE 16	D DUE TO	CURRENT TO THE SECOND TO THE SECOND THE SECO	YEAR NET ACTI	VITY INCOME	
TOTALS PRIOR YEAR CARRYOVE TOTAL TO FORM 8582, FORM 8582	LINE 16	D DUE TO	CURRENT VE MINIM TIVITIES	YEAR NET ACTI UM TAX - WORKSHEET PRIOR YEAR	VITY INCOME	77. EMENT 47
PRIOR YEAR CARRYOVE	LINE 16	ALTERNATIANSIVE AC	CURRENT VE MINIM TIVITIES	YEAR NET ACTI UM TAX - WORKSHEET	VITY INCOME STAT	77. EMENT 47
PRIOR YEAR CARRYOVE TOTAL TO FORM 8582, FORM 8582 NAME OF ACTIVITY THE CHRISTOPHER J CHRISTIE 2010 BLIND	OTHER F	ALTERNATI ASSIVE ACURRENT YES	CURRENT VE MINIM TIVITIES AR T LOSS	YEAR NET ACTI UM TAX - WORKSHEET PRIOR YEAR UNALLOWED	STAT 3 OVERALL GAI	77. EMENT 47 N OR LOSS
PRIOR YEAR CARRYOVE TOTAL TO FORM 8582, FORM 8582	OTHER F	ALTERNATIANSIVE AC	CURRENT VE MINIM TIVITIES AR	YEAR NET ACTI UM TAX - WORKSHEET PRIOR YEAR UNALLOWED	STAT 3 OVERALL GAI	77. EMENT 47
PRIOR YEAR CARRYOVE TOTAL TO FORM 8582, FORM 8582 NAME OF ACTIVITY THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST	OTHER F	ALTERNATI ASSIVE ACURRENT YES	CURRENT VE MINIM TIVITIES AR T LOSS	YEAR NET ACTI UM TAX - WORKSHEET PRIOR YEAR UNALLOWED	STAT 3 OVERALL GAI	77. EMENT 47 N OR LOSS

FORM 8582	ALLOCAT		TIVE MINIM LLOWED LOS	IUM TAX SSES - WORKS	ST HEET 5	ATEMENT 48
NAME OF ACTIVI	TY		FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
THE CHRISTOPHE CHRISTIE 2010 THE MARY PAT C	BLIND TRUST	1	SCH E	3,696.	.576779026	3,696.
2010 BLIND TRU			SCII E	2,712.	.423220974	2,712.
TOTALS				6,408.	1.000000000	6,408.
FORM 8582	MORE DIFF	TTIES WITH		PORTED ON 2		ATEMENT 49
GROUP NO. NAME	FORM OR SCHEDULE NET LOSS	FORM OR SCHEDULE NET GAIN	OVERALL LOSS	RATIO	UNALLOWED LOSS	ALLOWED LOSS
1 THE CHRISTOPHER J CHRISTIE 1 THE CHRISTOPHER	0.	29.	0.	.00000000	0.	
J CHRISTIE	3,725.	0.	3,725.	1.00000000	3,696.	29.
			3,725.	1.00000000	3,696.	29.
2 THE MARY PAT CHRISTIE 2010 BLIND 2 THE MARY PAT	0.	48.	0.	.00000000	0.	0.
CHRISTIE 2010 BLIND	2,760.	0.	2,760.	1.000000000	2,712.	48.
			2,760.	1.00000000	2,712.	48.

FORM 8582AMT	SUMMAI	RY OF PASS	IVE ACTIV	ITIES - AMT	STAT	TEMENT 5
A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
THE CHRISTOPHER CHRISTIE 2010 BLIND TRUS THE CHRISTOPHER CHRISTIE 2010		29.		29.		
BLIND TRUST THE MARY PAT CHRISTIE 2010	FORM 4797	-3,725.		-3,725.	3,696.	29.
BLIND TRUST THE MARY PAT CHRISTIE 2010	SCH E	48.		48.		
BLIND TRUST		-2,760.		-2,760.	2,712.	48.
TOTALS		-6,408.		-6,408.	6,408.	77.
PRIOR YEAR CARRYOV	ERS ALLOWE	D DUE TO C	CURRENT YE	EAR NET ACTIV	TITY INCOME	
FOTAL TO FORM 8582	AMT, LINE	16				77.
FORM 1116	U.S. AND FOREIGN P.	FOREIGN SC ARTNERSHIP	URCE INCO	ME SUMMARY ATION INCOME	STAT	EMENT 51
DESCRIPTION					Al	MOUNT
OLDMAN SACHS HEDG OLDMAN SACHS HEDG HE CHRISTOPHER J HE MARY PAT CHRIS	E FUND PART CHRISTIE 20	TNERS, LLC 010 BLIND	TRIIST		-	740. 739. 2,197. 2,197.
OTAL FOREIGN PART	NERSHIP/S-C	CORPORATIO	N INCOME		***************************************	5,873.

FORM 1116 U.S. AND FOREIGN SOURCE INCOME TOTAL PARTNERSHIP/S-CORPORATION		STATEMENT	52
DESCRIPTION	INCOME	LOSS	
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC CANTOR FITZGERALD LP THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST THE MARY PAT CHRISTIE 2010 BLIND TRUST	25,297. 35,334.	-1,1 -1,6	
TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS	60,631.	-2,7	31.

2011 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2011

Prepared for	CHRISTOPHER J & MARY P CHRISTIE MENDHAM, NJ
Prepared by	HAL MODEL CPA PA
Amount of tax	Total tax \$ 11 Less: payments and credits \$ 13 Plus: interest and penalties \$ 0 OVERPAYMENT \$ 2
Overpayment	Miscellaneous Donations \$ 0 Credited to your estimated tax \$ 0 Refunded to you \$ 2
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	
100081	

2011 California e-file Signature Authorization for Indiv	/iduals	FORM 8879
Your name CHRISTOPHER J CHRISTIE	Your SSN or ITIN	
Spouse's/RDP's name	Spouse's/RDP's	
MARY P CHRISTIE	***-**-	***
Part I Tax Return Information (whole dollars only) 1 California Adjusted Gross Income (Form 540, line 17: Form 540, 257, line 16: Long Form 540NR, line 20:		
or Short Form 540NR, line 32)	1	149. oc
2 Amount You Owe (Form 540, line 111; Form 540 2EZ, line 27; Long Form 540NR, line 121;	_	
or Short Form 540NR, line 121) 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)		2.00
Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a		
or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit author joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdraw Transmitter, or Intermediate Service Provider to transmit my complete return to the Franchise Tax Board (FTB). If the process authorize the FTB to disclose to my ERO, Intermediate Service Provider, and/or Transmitter the reason(s) for the delay of 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 interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, if authorize HAL MODEL CPA PA Taxpayer's PIN: check one box only ERO firm name as my signature on my 2011 e-filed California individual income tax return. Check this	val or direct deposit, is sing of my return or in the date when the in liable for the tax liat de copy of my electromy Electronic Funds y PIN Do no	authorize my ERO, refund is delayed, I refund was sent. If I bility and all applicable nic income tax return. Withdrawal Consent.
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	▶ 10/0	4/2012
Spouse's/RDP's PIN: check one box only X authorize HAL MODEL CPA PA to enter my ERO firm name as my signature on my 2011 e-filed California individual income tax return.	***************************************	t enter all zeros
I will enter my PIN as my signature on my 2011 e-filed California individual income tax return. Check this I PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	box only if you are	entering your own
Spouse's/RDP's signature	▶ <u>10/0</u>	4/2012
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.		
I certify that the above numeric entry is my PIN, which is my signature for the 2011 California individual income tax return for that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2011 Providers.	o not enter all zero the taxpayer(s) indic- e-file Handbook for A	ated above. I confirm
ERO's signature Date	>	
To Drive Al III		

Long Form

FORM

540NR C1 Side 1

	CHR MAR	_**_**** CHRI ** ***_**** 11 ISTOPHER J CHRISTIE Y P CHRISTIE DHAM NJ **_*****	** **_**	****
Filing	1 2 3 4 5 5	Single X Married/RDP filing jointly. (see page 3) Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here Head of household (with qualifying person). (see page 3) 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 If someone can claim you (or your spouse/RDP) as a dependent, check the box here (see page 15)		
Exemptions	8 9 10 11	or line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount 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 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 Dependents: Enter name and relationship. Do not include yourself or your spouse/RDP. SEE STATEMENT 1 Total dependent exemptements amount: Add line 7 through line 10	7 8 9 9 Dations 10 Date 10 Dat	Whole dollars only 2 X \$102= \$ 2 0 4 X \$102= \$ X \$102= \$ 4 X 315 = \$ 1260 \$ 1464
lotal laxable income	12 13 14 15 16 17 18	Total California wages from your Form(s) W-2, box 16 Enter federal AGI from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), line 37, column B Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see page 16) California adjustments - additions. Enter the amount from Schedule CA (540NR), line 37, column C Adjusted gross income from all sources. Combine line 15 and line 16 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), line 43; OR Your California standard deduction (see page 16) Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0-		567,772.00 25,781.00 541,991.00 5,393.00 547,384.00 58,842.00 488,542.00
CA Taxable IIICOIIIe	31 32 35 36 37 38 39 40 41 42	Tax. Check the box if from: Tax Table X Tax Rate Sch. FTB 3800 FTB 3803 CA adjusted gross income from Schedule CA (540NR), Part IV, line 45 CA Taxable Income from Schedule CA (540NR), Part IV, line 49 CA Tax Rate. Divide line 31 by line 19 CA Tax Before Exemption Credits. Multiply line 35 by line 36 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 38 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$166,565 (see page 17) CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- Tax (see page 18). Check the box if from: Schedule G-1 FTB 5870A Add line 40 and line 41	.0834 .0834 .0003 .0003	40,730.00 131.00 11.00 0.00 11.00 00 11.00

Your n	iame:	CHRISTOPHER J CHRISTIE	Your SSN or IT	N: ***_**	* *	4.4
	49	Enter the amount from Side 1, line 42			49	11.00
	50	Nonrefundable Child and Dependent Care Expenses Credit (see page 18). At	tach form FTB 35	06	• 50	00
	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)				
	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
	55	Orealit amount (See page 19)	.,			
redits	56	New jobs credit, amount generated (see page 19)		• 56	00	
Special Credits	57	New jobs credit, amount claimed (see page 19)			• 57	00
Sp	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)				
	61	Nonrefundable renter's credit (see page 57)			• 61	00
	62	Add line 50, line 55 and line 57 through line 61. These are your total credits			62	11.00
	63	Subtract line 63 from line 49. If less than zero, enter -0-	.,,,,		63	11.00
	7.1	Alternative minimum tax. Attach Schedule P (540NR)			. 71	00
(es	71	Mental Health Services Tax (see page 20)			72	00
<u> </u>	72 73	Other taxes and credit recapture (see page 20)				
Other Taxes	13	Other taxes and credit recapture (see page 20)			***	
ŏ	74	Add line 63, line 71, line 72, and line 73. This is your total tax			• 74	11.00
	Ω.4	California income tax withheld (see page 20)			_ 81	00
ts	81	2011 CA estimated tax and other payments (see page 20)				
Payments	82 83	Real estate or other withholding (see page 20)				4 0
ayn	84	Excess SDI (or VPDI) withheld (see page 21)				00
<u>a.</u>		Add line 81, line 82, line 83, and line 84. These are your total payments				13.00
					101	2.00
Overpaid Tax/Tax Due		Overpaid tax. If line 85 is more than line 74, subtract line 74 from line 85				00
ax Tax		Amount of line 101 you want applied to your 2012 estimated tax				2.00
δ×		Overpaid tax available this year. Subtract line 102 from line 101			40.4	00
- 10	104	Tax due. If line 85 is less than line 74, subtract line 85 from line 74				

Your name: CHRISTOPHER J CHRISTIE Your SSN or ITIN: ***-****

		~ ·				
		Code	Amount		Code	Amount
		• 400	00	California Sea Otter Fund		00
	***	• 401	00	Municipal Shelter Spay-Neuter Fund	• 412	00
	California Fund for Senior Citizens	• 402	00	Callfornia Cancer Research Fund	• 413	00
	Rare and Endangered Species			ALS/Lou Gehrig's Disease Research Fun	d • 414	00
U)	Preservation Program	• 403	00	Arts Council Fund	• 415 <u> </u>	00
6	State Children's Trust Fund for the Prevention			California Police Activities League		
ätt	of Child Abuse	404	00	(CALPAL) Fund	● 416	00
Ē	California Breast Cancer Research Fund	• 405	00	California Veterans Homes Fund	• 417	00
Contributions	California Firefighters' Memorial Fund	• 406	00	Safely Surrendered Baby Fund	• 418	00
Ų		• 407	00	Child Victims of Human Trafficking Fund	***************************************	00
	California Peace Officer Memorial			•	***	***************************************
	Foundation Fund	408	00			
	***************************************	***************************************				
43	120 Add code 400 through code 419. This is you	ır total contribu	tion		• 120	00
는 항	121 AMOUNT YOU OWE. Add line 104 and line 1					00
Interest and Amount Penalties You Owe	Mail to: FRANCHISE TAX BOARD, PO BOX 9					00
E G	Pay Online - Go to ftb.ca.gov and search for					- 00
9	122 Interest, late return penalties, and late payme				122	00
t ar	123 Underpayment of estimated tax. Check the b	ov: FTI	R 5805 attached	FTR 5805F attached	123	0.00
nat	124 Total amount due (see page 23). Enclose, bu					00
Pe le	124 Total amount due (see page 23). Enclose, bu	it do not staple	, any payment		. 124	
	125 REFUND OR NO AMOUNT DUE. Subtract line	a 100 from line	100			
				0000		2.00
SIT	Mail to: FRANCHISE TAX BOARD, PO BOX 9 Fill in the information to authorize direct deposit of					~~~~~
<u>g</u>	Have you verified the routing and account	-			usit slip (see pay	t 20).
ă						
eC C	All or the following amount of my refund (line 125	······	ior airect aeposit int	o the account shown below.		
ភ្នំ	L F	Checking				
D L	L	Savings				00
Refund and Direct Deposit	Routing number	Type	 Account numb 		Direct deposit a	nount
들	The remaining amount of my refund (line 125) is a		irect deposit into the	e account shown below:		
e T	L	Checking				
		Savings				00
	Routing number	Type	 Account number 	oer • 127	Direct deposit a	mount
	RTANT: Attach a copy of your complete federal retu					
Under	penalties of perjury, I declare that I have examined	this tax return,	including accompa	nying schedules and statements, and to th	e best of my kno	wledge and belief, it
s true	correct, and complete.					
	Your signature		Spouse's/RDP's signa	ature (if a joint tax return, both must sign)	Daytime phone nur	nber (optional)
Sig	n					
_	^		X	Date		
He	Tour email address (optional). Enter only one					
t is un		arer is based on al	I information of which p	oreparer has any knowledge)	• PTIN	
o forge	c/BDD's	\mathcal{L}_{-}			****	***
signatu	Firm's name (or yours if self-employed)		Firm's address		● FEIN	
	HAL MODEL CPA PA	*			**_**	****
Joint ta	x return?				1	
see pa						
	Do you want to allow another person to	discuss this to	ax return with us? (s	see page 23)	X Yes	No
	HAL MODEL CPA			* ***		
	Print Third Party Designee's Name				Telephone Num	ber
					. Jopinsiio italii	

TAXABLE YEAR
2011

California Adjustments -Nonresidents or Part-Year Residents 139021 02-13-12 SCHEDULE

CA (540NR)

mp	ortant: Attach this schedule behind	Long Form 540NR, Side 3	as a supporting Californ	nia schedule.		LOON ITIN
	e(s) as shown on tax return					SSN or ITIN *** ***
СН	RISTOPHER J & M	ARY P CHRIST	'IE			1 " " † " † " " " " " " " " " " " " " "
Pai	rt Residency Information. Co	mplete all lines that apply	to you and your spous	e/RDP.		Spouse/RDP
			_	Yourself		Shonze/Unit
	ng 2011:		_		KITOTAT .	JERSEY
1	a I was domiciled in (enter state of	or country)		NEW JERSEY		JERSEI
	b I was in the military and station	ed in (enter state or countr	y) <u>]</u>	N/A	$\frac{N/A}{N/A}$	
2	I became a California resident (ente	er the state of prior residen	ice and date of move)	N/A	$\frac{N/A}{N/A}$	
3	I became a nonresident (enter new	state of residence and dat	e of move)	N/A	N/A	
4	I was a nonresident of California th	ne entire year (enter state o	r country of residence)	NJ	NJ	
5	The number of days I spent in Cali	fornia (for any purpose) is		N/A	N/A	
6	I owned a home/property in Califor	rnia (enter "Yes" or "No")		NO	NO	
	ore 2011:				37 / 3	
7	I was a California resident for the p	period of (enter dates)		N/A	N/A	
8	I entered California on (enter date))	*********************	N/A	N/A	
9	l left California on (enter date)			N/A	N/A	
	rt II Income Adjustment Sched		В	C	D	E
	tion A - Income	Federal Amounts	Subtractions	Additions	Total Amounts Using CA Law As If You Were a	CA Amounts (income earned or received as a
		(taxable amounts	See instructions (difference between	See instructions (difference between	CA Resident	CA resident and income earned or received from CA sources
		from your federal tax return)	CA & federal law)	CA & federal law)	(subtract column B from column A; add column C	as a nonresident)
			,		to the result)	
7	Wages, salaries, tips, etc. See — instructions before making					
	an entry in column B or C 7_	469,151.			469,151.	
8	Taxable interest.					
Ŭ	(b) 4,219. 8(a)_	6,877.	2,471.	4,219.	8,625.	
9	Ordinary dividends.					
J	(b) $5,294 \cdot 9(a)$	9,648.	1,939.		7,709.	12.
10	Taxable refunds, credits,					
	or offsets of state and local income taxes10					
11	Alimony received 11					
	Business income or (loss) 12					
	Capital gain or (loss) 13	63,256.	21,371.		41,885.	
	Other gains or (losses) 14	-221.		247.	26.	
	IRA distributions.					
10	(a) 15(b)					
16	Pensions and annuities.					
10	(a) 16(b)_					
17	Rental real estate, royalties, partnerships,					
	S corporations, trusts, etc. 17	19,060.		927.	19,987.	137.
18	Farm income or (loss) 18					
	Unemployment compensation 19			September 1995 A		
	Social security benefits.					
20	(a) 20(b)					
21	Other income.		1			
21	a California lottery winnings	. 1	a	a		
			<u> </u>	b	7	
	b Disaster loss carryover from FTB 3805VC Federal NOL (Form 1040, line 21)			T c		
	·	1.	n l	d	21 1	21
	d NOL carryover from FTB 3805V 21	<u> </u>				
	6 NOL from FTB 3805D, FTB 3805Z, FTB 3806,		e	e		
	FTB 3807, or FTB 3809		- f		7	1
	Other (describe):				7	
91	2 Total:					
22	2 a Total: Combine line 7 through line 21	567,772.	25,781	5,393	547,384	. 149.
	in each column. Continue to Side 2 22a					

	ne Adjustment Schedule	Α	В	С	D	E 139022 02-13-12
Secti	on B - Adjustments to Income	Endarel Amounto	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)
:	Enter totals from Schedule CA (540NR), Side 1, line 22a, column A through	5.65 550	05 501	F 202	,	
	column E 23	2b 567,772.	25,781.	5,393.	547,384.	149.
		23		***		
1	Certain business expenses of reservists, performing artists, and ree-basis government officials	24				
	Health savings account deduction					
26 27	Moving expenses Deductible part of self- employment tax	26 27				
	Self-employed SEP, SIMPLE,					
		28				
	Self-employed health					
	insurance deduction 2	29				
30	Penalty on early withdrawal					
	of savings	30				
	Alimony paid. b Enter recipient's:					
1		10				
	IRA deduction	1a				
	Student loan interest deduction	32	Resident States			
00	•	34				
35	Domestic production					
36	Add line 23 through line 31a and line 32 through line 35 in each	36				
	Column, A through E		0= =04		F.4.F. 204	1.40
-	22b in each column, A through E		. 25,781.	5,393.	547,384.	149.
	t III Adjustments to Federa Federal Itemized Deductions.		J Cabadula A /Form 1040)	lino 20		
	or Schedule A (Form 1040NR)				38	109,167.
	Enter total of federal Schedule /					
	and line 8 (foreign taxes only) (• •	•		20	36,247.
	Subtract line 39 from line 38					72,920.
41 (Other adjustments including Ca	lifornia lottery losses. See ins	structions. Specify			
					41	
	Combine line 40 and line 41				42	72,920.
43	Head of househol	/RDP filing separately Id		\$166,565 \$249,852		
	Married/RDP filin No. Transfer the amount on line	g jointly or qualifying widow(er)	\$333,134		
	Yes. Complete the Itemized De		structions for Schedule CA	(540NR), line 43	LIMITED 43	58,842.
	Enter the larger of the amount					
	Single or married	/RDP filing separately		\$3,769		
		g jointly, head of household,	or qualifying widow(er)	\$7,538	44	58,842.
	t IV California Taxable Inc					140
45	California AGI. Enter your Calif	fornia AGI from line 37, colun	ın E		45	149.
46	Enter your deductions from line	9 44	agluma D. Oramatha da fa	46	30,044.	
	Deduction Percentage. Divide				.0003	
47	aladaa it tha radult is seesti. I		->> 1040 /810 BUIEL *U*	4/	• 0 0 0 0	
47	places. If the result is greater the					18.
47 48	places. If the result is greater th California Itemized/Standard California Taxable Income. Si	Deductions. Multiply line 46 t	by the percentage on line 4	47	48	18.

ALL SOURCES

TAXABLE YEAR

California Capital Gain or Loss Adjustment

139261 11-10-11 SCHEDULE **D (540)**

2011

Do not complete this schedule if all of your California gains (losses) are the same as your federal gains (losses).

SSN or ITIN Name(s) as shown on return ***_** CHRISTOPHER J & MARY P CHRISTIE (e) Cost or other basis Loss Gain Sales price Description of property If (b) is more than (c), If (c) is more than (b), Identify S corporation stock subtract (b) from (c) subtract (c) from (b) Example: 100 shares of "Z" (S stock) 1a 8000 GOLDMAN SACHS 863. 8,863. LARGE CAP VALUE 8,000. 22000 GOLDMAN SACHS 3,050. 22,000. 18,950 STRATEGIC GROWTH 20000 GOLDMAN SACHS 2,104. 22,104. 20,000. LARGE CAP VALUE SYBRON DENTAL 1,900. 125. 2,025. SPECIALTIES 442. 1,300. 1,742. APOGENT TECH 883. 2,601. 3,484. APOGENT TECH 442. 1,742. 1,300. APOGENT TECH THE CHRISTOPHER J CHRISTIE 2010 BLIND 143. TRUST DTD 8/25/10 THE CHRISTOPHER J CHRISTIE 2010 BLIND 21,064. TRUST DTD 8/25/10 THE MARY PAT CHRISTIE 2010 BLIND TRUST DATED 1,446. 8/25/10 THE MARY PAT CHRISTIE 2010 BLIND TRUST DATED 24,899. 8/25/10 9. FORM 6781, PART I 12. FORM 6781, PART 14. FORM 6781, PART I 17. FORM 6781, PART I 51. FROM SCHEDULE D-1 5,492. 2 Net gain or (loss) shown on California Schedule(s) K-1 (100S, 541, 565, and 568) 2 2,090.00 3 Capital gain distributions (federal Form 1099-DIV, box 2a minus box 2c) 53,241.00 4 Total 2011 gains from all sources. Add column (e) amounts of line 1a, line 1b, line 2, and line 3 5 2011 loss. Add column (d) amounts of line 1a, line 1b, and line 2 _____ -1,451.006 California capital loss carryover from 2010, if any _______6 ____ 7 Total 2011 loss. Add line 5 and line 6 7 — 11,356.00 41,885.00 8 Combine line 4 and line 7. If a loss, go to line 9. If a gain, go to line 10 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 filling a separate return) 63,256.00 10 Enter the gain or (loss) from federal Form 1040, line 13 41,885.00 11 Enter the California gain from line 8 or (loss) from line 9 21,371.00 12 a If line 10 is more than line 11, enter the difference here and on Schedule CA (540), line 13, column B 00 b If line 10 is less than line 11, enter the difference here and on Schedule CA (540), line 13, column C _______ 12b

ALL SOURCES

TAXABLE YEAR

Sales of Business Property

CALIFORNIA SCHEDULE

2011

(Also, involuntary conversions and recapture amounts under IRC Sections 179 and 280F and California R&TC Sections 17267.2, 17267.6, 17268, 24356.5, 24356.6, 24356.7, and 24356.8.)

D-1

Complete and attach this schedule to your tax return only if your California gains or losses are different from your federal gains or losses. SSN, ITIN, SOS file no., California Corp. no., or FEIN Name(s) as shown on return ***_** CHRISTOPHER J & MARY P CHRISTIE Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty and Theft - Property Held More Than 1 Year Use federal Form 4684, Casualties and Thefts, to report involuntary conversions from casualty and theft. 1 Enter the gross proceeds from sales or exchanges reported to you for 2011 on federal Form(s) 1099-S, Proceeds From Real Estate Transactions (or a substitute statement), that you will be including on line 2 or line 10, (column (d)), or on line 23 (g) Gain or (Loss) (f) Cost or other basis, (d) Gross sales (e) Depreciation (c) Date 2 (a) Description of Subtract (f) from the sum of (d) allowed plus improvements and price sold acquired property or allowable expense of sale (mo., day, yr.) since acquisition and (e) (mo., day, yr.) 77. SEE STATEMENT 7 00 3 Gain, if any, from federal Form 4684, Section B, Part II, line 39 4 00 4 IRC Section 1231 gain from installment sales from form FTB 3805E, line 26 or line 37 IRC Section 1231 gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts) 5 00 00 6 Gain, if any, from Part III, line 35, from other than casualty and theft 77.00 7 Combine line 2 through line 6. Enter gain or (loss) here and on the appropriate line as follows: IRC Section 179 Assets: For reporting the sale or disposition of assets for which an IRC Section 179 expense deduction was claimed in a prior year, see instructions. Partnerships or Limited Liability Companies (classified as partnerships): Enter the gain or (loss) on Schedule K (565 or 568), line 10. Skip lines 8, 9, 11, and 12 below. S corporations: If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain, continue to line 8. All others: If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain and you did not have any prior year IRC Section 1231 losses, or they were recaptured in an earlier year, enter the gain as follows: Form 540 and Long Form 540NR filers, enter the gain on Schedule D, (540 or 540NR) line 1, and skip lines 8, 9, and 12 below; Form 100 and Form 100W filers, enter the gain on Schedule D, Side 5, Part II, line 6, and skip lines 8, 9, and 12 below. 26.00 8 Nonrecaptured net IRC Section 1231 losses from prior years. Enter as a positive number, See instructions 51.00 Subtract line 8 from line 7. If zero or less, enter -0-S corporations: If line 9 is more than zero, enter this amount on Schedule D (100S), Side 2, Section B, Part II, line 5 and enter the amount, if any, from line 8 on line 12 below. If line 9 is zero, enter the amount from line 7 on line 12 below. All others: If line 9 is more than zero, enter the amount from line 8 on line 12 below, and enter the amount from line 9 as follows: Form 540 and Long Form 540NR filers, enter as a capital gain on Schedule D, (540 or 540NR) line 1; Form 100 and Form 100W filers, enter the gain on Schedule D, Side 5, Part II, line 6. If line 9 is zero, enter the amount from line 7 on line 12 below. See instructions. Part II Section A - Ordinary Gains and Losses 10 Ordinary gains and losses not included on line 11 through line 17 (include property held 1 year or less): 11 11 Loss, if any, from line 7 26.00 12 Gain, if any, from line 7, or amount from line 8, if applicable. See instructions 00 13 13 Gain, if any, from Part III, line 34 00 14 Net gain or (loss) from federal Form 4684, Section B, Part II, line 31 and line 38a (completed using California amounts) 15 00 15 Ordinary gain from installment sales from form FTB 3805E, line 25 or line 36. See instructions 00 16 Ordinary gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts) 16 00 17 Combine line 10 through line 16 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip line a and line b below. For individual returns, complete line a and line b below: see instructions. a If the loss on line 11 includes a loss from federal Form 4684, Section B, Part II, column (b)(ii), enter that part of the 00 loss here. See instructions 26.00 b Redetermine the gain or (loss) on line 17, excluding the loss, if any, on line 18a. Enter here and on line 20 18b

Side 1

	rt II Section B - Adjusting California Ordinary Gain or							40		-221.00
	Enter ordinary federal gains and losses from federal Form 10						·····-	19		26.00
	Enter ordinary California gains and losses from Side 1, line 1							20		20.00
21	Ordinary gain or loss adjustment: Compare line 19 and line 2	0. See	instructions.	n i i	4	n	<u> </u>			
	a If line 19 is more than line 20, enter the difference here as	nd on S	Schedule CA (540 or 540N	K), line 1	4, COIUI	ກກ B		21a		$\frac{00}{247 \cdot 00}$
-	b If line 20 is more than line 19, enter the difference here at rt III Gain from Disposition of Property Under IRC Sect	nd on S	Schedule CA (540 or 540)	nd 1255	4, 00101	III C		21b		237 + 00
				110 1200		······································			cquired	Date sold
22	Description of IRC Sections, 1245, 1250, 1252, 1254, and 1	255 pro	operty:					(mo.,	day, yr.)	(mo., day, yr.)
								ĺ		
<u>A</u>								<u> </u>		
В										
<u>D</u>										
С										
						····				
D										
	ate lines 22A through 22D to these columns		Property A	Pro	perty E		Prope	rty C		Property D
	Gross sales price	23								
	Cost or other basis plus expense of sale	24								
	Depreciation (or depletion) allowed or allowable	25								
	Adjusted basis. Subtract line 25 from line 24	26								
27	Total gain. Subtract line 26 from line 23	27								
28	If IRC Section 1245 property:									
	a Depreciation allowed or allowable	28a								
	b Enter the smaller of line 27 or line 28a	28b								
29	If IRC Section 1250 property: If straight-line depreciation was used,									
	enter -0- on line 29g, except for a corporation subject to IRC Sec. 291:								1	
	a Additional depreciation after 12/31/76	29a								
	b Applicable percentage multiplied by the smaller of line 27 or line 29a	29b								
	c Subtract line 29a from line 27. If line 27 is not more									
	than line 29a, skip line 29d and line 29e	29c							_	
	d Additional depreciation after 12/31/70 and before 1/1/77	29d								
	e Enter the smaller of line 29c or line 29d	29e								
	f IRC Section 291 amount (for corporations only)	291								
	g Add line 29b, line 29e, and line 29f	29g								
30	If IRC Section 1252 property: Skip this section if you did not dispose					1			ļ	
	of farm land or if this form is being completed for a partnership.									
	a Soil, water, and land clearing expenses	30a								
	b Applicable percentage multiplied by line 30a	30b								
	c Enter the smaller of line 27 or line 30b	30c								
31	If IRC Section 1254 property:	210								
	a Intangible drilling and development costs deducted after 12/31/76 b Enter the smaller of line 27 or line 31a	31a 31b						***************************************		
20	If IRC Section 1255 property:	310								
32		32a								
	Applicable percentage of payments excluded from income under IRC Section 126 Enter the smaller of line 27 or line 32a	32b								
Su	mmary of Part III Gains. Complete property column A through		mn D for line 23 through	line 32b t	efore g	oing to li	те 33.			
	Total gains for all properties. Add column A through colum							T	33	00
	Add column A through column D of lines 28b, 29g, 30c, 31								34	00
	Subtract line 34 from line 33. Enter the portion from other									
-	Enter the portion from casualty and theft on federal Form 4								35	00
P	art IV Recapture Amounts Under IRC Sections 179 and	1280F	When Business Use Drop	s to 50%	orLes	s, or Und	ler Californi	ia R&TC)	
	Sections 17267.2, 17267.6, 17268, 24356.5, 24	4356.6	, 24356.7, and 24356.8 t	or Prope	rty Whi	ch Cease	s to be Qua	lified P	roperty	
							ense deduct			overy deductions
36	Expense deductions or recovery deductions. See instruction	ns			36			00	<u> </u>	00
37	Depreciation or recovery deductions. See instructions				37			00)	00
38	Recapture amount. Subtract line 37 from line 36. See instru	uctions			38			00)	00

Investment Interest Expense Deduction

3526

Attac	h to Form 540, Long Form 540NR, or Form 541.	LOCK ITIN	FTIME
Nam	e(s) as shown on return	SSN, ITIN, or	rein
CH:	RISTOPHER J & MARY P CHRISTIE Investment interest expense paid or accrued in 2011. See instructions Disallowed investment interest expense from 2010 form FTB 3526, line 7. If zero or less, enter -0-	1 2	2,947.00 0.00 2,947.00
3	Total investment interest expense. Add line 1 and line 2		
4a	for investment) See instructions SEE STATEMENT	9 4a	42,321.00
4b	Net gain from the disposition of property held for investment. See instructions 40	00	
4c	Net capital gain from the disposition of property held for investment. See instructions 46	00	41,834.00
4d	Subtract line 4c from line 4b. If zero or less, enter -0-	4u	11/00-1-00
4e	Enter all or part of the amount on line 4c that you elect to include in investment income. Do not include more	4e	00
	than the amount on line 4b. See instructions		84,155.00
4f	Investment income. Add line 4a, line 4d, and line 4e		00
5	Investment expenses. See instructions		84,155.00
6	Net investment income. Subtract line 5 from line 4f	,	
7	Disallowed investment interest expense to be carried forward to 2012. Subtract line 6 from line 3.	7	0.00
	If zero or less, enter -0-	'	
8	Investment interest expense deduction. Enter the smaller of line 3 or line 6. Form 541 filers, stop here and	Q	2,947.00
	see instructions. All other filers, go to line 9	9	4,410.00
9	Enter the amount from federal Form 4952, line 8		
10	California investment interest expense deduction adjustment. Enter the difference between line 8 and line 9.	10	-1,463.00
	See instructions.	10	_,

2011 Passive Activity Loss Limitations

139511 11-18-11

3801

Name(s) as shown on return CHRISTOPHER J & MARY P CHRISTIE	FEIN, or	CA. corporation no. ***_**		
Part I 2011 Passive Activity Loss See the instructions for Worksheet 1 and Worksheet 3 for federal Form 8582 before	ore completina Pa	urt I. Be sure to use Calif o	rnia ar	mounts.
Rental Real Estate Activities with Active Participation				
1a Activities with net income from Worksheet 1, column (a)	1a	00		
1b Activities with net loss from Worksheet 1, column (b)	1b	00		
1c Prior year unallowed losses from Worksheet 1, column (c)	1c	00		
1d Combine line 1a, line 1b, and line 1c			1d	00
All Other Passive Activities				
2a Activities with net income from Worksheet 2, column (a)	2a	77.00		
2b Activities with net loss from Worksheet 2, column (b)	2b	-6,485. ₀₀		
2c Prior year unallowed losses from Worksheet 2, column (c)	2c	00		
2d Combine line 2a, line 2b, and line 2c			2d	-6, 408. 00
3 Combine line 1d and line 2d. If the result is net income or zero, see the instructions fo losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10.			3	-6, 4 08. ₀₀
Part II Special Allowance for Rental Real Estate with Active Enter all numbers in Part II as positive amounts.	Participatio	on		
4 Enter the smaller of losses from line 1d or line 3			4	00
5 Enter \$150,000. If married/RDP filing a separate return, see instructions	5	00		
6 Enter federal modified adjusted gross income, but not less than zero. If line 6 is equal to or more than line 5, skip line 7 and line 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7	6	00		
7 Subtract line 6 from line 5		00		
8 Multiply line 7 by 50% (.50). Do not enter more than \$25,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		8	00
9 Enter the smaller of line 4 or line 8			9	00
Part III Total Losses Allowed			·	
10 Add the income, if any, from line 1a and line 2a and enter the total			10	77.00
11 Total losses allowed from all passive activities for 2011. Add line 9 and line 10			11	77.00
See the instructions to find out how to report the losses on your tax return.				

California Passive Activity Worksheet (See General Instructions for Step 1.)

Ise this worksheet to figure California inco	ome (loss) from par	ssive ac	Livides bei	Ji e applicatio	or paso.	10	, 	(f)
(a)	(b)		(c)	(a)	ì	(e) California A	,	California Amount
Passive Activity Enter a description of the activity	Federal Sch. Enter the name of the federal form or schedule on which you reported the activity	Enter th Califo schedul to ca	ornia Sch. e name of the rnia form or e, if any, used liculate the ia adjustment	Federal Amount Enter your current year federal net income (loss) before application of the PAL rules		Enter any at resulting differences and Calife	djustment g from in federal	Combine column (d) and column (e)
SEE STATEMENT 11								
		ļ						
		ļ				-		
		 						
. A Line La Markoha	oto (o . O	l la atrii	ations for 9	Stan 4)				
California Adjustment Workshe	eets (See General	ofter e	polication o	f the PAL rul	es.			
lse these worksheets to figure your Calif	(b)	aitei a	pphcation o	c)		(d)		(e)
(a) Activities Enter a description of the activity. Group activities by the federal schedules on which they were reported	Passive or Nonpa Enter the passive nonpassive characte activity for California p	or r of the	Enter the Califo (loss) from th	a Amount ornia net income ne activity after of the PAL rules	Enter the fed (loss) from t	Il Amount deral net income the activity after of the PAL rules	California Adjustment Subtract the Total amount of column (d) the Total amount of column (c) and ente difference in column (e) below. Individus should transfer this amount to Schedule (540 or 540NR) as follows:	
				(c)	I	(d)		(e)
(a) Schedule C Activities	(b) Passive or Nonp	assive		ia Amount		al Amount	1	fornia Adjustment
Schedule O Activities							If the amou	int below is positive , transfer
							the amount	to Schedule CA (540 or 540NF
								line 12, column C.
				<u> </u>			If the amou	nt below is negative , transfe
							the amount	to Schedule CA (540 or 540NF
						<u>,</u>		ive amount) line 12, column B
Total			1(c)		1(d)*		1(e)	

(a) Schedule E Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) Californía Adjustment
SEE STATEMENT 12				If the amount below is positive, transfer the
DEE STATEMENT IZ				amount to Schedule CA (540 or 540NR),
				fine 17, column C.
				If the amount below is negative, transfer the
				amount to Schedule CA (540 or 540NR),
				(as a positive amount) line 17, column B.
otal		_{2(c)} 19,987.	2(d)** 19,060	2(e) 927

(a) Schedule F Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
Schedule i Activities				If the amount below is positive, transfer the
				amount to Schedule CA (540 or 540NR),
				line 18, column C.
				If the amount below is negative, transfer th
				amount to Schedule CA (540 or 540NR),
				(as a positive amount) line 18, column B.
		3(c)	3(d)***	3(e)

^{*} This amount should be the same as the amount reported on Schedule CA (540 or 540NR), line 12, column A.
** This amount should be the same as the amount reported on Schedule CA (540 or 540NR), line 17, column A.
*** This amount should be the same as the amount reported on Schedule CA (540 or 540NR), line 18, column A.

Worksheet 1 For form F	TB 3801, line 1a, line 1b,	and line 1c	T		
	Curren	t year	Prior year	Overall gai	in or loss
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Tatal Catan on form CTD 2001					
Total. Enter on form FTB 3801, line 1a, line 1b, and line 1c					
	TB 3801, line 2a, line 2b	and line 2c	<u> </u>		
			Prior year	Overall ga	in or loss
	Currer	it year			
	(a)	(b)	(c)	(d)	(e)
Name of activity	Net income (line 2a)	Net loss (line 2b)	Unallowed loss (line 2c)	Gain	Loss -3,696.
THE CHRISTOPHE	29.	-3,725. -2,760.			-2,712.
THE MARY PAT C	48.	-2,760			2,712.
			<u> </u>		
Total. Enter on form FTB 3801,					
line 2a, line 2b, and line 2c	77.	-6,485	. 0.		
	vorksheet if an amount is	shown on form FTB 38	301, line 9		
A	Form or schedule	(a)	(b)	(c)	(d)
	to be reported on	Loss	Ratio	Special allowance	Subtract column (c)
Name of activity					from column (a)
	_		1.00		
Worksheet 4 Allocatio	n of Unallowed Losses		1.00	I	
WOLKSHEEL 4 Allocatio	n of Unallowed Losses	Form or schedule	(a)	(b)	(c)
Name of activity		to be reported on	Loss	Ratio	Unallowed loss
THE CHRISTOPHER	J CHRISTIE		3,696.		3,696.
THE MARY PAT CH	RISTIE 2010	SCH E	2,712.	.42322097	2,712.
			6,408.		6,408.
Total			0,400.	1.00	0,400.
Worksheet 5 Allowed	Losses	T =	(a)	(b)	(c)
		Form or schedule to be reported on	(a) Loss	Unallowed loss	Allowed loss
Name of activity		to be reported on	LUSS	C.Idilotted 1000	
Total	*******		>		

Worksheet 6 Activities With L		o or More Different Fo	rms or Schedules	(d)	(e)
Name of Activity THE CHRISTOPHER J	(a)	(b)	(c) Ratio	(d) Unallowed loss	Allowed loss
Form or schedule to be			·	, ,	
reported on: SCH E					
1a Net loss plus prior year unallowed		,	,		
loss from form or schedule	3,725.				
b Net income from		a Markinski	\$	* r r r	
form or schedule					
c Subtract line 1b from					
line 1a. If zero or less,		2 525	1	3,696.	29.
enter -0	_	3,725.	<u> </u>	3,030.	
Form or schedule to be					
reported on:					
1a Net loss plus prior year unallowed				,	;
loss from form or schedule					
b Net income from					
form or schedule					
c Subtract line 1b from					
line 1a. If zero or less,	_				
enter 0-					
Form or schedule to be			January State		网络海索克克 位置
reported on: 1a Net loss plus prior year unallowed			A Library Sil		
loss from form or schedule					
b Net income from		Proceedings of the Control of the Co			
form or schedule					
c Subtract line 1b from					
line 1a. If zero or less,					
enter -0-	>				

		2 725		3,696.	29.
Total		3,725		3,090 a	

Worksheets 1 through 6 are **not** required to be filed with your California tax return and may be detached before filing form FTB 3801. Keep a copy of the worksheets for your records.

Worksheet 6 Activities With Lo	sses Reported on Tw	o or More Different For	ms or Schedules		/- X
Name of Activity THE MARY PAT CHRI	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule to be					
reported on: SCH E			.,		
1a Net loss plus prior year unallowed loss from form or schedule	2,760.				
b Net income from					
form or schedule					
c Subtract line 1b from					
line 1a. If zero or less,		0 7760	1	2,712.	48.
enter-0-	>	2,760.	<u> </u>	2,712.	
Form or schedule to be					
reported on:					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from					
form or schedule					
c Subtract line 1b from					
line 1a. If zero or less,					
enter -0-	>				
Form or schedule to be					
reported on:					
1a Net loss plus prior year unallowed					
loss from form or schedule			200		
b Net income from					
form or schedule			N. P. Carlotte		
c Subtract line 1b from					
line 1a. If zero or less,					
enter -0-		-	-		
				2 712	48.
Total)	2,760	. 1.00	2,712.	1

Worksheets 1 through 6 are **not** required to be filed with your California tax return and may be detached before filing form FTB 3801. Keep a copy of the worksheets for your records.

	California Exemption Credit - AGI Limitation Worksheet		2011
Name	e(s) as shown on return RISTOPHER J & MARY P CHRISTIE		Social security number
	Enter the amount from Form 540NR, line 13, or RDP recalculated AGI	a	567,772.
	Enter the amount for your filing status on line b: Single or married/RDP filing separate \$166,565 Married/RDP filing joint or qualifying widow(er) \$333,134 Head of household \$249,852	b	333,134.
	Out that he from line a	с	234,638.
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 _	94.
e.	Multiply line d by \$6	e _	564.
f.			4 400
g.	Multiply line e by line f		
h.	Enter the total dollar amount from Form 540NR, line 7, line 8 and line 9		
i.			
j.			
k.	Multiply line e by line j	k _	2,256.
ı.	Town FAOND line 40		4 0 6 0
m.			
n.	. Add line i and m. Enter the result here	n _	
0.	. 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	2011
Name(s) as shown on return		Social security number
CHRISTOPHER J	& MARY P CHRISTIE	- And the state of
	Schedule CA (540), line 42 or Schedule CA (540NR), line 42	72,920.
1. Enter the amount from S	s, add the amounts on federal Schedule A, line 4, line 14 and line 20 plus any gambling losses	403.
Using California amount included on line 28	s, add the amounts on rederal Schedule A, line 4, line	403.
		72 517
Subtract line 2 from line	.1	
Note: If -A- stan Enter	the amount from line 1 on Schedule CA (540), line 43 or Schedule CA (540NR), line 43	
		58,014.
4. Multiply line 3 by 80%	(.80)	
5 A wetter Form Edit	or Form 540NR, line 13	567,772.
5. Amount from Form 540	TO TOTAL STORY AND TO	
6. Enter amount shown b	elow for your filing status:	
- Single or married/RD	P filing separate, enter \$166,565 nter \$249,852	333,134.
- Head of household, e	nter \$249,852 nt or qualifying widow(er), enter \$333,134	
		234,638.
7. Subtract line 6 from lir	ie 5	
Notes if O or lock of	op. Enter the amount from line 1 above on Schedule CA (540), line 43 or Schedule CA (540NR), line 43	
		14,078.
8. Multiply line 7 by 6%	(.06)	
o O was and line 4 and line	ne 8. Enter the smaller amount here	14,078.
10. Total itemized deduct	ons. Subtract line 9 from line 1. Enter here and on Schedule CA (540), line 43 or Schedule CA (540NR), line 4	

2011

Nonresident Withholding Tax Statement

Part Recipient			
Name of Recipient	SSN or ITIN		
MARY P CHRISTIE	***	**_	****
Address (including suite, room, PO Box, or PMB no.)	FEIN	c	A Corp no. SOS file no.
State	ZIP Code	Country	/
MENDHAM, NJ			
Part II Withholding Agent	Withholding Ag	ntle 991	N or ITIN
Name of Withholding Agent (Payer/S Corporation/Partnership/LLC/Trust)	Withholding Ag	ent s ooi	A OLITHA
CANTOR FITZGERALD LP		T	CA Corp no. SOS file no.
Address (including suite, room, PO Box, or PMB no.)	X FEIN		A Corp No 303 life No.
City State ZIP Code	Daytime teleph	one num	ber
NEW YORK, NY			
Part III Type of Income Subject to Withholding. Check the applicable box(es). Payment to Payment to Payment to	X Distributions		Other
Payment to Payment to I/C Rents Estate Trust Allocations to Foreign (non U.S.) Independent Entertainer/ or Distributions Distributions to Foreign (non U.S.) Contractor (I/C) Athletes/ Royalties Speakers Partners/Members	to Domestic (U.S Nonresident Sign	orporatio	(describe) on lembers/Beneficiaries
Part IV Tax Withheld		Г	
		1	283.00
1 Total income subject to withholding			13
2 Total California tax withheld		2	13.00
The state of the s		3	00
3 Total Backup Withholding		-	

2011 Income from Passthroughs

CA ALL-SOURCES

GOLDMAN SACHS HEDGE FUND PARTNERS, LLC I.D. NUMBER:

TAXABLE INCOME (LOSS) SUMMARY:

NET INCOME (LOSS) FOR ENTITY

0

ACTIVITY INFORMATION:

GOLDMAN SACHS HEDGE FUND PARTNERS, LLC

SEC 59(E)(2) -

0

TOTAL NONPASSIVE GAIN (LOSS)

0

CANTOR FITZGERALD LP

I.D. NUMBER:

TAXABLE INCOME (LOSS) SUMMARY:

	137
NONPASSIVE GAIN	
	137

NET INCOME (LOSS) FOR ENTITY

ACTIVITY INFORMATION:

CANTOR FITZGERALD LP

ORDINARY INCOME (LOSS) 137

TOTAL NONPASSIVE GAIN (LOSS)

THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST

I.D. NUMBER:

TAXABLE INCOME (LOSS) SUMMARY:		-29
PASSIVE LOSS ALLOWED NONPASSIVE LOSS ALLOWED		-1,080
NET INCOME (LOSS) FOR ENTITY	=	
ACTIVITY INFORMATION:		
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST		
OTHER PORTFOLIO INCOME (LOSS) INVESTMENT INTEREST	-108 -972	-1,080
TOTAL NONPASSIVE GAIN (LOSS)	=	-1,000
ORDINARY INCOME (LOSS) RENTAL REAL ESTATE INCOME (LOSS)	-164 -3,561	
SCHEDULE E ACTIVITY INCOME (LOSS) DISALLOWED LOSS FROM FORM 3801		-3,725 3,696
TOTAL PASSIVE ACTIVITY GAIN (LOSS)	=	-29

THE MARY PAT CHRISTIE 2010 BLIND TRUST

I.D. NUMBER:

TAXABLE INCOME (LOSS) SUMMARY:

		-48
PASSIVE LOSS ALLOWED NONPASSIVE LOSS ALLOWED		-1,574
NET INCOME (LOSS) FOR ENTITY		-1,622
ACTIVITY INFORMATION:		
THE MARY PAT CHRISTIE 2010 BLIND TRUST		
OTHER PORTFOLIO INCOME (LOSS) INVESTMENT INTEREST	-2 -1,572	1 574
TOTAL NONPASSIVE GAIN (LOSS)		-1,574
RENTAL REAL ESTATE INCOME (LOSS)	-2,760	
SCHEDULE E ACTIVITY INCOME (LOSS) DISALLOWED LOSS FROM FORM 3801		-2,760 2,712
TOTAL PASSIVE ACTIVITY GAIN (LOSS)		

A 540NR DEPEN	DENTS		5	STATEMENT	1
AME]	RELATION	NSHIP	
CHRISTIE CHRISTIE CHRISTIE CHRISTIE CHRISTIE	D. S	ON AUGHTER ON AUGHTER			
A SCHEDULE CA RENTS, ROYALTIES, F	ARTNERSHIPS,	ETC		STATEMENT	2
DESCRIPTION	CALIFORNIA AMOUNT		ERAL	ADJUSTME	ENT
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC CANTOR FITZGERALD LP	0. 137.	-	-2,252. 1,462.	-1,:	252. 325. 927.
CA SCHEDULE CA CA SOURCE RENTS	, ROYALTIES,	ETC		CA SOUR	CE
CA SCHEDULE CA CA SOURCE RENTS DESCRIPTION	, ROYALTIES,	ETC		CA SOUR AMOUN	CE T
	, ROYALTIES,	ETC		CA SOUR AMOUN	CE T 137
DESCRIPTION		ETC		CA SOUR AMOUN	CE T 137
DESCRIPTION CANTOR FITZGERALD LP	2		ON	CA SOUR AMOUN	CE T 137
DESCRIPTION CANTOR FITZGERALD LP TOTAL TO SCHEDULE CA (540NR), LINE 17E	2	JBTRACTI	ON EDERAL MOUNT	CA SOUR AMOUN	CE T 137 137
DESCRIPTION CANTOR FITZGERALD LP TOTAL TO SCHEDULE CA (540NR), LINE 17E CA SCHEDULE CA TAXABLE INTEREST DESCRIPTION THE CHRISTOPHER J. CHRISTIE 2010 BLINT TRUST THE MARY PAT CHRISTIE 2010 BLIND TRUST	CALIFORNIA AMOUNT	JBTRACTI	DERAL	CA SOUR AMOUN STATEMENT ADJUSTI	CE T 137 137
DESCRIPTION CANTOR FITZGERALD LP TOTAL TO SCHEDULE CA (540NR), LINE 17E CA SCHEDULE CA TAXABLE INTEREST DESCRIPTION THE CHRISTOPHER J. CHRISTIE 2010 BLINE	CALIFORNIA AMOUNT	JBTRACTI A FE AN 0. 0. 0.	EDERAL MOUNT	CA SOUR AMOUN STATEMENT ADJUST 4. 5.	CE T 137 137

CHRISTOPHER J & N	IARY P C	HRISTIE				***_**	t st
CANTOR FITZGERALD I	,P			0.	1		-1
TOTAL TO SCHEDULE ('A (540N)	R), LINE 8	В			-2,47	1.
CA SCHEDULE CA	TAXAI	BLE INTERE	ST INCC	ME - ADDITI	ON	STATEMENT	5
DESCRIPTION				IFORNIA MOUNT	FEDERAL AMOUNT	ADJUSTMEN	
GOLDMAN SACHS THE CHRISTOPHER J.	CHRISTIE	E 2010 BLI	1D	1,313.	0 .		
TRUST THE MARY PAT CHRIST FROM K-1 - GOLDMAN	IE 2010 SACHS HE	BLIND TRUS	ST	1,519. 1,379.	0 . 0 .	-,	
PARTNERS,				8.	0.		8.
TOTAL TO SCHEDULE C.	A (540NR	(), LINE 80				4,21	9.
CA SCHEDULE CA	ORD	INARY DIVI	DENDS	- SUBTRACTIO	ON	STATEMENT	
DESCRIPTION				IFORNIA MOUNT	FEDERAL AMOUNT	ADJUSTMENT	
GOLDMAN SACHS THE CHRISTOPHER J. (TRUST THE MARY PAT CHRIST! GOLDMAN SACHS HEDGE CANTOR FITZGERALD LE	E 2010 FUND PA	BIJND TRUS	η·	447. 4,435. 2,815. 0. 12.	447. 4,435. 2,815. 1,833.	0 0 -1,833	
FOTAL TO SCHEDULE CA	(540NR), LINE 9B		12.	118.	-106 -1,939	
CA SCHEDULE D-1	SZ PROPI		SINESS MORE TH SOURCES	IAN ONE YEAR		STATEMENT	7
77777	DATE QUIRED	DATE SOLD	SALES PRICE	DEPR ALLOWED	COST OR BASIS	GAIN OR (LOSS)	Province.
CHE CHRISTOPHER J CHRISTIE 2010 SLIND TRUST CHE MARY PAT CHRISTIE 2010						29	•
LIND TRUST		***************************************			***************************************	48	•
OTAL TO SCH D-1, PA	RT I, LI	:NE 2				77	

CA FORM 3526	IN	VESTMENT 1	INTEREST E	XPENSE		STAT	EMENT	8
DESCRIPTION				CURREN	Т	CAR	RYOVER	
FROM K-1 - GOLDMAN LLC FROM K-1 - THE CHR TRUST FROM K-1 - THE MAR TRUST FROM - THE CHRISTO TRUST FROM - THE MARY PA	ISTOPHER J Y PAT CHRI PHER J CHR	CHRISTIE STIE 2010 ISTIE 2010	2010 BLIN BLIND BLIND		147. 98. 158. 972.			
TOTAL TO FORM 3526	, LINE 1 A	ND/OR LINE	E 2	2	,947.			
CA FORM 3526	INCOME F	ROM PROPER	RTY HELD F	OR INVESTME	NT	STAT	EMENT	9
DESCRIPTION INTEREST INCOME DIVIDEND INCOME CANTOR FITZGERALD THE CHRISTOPHER J THE MARY PAT CHRIS MCNEIL PPC INC - R THE CHRISTOPHER J THE MARY PAT CHRIS GOLDMAN SACHS HEDG TOTAL TO FORM 3526	CHRISTIE 2 TIE 2010 B OYALTIES CHRISTIE 2 TIE 2010 B E FUND PAR	LIND TRUST 010 BLIND LIND TRUST	TRUST T	Y		A	-10	18. 2. 08. 2. 6. 9.
CA 3801	SUMM	ARY OF PAS	SSIVE ACTI	VITIES		STAT	EMENT	10
NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALI LOS		ALLOWF LOSS	ED
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUS THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST	FORM 4797 SCH E	29. -3,725.		29. -3,725.		696.	2	29.
THE MARY PAT CHRISTIE 2010 BLIND TRUST	FORM 4797			48.	•		-	

CHRISTOPHER J & MARY	P CHRISTIE				***_**_**
THE MARY PAT SCH CHRISTIE 2010	E			-	
BLIND TRUST	-2,76	0.	-2,760.	2,712	. 48
TOTALS	-6,40	8.	-6,408.	6,408	• 77.
CA 3801	WORKSH	EET FOR STEP 1		ST	ATEMENT 11
NAME OF ACTIVITY	FEDERAL SCHEDULE	FEDERAL AMOUNT	CALIFOR ADJUSTM		CALIFORNIA AMOUNT
THE CHRISTOPHER J CHRI THE CHRISTOPHER J CHRI THE MARY PAT CHRISTIE THE MARY PAT CHRISTIE	FORM 4797 SCH E FORM 4797 SCH E	29. -3,725. 48. -2,760.		0. 0. 0.	29. -3,725. 48. -2,760.
CA 3801		EET FOR STEP 4 LE E ACTIVITIES	1	STA	ATEMENT 12
NAME OF ACTIVITY		PASSIVE OR NONPASSIVE	CALIFORI AMOUNT		FEDERAL AMOUNT
GOLDMAN SACHS HEDGE FUNI PARTNERS, LLC	D	NONPASSIVE			
CANTOR FITZGERALD LP THE CHRISTOPHER J CHRIST	FIE 2010	NONPASSIVE PASSIVE	1	0. L37.	-2,252. 1,462.
BLIND TRUS THE MARY PAT CHRISTIE 20	010 BLIND	PASSIVE	•	0.	0.
TRUST DAT THE CHRISTOPHER J CHRIST	TIE 2010	PASSIVE		0.	0.
BLIND TRUS THE MARY PAT CHRISTIE 2(PASSIVE	-1,1	.09.	-1,109.
TRUST MCNEIL PPC INC - ROYALTI THE CHRISTOPHER J CHRIST BLIND TRUGT	ES	NONPASSIVE NONPASSIVE	-1,6 22,5		-1,622. 22,557.

NONPASSIVE

NONPASSIVE

BLIND TRUST

TRUST

THE MARY PAT CHRISTIE 2010 BLIND

TOTAL TO STEP 4 WORKSHEET, LINE 2

GOLDMAN SACHS HEDGE FUND

PARTNERS, LLC - ROYALTY

6.

9.

9.

19,987.

6.

9.

19,060.

2011 Passive Activity Loss Limitations

139511 11-18-11

3801

Attac	ch to Form 540, Long Form 540NR, Form 541, or Form 100S (S Corporations).				5.45%
Nam	e(s) as shown on return RISTOPHER J & MARY P CHRISTIE		SSN, ITIN	, FEIN, c	or CA. corporation no.
Par	t I 2011 Passive Activity Loss See the instructions for Worksheet 1 and Worksheet 3 for federal Form 8582 before	completing D	Part I Pa cura to una Calif	ornio o	
Rer	ntal Real Estate Activities with Active Participation	completing r	art i. De suie to use Cam	ornia a	amounts.
	Mai Hour Estate Astivities with Active Fairticipation				
1a	Activities with net income from Worksheet 1, column (a)	. 1a	00		
1b	Activities with net loss from Worksheet 1, column (b)	1b	00		
1c	Prior year unallowed losses from Worksheet 1, column (c)	1c	00		T
1d	Combine line 1a, line 1b, and line 1c			1 d	00
All (Other Passive Activities			10	00
				T	
2a	Activities with net income from Worksheet 2, column (a)	2a	77.00		
2b	Activities with net loss from Worksheet 2, column (b)	2b	-6,485. ₀₀		
2c	Prior year unallowed losses from Worksheet 2, column (c)	ra i a. Kanti			
2d	Combine line 2a, line 2b, and line 2c			2 d	-6,408.00
3	Combine line 1d and line 2d. If the result is net income or zero, see the instructions for lin	e 3. If line 3 a	and line 1d are		7 - 2 - 2 - 00
	losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10.			3	-6,408. ₀₀
Par	t II Special Allowance for Rental Real Estate with Active Pa Enter all numbers in Part II as positive amounts.	rticipatio	on		
4	Enter the smaller of losses from line 1d or line 3			4	00
				w (\$)	
	Enter \$150,000. If married/RDP filing a separate return, see instructions	5	00		
6	Enter federal modified adjusted gross income, but not less than zero.				
	If line 6 is equal to or more than line 5, skip line 7 and line 8, enter -0- on line 9,				
	and then go to line 10. Otherwise, go to line 7	6	00		
7	Subtract line 6 from line 5	7	00		
8	Multiply line 7 by 50% (.50). Do not enter more than \$25,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		8	00
	Enter the smaller of line 4 or line 8			9	00
Part	III Total Losses Allowed				

10	Add the income, if any, from line 1a and line 2a and enter the total			10	77.00
11	Total losses allowed from all passive activities for 2011. Add line 9 and line 10			11	77.00
	See the instructions to find out how to report the losses on your tax return.				

Worksheets 1 through 6 are not required to be filed with your California tax return and may be detached before filing form FTB 3801. Keep a copy of the worksheets for your records. Refer to the instructions for federal Form 8582 for specific instructions on how to complete the worksheets.

139513 11-18-11

VVOIKSITEEL I For form	F1B 3801, line 1a, line 1b	o, and line 1c				
	Curre	nt year	Prior year	Overall gain or loss		
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d)	(e)	
wante of activity	ivet income (line ra)	Net loss (line 1b)	Ghanowed loss (line 1c)	Gain	Loss	

Total. Enter on form FTB 3801,	<u> </u>					
line 1a, line 1b, and line 1c						
	T FTB 3801, line 2a, line 2b	o, and line 2c				
	Curre	nt year	Prior year	Overall gain or loss		
	(a)	(b)	(c)	(d)	(0)	
Name of activity	Net income (line 2a)	Net loss (line 2b)	Unallowed loss (line 2c)	(u) Gain	(e)	
THE CHRISTOPHE	29.	-3,725.		dani	Loss -3,696.	
THE MARY PAT C	48.	-2,760.			-2,712.	
1					2,112.	
<u> </u>						
Total. Enter on form FTB 3801,						
line 2a, line 2b, and line 2c >	77.	-6,485.	0.			
	vorksheet if an amount is		I			
000 1110 1	Form or schedule	(a)		/ _~ \	/ 13	
	to be reported on	Loss	(b)	(c)	(d)	
Name of activity	to be reported on	LUSS	Ratio	Special allowance	Subtract column (c) from column (a)	
. Tame of doctority					s om column (a)	
Total			400			
	of Unallowed Losses		1.00			
TOTAL ANDCARD	i of Offatiowed Losses	F				
Name of activity		Form or schedule	(a)	(b)	(c)	
THE CHRISTOPHER	T CHRIGHTE	to be reported on SCH E	Loss	Ratio	Unallowed loss	
THE MARY PAT CH		SCH E	3,696. 2,712.	.57677903 .42322097	3,696. 2,712.	
	KIDIII ZUIU	ocn b	4,114.	.42322097	2,/12.	
Total			C 400		6 400	
Total Worksheet 5 Allowed L			6,408.	1.00	6,408.	
Worksheet 5 Allowed L	osses			1		
Name of activity		Form or schedule	(a)	(b)	(c)	
		to be reported on	Loss	Unallowed loss	Allowed loss	
fotal		▶[

Name of Activity THE CHRISTOPHER J	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule to be reported on: SCH E					
1a Net loss plus prior year unallowed			i adamini da de la descritación de la descritación de la decembra de la decembra de la decembra de la decembra		
loss from form or schedule ▶	3,725.				
b Net income from					
form or schedule					
c Subtract line 1b from					
line 1a. If zero or less,					
enter -0	>	3,725.	1	3,696.	29
Form or schedule to be					
reported on:					
1a Net loss plus prior year unallowed					
loss from form or schedule					
b Net income from					
form or schedule					
c Subtract line 1b from					
line 1a. If zero or less,					
enter -0					
Form or schedule to be					
reported on:					
1a Net loss plus prior year unallowed					
loss from form or schedule					
b Net income from					
form or schedule					
c Subtract line 1b from					
line 1a. If zero or less,					
enter -0-	>				
Total		3,725.	1.00	3,696.	29.

Worksheets 1 through 6 are not required to be filed with your California tax return and may be detached before filing form FTB 3801. Keep a copy of the worksheets for your records.

Name of Activity THE MARY PAT CHRI	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule to be					
reported on: SCH E					
1a Net loss plus prior year unallowed					
loss from form or schedule >	2,760.				
b Net income from					
form or schedule					
c Subtract line 1b from					
line 1a. If zero or less,					
enter -0-	>	2,760.	1	2,712.	48.
Form or schedule to be					
reported on:					
1a Net loss plus prior year unallowed					
loss from form or schedule					
b Net income from					
form or schedule					
c Subtract line 1b from					
line 1a. If zero or less,					
enter -0-	.	1			
Form or schedule to be					
reported on:					
1a Net loss plus prior year unallowed					
loss from form or schedule					
b Net income from					
form or schedule					
c Subtract line 1b from			<u> </u>		
line 1a. If zero or less,					
enter -0-	•				
Total		2,760.	1.00	2,712.	48.

Worksheets 1 through 6 are not required to be filed with your California tax return and may be detached before filing form FTB 3801. Keep a copy of the worksheets for your records.

SUMMARY OF PASSIVE ACTIVITIES - AMT STATEMENT 13 CA 3801

NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
THE CHRISTOPHER J	FORM 4797					
CHRISTIE 2010 BLIND TRUS THE CHRISTOPHER J	SCH E	29.		29.		
CHRISTIE 2010 BLIND TRUST		-3,725.		-3,725.	3,696.	29.
THE MARY PAT CHRISTIE 2010 BLIND TRUST	FORM 4797	48.		48.		
THE MARY PAT CHRISTIE 2010	SCH E	2 760		-2,760.	2,712.	48.
BLIND TRUST		-2,760.		-	-	
TOTALS		-6,408.		-6,408. ====================================	6,408.	77.

2011 TAX RETURN FILING INSTRUCTIONS

CONNECTICUT INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2011

Prepared for	CHRISTOPHER J & MARY P CHRISTIE MENDHAM, NJ
Prepared by	HAL MODEL CPA PA
Amount of tax	Total tax \$ 8 Less: payments and credits \$ 11 Plus: interest and penalties \$ 0 OVERPAYMENT \$ 3
Overpayment	Miscellaneous Donations \$ 0 Credited to your estimated tax \$ 0 Refunded to you \$ 3
Make check payable to	NOT APPLICABLE
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 REFUND MAY BE PROVIDED TO YOU IN THE FORM OF A DEBIT CARD INSTEAD OF A CHECK.
100081 15-01-11	

8

0

8

16.

17.

18.

Form CT-1040NR/PY-2011, Page 1 of 4

Connecticut Nonresident and Part-Year Resident Income Tax Return 2011 Other taxable year, beginning: and ending: Y Ν FJFC FJC Ν N N Ν **FSFC FSC** НН QW CHRISTOPHER J CHRISTIE N Dec. Ν MARY P CHRISTIE N Dec. Y Y N No forms CT-2210 Ν CT-8379 CT-1040CRC **MENDHAM** NJ 1. Federal adjusted gross income (from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4) 567772 1. 2. Additions to federal adjusted gross income (from Schedule 1, Line 41) 2. 3. Add Line 1 and Line 2 567772 3. 4. Subtractions from federal adjusted gross income (from Schedule 1, Line 52) 882 4. 5. Connecticut adjusted gross income: Line 4 subtracted from Line 3. 566890 5.

6. Income from Connecticut sources (from Schedule CT-SI, Line 30) 165 6. 7. Greater of Line 5 or Line 6. If less than zero, "0" is entered on Line 12. 566890 7. 8. Income tax 36032 8. 9. Line 6 divided by Line 5. If Line 6 is equal to or greater than Line 5, 1.0000 is entered. 0.0002 9. 10. Line 9 multiplied by Line 8 7 10. 11. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 61) 0 11. 12. Line 11 subtracted from Line 10. If Line 11 is greater than Line 10, "0" is entered. 7 12. 13. Connecticut alternative minimum tax (from Form CT-6251) 1 13. 14. Add Line 12 and Line 13. 8 14. 15. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11) 0 15.

17. Individual use tax (from Schedule 3, Line 62) If no tax is due, "0" is entered.18. Total tax: Add Line 16 and Line 17.



16. Connecticut income tax: Line 15 subtracted from Line 14. If less than zero, "0" is entered.

Clip check here. Do not staple. Do not send W-2 or 1099 forms.

141121 12-05-11

Sign Here Keep a copy for your records.

Form CT-1040NR/PY, Page 3 of 4	• *****	***
Schedule 1 - Modifications to Federal Adjusted Gross Income	_	۰
33. Interest on state and local government obligations other than Connecticut34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government	33.	0
obligations	34.	0
35. Reserved for future use 36. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted	35.	
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.	882
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 47. 50% of military retirement pay	46. 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.	ő
		•
50. CHET contributions Acct. #	50.	0
51. Other - specify •	51.	0
52. Total subtractions: Add Lines 42 through 51.	52.	882
Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions		0
53. Connecticut AGI during residency portion of taxable year	53.	0
Col. A		Col. B
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.	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

141123 12-05-11

Schedule 3 - Individual Use Tax

62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	62a.	0
62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	62b.	0
62c. Use tax at 7% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	62c.	0
62d. Use tax at 6% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)	62d.	0
62. Individual use tax: Add Lines 62a, 62b, 62c, and 62d.	62. ●	0
Schedule 4 - Contributions to Designated Charities		Ū
63a. AR		
63b. OT	63a.	0
OD. 01	63b.	0
63c. ES/W	63c.	0
63d. BCR	000.	U
620 000	63d.	0
63e. SNS	63e.	0
63f. MFRF	63f.	0
63. Total Contributions: Add Lines 63a through 63f.	001.	U
and though on.	63. ●	0

Form CT-1040NR/PY

Checklist for filing your Connecticut income tax return:

- 1. Do not send this sheet with your return. Be sure that Page 1 of your return is not printed on the back of this sheet.
- 2. Verify that the address lines on the return are correct and proper abbreviations are used.
- 3. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 20a through 20g, Column A, withholding claimed will be disallowed and your return will not be successfully processed.
- Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
- 5. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
- 6. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
- Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at www.ct.gov/TSC using the Taxpayer Service Center.)
- 8. Do not attach or send copies of forms W-2 or 1099.
- 9. Send all four pages of your completed return and any supporting schedules.
- 10. Make check payable to: Commissioner of Revenue Services
- 11. To ensure proper posting, write your SSN(s) (optional) and "2011 Form CT-1040NR/PY" on your check.
- 12. To mail your return, use the following addresses:

For all tax returns with payment:

Department of Revenue Services PO Box 2922 Hartford CT 06104-2922

For refunds and tax returns without payment:

Department of Revenue Services PO Box 2988 Hartford CT 06104-2988

13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.

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		***_**
If a joint return, spouse's first name and middle initial	Last name	Spouse's Social Security Number
MARY P CHRISTIE		***_**_***

Part I - Read the instructions before you complete this form.

1. Federal atternative minimum taxable income: See instructions. ▶ 1. 532, 460 00 2. Additions to federal atternative minimum taxable incomer: See instructions. ▶ 2. 00 3. 3532, 460 00 4. Subtractions from foderal atternative minimum taxable incomer: See instructions. ▶ 4. 8882 00 5. Adjusted federal atternative minimum taxable incomer: See instructions. ▶ 5. 531, 578 00 6. Enter \$74,450 if filing separately and Line 5 is more than \$223,900, see instructions. ▶ 5. 531, 578 00 6. Enter \$74,450 if filing pointly or qualifying vidow(er); \$48,450 if single or head of household; or \$37,250 if filing separately and Line 5 is more than \$223,900, see instructions. ▶ 5. 531, 578 00 7. Enter \$150,000 if filing jointly or qualifying vidow(er); \$112,500 if single or head of household; or \$37,500 if filing separately. 7. 150,000 00 7. Enter \$150,000 if filing jointly or qualifying vidow(er); \$112,500 if single or head of household; or \$75,000 if filing separately. 7. 150,000 00 7. Enter \$150,000 if filing separately. 7. 150,000 if single or head of household; or \$37,500 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. 9. 95,395 00 9. Multiply Line 8 by 25% (25). 9. 95,395 00 10. Exemption: Subtract Line 9 from Line 6. If zero or less, enter "0" here and on Line 23 and skip Lines 12 through 22. 11. 531,578 00 11. Subtract Line 10 from Line 5. If more than zero, go to Line 12. 11. 12 through 22. 11. 531,578 00 12. If Lines 2 and 4 above are zero, onter the amount from Ederal Form 6251, Line 31, here. 11 years of the see of 2011, 11 years of 2011, 11 years of 201			1		532,460	Tool
3. Add Line 1 and Line 2. 4. Subtractions from federal alternative minimum taxable income: See instructions. ▶ 4. 882 00 5. Adjusted federal alternative minimum taxable income: Subtract Line 4 from Line 3. 1f tiling separately and Line 6 is more than \$223,900, see instructions. ▶ 5. 531,578 00 6. Enter \$74,450 if filing jointly or qualifying widow(er); \$48,450 if single or head of household; or \$37,225 if filing separately. 7. Enter \$50,000 if filing jointly or qualifying widow(er); \$412,500 if single or head of household; or \$75,000 if filing plontly or qualifying widow(er); \$112,500 if single or head of household; or \$75,000 if filing separately. 8. Subtract Line 7 from Line 5. If zero or less, enter "0" here and on Line 9. 9. \$95,395 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 2011, see instructions. ▶ 10. 0 0 0 11. Subtract Line 10 from Line 6. If zero or less, enter "0" if you were under age 24 at the end of 2011, see instructions. ▶ 10. 10 0 0 0 11. Subtract Line 10 from Line 5. If more than zero, go to Line 12. 11. If zero or less, enter "0" here and on Line 23 and skip Lines 12 through 22. 12. If Lines 2 and 4 above are zero, enter the amount from lederal Form 6251, Line 31, here. 11. If you entered an amount on Lines 20 or 4 above and: ▶ You filed federal Form 2555 or Form 2555-EZ, see the Line 12 instructions for the amount to enter. ▶ You filed federal Form 2555 or Form 2555-EZ, see the Line 12 instructions for the amount time 42 here. All others: I'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 (\$51,750 if filing separately) from the result. ▶ 12. 136,431 00 13. Alternative minimum tax foreign tax credit from lederal Form 6251, Line 32. ▶ 13. 3,74 00 14. Adjusted federal tentative minimum tax Subtract Line 13 from Line 12. 15. Multiply Line 1 by 19% (19). 16. 229,237 00 17. Connecticut minimum	1.	Toda a destrutivo minima in discondi. Good mod doctorio.		-	334,400	+
4. Subtractions from Federal alternative minimum taxable income: See Instructions. ▶ 4. 882 00 5. Adjusted federal alternative minimum taxable income: Subtract Line 4 from Line 3. If filling separately and Line 5 is more than \$223,900, see instructions. ▶ 5. 531,578 00 6. Enters \$74,450 if filing jointly or qualifying widow(er); \$48,450 if single or head of household; or \$37,225 if filing separately. 7. 150,000 if filing separately. 7. 150,000 if filing separately. 7. 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 if filing separately. 8. Subtract Line 7 from Line 5. If zero or less, enter "0" here and on Line 9. 8. 381,578 00 9. Multiply Line 8 by 25% (25). 9. 95,395 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 2011, see instructions. 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. 531,578 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 from Line 42 here. All others: If Line 11 is \$175,000 or less (877,500 or less if filing separately), multiply Line 11 by 26% (26). Otherwise, multiply Line 11 by 28% (28) and subtract \$3,500 12. 136,431 00 13. Alternative minimum tax credit from lederal Form 6251, Line 32. 13	2.	Additions to federal alternative minimum taxable income: See instructions.	1	-	F30 460	
S. Adjusted federal alternative minimum taxable income; Subtract Line 4 from Line 3. If thing separately and Line 5 is more than \$223,000, see instructions. ▶ 5. 531,578 00 5. Enter \$74,450 if filing jointly or qualifying widow(er); \$48,450 if single or head of household; or \$37,225 if filing separately. 6. 74,450 if single or head of household; or \$75,000 if filing separately. 7. 150,000 or \$75,000 if filing separately. 7. 150,000 or \$75,000 if filing separately. 8. 381,578 00 8. Subtract Line 7 from Line 5. If zero or less, enter "0" here and on Line 9. 8. 381,578 00 9. Multiply Line 8 by 25% (25). 9. 9. 955,395 00 10. Exemptions: Subtract Line 9 from Line 6. If zero or less, enter "0". If you were under apge 24 at the end of 2011, see instructions. ▶ 10. 0 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. If Lines 22 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 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. 136, 431 00 13. Alternative minimum tax foreign tax credit from lederal Form 6251, Line 32. ▶ 13. 374 00 14. Adjusted federal tentative minimum hax: Subtract Line 13 from Line 12.	3.		1	3.		-
If filing separately and Line 5 is more than \$223,900, see instructions.	4.	Subtractions from federal alternative minimum taxable income: See instructions.	1	4.	882	00
6. Enter \$74,450 if filing peintly or qualifying widow(er); \$48,450 if single or head of household; or \$37,225 if filing peparately. 7. Enter \$150,000 if filing separately. 8. Subtract Line 7 from Line 5. If zero or less, enter "0" here and on Line 9. 9. Multiply Line 8 by 25% (.25). 10. Exemption: Subtract Line 9 from Line 6. If zero or less, enter "0". here and on Line 9. 9. Multiply Line 8 by 25% (.25). 10. Exemption: Subtract Line 9 from Line 6. If zero or less, enter "0". here and on Line 9. 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 22 and skip Lines 12 through 22. 12. If Lines 2 and 4 above are zero, enter the amount from federal Form 6251, Line 31, here. 13. If you entered an amount on Lines 2 and skip Lines 12 instructions for the amount to enter. 14. You entered an amount on Lines 2 or 4 above and: 15. You filed federal Form 2555 or Form 2555-EZ, see the Line 12 instructions for the amount from Line 42 here. 16. All others: If Line 11 is \$175,000 or less (87,500 or less (87,500 or less (87,500 or less) (87,500 or less (87,500 or less) (8	5.		1			
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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. 8. Subtract Line 7 from Line 5. If zero or less, enter "0" here and on Line 9. 9. Multiply Line 8 by 25% (25). 10. Exemption: Subtract Line 9 from Line 6. If zero or less, enter "0." If you were under age 24 at the end of 2011, see instructions. ▶ 10. 0 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. 531,578 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 flied federal Form 2555 or Form 2555-Ez, see the Line 12 instructions for 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. 13. Alternative minimum tax foreign tax credit from federal Form 6251, Line 32. 14. Adjusted federal tentative minimum tax: Subtract Line 13 from Line 12. 15. Multiply Line 14 by 19% (.19). 16. Multiply Line 14 by 19% (.19). 17. Connecticut minimum tax: Enter the lesser of Line 15 or Line 16. 17. 25,851 00 18. Apportionment factor: Residents, enter 1.0000; nonresidents and part-year residents, each institutions. ▶ 180003 19. Apportionment factor: Residents, enter 1.0000; nonresidents and part-year residents, see instructions. ▶ 180003 19. Apportionment factor: Residents, enter 1.0000; nonresidents and part-year residents and part-year residents only from Schedule A, Line 51.	6.	Enter \$74,450 if filing jointly or qualifying widow(er); \$48,450 if single or head of household;		1		
or \$75,000 if filing separately. 7.		or \$37,225 if filing separately.	\perp	6.	74,450	00
8. Subtract Line 7 from Line 5. If zero or less, enter "0" here and on Line 9. 9. Multiply Line 8 by 25% (25). 9. 95 , 395 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 2011, see instructions. ▶ 10. 0 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. 531 , 578 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 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. 136 , 431 00 13. Alternative minimum tax foreign tax credit from federal Form 6251, Line 32. ▶ 13. 374 00 14. Adjusted federal tentative minimum tax: Subtract Line 13 from Line 12. 15. Multiply Line 14 by 19% (19). 16. Multiply Line 14 by 19% (19). 17. Connecticut minimum tax: Enter the lesser of Line 15 or Line 16. 18. Apportionment factor: Residents, enter 1,00000; nonersidents and part-year residents, see instructions. ▶ 18. 0003 19. Apportionment factor: Residents, enter 1,00000; nonersidents and part-year residents, see instructions: Portion of the minimum tax in the 19 lit zero or less, enter "0". 21. Net Connecticut minimum tax paid to qualifying jurisdictions: Residents and part-year residents only from Schedule A, Line 51.	7.	Enter \$150,000 if filing jointly or qualifying widow(er); \$112,500 if single or head of household;		1		
9. Multiply Line 8 by 25% (.25). 10. Exemption: Subtract Line 9 from Line 6. If zero or less, enter "0." If you were under age 24 at the end of 2011, see instructions. ▶ 10. 0 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. 531,578 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. 136, 431 00 13. Alternative minimum tax foreign tax credit from federal Form 6251, Line 32. ▶ 13. 374 00 14. Adjusted federal tentative minimum tax: Subtract Line 13 from Line 12. 15. Multiply Line 14 by 19% (.19). 16. Multiply Line 14 by 19% (.19). 17. Connecticut minimum tax: Enter the lesser of Line 15 or Line 16. 18. Apportionment factor: Residents, enter 1.0000; nonresidents and part-year residents, see instructions. ▶ 180003 19. Apportioned Connecticut minimum tax: Multiply Line 17 by Line 18. 20. Connecticut minimum tax: Subtract Line 20 from Line 19. If zero or less, enter "0." 21. Net Connecticut minimum tax subtract Line 20 from Line 19. If zero or less, enter "0." 22. Credit for alternative minimum tax paid to qualifying jurisdictions: Residents and part-year residents only from Schedule A, Line 51.		or \$75,000 if filing separately.		7.		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 2011, see instructions. ▶ 10. 0 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. 531,578 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. Ald pusted federal tentative minimum tax foreign tax credit from federal Form 6251, Line 32. 12. 136,431 00 13. Alternative minimum tax foreign tax credit from federal Form 6251, Line 32. 14. 136,057 00 15. Multiply Line 14 by 19% (.19). 16. Multiply Line 14 by 19% (.055). 17. Connecticut minimum tax: Enter the lesser of Line 15 or Line 16. 17. 25,851 00 18. Apportionment factor: Residents, enter 1.0000; nonresidents and part-year residents, see instructions. ▶ 180003 19. Apportionment factor: Residents, see instructions. ▶ 19. 8 00 20. Connecticut minimum tax: Subtract Line 6, or Form CT-1040NR/PY, Line 10. ▶ 20. 7 00 21. Net Connecticut minimum tax: Subtract Line 6, or Form CT-1040NR/PY, Line 10. ▶ 22. 00 23. Subtract Line 22 from Line 21.	8.	Subtract Line 7 from Line 5. If zero or less, enter "0" here and on Line 9.		8.		00
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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. 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 FZ, see the Line 12 instructions for the amount to enter. • You completed Part III 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. 13. Alternative minimum tax foreign tax credit from federal Form 6251, Line 32. 14. Adjusted federal tentative minimum tax: Subtract Line 13 from Line 12. 15. Multiply Line 14 by 19% (.19). 16. Multiply Line 14 by 19% (.19). 17. Connecticut minimum tax: Enter the lesser of Line 15 or Line 16. 18. Apportionment factor: Residents, enter 1.0000; nonresidents and part-year residents, see instructions. 19. Apportioned Connecticut minimum tax: Multiply Line 17 by Line 18. 20. Connecticut minimum tax: Subtract Line 6, or Form CT-1040NR/PY, Line 10. 21. Net Connecticut minimum tax: Subtract Line 20 from Line 19. If zero or less, enter "0." 22. Credit for alternative minimum tax paid to qualifying jurisdictions: Residents and part-year residents only from Schedule A, Line 51. 23. Subtract Line 22 from Line 21.	10.	Exemption: Subtract Line 9 from Line 6. If zero or less, enter "0."	T			
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If you entered an amount on Lines 2 or 4 above and: You filed federal 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. Alternative minimum tax foreign tax credit from federal Form 6251, Line 32. 14. Adjusted federal tentative minimum tax: Subtract Line 13 from Line 12. 15. Multiply Line 14 by 19% (.19). 16. Multiply Line 5 by 5.5% (.055). 17. Connecticut minimum tax: Enter the lesser of Line 15 or Line 16. 18. Apportionment factor: Residents, enter 1.0000; nonresidents and part-year residents, see instructions. 19. Apportioned Connecticut minimum tax: Multiply Line 17 by Line 18. 20. Connecticut minimum tax: Subtract Line 20 from Line 19. If zero or less, enter "0." 21. Net Connecticut minimum tax: Subtract Line 20 from Line 19. If zero or less, enter "0." 22. Credit for alternative minimum tax paid to qualifying jurisdictions: Residents and part-year residents only from Schedule A, Line 51.		If zero or less, enter "0" here and on Line 23 and skip Lines 12 through 22.	1	11.	531,578	00
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Pyou 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. 13. Alternative minimum tax foreign tax credit from federal Form 6251, Line 32. 14. Adjusted federal tentative minimum tax: Subtract Line 13 from Line 12. 15. Multiply Line 14 by 19% (.19). 16. Multiply Line 14 by 19% (.055). 17. Connecticut minimum tax: Enter the lesser of Line 15 or Line 16. 18. Apportionment factor: Residents, enter 1.0000; nonresidents and part-year residents, see instructions. 19. Apportioned Connecticut minimum tax: Multiply Line 17 by Line 18. 20. Connecticut minimum tax: Subtract Line 20 from Line 19. If zero or less, enter "0." 21. Net Connecticut minimum tax is subtract Line 20 from Line 19. If zero or less, enter "0." 22. Credit for alternative minimum tax paid to qualifying jurisdictions: Residents and part-year residents only from Schedule A, Line 51.						
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. 136,431 00 13. Alternative minimum tax foreign tax credit from federal Form 6251, Line 32. 14. Adjusted federal tentative minimum tax: Subtract Line 13 from Line 12. 15. Multiply Line 14 by 19% (.19). 16. Multiply Line 5 by 5.5% (.055). 17. Connecticut minimum tax: Enter the lesser of Line 15 or Line 16. 18. Apportionment factor: Residents, enter 1.0000; nonresidents and part-year residents, see instructions. 19. Apportioned Connecticut minimum tax: Multiply Line 17 by Line 18. 20. Connecticut minimum tax: Subtract Line 20 from Line 19. If zero or less, enter "0." 21. Net Connecticut minimum tax paid to qualifying jurisdictions: Residents and part-year residents only from Schedule A, Line 51. 23. Subtract Line 22 from Line 21.		• You completed Part III of federal Form 6251, complete Part II of this form and enter the amount from Line 42 here.				
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. 136,431 00 13. Alternative minimum tax foreign tax credit from federal Form 6251, Line 32. ▶ 13. 374 00 14. Adjusted federal tentative minimum tax: Subtract Line 13 from Line 12. 15. Multiply Line 14 by 19% (.19). 16. Multiply Line 5 by 5.5% (.055). 17. Connecticut minimum tax: Enter the lesser of Line 15 or Line 16. 17. 25,851 00 18. Apportionment factor: Residents, enter 1.0000; nonresidents and part-year residents, see instructions. 19. Apportioned Connecticut minimum tax: Multiply Line 17 by Line 18. 20. Connecticut income tax from Form CT-1040, Line 6, or Form CT-1040NR/PY, Line 10. 21. Net Connecticut minimum tax: Subtract Line 20 from Line 19. If zero or less, enter "0." 22. Credit for alternative minimum tax paid to qualifying jurisdictions: Residents and part-year residents only from Schedule A, Line 51. 23. Subtract Line 22 from Line 21.						
13. Alternative minimum tax foreign tax credit from federal Form 6251, Line 32. ▶ 13.						
14. Adjusted federal tentative minimum tax: Subtract Line 13 from Line 12. 15. Multiply Line 14 by 19% (.19). 16. Multiply Line 5 by 5.5% (.055). 17. Connecticut minimum tax: Enter the lesser of Line 15 or Line 16. 18. Apportionment factor: Residents, enter 1.0000; 19. Apportioned Connecticut minimum tax: Multiply Line 17 by Line 18. 19. Apportioned Connecticut minimum tax: Multiply Line 17 by Line 18. 20. Connecticut income tax from Form CT-1040, Line 6, or Form CT-1040NR/PY, Line 10. 21. Net Connecticut minimum tax: Subtract Line 20 from Line 19. If zero or less, enter "0." 22. Credit for alternative minimum tax paid to qualifying jurisdictions: Residents and part-year residents only from Schedule A, Line 51. 22. Obstract Line 22 from Line 21.		(\$1,750 if filing separately) from the result.	-	12.		
15. Multiply Line 14 by 19% (.19). 16. Multiply Line 5 by 5.5% (.055). 17. Connecticut minimum tax: Enter the lesser of Line 15 or Line 16. 18. Apportionment factor: Residents, enter 1.0000;	13.	Alternative minimum tax foreign tax credit from federal Form 6251, Line 32.	<u> </u>	13.		
16. Multiply Line 5 by 5.5% (.055). 17. Connecticut minimum tax: Enter the lesser of Line 15 or Line 16. 18. Apportionment factor: Residents, enter 1.0000;	14.	Adjusted federal tentative minimum tax: Subtract Line 13 from Line 12.		14.		
17. Connecticut minimum tax: Enter the lesser of Line 15 or Line 16. 18. Apportionment factor: Residents, enter 1.0000;	15.	Multiply Line 14 by 19% (.19).		15.		00
18. Apportionment factor: Residents, enter 1.0000; nonresidents and part-year residents, see instructions. 19. Apportioned Connecticut minimum tax: Multiply Line 17 by Line 18. 20. Connecticut income tax from Form CT-1040, Line 6, or Form CT-1040NR/PY, Line 10. 21. Net Connecticut minimum tax: Subtract Line 20 from Line 19. If zero or less, enter "0." 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.	16.	Multiply Line 5 by 5.5% (.055).		16.		00
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nonresidents and part-year residents, see instructions. 19. Apportioned Connecticut minimum tax: Multiply Line 17 by Line 18. 20. Connecticut income tax from Form CT-1040, Line 6, or Form CT-1040NR/PY, Line 10. 21. Net Connecticut minimum tax: Subtract Line 20 from Line 19. If zero or less, enter "0." 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.	18.	Apportionment factor: Residents , enter 1.0000;				
20. Connecticut income tax from Form CT-1040, Line 6, or Form CT-1040NR/PY, Line 10. 21. Net Connecticut minimum tax: Subtract Line 20 from Line 19. If zero or less, enter "0." 22. Credit for alternative minimum tax paid to qualifying jurisdictions: Residents and part-year residents only from Schedule A, Line 51. 23. Subtract Line 22 from Line 21.		• • • • • • • • • • • • • • • • • • • •	-	18.	.00	003
21. Net Connecticut minimum tax: Subtract Line 20 from Line 19. If zero or less, enter "0." 21. Occidit for alternative minimum tax paid to qualifying jurisdictions: Residents and part-year residents only from Schedule A, Line 51. 22. Occidit connecticut minimum tax paid to qualifying jurisdictions: Residents and part-year residents only from Schedule A, Line 51.	19.	Apportioned Connecticut minimum tax; Multiply Line 17 by Line 18.	T	19.		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.	20.	Connecticut income tax from Form CT-1040, Line 6, or Form CT-1040NR/PY, Line 10.	>	20.	7	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.	21.			21.	1	00
only from Schedule A, Line 51. ▶ 22. 00 23. Subtract Line 22 from Line 21. □			T			
23. Subtract Line 22 from Line 21.		· · · · · · · · · · · · · · · · · · ·	- :	22.		00
	23.		T			
			-	23.	1	00

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Part II

Part	Complete Part II of this form of	only if	vou are required to co	mole	te Pa	art III of federal Form 6	:251
24.	criter the amount from Line 11. If you are filing federal Form 2555 or Form 2555-EZ, ent		Ť	T Criedera's Omio	- 1		
	from Line 3 of the Connecticut Foreign Earned Income Tax Worksheet on Page 4.	>	24.	531,578	00		
25.	Enter the amount from federal Form 6251, Line 37. See instructions.	25.	68,550				100
26.	Enter the amount from federal Form 6251, Line 38. See instructions.	1					
27.	Enter the amount from federal Form 6251, Line 39. See instructions.	26. 27.	68,550	00	1		
28.	Enter the smaller of Line 24 or Line 27.			1 00	28.	68,550	00
29.	Subtract Line 28 from Line 24.				29.	463,028	
30.	If Line 29 is \$175,000 or less (\$87,500 or less if filing separately), multiply Line 29 by 26	5% (.2	6).		123.	103,020	100
	Otherwise, multiply Line 29 by 28% (.28) and subtract \$3,500 (\$1,750 if filing separately) from	the result.		30.	126,148	00
31.	Enter:	T		Т	100.	1 220,130	100
	 \$69,000, if filing jointly or qualifying widow(er); 				ľ		
	• \$34,500, if single or filing separately; or	ı			'		
	• \$46,250, if head of household.	31.	69,000	00			
32.	Enter the amount from federal Form 6251, Line 44. See instructions.	32.	367,855	00			*
33.	Subtract Line 32 from Line 31. If zero or less, enter "0."	33.	0.0	00	1		`
34.	Enter the smaller of Line 24 or Line 25.	34.	68,550	00	1		
35.	Enter the smaller of Line 33 or Line 34.	35.		00			İ
36.	Subtract Line 35 from Line 34.	36.	68,550	00			
37.	Multiply Line 36 by 15% (.15).		7 - 0 - 0	1 00	┢		T^{i}
	lf Line 26 is zero or blank, skip Lines 38 and 39 and go to Line 40. Otherwise, go to Li	ne 38			37.	10,283	00
38.	Subtract Line 34 from Line 28.	38.		00		1 20,200	100
39.	Multiply Line 38 by 25% (.25).	39.		00			
40.	Add Lines 30, 37 and 39.	40.	136,431				
41.	If Line 24 is \$175,000 or less (\$87,500 or less if filing separately), multiply Line 24 by 26	% (.20	6).		10.	130,431	100
	Otherwise, multiply Line 24 by 28% (.28) and subtract \$3,500 (\$1,750 if filing separately		41.	145,342	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-F7.			113,314	100
	do not enter this amount on Line 12. Enter it on Line 4 of the Connecticut Foreign Earl	ned Ir	ncome Worksheet				
	on Page 4 of the instructions.			.	42.	136,431	
					74.	TO0, TO1	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.

For each column, enter the following:

- 44. Enter qualifying jurisdiction's name and two-letter code.
- 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.
- 46. Divide Line 45 by Line 43. Round to four decimal places.
- 47. Enter the net Connecticut minimum tax (from Form CT-6251, Line 21). Part-Year Residents, see instructions.
- 48. Multiply Line 46 by Line 47.
- 49. Alternative minimum tax paid to a qualifying jurisdiction: See instructions.
- 50. Enter the lesser of Line 48 or Line 49.
- 51. Total credit: Add Line 50, all columns. Enter amount here and on Line 22 on page 1 of this form

	40.		00	
	Column	Α	Column B	
_	Name	Code	Name	Code
44.				I
45.		00		00
46.				
47.		00		00
48.	······································	00		00
49.		00		00
50.		00		00
this form.		51.		00

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Department of Revenue Services State of Connecticut (Rev. 12/11)

Schedule CT-SI

2011

Nonresident or Part-Year Resident Schedule of Income From Connecticut Sources

Complete this schedule if you were a nonresident or part-year resident of Connecticut and attach it to Form CT-1040NR/PY.

Your first name and middle initial Last name	Your Social Security Number
CHRISTOPHER J CHRISTIE	* * * _ * * _ * * *
If joint return, spouse's first name and middle initial Last name	Spouse's Social Security Number
MARY P CHRISTIE	***_***
See instructions on Page 27 before completing this schedule. Complete in	
Part 1 - Connecticut Income - Part-Year Residents: Complete Schedule CT-1040AW, Part-Year Resident	
for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below. Nonresidents: Enter the in	come received from Connecticut sources.
1. Wages, salaries, tips, etc.	> 1
2. Taxable interest	2
3. Ordinary dividends	3 12
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
Taxable amount of pensions and annuities	▶ 9
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc. SEE STATEME	NT 2 ► 10 153
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.	▶ 15 165 ₀₀
Part 2 - Adjustments to Connecticut Income - Enter adjustments directly related to income reporte	d above.
16. Educator expenses	▶ 16
17. Certain business expenses of reservists, artists, and fee-basis government officials	▶ 17
18. Health savings account deduction	
19. Moving expenses	▶ 19
20. Deductible part of self-employment tax	20
21. Seir-employed SEP, SIMPLE, and qualified plans	▶ 21
22. Self-employed health insurance deduction	
23. Penalty on early withdrawal of savings	
24. Allinothy paid, Recipient's last name	▶ 24
25. IRA deduction	
26. Student loan interest deduction	
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.	> 30 165 00
This reflects the information on the federal 1040 as of the print date. Check the DRS website at www.ct.gov/DR	
Employee Apportionment Worksheet - Complete Lines A through G only when the income from employment and the exact amount of Connecticut income is not known. Do not complete Lines A through G if you know the exacted instructions, Page 31.	is earned both inside and outside Connecticut ict amount of your Connecticut-sourced income.
A. Working days (or other basis) outside Connecticut	IAI
B. Working days (or other basis) inside Connecticut	В
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	***_**_*	* * *
CT-1040NR/PY ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME	STATEMENT	
DESCRIPTION	AMOUNT	
UBT ADDBACK FROM FLOWTHROUGHS DEPRECIATION ADDBACK FROM FLOWTHROUGHS		***************************************
TOTAL TO FORM CT-1040NR/PY, SCHEDULE 1, LINE 40		
CT SCH CT-SI RENTAL REAL ESTATE, ROYALTIES, PARTNERSHIPS,	STATEMENT	2
S CORPORATIONS, TRUSTS, ETC.	DIATEMENT	۷.
DESCRIPTION	AMOUNT	
CANTOR FITZGERALD LP	1!	53.

TOTAL TO SCH CT-SI, LINE 10

153.

2011 TAX RETURN FILING INSTRUCTIONS

NEW JERSEY INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2011

EHRISTOPHER J & MARY P CHRISTIE IENDHAM, NJ IAL MODEL CPA PA Ital tax \$ 32,770 ss: payments and credits \$ 37,734 us: interest and penalties \$ 0
tal tax \$ 32,770 ss: payments and credits \$ 37,734
ss: payments and credits \$ 37,734
VERPAYMENT \$ 4,964
scellaneous Donations \$ 0 edited to your estimated tax \$ 4,964 funded to you \$ 0
OT APPLICABLE
HIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING AND THE RACTITIONER PIN PROGRAM HAS BEEN ELECTED. YOUR RETURN WILL BE OMPLETELY PAPERLESS, THEREFORE, DO NOT MAIL THE PAPER COPY OF HE RETURN TO NJDOR.
OT APPLICABLE
-

2011 NJ-630 APPLICATION FOR EXTENSION OF TIME TO FILE

PAYMENT BY CREDIT CARD

You may pay your 2011 New Jersey income taxes or make payment of estimated tax for 2012 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 2011 New Jersey income taxes or make payment of estimated tax for 2012 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 2011 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.

166181

Cut along dotted line.

NJ-630 2011 Application for Extension of Time to File
NJ Gross Income Tax Return

-**- CHRI ***-**-***
CHRISTIE CHRISTOPHER J & CHRIST

MENDHAM, NJ

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 I hereby request an extension of to file the return as indicated below.

6 months, until 10/15/12

Indicate the return the extension is being requested by checking the appropriate box:

NJ-1040NR

R X NJ-1040 N

6 Month Ext.

N

NJ-1080-C 6 Month Ext.

NJ-1041

Enter amount of payment here:

s 5000.00

NJ-1040 2011

PAGE 1



STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

For Privacy Act Notification, See Instructions For Tax Year Jan. - Dec. 2011 or Other Tax

AGE 1		Beginning On-line Fede		Month Ending	
CHRISTIE CHRISTOP	HER J & CH	RISTIE MARY I	P		
MENDHAM *******		NJ			

166031 11-03-11 1019 Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge. Pay amount on line 55 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 Your Signature Date Spouse/CU Partner's Signature (If filing jointly, BOTH must sign) voucher and your return to: NJ Division of Taxation, Revenue Paid Preparer's Signature Federal Identification Number Processing Center, PO Box 111, 10-4-12 Trenton, NJ 08645-0111 Firm's Name HAL MODEL CPA PA If REFUND: NJ Division of Taxation, Federal Employer Identification No. Revenue Processing Center, PO Box **_*** 555, Trenton, NJ 08647-0555



CHRISTIE CHRISTOPHER J & CHRISTIE MARY P

001 12 014 489082 040 51 SS# EXT 6 15a 5248 40a 00 SP# FS 2 15b 3929 042 0 SS1 DP 0 016 7697 044 0 BY1 006 2 017 0 045 0 SS2 007 0 018 48725 046 32719 BY2 008 0 019 0 047 26642 SS3 009 4 020 0 048 0 BY3 010 0 021 0 049 11041 SS4 011 0 022 22572 050 0 BY4 12a 2 023 0 50b 0 DDI 12b 4 024 0 50c 0 AT RSF 010111 025 0 </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>								
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HCd 0 030 0 057 4964 22c 0 031 0 058 0 VC 1019 032 0 059 0 CTY 1418 033 0 060 0 PDR 0 36a 37585 061 0 DNM 1 36b 0 062 0 PA 1 36c 10000 063 0 CDV 9617 037 555324 63c 00 038 32770 064 4964				_		-		
22c 0 031 0 058 0 VC 1019 032 0 059 0 CTY 1418 033 0 060 0 PDR 0 36a 37585 061 0 DNM 1 36b 0 062 0 PA 1 36c 10000 063 0 CDV 9617 037 555324 63c 00 038 32770 064 4964								
VC 1019 032 0 059 0 CTY 1418 033 0 060 0 PDR 0 36a 37585 061 0 DNM 1 36b 0 062 0 PA 1 36c 10000 063 0 CDV 9617 037 555324 63c 00 038 32770 064 4964								
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CDV 9617 037 555324 63c 00 038 32770 064 4964								
038 32770 064 4964		_				=		
-	CDV	9617						
U 6 5 U			038	32//0				
					005	U		

NJ-1040 (2011) PAGE 3 Name Social Security Number CHRISTIE CHRISTOPHER J & CHRISTIE MARY P ***_** RESIDENCY If you were a New Jersey resident for ONLY part of the Τo **STATUS** taxable year, give the period of New Jersey residency: MONTH DAY YEAR MONTH DAY YEAR FILING STATUS 2. X Married/CU Couple, filing joint return Married/CU Partner, filing separate return Head of Household Qualifying Widow(er)/ Surviving CU Partner EXEMPTIONS 6. Regular 10. Number of other dependents 7. Age 65 or Over Dependents attending colleges 11. 8. Blind or Disabled 12. Totals (Line 12a - Add Lines 6, 7, 8 and 11) 9. Number of qualified dependent children (Line 12b - Add Lines 9 and 10) 4 13. Dependent's information from Lines 9 and 10. (ATTACH RIDER IF MORE THAN FOUR) If the dependent does not have health insurance including NJ Family Care/Medicaid, Medicare LAST NAME, FIRS<u>T NAME, MIDDLE</u> INITIAL SOCIAL SECURITY # **BIRTH YEAR** private or other, check the box CHRISTIE а ***_**_*** CHRISTIE ***_**_** h. CHRISTIE *** ** *** c. d. CHRISTIE ***_** **GUBERNATORIAL** Do you wish to designate \$1 of your taxes for this fund? Yes __ No **ELECTIONS FUND** If joint return, does your spouse/CU partner wish to designate \$1? No Yes 14. Wages, salaries, tips, and other employee compensation (Enclose W-2) Be sure to use State wages from Box 16 of your W-2(s)(see Inst.) 489,082. 14 Taxable interest income (See instructions) (Enclose Fed Sch B if over \$1,500) 15a. SEE STATEMENT 1 15a 5,248. 15b. Tax exempt interest income. DO NOT include on Line 15a STMT 2 | 15b 16. Dividends SEE 7,697. 16 17. Net profits from business (Enclose copy of Federal Schedule C, Form 1040) 17 Net gains or income from disposition of property (Schedule B, Line 4) 18. 48,725. 18 Pensions, Annuities, and IRA Withdrawals (See instruction page 24) 19. 19 20. Distributive Share of Partnership Income (See instruction page 27)

SEE STATEMENT 3 20 Net pro rata share of S Corporation Income (See instruction page 27) (Enclose Schedule) 21. 21 Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3) 22. 22 22,572. Net Gambling Winnings (See instructions page 27) 23. 23 24. Alimony and separate maintenance payments received _____ 24 Other (Enclose Schedule) (See instruction page 28) 25. 25 Total income (Add Lines 14, 15a, 16 through 25) 26. 573,324. 27a. Pension Exclusion (See instruction page 28) 27a Other Retirement Income Exclusion (See Worksheet and instr. page 30) 27b 27b. Total Exclusion Amount (Add Line 27a and Line 27b) 27c. 27c 28. New Jersey Gross Income (Subtract Line 27c from Line 26) See instruction page 30. 28 573,324. Total Exemption Amount - See instruction page 30 (Part Year Residents see instruction page 9.) 29. 8,000. 29 30. Medical Expenses (See Worksheet and instr. page 31) 30 31. Alimony and Separate Maintenance Payments 31 32. Qualified Conservation Contribution 32 33. Health Enterprise Zone Deduction 33 Total Exemptions and Deductions (Add Lines 29, 30, 31, 32 and 33) 34. 8,000. 34 Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY 35. 35 565,324. 36a. 36b. Check this box if you were a New Jersey homeowner on October 1, 2011 36c. 36c 10,000. NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY 37. 37 555,324. 38. Tax (From Tax Tables, page 53) 38 32,770. 39. THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS 40. 00 51. 40

Balance of Tax (Subtract Line 40 from Line 38)

Sheltered Workshop Tax Credit

Balance of Tax after Credit (Subtract Line 42 from 41)

Use Tax Due on Out-of-State Purchases (See instruction page 38) If no Use Tax, enter ZERO

Penalty for Underpayment of Estimated Tax Check if Form 2210 enclosed.

32,719.

32,719.

32,719.

41

42

43

44

45

41.

42.

43.

44.

45.

46.

PAGE 3 AND PAGE 4 MUST BE ENCLOSED WITH PAGE 1 AND 2 OF YOUR 2011 NJ-1040

040 (2011)		PAGE 4
		**
	47	26,642
	48	
	49	11,041
	50	
Fill in box if you are a CU couple claiming the NJ Earned Income Tax Credit.		
EXCESS New Jersey UI/SF/SWF Withheld (See instructions) (Enclose Form NJ-2450)	51	
	52	
EXCESS New Jersey Family Leave Withheld (See instructions) (Enclose Form NJ-2450)	53	
Total Payments/Credits (Add Lines 47 through 53)	54	37,683
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 amou	nt.	
If Line 54 is MORE THAN Line 46, enter OVERPAYMENT	56	4,964
Deductions from Overpayment on Line 56 which you elect to credit to:	·	
Your 2012 tax	57	4,964
N.J. Endangered Wildlife Fund \$10 \$20 Other	58	
N.J. Children's Trust Fund \$10 \$20 Other	59	
N.J. Vietnam Veterans' Memorial Fund \$10 \$20 Other	60	
N.J. Breast Cancer Research Fund \$10 \$20 Other	61	
	<u> </u>	
Other Designated Contribution (See instructions) \$10 \$20 Other		
Total Deductions from Overpayment (Add Lines 57 through 63)		4,964
REFUND (Amount to be sent to you. Subtract Line 64 from Line 56)	65	
Total Deductions from Overpayment (Add Lines 57 through 63)	64 65	
DIRECT DEPOSIT INFORMATION '1' for Refund and '4' for no. Check Routing Number Fill in check box if refund is going to an account outside the United States Account Number Type of account ('C' for Check	ing, 'S' fo	Savings)
	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099) Property Tax Credit (See instructions) New Jersey Estimated Tax Payments/Credit from 2010 tax return. New Jersey Estimated Tax Payments/Credit (See instructions) (Fill in only one) Fill in the box if you had the IRS figure your Federal Earned Income Credit. Fill in box if you had the IRS figure your Federal Earned Income Credit. EXCESS New Jersey UISF/SWF Withheld (See instructions) (Enclose Form NJ-2450) EXCESS New Jersey Disability Insurance Withheld (See instructions) (Enclose Form NJ-2450) EXCESS New Jersey Family Leave Withheld (See instructions) (Enclose Form NJ-2450) EXCESS New Jersey Family Leave Withheld (See instructions) (Enclose Form NJ-2450) EXCESS New Jersey Family Leave Withheld (See instructions) (Enclose Form NJ-2450) EXCESS New Jersey Family Leave Withheld (See instructions) (Enclose Form NJ-2450) EXCESS New Jersey Family Leave Mithheld (See instructions) (Enclose Form NJ-2450) EXCESS New Jersey Family Leave Mithheld (See instructions) (Enclose Form NJ-2450) EXCESS New Jersey Family Leave Mithheld (See instructions) (Enclose Form NJ-2450) EXCESS New Jersey Family Leave Mithheld (See instructions) (Enclose Form NJ-2450) EXCESS New Jersey Family Leave Mithheld (See instructions) (Enclose Form NJ-2450) EXCESS New Jersey Family Leave Mithheld (See instructions) (Enclose Form NJ-2450) It line 54 is LESS THAN Line 46, enter OVERPAYMENT Deductions from Overpayment on Line 56 which you elect to credit to: Your 2012 tax N.J. Endangered Wildlife Fund N.J. Children's Trust Fund N.J. Children's Trust Fund N.J. Children's Trust Fund N.J. Children's Trust Fund N.J. See Jersey Educational Museum Fund Other Designated Contribution (See instructions) Total Deductions from Overpayment (Add Lines 57 through 63) REFUND (Amount to be sent to you. Subtract Line 64 from Line 56) DIRECT DEPOSIT INFORMATION 1' for Refund and '4' for no.	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099) 47 Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099) 48 New Jersey Estimated Tax Payments/Credit from 2010 tax return. 49 New Jersey Estimated Tax Payments/Credit from 2010 tax return. 49 Fill in the box if you are a CU couple claiming the NJ Earned Income Credit. Fill in box if you are a CU couple claiming the NJ Earned Income Credit. Fill in box if you are a CU couple claiming the NJ Earned Income Tax Credit. 50 EXCESS New Jersey Disability Insurance Withheld (See instructions) (Enclose Form NJ-2450) 52 EXCESS New Jersey Disability Insurance Withheld (See instructions) (Enclose Form NJ-2450) 52 EXCESS New Jersey Family Leave Withheld (See instructions) (Enclose Form NJ-2450) 53 Total Payments/Credits (Add Lines 47 through 53) 11 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. If Line 54 is MORE THAN Line 46, enter OEPRPAYMENT 56 Deductions from Overpayment on Line 56 which you elect to credit to: Your 2012 tax 57 N.J. Endangered Wildlife Fund 57 N.J. Vietnam Veterans' Memorial Fund 510 520 Other 58 N.J. Vietnam Veterans' Memorial Fund 510 520 Other 60 N.J. Breast Cancer Research Fund 510 520 Other 60 N.J. Storm Strust Fund 510 520 Other 61 U.S.S. New Jersey Educational Museum Fund 510 520 Other 62 Other 59 Total Deductions from Overpayment (Add Lines 57 through 63) 63 Total Deductions from Overpayment (Add Lines 57 through 63) 65 DIRECT DEPOSIT INFORMATION 71 for Refund and '4' for no.

Pe	ame(s) as shown o	n Form NJ-1040						Your Social Security	y Numbe
		HRISTOPHER J &	CHRISTIE	MARY P				*** **	***
	Schedule A	CREDIT FOR INCOME OR WAG PAID TO OTHER JURISDICTION	E TAXES	If you are claiming	a credit for inco e A must be end	me taxes paid to more slosed for each. See ins	than one tructions	e jurisdiction, s page 42.	
-		A COPY OF OTHER STATE OF				RETAINED WITH YOUR	RECORI)S	
1.	Income actually to	axed by other jurisdiction during t e the same income taxed by more	ax year (indicate n	ame CALIFO	DRNIA		_)		T
	(The amount on L	Line 1 cannot exceed the amount	than one jurisdicu shown on Line 2)	on)				1,	
								14	19
	Income subject to	tax by New Jersey (From Line 28	3, Form NJ-1040)			*********************	. 2.	573,32	24
	(Divide Line 2 into	ble credit Percentage 1		$\frac{149.}{324.}$					
		ELIGIBLE FOR A PROPERTY TAX	BENEFIT ONLY CO	, 324. OMPLETE COLUMN	N B	COLUMN A	3.	.0260) %
	Taxable Income (a	after Exemptions and Deductions)	from Line 35, For	m NJ-1040	4.	565,324	4.	COLUMN B 565,32	14
	Property Tax and Deduction	Enter in Box 5a the amount from Works line 1. See instructions page 37.	1 1					303,32	-
		Dronowholms dieta to the English	5a.	37,585					
		Property tax deduction. Enter the See instructions page 37.	amount from Wo	rksheet F, line 2.	5.	10,000	5.	- 0 -	
		le Income (Line 4 minus Line 5)			6.	555,324	6.	565,32	4
-		ount (From Tax Table or Tax Rate Line 3 times Line 7)	Schedules)		7.	32,770	7.	33,66	7
	Credit for	Enter in Box 9a the income or v			8.	9	8.		9
	Taxes Paid to	tax paid to other jurisdiction du	rina I I						
	Other Jurisdiction	tax year on income shown on L See instructions page 46.	ine 1. 9a.	11	.				
			<u> </u>						
		Credit allowed. (Enter lesser of				_			
-	If you are not	(The credit may not exceed yo eligible for a property tax benefit,	ur New Jersey tax	on Line 38).	9.	9	9.	~~	9
	Schedule E	DISPUSITION OF PROPER	ROM	List the net	gains or income	e whether you receive a e, less net loss, derived uding real or personal v	from the	e sale, exchange, or	other
í	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 othe basis as adj (see instruc and expensi of sale	er usted tions)	f. Gain or (loss) (d less e)	
	SEE STATI	EMENT 6						46,63	5
_	Capital Gains Distrit	butions					1	2 000	. -
	Other Net Gains				***************************************		2.	2,090	'
	Net Gains (Add Line	es 1, 2, and 3) (Enter here and on	Line 18. If loss en	ter ZERO here and	make no entry o	on Line 18)	4.	48,725	5
3	chedule C	NET GAIN OR INCOME FROM ROYALTIES, PATENTS AND C		royanies, p	atents, and copy	come, less net loss, der yrights as reported on y for Federal purposes, s	our Fed	n or in the form of r	ante
a	. Kind of Property		b. Net Rental Income (Lo		Income m Royalties	d. Net Income From Patents		e. Net Income From Copyrigh	ts
	SEE STATE	EMENT 7							
	Totals		b.	c.	22,57	2. d		۵	
Ì	Vet Income (Combi	ne Columns b, c, d, and e) (Enter	r here and on Line	22. If loss enter ZE	RO here and ma	ake no entry on	ТТ	e.	
L	_ine 22)	·				: := y = ::		22 5	72

Name(s) as shown on Form NJ-1040 Your Social Security N										Your Social Security Num	ber
C	HRISTIE (CHRISTOPHER J & C								*** * * * * *	**
	Schedule A	CREDIT FOR INCOME OR WAGE T PAID TO OTHER JURISDICTION	AXES	If you are claiming a a separate Schedule	credit 1 A musi	for inc t be er	ome taxes paid to m nclosed for each. See	ore than c instruction	one ons	jurisdiction, page 42.	
		A COPY OF OTHER STATE OR P	OLITICAL SUBI	DIVISION TAX RETU	RN MU	ST BE	RETAINED WITH YO	UR RECO	RD	S	
1.	Income actually t	axed by other jurisdiction during tax	year (indicate n	ame CONNE	CTI	CUI	ר)			
	(DO NOT combin	e the same income taxed by more th	an one jurisdict	ion)						1.65	
- 1	(The amount on Line 1 cannot exceed the amount shown on Line 2)							<u> </u>	1.	165	
١									2.	573,324	
2.	Income subject to tax by New Jersey (From Line 28, Form NJ-1040) Maximum Allowable Credit Percentage 1 165.						····· -	۷٠	3/3,324	\vdash	
3.	(Divide Line 2 int		573	,324.					3.	.0288	%
ŀ		ELIGIBLE FOR A PROPERTY TAX B			В.		COLUMN A			COLUMN B	
4.		after Exemptions and Deductions) fr				4.	565,32	4	4.	565,324	
5.	Property Tax	Enter in Box 5a the amount from Workshe			T						
	and Deduction	line 1. See instructions page 37.	5a.	37,585							
		Property tax deduction. Enter the a	mount from W	orksheet F, line 2.						•	
		See instructions page 37.				5.	10,00		5.	- 0 -	1
6.		ble Income (Line 4 minus Line 5)				6.	555,32		6.	565,324	
7.		ount (From Tax Table or Tax Rate S	chedules)			7.	32,77		7.	33,667	
8.	Allowable Credit	(Line 3 times Line 7)				8.		9	8.	10	
9.	Credit for Taxes Paid to	Enter in Box 9a the income or wattax paid to other jurisdiction duri									
	Other	tax year on income shown on Li	ne 1.	7	,						
ı	Jurisdiction	See instructions page 46.	9a.			1					
		Out dit allowed /Entenlance of I	ing C or Boy On	`							
		Credit allowed. (Enter lesser of L (The credit may not exceed you		•		9.		7	9.	7	
1	If you are no	ot eligible for a property tax benefit, e	enter the amoun	t from Line 9. Colum	ın B. o		40, Form NJ-1040.	Make no e	entr	y on Lines 36c or 48,	-
	Form NJ-10	40.	miler and amoun	2	,		•				
	If you are eli	gible for a property tax benefit, you	must complete	Worksheet H on pag	e 45 to	deter	mine whether you re	ceive a gr	eate	er benefit by claiming a	
	property tax	deduction or taking the property tax NET GAINS OR INCOME FR		l ict the ne	enien t	or inc	ome less net loss d	erived fro	m t	he sale, exchange, or ot	her
	Schedule	B DISPOSITION OF PROPERT		disposition	of pro	perty	including real or per	sonal whe	the	r tangible or intangible.	
1.	a. Kind of proper	ty and description	b. Date acquired	c. Date sold (Mo., day, yr.)	d. G	ross ales		or other as adjust	ted	f. Gain or (loss)	
			(Mo., day, y			rice	(see	instrućtio		1) ' .	
							and of sa	expense le			
											T
					1						
2.	Capital Gains Dis	tributions							2.		
3.	Other Net Gains								3.		ļ
4.	Net Gains (Add L	ines 1, 2, and 3) (Enter here and on	Line 18. If loss					<u></u>	4.		<u> </u>
		NET GAIN OR INCOME FROM	RENTS,	List the r	et gain	s or n	et income, less net le	oss, derive	ed fi ur F	rom or in the form of rer ederal Income Tax Retu	nts, rn
	Schedule C	ROYALTIES, PATENTS AND C	OPYRIGHTS	If you ha	ve pass	sive lo	sses for Federal pur	oses, see	ins	structions.	
	a Kind of Dropo		b. Net Rent	tal [r]	let Inco	me	d. Net Inc	ome		e. Net Income	
1.	a. Kind of Prope	rty	Income		rom R			atents		From Copyrights	S
								.,,			
2.	Totals		b.	C.			d.		,	e.	
3.	`	mbine Columns b, c, d, and e) (Ente		ine 22. If loss enter	ZERO	here a	ind make no entry or		3.		
l	Totals	mbine Columns b, c, d, and e) (Ento			ZERO	here a					
									ι З.	I	

Name(s) as shown on Form NJ-1040						T
CHRISTIE CHRISTOPHER J	C CIID T cm -	F. T. 3.53				Your Social Security N
Schedule A CREDIT FOR INCOME OR WAR	GE TAYES	If you are claiming	a credit for inc	ome taxes paid to mo	re than on	* * * * * * * * * * * * * *
A COPY OF OTHER STATE (a coparato ocnouc	ile v illast ne el	iciosed for each. See	Instruction	s page 42.
Income actually taxed by other jurisdiction during	tav vear (indicate			METAINED WITH YOU	IK RECORI	DS
(DO NOT combine the same income taxed by more	re than one juriedic	tion)	·····)	
(The amount on Line 1 cannot exceed the amoun	t shown on Line 2)				1.	619
Income subject to tax by New Jersey (From Line 2						
(Divide Line O into Line 4)		0 T J •	***************************************		2.	573,324
IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TA	5/3	,324.			3.	.1080
Taxable Income (after Exemptions and Deductions	A BENEFII UNLY (OMPLETE COLUM		COLUMN A		COLUMN B
Property Tax Enter in Box 5a the amount from World		rm NJ-1040	4.	565,324	4.	565,324
drid Deduction line 1. See instructions page 37.	5a.	37,585	5			
Property tax deduction. Enter th See instructions page 37.	ne amount from Wo	orksheet F, line 2.				
New Jersey Taxable Income (Line 4 minus Line 5)			5.	10,000	5.	- 0 -
Tax on Line 6 amount (From Tax Table or Tax Rate	Schedules)		6.	555,324	6.	565,324
Allowable Credit (Line 3 times Line 7)	, consultation)		7.	32,770	7.	33,667
Credit for Enter in Box 9a the income or	wage		8.	35	8.	36
Taxes Paid to Other Jurisdiction tax paid to other jurisdiction di tax year on income shown on See instructions page 46.	uring	52				
Credit allowed. (Enter lesser of	Line 8 or Box 9a).					
 (The credit may not exceed yet) If you are not eligible for a property tax benefit, Form NJ-1040. 	our New Jersey tax	c on Line 38).	9.	35	9.	36
If you are eligible for a property tax benefit, you property tax deduction or taking the property tax Schedule B NET GAINS OR INCOME FI DISPOSITION OF PROPER	ROM	List the net	gains or income	e, less net loss, derive	d from the	cale ovobonos ex eth
a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold	d. Gross sales price	e. Cost or ot basis as a (see instruand and expension of sale	her f. djusted ictions)	angible or intangible. Gain or (loss) (d less e)
Canital Gaine Distributions						
Capital Gains Distributions Other Net Gains					. 2.	
Other Net Gains Net Gains (Add Lines 1, 2, and 3) (Enter here and on	Line 18 If less and	75001			. 3.	
NET GAIN OR INCOME FROM I		List the net	gains or net inc	ome, less net loss, de	. 4.	or in the form of rents
ROYALTIES, PATENTS AND C	OPYRIGHTS .	i o y airros, pa	itomo, anti conv	rights as reported on for Federal purposes,	VOUR Fodo	rol Innome Tell Dil
a. Kind of Property	b. Net Rental Income (Los	c. Net		d. Net Income From Patents		e. Net Income From Copyrights
Totals	b.	C.	201	d.).
Line 22)	nore and on Line 2	zz. II loss enter ZEF	KU here and mai	ke no entry on		

2. 3.

NJ-1040 TA	AXABLE INTEREST INC	OME	STATEMENT	1
NAME OF FINANCIAL INSTITUTION	1		AMOUNT	
STATE OF NJ THE CHRISTOPHER J. CHRISTIE 2 THE MARY PAT CHRISTIE 2010 BI			1,64 1,54 2,05	9.
TOTAL TO NJ-1040, PAGE 3, LII	NE 15A		5,24	8.
NJ-1040 TA	X EXEMPT INTEREST 1	NCOME	STATEMENT	2
NAME OF FINANCIAL INSTITUTION	N		TRUOMA	
GOLDMAN SACHS THE CHRISTOPHER J. CHRISTIE : THE MARY PAT CHRISTIE 2010 B:			1,31 1,24 1,35	12.
TOTAL TO NJ-1040, PAGE 3, LI	NE 15B		3,92	29.
NJ-1040 DISTRIBUT	IVE SHARE OF PARTNI	ERSHIP INCOME	STATEMENT	3
NAME OF ENTITY		I.D. NUMBER	TRUOMA	
CANTOR FITZGERALD LP GOLDMAN SACHS HEDGE FUND PAR THE CHRISTOPHER J CHRISTIE 2 THE MARY PAT CHRISTIE 2010 B	010 BLIND TRUS	**_***** **_***** **_*****	1,58 17,89 -12,83 -7,0	59. 32.
TOTAL TO NJ-1040, PAGE 3, LI	NE 20		-4	59.
NJ-1040	DIVIDEND INCOME		STATEMENT	4
NAME OF PAYER			AMOUNT	
GOLDMAN SACHS THE CHRISTOPHER J. CHRISTIE THE MARY PAT CHRISTIE 2010 B	2010 BLIND TRUST LIND TRUST		4 4,4 2,8	
TOTAL TO NJ-1040, PAGE 3, LI			7,6	97.

J	1040 WORKSHEET H WHICH PROPERTY TAX BENEFIT	TO USE	STATEMENT 5
		COLUMN A	COLUMN B
	TAX. ENTER AMOUNTS FROM LINE 7 SCHEDULE A, COLUMNS A AND B HERE	32,770.	33,667.
	THEN ONE SCHEDULE A, ENTER THE TOTAL OF ALL LINE 9 AMOUNTS IN THE CORRESPONDING COLUMN	51.	52.
3	BALANCE OF TAX DUE. SUBTRACT LINE 2 FROM 1	32,719.	33,615.
	SUBTRACT LINE 3, COLUMN A, FROM LINE 3, COLUMN B AND ENTER THE RESULT HERE		896.
	IS THE LINE 4 AMOUNT \$50 OR MORE (\$25 IF FILING MARRIED, FILING SEPARATE RETURN AND YOU MAINTAIRESIDENCE AS YOUR SPOUSE)?	G STATUS IS IN THE SAME	
*	YES. YOU RECEIVE A GREATER TAX BENEFIT BY TAKE MAKE THE FOLLOWING ENTRIES ON FORM NJ-1040.	ING THE PROPERTY	TAX DEDUCTION.

* 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)

NJ SCHEDULE B NET GAINS	OR INCOM	E FROM DIS	SPOSITION OF	PROPERTY	STATEMENT 6
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	COST OR ADJ. BASIS	GAIN OR (LOSS)
8000 GOLDMAN SACHS LARGE	08/03/05	01/27/11	0.00		
CAP VALUE 22000 GOLDMAN SACHS	00/02/05	01/07/11	8,000.	8,863.	-863.
STRATEGIC GROWTH	08/03/05	01/2//11	22,000.	18,950.	2 050
20000 GOLDMAN SACHS	08/03/05	02/04/11	22,000.	10,950.	3,050.
LARGE CAP VALUE	00,03,03	02/04/11	20,000.	22,104.	-2,104.
SYBRON DENTAL		05/04/11	20,0000	22,101	2,101.
SPECIALTIES			2,025.	1,900.	125.
APOGENT TECH		05/04/11	1,742.	1,300.	
APOGENT TECH		05/04/11	3,484.	2,601.	
APOGENT TECH		05/04/11	1,742.	1,300.	
THE CHRISTOPHER J		,,	-,	_,000.	
CHRISTIE 2010 BLIND					
TRUST DTD 8/25/10				0.	143.
THE CHRISTOPHER J					
CHRISTIE 2010 BLIND					
TRUST DTD 8/25/10				0.	21,064.
THE MARY PAT CHRISTIE					
2010 BLIND TRUST DATED					
8/25/10				1,446.	-1,446.
THE MARY PAT CHRISTIE				•	,
2010 BLIND TRUST DATED					
8/25/10				0.	24,899.
TOTAL TO NJ SCHEDULE B,	LINE 1				46,635.
NJ SCHEDULE C N					
		FROM RENTS	, ROYALTIES PYRIGHTS	,	STATEMENT 7
	PATENT		PYRIGHTS		STATEMENT 7
A	PATENT B	S, AND CC	PYRIGHTS C	, D	STATEMENT 7
KIND OF	PATENT B NET RENTA	AL NET	C INCOME 1	D NET INCOME	E NET INCOME
KIND OF	PATENT B	AL NET	PYRIGHTS C	D	E
KIND OF PROPERTY 	PATENT B NET RENTA	AL NET	C INCOME 1	D NET INCOME	E NET INCOME
KIND OF PROPERTY MCNEIL PPC INC - ROYALTIES THE CHRISTOPHER J CHRISTIE 2010 BLIND	PATENT B NET RENTA	AL NET	C INCOME 1 PALTIES 22,557.	D NET INCOME	E NET INCOME
KIND OF PROPERTY MCNEIL PPC INC - ROYALTIES THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST	PATENT B NET RENTA	AL NET	C INCOME 1	D NET INCOME	E NET INCOME
KIND OF PROPERTY MCNEIL PPC INC - ROYALTIES THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST THE MARY PAT CHRISTIE	PATENT B NET RENTA	AL NET	C INCOME 1 PALTIES 22,557.	D NET INCOME	E NET INCOME
KIND OF PROPERTY MCNEIL PPC INC - ROYALTIES THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST	PATENT B NET RENTA	AL NET	C INCOME 1 PALTIES 22,557.	D NET INCOME	E NET INCOME

SCHEDULE B

(Form 1040A or 1040)

Interest and Ordinary Dividends

Attach to Form 1040A or 1040.

➤ See instructions.

OMB No. 1545-0074

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

CHRISTOPE	HEI	R J & MARY P CHRISTIE	**	*_**_	* * *	*
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the	T	Aı	mount	
Interest		property as a personal residence, see instructions and list this interest first. Also, show that			****	
		buyer's social security number and address ►				
		PEAPACK				
		STATE OF NJ			1,6	42.
		THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST		- Maintain	1,2	272.
Note. If you		THE MARY PAT CHRISTIE 2010 BLIND TRUST			2,0	52.
received a Form 1099-INT.		FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC			1,5	88.
Form 1099-OID,		FROM K-1 - CANTOR FITZGERALD LP	1 1			1.
or substitute statement from		FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC			3	322.
a brokerage firm,				***************************************		***************************************
list the firm's name as the						***************************************
payer and enter						
the total interest shown on that				***************************************		
form.						
						
	2	Add the amounts on line 1	2		6.8	77.
	3					
		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		6.8	77.
		te. If line 4 is over \$1,500, you must complete Part III.		Δ	mount	
Part II	5	List name of payer				
Ordinary		GOLDMAN SACHS	1 1		4	47.
Dividends		GOLDMAN SACHS				
		THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST			4,4	35.
		THE MARY PAT CHRISTIE 2010 BLIND TRUST				15.
		FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC				33.
Note. If you		FROM K-1 - CANTOR FITZGERALD LP				18.
received a Form 1099-DIV or						
substitute						
statement from a brokerage firm,			_			
list the firm's			5			
name as the payer and enter			1			***************************************
the ordinary						
dividends shown on that form.						***************************************

	6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a	6		9,6	48.
	No	te. If line 6 is over \$1,500, you must complete Part III.	II.			***************************************
Part III		umust complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had	a foreig	n	T	T
Foreign		count; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.			Yes	No
Accounts		At any time during 2011, did you have a financial interest in or signature authority over a financial ac	count	(such	1	
and Trusts		as a bank account, securities account, or brokerage account) located in a foreign country? See inst	ruction	is.		X
iiusis		If "Yes," are you required to file Form TD F 90-22.1 to report that financial interest or signature author				
		Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements	-			` `
	b	If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the finance		ount		
		is located				
	8	During 2011, did you receive a distribution from, or were you the grantor of, or transferor to, a foreig	n trust	?		
127501 11-02-11		If "Yes," you may have to file Form 3520. See instructions				Х

2011 TAX RETURN FILING INSTRUCTIONS

NEW YORK INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2011

CHRISTOPHER J & MARY P CHRISTIE	
MENDHAM, NJ	
HAL MODEL CPA PA	
Total tax \$ 52 Less: payments and credits \$ 95 Plus: interest and penalties \$ 0 OVERPAYMENT \$ 43	
Miscellaneous Donations \$ 0 Credited to your estimated tax \$ 0 Refunded to you \$ 43	
NOT APPLICABLE	
THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. SIGN, DATE, AND RETURN FORM TR-579-IT TO OUR OFFICE. SUBMIT YOUR ELECTRONIC RETURN TO THE NY TAX DEPT.	PLEASE WE WILL
NOT APPLICABLE	
	HAL MODEL CPA PA Total tax \$ 52 Less: payments and credits \$ 95 Plus: interest and penalties \$ 0 OVERPAYMENT \$ 43 Miscellaneous Donations \$ 0 Credited to your estimated tax \$ 0 Refunded to you \$ 43 NOT APPLICABLE THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. SIGN, DATE, AND RETURN FORM TR-579-IT TO OUR OFFICE. SUBMIT YOUR ELECTRONIC RETURN TO THE NY TAX DEPT.

New York State **e-file**

www.tax.ny.gov

New York State E-File Signature Authorization for Tax Year 2011 For Forms 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

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-201, Resident Income Tax Return 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-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

Spouse's name: MARY P CHRISTIE

(jointly filed return only)

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.tax.ny.gov 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 2011 Form IT-370.

However, if an individual performs as both the paid preparer and the	
Part A - Tax return information	
1 Federal adjusted gross income (from Form IT-201, line 18, or IT-203, line	
2 Refund (from Form IT-201, line 78, or IT-203, line 68)	2. 43
	3
schedules, attachments, and statements, and certify that my electronic return is t electronic return to New York State through the Internal Revenue Service (IRS). I	11 New York State electronic personal income tax return, including any accompanying rue, correct, and complete. The ERO has my consent to send my 2011 New York State understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign onal income tax return to the IRS, together with this authorization, will serve as the paying my New York State personal income taxes due by electronic funds withdrawal, is to initiate an electronic funds withdrawal from the financial institution account
**** THIS IS NOT A	FILEABLE COPY *****
	Data:
Taxpayer's signature:	
Spouse's signature:	Date:
Spouse's signature: (jointly filed return only)	
by the texperior of the texperior furnished made completed paper 2011 New York	w York State electronic personal income tax return is the information furnished to me State return signed by a paid preparer, I declare that the information contained in the the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare
ERO's signature:	Date:
Print name: HAL MODEL CPA PA	-
Paid preparer's signature:	Date:
Print name: HAL MODEL CPA	-

TR-579-IT (9/11)

IT-203

2011

and ending

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

Important: You must enter your date(s) of birth and social security number(s) below.

For the year January 1, 2011, through December 31, 2011, or fiscal year beginning

Your first name and middle initial Your last name (for a joint return, enter spouse's name on line below) Your date of birth (MMDDYYYY) Your social security number CHRISTOPHER 09-06-1962 ***_** J CHRISTIE Spouse's first name and middle initial Spouse's last name MARY ***_**_** P CHRISTIE 09-15-1963 New York State county of residence Mailing address (see instructions, page 13) (number and street or rural route) Apartment number NR ZIP code School district name City, village, or post office Country (if not United States) State **MENDHAM** NJ 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) Taxpaver's date of death Spouse's date of death Decedent Information (A) Filing Single status -(D) E-file this return. Most taxpayers must now e-file (see page 12). mark an Married filing joint return (enter both spouses' χ in social security numbers above) (E) New York City part-year residents only one box: (see page 15) Married filing separate return (enter both spouses' social security numbers above) (1) Number of months you lived in NY City in 2011 Head of household (with qualifying person) (2) Number of months your spouse lived in NY City in 2011 Qualifying widow(er) with dependent child (B) Did you itemize your deductions on Enter your 2-character special condition code X your 2011 federal income tax return? Yes No if applicable (see page 15) (C) Can you be claimed as a dependent If applicable, also enter your second 2-character X on another taxpayer's federal return? Yes No special condition code Federal income and adjustments Federal amount New York State amount 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, Dollars Dollars 469,151. 1. 1 Wages, salaries, tips, etc. 1. 6,877. 2 Taxable interest income 2. 2. 9,648. 44. 3. 3. 3 Ordinary dividends 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. 63,256. 7 Capital gain or loss (if required, attach a copy of federal Sch. D, Form 1040) 7. 7 -221.8 Other gains or losses (attach a copy of federal Form 4797) 8. 8. 9 Taxable amount of IRA distributions. Beneficiaries: mark χ in box 9 9. 10 Taxable amount of pensions/annuities. Beneficiaries: mark χ in box 10. 10. 11 Rental real estate, royalties, partnerships, S corporations, 19,060. 542. trusts, etc. (attach a copy of federal Schedule E, Form 1040) 11. 11. 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 15. 15. 567,772. 586. 16 Add lines 1 through 15 16. 16. 17 Total federal adjustments to income (see page 23) Identify: 17. 17. 567,772. 586. 18 Federal adjusted gross income (subtract line 17 from line 16) 18. 18.

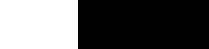
		_***		Endaugles		
				Federal amount Dollars		New York State amoun
19 Federal adjusted gross	s income (from line	18 on page 1)	19.	567,772	19.	Dollars 586
New York additions	see page 25)					
20 Interest income on state of New York State or it.	and local bonds (but not those				
21 Public employee 414(h)		.,	20.		20.	
22 Other (see page 27) Identif	retirement contribu	itions	21.		21.	
23 Add lines 19 through 22		ATEMENT 3	22.	857.		316
_			23.	568,629.	23.	902
New York subtractions						
24 Taxable refunds, credits,	, or offsets of state	and				
local income taxes (from			24.		24.	
25 Pensions of NYS and loc	al governments ar	d the				
federal government (se			25.		25.	
26 Taxable amount of social	I security benefits (from line 14)	26.		26.	
27 Interest income on U.S. g	government bonds		27.	882.	27.	
Pension and annuity inco			28.		28.	
29 Other (see page 31) Identif	ty: SEE STA	TEMENT 4	29.	768.	29.	283
Add lines 24 through 29			30.	1,650.	30.	283
 New York adjusted gros 	ss income (subtrac	t line 30 from line 23.) 31.	566,979.	31.	619
2 Enter the amount from lin	. ب 31 م	anh			•	
					32.	566,979
3 Enter your standard dedu	uction (from table i	below) or your itemize	ed deduction (from worksheet		
below). Mark an χ in the	e appropriate box:		andard or	* X Itemized	33.	36,460
					00.	30,400
- and and an io oo morn line	32 (if line 33 is moi	e than line 32, leave b	olank)		34	530 519
5 Dependent exemptions (n	ot the same as tota	al federal exemptions:	olank) see page 38)		34. 35	
5 Dependent exemptions (n	ot the same as tota	al federal exemptions:	olank) see page 38)		35.	4,000
5 Dependent exemptions (n	ot the same as tota	al federal exemptions:	olank) see page 38)			530,519 4,000 526,519
5 Dependent exemptions (n	not the same as tota ne (subtract line 35	al federal exemptions; from line 34)	see page 38)	oto itomina dala da	35. 36.	4,000 526,519
Dependent exemptions (nNew York taxable incom	not the same as totale (subtract line 35	al federal exemptions; from line 34) 	see page 38) ew York St	ate itemized deduc	35. 36.	4,000 526,519
Dependent exemptions (n New York taxable incom New York State standard deduction	table	al federal exemptions; from line 34) Note: A second of the second of th	ew York St	s (federal Sch. A, line 4)	35. 36.	4,000 526,519
Dependent exemptions (n New York taxable incom New York State standard deduction ling status Standard	table deduction	al federal exemptions; from line 34) Note:	ew York St	s (federal Sch. A, line 4) edule A, line 9)	35. 36. tion we	4,000 526,519
Dependent exemptions (n New York taxable incom New York State standard deduction ling status Standard	table	al federal exemptions; from line 34) Note:	ew York St dental expense id (federal Scha	s (federal Sch. A, line 4) edule A, line 9) hedule A, line 15)	35. 36. tion wo	4,000 526,519 orksheet 73,832.
New York State standard deduction ling status om page 1) Standard deduction (enter on line)	table deduction	al federal exemptions; from line 34) Note: A Medical and complete b Taxes you paid Gifts to charity.	ew York St dental expense dd (federal Sche aid (federal Sche y (federal Sche	s (federal Sch. A, line 4) edule A, line 9) hedule A, line 15) dule A, line 19)	35. 36. tion wo	4,000 526,519 orksheet 73,832. 9,111.
New York State standard deduction ling status om page 1) Single and you	table deduction ine 33 above)	al federal exemptions; from line 34) N a Medical and c b Taxes you pai c Interest you p d Gifts to charity e Casualty and	ew York St dental expense id (federal Sche aid (federal Sche y (federal Sche theft losses (fe	s (federal Sch. A, line 4) edule A, line 9) hedule A, line 15) dule A, line 19) deral Sch. A, line 20)	35. 36. tion wo a. b. c.	4,000 526,519
New York State standard deduction ling status om page 1) Single and you marked item C Yes	table deduction	al federal exemptions; from line 34) N a Medical and c b Taxes you pai c Interest you p d Gifts to charity e Casualty and f Job expenses/m	ew York St dental expense aid (federal Sche aid (federal Sche theft losses (fe hisc. deductions	s (federal Sch. A, line 4) edule A, line 9) hedule A, line 15) dule A, line 19) deral Sch. A, line 20) (federal Sch. A, line 27)	35. 36. tion wo a. b. c. d.	4,000 526,519 orksheet 73,832. 9,111.
New York State standard deduction ling status om page 1) Single and you marked item C Yes Single and you Single and you Single and you Single and you	table deduction ine 33 above) \$3,000	al federal exemptions; from line 34) Note: A Medical and complete b Taxes you paid complete	ew York St dental expense id (federal Sche aid (federal Sche y (federal Sche theft losses (fe nisc. deductions eductions (fede	s (federal Sch. A, line 4) edule A, line 9) hedule A, line 15) dule A, line 19) deral Sch. A, line 20) (federal Sch. A, line 27) eral Sch. A, line 28)	35. 36. tion wo a. b. c. d. e. f.	4,000 526,519 orksheet 73,832. 9,111.
New York State standard deduction ling status om page 1) Single and you marked item C Yes	table deduction ine 33 above)	al federal exemptions; from line 34) Note: A Medical and complete b Taxes you paid complete	ew York St dental expense id (federal Sche aid (federal Sche y (federal Sche theft losses (fe nisc. deductions eductions (fede	s (federal Sch. A, line 4) edule A, line 9) hedule A, line 15) dule A, line 19) deral Sch. A, line 20) (federal Sch. A, line 27) eral Sch. A, line 28)	35. 36. tion wo a. b. c. d.	4,000 526,519 orksheet 73,832. 9,111. 26,224.
New York State standard deduction ling status om page 1) Single and you marked item C Yes Single and you marked item C No	table deduction ine 33 above) \$3,000	al federal exemptions; from line 34) Note: A Medical and of the bound of the text you paid of the charity of the casualty and the following of the misc. do to the text the control of the text the text the control of the text the text the control of the text the	ew York St dental expense id (federal Sche aid (federal Sche y (federal Sche theft losses (fe nisc. deductions eductions (fede from federal S	s (federal Sch. A, line 4) edule A, line 9) hedule A, line 15) dule A, line 19) deral Sch. A, line 20) (federal Sch. A, line 27) eral Sch. A, line 28) Schedule A, line 29	35. 36. tion wo a. b. c. d. e. f.	4,000 526,519 orksheet 73,832. 9,111.
New York State standard deduction ling status om page 1) Single and you marked item C Yes Single and you marked item C No	table deduction ine 33 above) \$3,000	al federal exemptions; from line 34) Note: A Medical and of the bound of the transport of the control of the	ew York St dental expense id (federal Sche aid (federal Sche theft losses (fe hisc. deductions eductions (fede from federal S foreign income	s (federal Sch. A, line 4) edule A, line 9) hedule A, line 15) dule A, line 19) deral Sch. A, line 20) (federal Sch. A, line 27) eral Sch. A, line 28) Schedule A, line 29 e taxes (or general sales tax,	35. 36. tion we a. b. c. d. e. f. g. h.	4,000 526,519 orksheet 73,832. 9,111. 26,224.
New York State standard deduction ling status Standard om page 1) Single and you marked item C Yes Single and you marked item C No Married filing joint return	table d deduction ine 33 above) \$3,000	al federal exemptions; from line 34) Note: A Medical and of the bound of the transport of the control of the	ew York St dental expense id (federal Sche aid (federal Sche theft losses (fe nisc. deductions eductions (federal State) foreign income and other subtrace	s (federal Sch. A, line 4) edule A, line 9) hedule A, line 15) dule A, line 19) deral Sch. A, line 20) (federal Sch. A, line 27) eral Sch. A, line 28) Schedule A, line 29	35. 36. tion wo a. b. c. d. e. f. g. h.	4,000 526,519 orksheet 73,832. 9,111. 26,224. 109,167. 36,247.
New York State standard deduction ling status Standard om page 1) Single and you marked item C Yes Single and you marked item C No Married filing joint return Married filing separate	table d deduction ine 33 above) \$3,000	al federal exemptions; from line 34) A Medical and c b Taxes you pai c Interest you p d Gifts to charity e Casualty and f Job expenses/m g Other misc. de h Enter amount i State, local, and if applicable) a j Subtract line i	ew York St dental expense id (federal Sche aid (federal Sche theft losses (fe hisc. deductions eductions (fede from federal St foreign income and other subtrace from line h	s (federal Sch. A, line 4) edule A, line 9) hedule A, line 15) dule A, line 19) deral Sch. A, line 20) (federal Sch. A, line 27) eral Sch. A, line 28) Schedule A, line 29 e taxes (or general sales tax, ction adjustments (see pg 36)	35. 36. tion wo a. b. c. d. e. f. g. h.	4,000 526,519 orksheet 73,832. 9,111. 26,224.
New York State standard deduction ling status Standard om page 1) Single and you marked item C Yes Single and you marked item C No Married filing joint return	table d deduction ine 33 above) \$3,000	a Medical and c b Taxes you pai c Interest you p d Gifts to charity e Casualty and f Job expenses/m g Other misc. de h Enter amount i State, local, and if applicable) a j Subtract line i k College tuition	ew York St dental expense id (federal Sche aid (federal Sche theft losses (fe hisc. deductions eductions (fede from federal St foreign income and other subtrat from line h itemized deductions	s (federal Sch. A, line 4) edule A, line 9) hedule A, line 15) dule A, line 19) deral Sch. A, line 20) (federal Sch. A, line 27) eral Sch. A, line 28) Schedule A, line 29 e taxes (or general sales tax, ction adjustments (see pg 36)	35. 36. tion wo a. b. c. d. e. f. g. h. j.	4,000 526,519 orksheet 73,832. 9,111. 26,224. 109,167. 36,247.
New York state standard deduction ling status (enter on li Single and you marked item C Yes Single and you marked item C No Married filing joint return Married filing separate	table deduction ine 33 above) \$3,000 7,500	al federal exemptions; from line 34) No. a Medical and of the Taxes you paid of the Casualty and for Job expenses/mg Other misc. define the Casualty and if applicable) a job subtract line if the College tuition of Addition adjus	ew York St dental expense id (federal Sche aid (federal Sche theft losses (fe hisc. deductions eductions (fede from federal St foreign income and other subtract from line h itemized deductions (see pa	s (federal Sch. A, line 4) edule A, line 9) hedule A, line 15) dule A, line 19) deral Sch. A, line 20) (federal Sch. A, line 27) eral Sch. A, line 28) Schedule A, line 29 e taxes (or general sales tax, ction adjustments (see pg 36) action (see page 37) gge 37)	35. 36. tion wo a. b. c. d. e. f. g. h.) i. j. k.	4,000 526,519 orksheet 73,832. 9,111. 26,224. 109,167. 36,247. 72,920.
New York state standard deduction ling status om page 1) Single and you marked item C Yes Single and you marked item C No Married filing joint return Married filing separate return	table deduction ine 33 above) \$3,000 7,500	al federal exemptions; from line 34) A Medical and c b Taxes you pai c Interest you p d Gifts to charity e Casualty and f Job expenses/m g Other misc. de h Enter amount i State, local, and if applicable) a j Subtract line i k College tuition l Addition adjus m Add lines j, k, a	ew York St dental expense and (federal Sche aid (federal Sche theft losses (fe nisc. deductions eductions (fede from federal St foreign income and other subtrace from line h itemized deductions (see pa	s (federal Sch. A, line 4) edule A, line 9) hedule A, line 15) dule A, line 19) deral Sch. A, line 20) (federal Sch. A, line 27) eral Sch. A, line 28) Schedule A, line 29 e taxes (or general sales tax, ction adjustments (see pg 36) action (see page 37) ge 37)	35. 36. tion wo a. b. c. d. e. f. g. h. j. k. l. m.	4,000 526,519 orksheet 73,832. 9,111. 26,224. 109,167. 36,247. 72,920.
New York State standard deduction from page 1) Single and you marked item C Yes Single and you marked item C No Married filing joint return Married filing separate return	table deduction ine 33 above) \$3,000 7,500	al federal exemptions; from line 34) A Medical and company by the	ew York St dental expense id (federal Sche aid (federal Sche theft losses (fe nisc. deductions eductions (fede from federal St foreign income and other subtract from line h itemized deductions (see pa and I ction adjustme	s (federal Sch. A, line 4) edule A, line 9) hedule A, line 15) dule A, line 19) deral Sch. A, line 20) (federal Sch. A, line 27) eral Sch. A, line 28) Schedule A, line 29 e taxes (or general sales tax, ction adjustments (see pg 36) extraction (see page 37) erge 37) Int (see page 38)	35. 36. tion wo a. b. c. d. e. f. g. h.) i. j. k.	4,000 526,519 orksheet 73,832. 9,111. 26,224. 109,167. 36,247. 72,920.
New York State standard deduction from page 1) Single and you marked item C Yes Single and you marked item C No Married filing joint return Married filing separate return Head of household	table deduction ine 33 above) \$3,000 7,500 7,500	al federal exemptions; from line 34) A Medical and of the transport of transport of the transport of	ew York St dental expense id (federal Sche aid (federal Sche y (federal Sche theft losses (fe nisc. deductions eductions (fede from federal S foreign income and other subtrat from line h itemized dedu- tments (see pa and I ction adjustme te itemized de	s (federal Sch. A, line 4) edule A, line 9) hedule A, line 15) dule A, line 19) deral Sch. A, line 20) (federal Sch. A, line 27) eral Sch. A, line 28) Schedule A, line 29 e taxes (or general sales tax, ction adjustments (see pg 36) ction (see page 37) ege 37) Int (see page 38) eduction	35. 36. tion wo a. b. c. d. e. f. g. h. j. k. l. m.	4,000 526,519 orksheet 73,832. 9,111. 26,224. 109,167. 36,247. 72,920.

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.

Total voluntary contributions (add lines 57a through 57h)

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.	52.





57.

Page 4 of	4 IT	-203	(2011)
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Enter your social security number

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

Dollars

59 Total New York State, New York Cit	y, and Yonkers taxes	, sales or use t	ax,				2011		
and voluntary contributions (from	line 58 on page 3)					59.		į	52.
Payments and refundable credi	ts						If applicable, comp IT-1099-R, and/or	IT-1099-UI	and
60 Part-year NYC school tax credit (also	complete (E) on front; s	see pg. 44) 60.					attach them to you	r return _{(se}	e
61 Other refundable credits (from Form I	T-203-ATT, line 17)	61.					page 44). Staple them (and a	ny other	* * * *
62 Total New York State tax withheld		62.					applicable forms)	o the top o	this
63 Total New York City tax withheld		63.					See Step 12 on proper assembly o	page 50 for	r the
64 Total Yonkers tax withheld		64.			95		proper assembly o attachments.	i your retui	rn and
65 Total estimated tax payments / amount	•				<i>J</i> .	66.		,	95.
66 Total payments and refundable cred	aits (aud iiries ou trirou	ign ooj				00.		•	,,,
Refund/amount overpaid					***************************************			***************************************	
67 Amount overpaid (if line 66 is more the	han line 59, subtract li	ine 59 from line	66)			67.		4	43.
68 Amount of line 67 to be refunded	direct		debit		paper				
Mark one refund choice:	deposit (fill in line 72)	-or-	card ·or·	X	check	68.		4	43.
69 Amount of line 67 that you want appli	ed						See page 74 for in	formation a	about
to your 2012 estimated tax. (see ins	truction.)	69.					your three refund o		
Amount you owe	line 50 subtract line	66 from line 50))						
70 Amount you owe (if line 66 is less that To pay by electronic funds withdraw		and fill in line				70.			
71 Estimated tax penalty (include this am		and minimize	1 4			70.			
or reduce the overpayment on line 6		71.							
Account information	, 000 page,								
72 Account information for direct depo	sit or electronic funds	withdrawal (see	e page 47).						
If the funds for your payment (or ref	und) would come from	n (or go to) an ac	ccount o u tsid	e the U.	S., mark	an χ i	n this box (see pg.	47) •	
72a Routing number •		Electroni	c funds witho	łrawal e	ffective d	ate			
_				_			• ,		
72b Account number • Additional information			count type	•		ecking		Savings	
73 Part-year residents only: If you were				e of last	move (m	m-dd	<i>-yyyy)</i> ►		
Mark an χ in the box that describ	-	ne last day of th	e tax year:						
73a Moved into New York State							73a.		
73b Moved out of New York Sta			_				73b.		
73c Moved out of New York Sta				ionresia	ent perio	3	73c. ▼	•	
74 Nonresidents: Did you or your spou (If Yes, complete Form IT-203-B, So			n 2011?				¥ Yes	No.	Х
(ii 1 es, compete 1 dini 11 200 B, de	sneddie B, and actaon	ioiiii.y					, 03		
Third-party Print designee's name					Designee's	phone n		nal identifica	tion
designee? (see instr.) HAL MODEI	CPA						•	number (PIN)	•
Yes X No E-mail:									
▼ Paid preparer must compl	lata (see instructions)	₩		,	▼ Tayna	ver(e)	must sign here	,	
Preparer's signature	Date	· • • • • •	Your signatu		· raxpa	y C1 (3)	must sign note .		
1 O Co	_ (V-Y-1V 'S NYTPRIN							
Not Much	, , , , , ,		>						
Firm's name (or yours, if self-employed)	▼ Preparer	's PTIN or SSN:	Your occupa	tion •	GOV	ERNO	OR		
HAL MODEL CPA PA			Spouse's sig	nature and	d occupation	(if joint r	return)		
Address		identification number	er						
	_*;	***	~				_		
	Mari	k an X if	SALES	5			▼ Daytime	e phone numb	per
		employed	Date						
E-mail:			E-mail:						
Out to the state of the state of									
See instructions for where to mail your 168024 12-01-11	return.								

2011

Summary of W-2 Statements

New York State • New York City • Yonkers

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 Taxpayer's last name CHRISTOPHER J CHRISTIE

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

Your social security number

***_**

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

Box c	Employer's	name and	full address	(including ZIP	code)

W-2 CANTOR FIT	ZGERALD			
Record 1		NEW	YORK	NY
	Box 12a Amount	▼ Code	Box 15 State	Box 16 State wages, tips, etc. (for NYS)
Box b Employer identification number (EIN)	810.	C		
_*	Box 12b Amount	▼ Code		Box 17 New York State income tax withheld
This W-2 record is for	6,399.	D		
(mark an X in one box):	Box 12c Amount	▼ Code		Box 18 Local wages, tips, etc.
Taxpayer Spouse X			Locality a	
Box 1 Wages, tips, other compensation	Box 12d Amount	Code	Locality b	
307,372.				Box 19 Local income tax withheld
Box 8 Allocated tips			Locality a	
	Box 13 Statutory employee		Locality b	
	Box 14a Amount	Description		Box 20 Locality name
				Locality a
Box 10 Dependent care benefits	Box 14b Amount	Description		Locality b
5,000.				
Box 11 Nonqualified plans	Box 14c Amount	Description		
				Corrected (W-2c)

Box c Employer's name and full address (including ZIP code) Do not detach.

20 1101 00100111	and minipion on					,			
W-2 S	TATE OF N	EW JEF	RSEY						
Record 2						TREN	TON		NJ
		Box 12a	Amount		\blacksquare	Code	Box 15	State	Box 16 State wages, tips, etc. (for NYS)
Box b Employer identification	on number (EIN)			381.	С				
_**		Box 12b	Amount		\blacksquare	Code			Box 17 New York State income tax withheld
This W-2 record is for									
(mark an X in one box)	:	Box 12c	Amount		\blacksquare	Code			Box 18 Local wages, tips, etc.
Taxpayer X Spor	ıse						L	ocality a	
Box 1 Wages, tips, other	compensation	Box 12d	Amount		\blacksquare	Code	L	ocality b	
161,7	79.								Box 19 Local income tax withheld
Box 8 Allocated tips							L	ocality a	
·		Box 13	Statutory emp	lovee			L	ocality b	
				,		Description			Day 00 Locality name

Description Box 20 Locality name Box 14a Amount Locality a 9,588. 414H

Description Locality b Box 10 Dependent care benefits Box 14b Amount

3,344. SEC125 Box 14c Amount Description

Corrected (W-2c)

168015 10-04-11

Box 11 Nonqualified plans



Claim for Child and Dependent Care Credit New York State • New York City

2011

IT-216

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

Name(s) as shown on return

CHRISTOPHER J & MARY P CHRISTIE

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

1 Have you already filed your 2011 New York State income tax return? If Yes, you must file an amended New York State return and attach Form IT-216 to claim this credit.

Yes

X No

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)

- Amount paid (see instructions)

DEBORAH RISKA

**** 19,830.

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

A · First name and middle initial

B - Last name

C - Qualified expenses paid in 2011

D - Person with disability

E - Social security number

CHRISTIE

CHRISTIE

9,915.

9,915.

2000 2003

No

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

3a.

19,830.

Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheets? Note: On line 5, if you are claiming expenses paid for a dependent child born in 1998, enter that child's birth month here. Include as qualified expenses only those paid from January 1, 2011, through the day preceding the child's 13th birthday.

9.

Х Yes

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

Enter your earned income (see instructions) 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) Enter the smallest of line 5, 6, or 7

Enter the amount from: federal Form 1040A, line 22,

or federal Form 1040, line 38 10 Enter the decimal amount that applies to the amount

on line 9 from the Table for line 10 in the instructions

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

Dollars

5. 1,000. 161,779. 6.

307,372. 7.

1,000.

10.

11.

567,772.

.20

200.

IT-2	16 (2011)		Dollars
	Amount from line 11	12.	200.
13	Enter your New York adjusted gross income (Form IT-201 filers,		
	line 33; Form IT-203 filers, line 32) 566, 979.		
	Use the New York State child and dependent care credit limitation table in the instructions to		0.00
	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.
Pa	rt-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		
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).	21.	
20	This amount cannot exceed 100% (1.0000) Multiply line 18 by line 21. Enter the result here and on Form IT-203-ATT, line 9. This is the refundable	2-1-	
22	portion of your New York State part-year resident child and dependent care credit.	22.	
Ne	w York City child and dependent care credit		
\$	you were a resident of New York City at any time during 2011 and your federal adjusted gross income is 30,000 or less (see <i>Note</i> under <i>New York City credit</i> on page 1 of the instructions) and you listed a child nder 4 years old as of December 31, 2011, on line 3, complete line 23 and see page 4 of the instructions.		
	Enter the portion of the total expenses from line 3a that was paid for children under 4 years old	23.	
24	IT-201 filers: Refundable New York City child and dependent care credit (from Worksheet 1, line 7 or line 13)	24.	
25	Add lines 14 and 24; also enter this amount on Form IT-201, line 64	25.	
20	Add in 165 14 and 24, also since this unloans on Form Files, in 6 5 v		
26	Part-year New York City resident nonrefundable New York City child and dependent care		
	credit (from Worksheet 1, line 8); also enter this amount on Form IT-201-ATT, line 9a	26.	
	IT-203 filers:		
27	Nonrefundable portion of your part-year New York City resident New York City child and dependent	27.	
-00	care credit (from Worksheet 1, line 8); also enter this amount on Form IT-203, line 52b	21.	
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		30.	



NY IT-203	OTHER INCOME		STATEMENT	1
DESCRIPTION		FEDERAL AMOUNT	NEW YORK	
CANCELLATION OF DEBT PARTNERS, LLC	r - GOLDMAN SACHS HEDGE FUND	1.		······································
TOTAL TO FORM IT-203	3, LINE 15	1.		
NY IT-203	NY PASSTHROUGH DETAIL		STATEMENT	2
DESCRIPTION		FD AMOUNT	NY AMOUN'	T
MARY PAT CHRISTI MCNEIL PPC INC - ROY. THE CHRISTOPHER J CH. THE MARY PAT CHRISTI GOLDMAN SACHS HEDGE	RISTIE 2010 BLIND TRUST E 2010 BLIND TRUST ALTIES RISTIE 2010 BLIND TRUST E 2010 BLIND TRUST FUND PARTNERS, LLC - ROYA	-2,252. 1,462. -1,109. -1,622. 22,557. 6. 9.		542
COTAL TO FORM IT-203	, LINE 11	19,060.		542
Y IT-203	OTHER NEW YORK ADDITIO	ons	STATEMENT	3
ESCRIPTION		FEDERAL AMOUNT	NEW YORK AMOUNT	
ANTOR FITZGERALD UBT ANTOR FITZGERALD GOV	r T INTEREST TAXABLE	40. 817.	1 30	5. 1.
OTAL TO FORM IT-203,	LINE 22	857.	31	6.
Y IT-203	OTHER NEW YORK SUBTRACTION	ONS	STATEMENT	
ESCRIPTION]	FEDERAL AMOUNT	NEW YORK AMOUNT	
ANTOR FITZGERALD US	GOVT INTEREST	768.	28:	3.
OTAL TO FORM IT-203,	LINE 29	768.	283	

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 Form 8949 to list your transactions for lines 1, 2, 3, 8, 9, and 10.

Attachment Sequence No. 12

Your social security number

CHRISTOPHER J & MARY P CHRISTIE

*** * * * * * * *

OMB No. 1545-0074

Complete Form 8949 before completing line 1, 2, or 3. This form may be easier to complete if you round off cents to whole dollars.		nay be easier to complete if you round off Form(s) 8949, line 2, from Form(s) 8949,		(g) Adjustments to gain or loss from Form(s) 8949, line 2, column (g)		(h) Gain or (loss) Combine columns (e), (f), and (g)	
1	Short-term totals from all Forms 8949 with						
	box A checked in Part I	······································	(
2	Short-term totals from all Forms 8949 with			4 2		4 202	
	box B checked in Part I		(<1,3	03.	<1,303.	
3	Short-term totals from all Forms 8949 with						
	box C checked in Part I		<u>l(</u>)				
4	Short-term gain from Form 6252 and short-term g	ain or (loss) from Form	ns 4684, 6781, and 8824	STMT 7	4	21.	
5	Net short-term gain or (loss) from partnerships, S from Schedule(s) K-1	5	633.				
6	Short-term capital loss carryover. Enter the amou	nt, if any, from line 8 o	f your Capital Loss				
				. * * * * * * * * * * * * * * * * * * *	6	()	
7	Net short-term capital gain or (loss). Combine capital gains or losses, go to Part II below. Other	7	<649.				

Complete Form 8949 before completing line 8, 9, or 10. This form may be easier to complete if you round off cents to whole dollars.		(e) Sales price from	(f) Cost or other basis	(g) Adjustments to gain or loss from	(h) Gain or (loss)
		Form(s) 8949, line 4, column (e)	from Form(s) 8949, line 4, column (f)	Form(s) 8949, line 4, column (g)	Combine columns (e), (f), and (g)
8	Long-term totals from all Forms 8949 with box A checked in Part II		(
9	Long-term totals from all Forms 8949 with box B checked in Part II	58,993.	57,018	45,963	47,938.
10	Long-term totals from all Forms 8949 with box C checked in Part II		(
11	Gain from Form 4797, Part I; long-term gain from from Forms 4684, 6781, and 8824	oss)11			
12	Net long-term gain or (loss) from partnerships, S	e(s) K-112	13,751.		
13	Capital gain distributions	SEE SI	ATEMENT 11	13	2,090.
14	Long-term capital loss carryover. Enter the amou	unt, if any, from line 13 o	f your Capital Loss Car	ryover14	. (
15	Net long-term capital gain or (loss). Combine Part III on page 2				63,905.

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

Schedule D (Form 1040) 2011

Schedule D (Form 1040) 2011	CHRISTOPHER	J &	MARY	P	CHRISTIE
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Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?

(or in the instructions for Form 1040NR, line 42). No. Complete the rest of Form 1040 or Form 1040NR.

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

	rt III Summary	***	**_**** Page 2
		T	
16	Combine lines 7 and 15 and enter the result	16	63,256.
	 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? X Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22.		
	SEE STATEMENT 13	_0.20 _0.200	
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions SEE STATEMENT 12	19	
20	Are lines 18 and 19 both zero or blank? Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below. No. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
	 The loss on line 16 or (\$3,000), or if married filling separately, (\$1,500) 	21 ()
	Note. When figuring which amount is smaller, treat both amounts as positive numbers.		

Schedule D (Form 1040) 2011

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

➤ See Instructions for Schedule D (Form 1040).

► For more information about Form 8949, see www.irs.gov/form8949 ▶ Attach to Schedule D to list your transactions for lines 1, 2, 3, 8, 9, and 10.

Name(s) shown on return

Your social security number

OMB No. 1545-0074

CHRISTOPHER J & MARY	P CH	RISTIE			*	**_**_*
Part I Short-Term Capital G			ets Held One Ye	ear or Less		
Note: You must check one of the boxe	s below. C	omplete a separate	Form 8949, page 1,	for each box that is	checked.	
* Caution. Do not complete column (b)						hedule D (Form 1040)).
Columns (b) and (g) do not apply for m	ost transa	ctions and should g	enerally be left blank	· ·		(
(A) Short-term transactions report	ed on		erm transactions rep		(C) Short-term	transactions for which
Form 1099-B with basis reported	to the IRS		basis not reported t			eck box A or B
(a)	(b)	(c)	(d)	(e)	(f)	(g)
Description of property	Code, if	Date acquired	Date sold	Sales price	Cost or	Adjustments to
1 (Example: 100 sh. XYZ Co.)	any, for column (g)*	(Mo., day, yr.)	(Mo., day, yr.)		other basis	gain or loss, if any*
THE CHRISTOPHER J	13/					
CHRISTIE 2010 BLIND						
TRUST DTD 8/25/10	0					143.
THE MARY PAT	<u> </u>			<u> </u>		
CHRISTIE 2010 BLIND	,					
TRUST DATED 8/25/10						<1,446.>
						/T, 440.
	 					
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J						
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					<u> </u>	
						
			I	I	Ì	1

Totals. Add the amounts in columns (e) and (f). Also, combine the amounts in column (g). Enter here and include on Schedule D, line 1 (if box A above is checked), line 2 (if box B above is checked), or

line 3 (if box C above is checked)

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

CHRISTOPHER J & MARY P CHRISTIE

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

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

Note: You must check one of the boxes below. Complete a separate Form 8949, page 2, for each box that is checked. * Caution. Do not complete column (b) or (g) until you have read the instructions for those columns (see the Instructions for Schedule D (Form 1040)). Columns (b) and (g) do not apply for most transactions and should generally be left blank. (A) Long-term transactions reported on (B) Long-term transactions reported on Form (C) Long-term transactions for which Form 1099-B with basis reported to the IRS 1099-B but basis not reported to the IRS you cannot check box A or B (d) (q) Description of property Code, if Date acquired Date sold Sales price Cost or Adjustments to any, for (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) other basis gain or loss, if any* olumn (g)* 8000 GOLDMAN SACHS LARGE CAP VALUE 08/03/05 01/27/11 8,000. 8,863. 22000 GOLDMAN SACHS STRATEGIC GROWTH 08/03/05 01/27/11 22,000. 18,950. 20000 GOLDMAN SACHS LARGE CAP VALUE 08/03/05 02/04/11 20,000. 22,104. SYBRON DENTAL SPECIALTIES 05/04/11 1,900. 2,025. APOGENT TECH 05/04/11 1,742. 1,300. APOGENT TECH 3,484. 05/04/11 2,601. APOGENT TECH 05/04/11 1,742. 1,300. THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST DTD 8/25/10 21,064. THE MARY PAT CHRISTIE 2010 BLIND TRUST DATED 8/25/100 24,899. Totals. Add the amounts in columns (e) and (f). Also, combine the amounts in column (g). Enter here and include on Schedule D. line 8 (if box A above is checked), line 9 (if box B above is checked), or line 10 (if box C above is checked) 58,993 57,018. 45,963.

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

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.

CH.	RISTOPHER J & MARY	P CHRIST	IE				***_**_**
1 E	nter the gross proceeds from sales or	exchanges repo	orted to you for 2	2011 on Form(s) 1	099-B or 1099-S		
(0	or substitute statement) that you are in					1	
Pa	rt I Sales or Exchanges Other Than Casualty	of Property	Used in a Tra	ade or Busine	ess and Involu	ntary Conv	ersions From
	(a) Description of property	(b) Date acquired	(C) Date sold	(d) Gross sales	(e) Depreciation allowed or	(f) Cost or oth basis, plus	(y) dail of (loss)
2	от ргоры су	(mo., day, yr.)	(mo., day, yr.)	price	allowable since acquisition	improvements a expense of sal	nu sum of (d) and (a)
SE	E STATEMENT 14					<u> </u>	121
						 	
						<u> </u>	
3	Gain, if any, from Form 4684, line 39			L	<u></u>	<u> </u>	3
4	Section 1231 gain from installment	sales from Form	6252. line 26 or	37			4
5	Section 1231 gain or (loss) from like						5
6	Gain, if any, from line 32, from other						6
7	Combine lines 2 through 6. Enter th						7 121
•	Partnerships (except electing larg						1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	instructions for Form 1065, Schedul below.						
	Individuals, partners, S corporation from line 7 on line 11 below and skip 1231 losses, or they were recapture the Schedule D filed with your return	o lines 8 and 9. If ed in an earlier ye	line 7 is a gain a ar, enter the gai	and you did not h n from line 7 as a	ave any prior year	section	
8	Nonrecaptured net section 1231 los	sses from prior ve	ears (see instruc	tions) STATEM	MENT 15		8 26
9	Subtract line 8 from line 7. If zero or					elow. If	
	line 9 is more than zero, enter the ar			-		i i	
	capital gain on the Schedule D filed	with your return	(see instruction	s)			9 95
Pa	rt II Ordinary Gains and	Losses (see in	structions)				
10				ala maramanta balal	1	······	
	Ordinary gains and losses not include LDMAN SACHS HEDGE	Jea on lines 11 ti	Trough To (inclu	de property neid	year or less).	T	
	ND PARTNERS, LLC					_	-247
1. 01	TAKTNERS, DIC		***************************************			<u> </u>	44/
11	Loca if any from line 7	<u> </u>		<u> </u>		<u> </u>	11
12	Loss, if any, from line 7 Gain, if any, from line 7 or amount fr	om line 9 if and	icable				12 26
13	Gain, if any, from line 31						13
14	Net gain or (loss) from Form 4684, li					-	14
15	Ordinary gain from installment sales		line 25 or 36	***********			15
16	Ordinary gain or (loss) from like-kind						16
17	Combine lines 10 through 16					T	17 -221
18	For all except individual returns, ent	er the amount fro	om line 17 on th	e appropriate line	of your return and	skip lines	
	a and b below. For individual returns			to to a formation	. ,	.,,	
а	If the loss on line 11 includes a loss			(h)(ii) enter that	nart of the loss her	e Enter	
a	the part of the loss from income-pro				•		
	from property used as an employee			•		100	

LHA For Paperwork Reduction Act Notice, see separate instructions.

See instructions

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

Form 4797 (2011)

-221.

18a

18b

*	*	*	-	*	*		*	*	*	*	Page 2
	_	-				*******	-	•			

Iir	hese columns relate to the properties on nes 19A through 19D. Toss sales price (Note: See line 1 before completing.) ost or other basis plus expense of sale epreciation (or depletion) allowed or allowable dijusted basis. Subtract line 22 from line 21 otal gain. Subtract line 23 from line 20 section 1245 property: epreciation allowed or allowable from line 22 neter the smaller of line 24 or 25a section 1250 property: If straight line depreciation as used, enter -0- on line 26g, except for a corporation object to section 291. Idditional depreciation after 1975 (see instructions) opplicable percentage multiplied by the smaller	20 21 22 23 24 25a 25b	Property A	Property B	3 Prope	rty C	Property
C D TH in the state of the stat	nes 19A through 19D. ross sales price (Note: See line 1 before completing.) ross sales price (Note: See line 1 before completing.) ross or other basis plus expense of sale repreciation (or depletion) allowed or allowable djusted basis. Subtract line 22 from line 21 rotal gain. Subtract line 23 from line 20 section 1245 property: repreciation allowed or allowable from line 22 repreciation allowed or allowable from line 22 section 1250 property: If straight line depreciation as used, enter -0- on line 26g, except for a corporation bject to section 291. Idditional depreciation after 1975 (see instructions) repplicable percentage multiplied by the smaller	20 21 22 23 24 25a 25b	Property A	Property B	3 Prope	rty C	Property
Tilling Tillin	nes 19A through 19D. ross sales price (Note: See line 1 before completing.) ross sales price (Note: See line 1 before completing.) ross or other basis plus expense of sale repreciation (or depletion) allowed or allowable djusted basis. Subtract line 22 from line 21 rotal gain. Subtract line 23 from line 20 section 1245 property: repreciation allowed or allowable from line 22 repreciation allowed or allowable from line 22 section 1250 property: If straight line depreciation as used, enter -0- on line 26g, except for a corporation bject to section 291. Idditional depreciation after 1975 (see instructions) repplicable percentage multiplied by the smaller	20 21 22 23 24 25a 25b	Property A	Property B	3 Proper	rty C	Property
THIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	nes 19A through 19D. ross sales price (Note: See line 1 before completing.) ross sales price (Note: See line 1 before completing.) ross or other basis plus expense of sale repreciation (or depletion) allowed or allowable djusted basis. Subtract line 22 from line 21 rotal gain. Subtract line 23 from line 20 section 1245 property: repreciation allowed or allowable from line 22 repreciation allowed or allowable from line 22 section 1250 property: If straight line depreciation as used, enter -0- on line 26g, except for a corporation bject to section 291. Idditional depreciation after 1975 (see instructions) repplicable percentage multiplied by the smaller	20 21 22 23 24 25a 25b	Property A	Property B	S Prope	rty C	Property
liring limits and limi	nes 19A through 19D. ross sales price (Note: See line 1 before completing.) ross sales price (Note: See line 1 before completing.) ross or other basis plus expense of sale repreciation (or depletion) allowed or allowable djusted basis. Subtract line 22 from line 21 rotal gain. Subtract line 23 from line 20 section 1245 property: repreciation allowed or allowable from line 22 repreciation allowed or allowable from line 22 section 1250 property: If straight line depreciation as used, enter -0- on line 26g, except for a corporation bject to section 291. Idditional depreciation after 1975 (see instructions) repplicable percentage multiplied by the smaller	20 21 22 23 24 25a 25b	Property A	Property B	S Prope	rty C	Property
O Grant Gran	ross sales price (Note: See line 1 before completing.) ost or other basis plus expense of sale epreciation (or depletion) allowed or allowable djusted basis. Subtract line 22 from line 21 otal gain. Subtract line 23 from line 20 section 1245 property: epreciation allowed or allowable from line 22 nter the smaller of line 24 or 25a section 1250 property: If straight line depreciation as used, enter -0- on line 26g, except for a corporation abject to section 291. dditional depreciation after 1975 (see instructions) opplicable percentage multiplied by the smaller	20 21 22 23 24 25a 25b	Property A	Property B	Prope	rty C	Property
1 C2 De C2 D	epreciation (or depletion) allowed or allowable djusted basis. Subtract line 22 from line 21 section 1245 property: epreciation allowed or allowable from line 22 ter the smaller of line 24 or 25a section 1250 property: If straight line depreciation as used, enter -0 on line 26g, except for a corporation abject to section 291. dditional depreciation after 1975 (see instructions) epplicable percentage multiplied by the smaller	21 22 23 24 25a 25b					
2 De	epreciation (or depletion) allowed or allowable djusted basis. Subtract line 22 from line 21 setal gain. Subtract line 23 from line 20 section 1245 property: epreciation allowed or allowable from line 22 nter the smaller of line 24 or 25a section 1250 property: If straight line depreciation as used, enter -0- on line 26g, except for a corporation abject to section 291. dditional depreciation after 1975 (see instructions) opplicable percentage multiplied by the smaller	22 23 24 25a 25b					
P. Dec Properties of the second of the secon	epreciation (or depletion) allowed or allowable djusted basis. Subtract line 22 from line 21 setal gain. Subtract line 23 from line 20 section 1245 property: epreciation allowed or allowable from line 22 nter the smaller of line 24 or 25a section 1250 property: If straight line depreciation as used, enter -0- on line 26g, except for a corporation abject to section 291. dditional depreciation after 1975 (see instructions) opplicable percentage multiplied by the smaller	22 23 24 25a 25b					
A Ado A April A Ado C Suprilin	djusted basis. Subtract line 22 from line 21	24 25a 25b					
b Er was a Ad b Ap of	section 1245 property: epreciation allowed or allowable from line 22 nter the smaller of line 24 or 25a section 1250 property: If straight line depreciation as used, enter -0- on line 26g, except for a corporation object to section 291. Idditional depreciation after 1975 (see instructions) epplicable percentage multiplied by the smaller	25a 25b					
a Ado b Ap of	section 1245 property: epreciation allowed or allowable from line 22 nter the smaller of line 24 or 25a section 1250 property: If straight line depreciation as used, enter -0- on line 26g, except for a corporation object to section 291. Idditional depreciation after 1975 (see instructions) epplicable percentage multiplied by the smaller	25b					
b Er If was su a Add b Ap of c Su pr lin	section 1250 property: If straight line depreciation as used, enter -0- on line 26g, except for a corporation abject to section 291. Iditional depreciation after 1975 (see instructions) oplicable percentage multiplied by the smaller	25b					
b Er wasu a Ad b Ap of c Su pr	section 1250 property: If straight line depreciation as used, enter -0- on line 26g, except for a corporation abject to section 291. Iditional depreciation after 1975 (see instructions) oplicable percentage multiplied by the smaller	25b					
a Ad b Ap of c Su pr lin	section 1250 property: If straight line depreciation as used, enter -0- on line 26g, except for a corporation object to section 291. Iditional depreciation after 1975 (see instructions) oplicable percentage multiplied by the smaller						
b Apof of C Supr lin	oplicable percentage multiplied by the smaller						
of c Su pr lin	oplicable percentage multiplied by the smaller	26a					
pr lin	line 24 or line 26a (see instructions)	26b					
	ubtract line 26a from line 24. If residential rental operty or line 24 is not more than line 26a, skip es 26d and 26e	26c					
	Iditional depreciation after 1969 and before 1976	26d					
	nter the smaller of line 26c or 26d	26e					
	ection 291 amount (corporations only)dd lines 26b, 26e, and 26f	26f 26g					
dis dis	section 1252 property: Skip this section if you did not spose of farmland or if this form is being completed for partnership (other than an electing large partnership).	20g					
	oil, water, and land clearing expenses	27a					
	ne 27a multiplied by applicable percentage	27b					
c Er	ter the smaller of line 24 or 27b	27c					
a Int	section 1254 property: cangible drilling and development costs, expenditures development of mines and other natural deposits, ning exploration costs, and depletion (see instructions)	28a					
b Er	nter the smaller of line 24 or 28a	28b	······································				
if:	section 1255 property: oplicable percentage of payments excluded om income under section 126 (see instructions)	29a					
	ter the smaller of line 24 or 29a (see instructions)	29b					
ımn	nary of Part III Gains. Complete property c	olumns .	A through D throug	gh line 29b before g	joing to line 30.		
То	tal gains for all properties. Add property columns	A throu	gh D, line 24		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	30	
	dd property columns A through D, lines 25b, 26g, ubtract line 31 from line 30. Enter the portion from					. 31	
	om other than casualty or theft on Form 4797, line					. 32	
art	IV Recapture Amounts Under Section	ns 179	9 and 280F(b)(2	2) When Busine	ess Use Drop		or Less
	(see instructions)				(a) Sect	ion	(b) Section
_	-th 470			г			280F(b)(2)
	ection 179 expense deduction or depreciation allo				33		***************************************
	ecomputed depreciation (see instructions)ecapture amount. Subtract line 34 from line 33. Se			1	34	1	

SCHEDULE E

Department of the Treasury

Internal Revenue Service

(Form 1040)

Supplemental Income and Loss

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

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

See separate instructions.

OMB No. 1545-0074 **2011**Attachment
Sequence No. 13

Name(s) shown on return Your social security number ***_** CHRISTOPHER J & MARY P CHRISTIE A Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions) Yes No B If "Yes," did you or will you file all required Forms 1099? No Income or Loss From Rental Real Estate and Royalties Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Caution. For each rental property listed on line 1, check the box in the last column only if you owned that property as a member of a qualified joint venture (QJV) reporting income not subject to self-employment tax. 1 Physical address of each property-street, city, state, ZIP Type-from list For each rental real Fair Rental Personal QJV estate property listed, Davs Use Davs below report the number of 6 Α Α days rented at fair rental value and days with В 6 В personal use. See С 6 instructions. С Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 7 Self-Rental 5 Land Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties** Α В С 3a Merchant card and third party payments. For 2011, enter -0ō O. 0. За **b** Payments not reported to you on line 3a 22,557 9. 3b 6. 22,5574 Total not including amounts on line 3a that are not income (see instructions) 9. 4 6. Expenses: 5 Advertising 5 6 Auto and travel (see instructions) 6 Cleaning and maintenance 8 Commissions 8 9 9 Legal and other professional fees 10 11 Management fees 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest 14 Repairs 14 15 Supplies 15 16 Taxes _____ 16 17 Utilities 17 18 Depreciation expense or depletion 18 Other (list) 19 20 Total expenses. Add lines 5 through 19 20 21 Subtract line 20 from line 4. If result is a (loss), see instructions to find out if you must file Form 6198 22,557 6 21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 22 23a Total of all amounts reported on line 3a for all rental properties 23 a b Total of all amounts reported on line 3a for all royalty properties 23b c Total of all amounts reported on line 4 for all rental properties 23c d Total of all amounts reported on line 4 for all royalty properties 23d e Total of all amounts reported on line 12 for all properties 23e f Total of all amounts reported on line 18 for all properties 23f g Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. 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

SCHEDULE E

(Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

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

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

See separate instructions.

OMB No. 1545-0074

Name(s) shown on return Your social security number CHRISTOPHER J & MARY P CHRISTIE ***_**_** A Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions) X No Yes B If "Yes," did you or will you file all required Forms 1099? Income or Loss From Rental Real Estate and Royalties Note. If you are in the business of renting personal property, use Part I Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Caution. For each rental property listed on line 1, check the box in the last column only if you owned that property as a member of a qualified joint venture (QJV) reporting income not subject to self-employment tax. Physical address of each property-street, city, state, ZIP Type-from list 2 For each rental real Fair Rental Personal QJV estate property listed. Davs Use Days below report the number of GOLDMAN SACHS HEDGE FUND PARTNERS, 6 days rented at fair rental Α value and days with В В personal use. See С instructions. C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 7 Self-Rental 5 Land 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties** Α С 3a Merchant card and third party payments. For 2011, enter -0-3a Ō. **b** Payments not reported to you on line 3a 9. 3b 4 Total not including amounts on line 3a that are not income (see instructions) 9. 4 **Expenses:** 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance 7 8 Commissions 8 9 Insurance _____ 9 Legal and other professional fees 10 10 Management fees 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest 13 Repairs 14 Supplies _____ 15 15 16 Taxes 16 17 17 Depreciation expense or depletion Other (list) 19 Total expenses. Add lines 5 through 19 20 21 Subtract line 20 from line 4. If result is a (loss), see instructions to find out if you must file Form 6198 9. 21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 23a Total of all amounts reported on line 3a for all rental properties 23a **b** Total of all amounts reported on line 3a for all royalty properties ______ 23b c Total of all amounts reported on line 4 for all rental properties 23c d Total of all amounts reported on line 4 for all royalty properties 22,581 23d e Total of all amounts reported on line 12 for all properties 23e f Total of all amounts reported on line 18 for all properties 23f g Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 22,581. 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. 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

22,581.

200000000000000000000000000000000000000	Attachment Sequence No. 13	Page 2
Name(s) shown on return. Do not enter name and social security number if shown on page 1.	Your social security	y number
CHRISTOPHER J & MARY P CHRISTIE	******	***
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 repo		hich
any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. Se	e instructions.	
07		

Cau	tion. The IRS compares amounts	reported on your	tay return with amounts	hown on Cohodula(c)	V 1					
	art II Income or Loss	From Partr	nerships and S C	progrations No	N~1.					
L			check column (e) on I					at-ris	k activity fo	or which
27	Are you reporting any loss not									
<i>,</i>	passive activity (if that loss was									77
	If you answered "Yes," see instr	s not reported on	mpleting this certion	rsed partnership expe	nses?		• • • • • • • • • • • • •		Yes	X No
	n you answered Tes, see msu	actions before co	inpreung uns section.	***************************************	I(h) _{Catas} P to	(c) Check	/ ط	I) Emp	Javar	(a) Charleif
28		(a) N	ame		partnership; S	(C) Check if foreign partnership			noyer n number	(e) Check if any amount is not at risk
Α	SEE STATEMENT	16			or a corporation	partnersinp				not at risk
В						 -				
С										
D					 			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		<u> </u>
	Passive I	ncome and Los	SS	ĺ	Non	assive Inco	ome an	d Los	ss	<u> </u>
	(f) Passive loss allowe		(g) Passive income	(h) Nonpassive lo		ection 179 ex			(j) Nonpassiv	/e income
	(attach Form 8582 if requ	ired)	from Schedule K-1	from Schedule K	(-1 deduc	tion from For	m 4562	`	from Sched	
Α						***************************************		***************************************		
В						**************************************				
С								***************************************		
D										
29a	Totals Totals	jetu prigev							,	1,462.
b				4,9						×4).
30	Add columns (g) and (j) of line	29a	******************************	***************************************			L	30		1,462.
31	Add columns (f), (h), and (i) of		**************					31	(4, 983.)
32	Total partnership and S corpor									
-	result here and include in the to	tal on line 41 belo	w					32		3,521.
Pa	rt III Income or Loss	From Estate	es and Trusts							
33			(a) Name						(b) Em identification	
Α	SEE STATEMENT	17	······································	***************************************					identinicatio	on number
B	OHH OTHER	<u> </u>								
		Passive Incom	e and Loss			Nonnas	sive In	come	and Loss	·
	(c) Passive deduction (assive income	(e) Dec	luction or los			(f) Other inco	
	(attach Form 8582	if required)	from	Schedule K-1		Schedule K-1			Schedul	
Α										
В						***************************************				
34a	Totals						DELINE.	······································		
b	Totals			N (A Company) (A)	***************************************			- 11	- 31.10 Ayes	Tage of the English

		Passive Income and Los	S	Nonpassive II	ncom	e and Loss	
		tion or loss allowed 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		
Α							
В						· · · · · · · · · · · · · · · · · · ·	
34a	Totals						
b	Totals				=,,,,	<u>त्राधीत स्वतंत्रस्य दशकार</u> स	
35	Add columns (d) and (f) of	line 34a			35		
36	Add columns (c) and (e) of	f line 34b			36	(
37		ome or (loss). Combine lines 35 an			37		
Pa	rt IV Income or Lo	ss From Real Estate M	ortgage Investment Co	nduits (REMICs) - Resi	dual	Holder	

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

39	Combine columns (d)	and (e)) only. Enter the	result here and include	in the tota	al on line 41 below		39
Par	t V Summany	*	THUTTOR	DICDOCIMIC	STO TA	MONTO A CCT	TE ACMITTION	

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	7, or Form 1040NR, line 18	41	19,	060.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income		LE Y		
	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 instructions)	42			
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions),				
	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	0.5		

FORM 8949 B SHOP	T-TERM CAPITA	AL GAINS AND L	OSSES S	TATEMENT 5
DESCRIPTION OF PROPERTY	SALES PRICE	COST OR OTHER BASIS	ADJUSTMENTS TO GAIN OR LOSS	GAIN OR LOSS
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST DTD 8/25/10 THE MARY PAT CHRISTIE			143.	143.
2010 BLIND TRUST DATED 8/25/10			-1,446.	-1,446.
TOTAL TO SCH D, LINE 2			-1,303.	-1,303.
FORM 8949 B LON	G-TERM CAPITA	AL GAINS AND L	OSSES S' ADJUSTMENTS TO GAIN OR	TATEMENT 6
DESCRIPTION OF PROPERTY	PRICE	OTHER BASIS	LOSS	LOSS
8000 GOLDMAN SACHS LARGE CAP VALUE 22000 GOLDMAN SACHS STRATEGIC GROWTH	8,000.	8,863.		-863.
20000 GOLDMAN SACHS	22,000.	18,950.		3,050.
LARGE CAP VALUE SYBRON DENTAL	20,000.	22,104.		-2,104.
SPECIALTIES APOGENT TECH APOGENT TECH APOGENT TECH THE CHRISTOPHER J CHRISTIE 2010 BLIND	2,025. 1,742. 3,484. 1,742.	1,900. 1,300. 2,601. 1,300.		125. 442. 883. 442.
CHRISTIE ZUID BUIND				
TRUST DTD 8/25/10 THE MARY PAT CHRISTIE 2010 BLIND TRUST DATED			21,064.	21,064.
TRUST DTD 8/25/10 THE MARY PAT CHRISTIE			21,064.	21,064. 24,899.

	The state of the s		West of the second seco
SCHEDULE D	NET SHORT-TERM GAIN OR FORMS 6252, 4684, 6781		STATEMENT 7
DESCRIPTION OF PRO	PERTY		GAIN OR LOSS
FORM 6781, PART I	The second secon		21.
TOTAL TO SCHEDULE	D, PART I, LINE 4		21.
SCHEDULE D	NET LONG-TERM GAIN OR LOS 4797, 2439, 6252, 4684, 6		STATEMENT 8
DESCRIPTION OF PRO	PERTY	GAIN OR LOSS	28% GAIN
FORM 6781, PART I FORM 4797		31. 95.	***************************************
TOTAL TO SCHEDULE	D, PART II, LINE 11	126.	
SCHEDULE D	NET SHORT-TERM GAIN OR ARTNERSHIPS, S CORPORATIONS,		STATEMENT 9
DESCRIPTION OF ACT	IVITY		GAIN OR LOSS
THE CHRISTOPHER J	E FUND PARTNERS, LLC CHRISTIE 2010 BLIND TRUST FIE 2010 BLIND TRUST		3,480. -2,935. 88.
TOTAL TO SCHEDULE I	D, PART I, LINE 5		633.
SCHEDULE D	NET LONG-TERM GAIN OR ARTNERSHIPS, S CORPORATIONS,		STATEMENT 10
DESCRIPTION OF ACT	IVITY	GAIN OR LOSS	28% GAIN
THE CHRISTOPHER J (E FUND PARTNERS, LLC CHRISTIE 2010 BLIND TRUST FIE 2010 BLIND TRUST	16,396. -3,051. 406.	5. 4. 6.
TOTAL TO SCHEDULE I	O, PART II, LINE 12	13,751.	15.

SCHEDULE D CAPITAL GAIN DISTRIBUTION	IS	STATEMENT	11
		DIAIEMENI	
NAME OF PAYER	TOTAL CAPITAL GAIN	28% GAI	N
THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST	2,090.		***************************************
TOTALS TO SCHEDULE D, LINE 13	2,090.		

SCH	EDULE D UNRECAPTURED SECTION 1250 GAIN	STATEMENT	12
1.	IF YOU HAVE A SECTION 1250 PROPERTY IN PART III OF FORM 4797 FOR WHICH YOU MADE AN ENTRY IN PART I OF FORM 4797, ENTER THE SMALLER OF LINE 22 OR LINE 24 OF FORM 4797 FOR THAT PROPERTY. IF YOU DID NOT HAVE ANY SUCH PROPERTY, GO TO LINE 4		
2.	ENTER THE AMOUNT FROM FORM 4797, LINE 26G, FOR THE PROPERTY FOR WHICH YOU MADE AN ENTRY ON LINE 1		
3. 4.	SUBTRACT LINE 2 FROM LINE 1		
5.	SALES OF TRADE OR BUSINESS PROPERTY HELD MORE THAN 1 YEAR ENTER THE TOTAL OF ANY AMOUNTS REPORTED TO YOU ON A SCHEDULE K-1 FROM A PARTNERSHIP OR AN S CORPORATION AS "UNRECAPTURED SECTION 1250 GAIN"		1.
6			
7.	ADD LINES 3 THROUGH 5		1.
8.	ENTER THE AMOUNT, IF ANY, FROM FORM 4797,		
9. 10.	SUBTRACT LINE 8 FROM LINE 7. IF ZERO OR LESS, ENTER -0 ENTER THE AMOUNT OF ANY GAIN FROM THE SALE OR EXCHANGE OF AN INTEREST IN A PARTNERSHIP ATTRIBUTABLE TO UNRECAPTURED	• •	
	SECTION 1250 GAIN	D • • • SALES	
	(INCLUDING INSTALLMENT SALES) OR OTHER DISPOSITIONS OF SECTIONS OF SECTIONS OF SECTIONS OF SECTIONS OF SECTIONS OF SECTIONS OF SECTION OF SECTI	TION	
L3. L4.	ADD LINES 9 THROUGH 12	• •	
L5.	ENTER THE (LOSS), IF ANY, FROM SCH D, LINE 7.	15. 549.	
	ENTER YOUR LONG-TERM CAPITAL LOSS CARRYOVERS FROM SCHEDULE D, LINE 14, AND SCHEDULE K-1 (FORM 1041).	349.	
.7.	BOX 11, CODE C		34.
.8.	SUBTRACT LINE 17 FROM LINE 13. IF ZERO OR LESS, ENTER -0-		
	IF MORE THAN ZERO, ENTER THE RESULT HERE AND ON SCHEDULE D	_	^
		• •	0.

SCH	EDULE D		28% RA	TE GAIN WO	RKSHEET	ST	ATEMENT 1
2. II V V 3. H H M H	TTEMS YOU ENTER AS EXCLUSION WITH CODE THE GAIN, REPORTED IN COLUMN ENTER THE FORM 4684 MORE THAN FORM 8824 ENTER THE DN:	TOTAL OF ALL (REPORTED ON FOOR A POSITIVE AMOUNT OF ALL ("S" IN COLUMN PLUS 2/3 OF AN IN COLUMN (G) (G), FOR WHICH TOTAL OF ALL (C), LINE 4 (BUT (C) ZERO); FORM 62 (C) TOTAL OF ANY (C)	ORM 8949, UNT THE A IN COLUMN (B), FOR NY SECTIO OF FORM 8 H YOU EXC COLLECTIB ONLY IF F 252; FORM COLLECTIB	LINE 3. MOUNT OF AN (G) OF FOR WHICH YOU N 1202 EXCH 949, LINE COMM LUDED 60% (COMM ORM 4684, IN 6781, PART	NY SECTION RM 8949, LI EXCLUDED 5 LUSION YOU B, WITH COD OF THE GAIN R (LOSS) FR LINE 15, IS	1202 NE 3, 0% OF E "S"	
5. E	* FORM * * SCHEDI * SCHETI ESTATI ENTER YOU	1099-DIV, BOX 2 2439, BOX 1D,; ULE K-1 FROM A E, OR TRUST R LONG-TERM CAF D, LINE 14 AND	AND PARTNERS	S CARRYOVEF	R FROM		15
6. I	CODE C F SCHEDUI	LE D, LINE 7, I ERWISE, ENTER -	S A (LOS	· · · · · · · · · · · · · · · · · · ·	CHAT (LOSS)	(649
L	F MORE TH	INES 1 THROUGH HAN ZERO, ALSO	ENTER TH	RO OR LESS, IS AMOUNT O	N SCHEDULE	D,	AMEMENIM 1
			***************************************		ONE LEAR	STA	ATEMENT 14
DESC	RIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	
HEDG: PART: THE	MAN SACHS E FUND NERS, LLC CHRISTOPH STIE 2010	: HER J					44.
BLIN THE I	D TRUST MARY PAT STIE 2010						29.
	D TRUST				***************************************		48.
TOTA	ь то 4797	, PART I, LINE	2				121.

FORM 4797	NONRECAP	TURED NET SECTI FROM PRIOR Y		S ST	ATEMENT 15	
TAX YEAR		SECTION 1231 LOSSES	SECTION 1 LOSSES RECAP	231 SE	NONRECAPTURED SECTION 1231 LOSSES	
2006 2007 2008 2009						
2010		26.			26.	
TOTAL TO FO	ORM 4797, LINE 8	26.			26.	
NAME		S) FROM PARTNER			ATEMENT 16	
NAME AN NC EMPLOYER A	NY DT X AT IF PAS	SSIVE PASSIVE OSS INCOME			NONPASSIVE	
NAME AN NC EMPLOYER A ID NO. RI GOLDMAN SACHS **-******	NY OT X AT IF PAS ISK FRN CODE LO	SSIVE PASSIVE OSS INCOME	NONPASSIVE LOSS 767.	SEC. 179	NONPASSIVE	
NAME AN NC EMPLOYER A ID NO. RI GOLDMAN SACHS **_******* INVESTMENT IN	NY OT X AT IF PAS ISK FRN CODE LO S HEDGE FUND PART P * NTEREST EXPENSE P *	SSIVE PASSIVE OSS INCOME	NONPASSIVE LOSS 767. 1,463.	SEC. 179	NONPASSIVE	
NAME AN NC EMPLOYER ID NO. RI GOLDMAN SACHS **_****** INVESTMENT IN **_****** SEC 59(E)(2)	NY OT X AT IF PAS ISK FRN CODE LO S HEDGE FUND PART P * NTEREST EXPENSE P *	SSIVE PASSIVE OSS INCOME	NONPASSIVE LOSS 767.	SEC. 179	NONPASSIVE	
NAME AN NC EMPLOYER ID NO. RI GOLDMAN SACHS **-****** INVESTMENT IN **-***** SEC 59(E)(2) **-****** CANTOR FITZGE	NY OT X AT IF PAS ISK FRN CODE LO E HEDGE FUND PART P * NTEREST EXPENSE P * P * ERALD LP P	SSIVE PASSIVE OSS INCOME 'NERS, LLC	NONPASSIVE LOSS 767. 1,463.	SEC. 179	NONPASSIVE	
NAME AN NC EMPLOYER ID NO. RI GOLDMAN SACHS **-****** INVESTMENT IN **-***** SEC 59(E)(2) **-****** CANTOR FITZGE **-*****	NY OT X AT IF PAS ISK FRN CODE LO S HEDGE FUND PART P * NTEREST EXPENSE P * - P * ERALD LP HER J CHRISTIE 20	SSIVE PASSIVE INCOME INCOME INCOME	NONPASSIVE LOSS 767. 1,463. 22.	SEC. 179	NONPASSIVE	
NAME AN NC EMPLOYER A ID NO. RI GOLDMAN SACHS **_****** INVESTMENT IN **_****** SEC 59(E)(2) **_****** CANTOR FITZGE **_****** THE CHRISTOPH TRUST **_******	NY OT X AT IF PAS ISK FRN CODE LO E HEDGE FUND PART P * NTEREST EXPENSE P * P * ERALD LP P	SSIVE PASSIVE INCOME INCOME THERS, LLC	NONPASSIVE LOSS 767. 1,463.	SEC. 179	NONPASSIVE	

^{*} ENTIRE DISPOSITION OF NONPASSIVE ACTIVITY

		-						***************************************	*************
SCHEDULE E	INCOME OR	(LOSS)	FROM	ESTATES	AND	TRUSTS	Sī	CATEMENT	17
NAME	EMPLOYER ID NO.		SSIVE OSS	PASS INCO	SIVE OME	NONPASS LOSS		NONPASS INCOM	
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST DTD THE MARY PAT	**_****		0.	•			The same and the s		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
CHRISTIE 2010 BLIND TRUST DATED			0.	,					
TOTALS TO SCHEDULE	E, LINE 34		0.						
TOTALS TO SCHEDULE	E, LINE 34		0.						

^{*} ENTIRE DISPOSITION OF NONPASSIVE ACTIVITY