2009 TAX RETURN FILING INSTRUCTIONS

U.S. INDIVIDUAL INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	CHRISTOPHER J & MARY P CHRISTIE [redacted] MENDHAM, NJ 07945
Prepared by	HAL MODEL CPA PA
Amount of tax	Total tax $ 147,118 Less: payments and credits $ 160,062 Plus: interest and penalties $ 0 OVERPAYMENT $ 12,944
Overpayment	Miscellaneous Donations $ 0 Credited to your estimated tax $ 12,944 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. TO HAVE IT TRANSMITTED ELECTRONICALLY, SIGN AND RETURN FORM 8879 TO OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE IRS.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	

2010 ESTIMATED TAX FILING INSTRUCTIONS

U.S. ESTIMATED INDIVIDUAL INCOME TAX

FOR THE YEAR ENDING

DECEMBER 31, 2010

Prepared for

CHRISTOPHER J & MARY P CHRISTIE
[redacted]
MENDHAM, NJ 07945

Prepared by

HAL MODEL CPA PA

Amount of tax

Total Estimated Tax	$ 29,944
Less credit from prior year	$ 12,944
Less amount already paid on 2010 estimate	$ 0
Balance due	$ 17,000

Payable in full or in installments as follows:

Installment	Amount	Due Date
No. 1	$ 0	NO PAYMENT REQUIRED
No. 2	$ 5,000	JUNE 15, 2010
No. 3	$ 6,000	SEPTEMBER 15, 2010
No. 4	$ 6,000	JANUARY 18, 2011

Make check payable to

UNITED STATES TREASURY

Mail voucher and check (if applicable) to

INTERNAL REVENUE SERVICE CENTER
P.O. BOX 37007
HARTFORD, CT 06176-0007

Special Instructions

INCLUDE YOUR SOCIAL SECURITY NUMBER AND THE WORDS "2010 FORM 1040-ES" ON YOUR CHECK.

VOUCHERS NEED NOT BE SIGNED.

Form **8879**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

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

OMB No. 1545-0074

2009

Declaration Control Number (DCN) ▶ [redacted]

Taxpayer's name
CHRISTOPHER J CHRISTIE

Social security number [redacted]

Spouse's name
MARY P CHRISTIE

Spouse's social security number [redacted]

Part I Tax Return Information - Tax Year Ending December 31, 2009 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	544,047.
2	Total tax (Form 1040, line 60; Form 1040A, line 37; Form 1040EZ, line 11)	2	147,118.
3	Federal income tax withheld (Form 1040, line 61; Form 1040A, line 38; Form 1040EZ, line 7)	3	124,267.
4	Refund (Form 1040, line 73a; Form 1040A, line 46a; Form 1040EZ, line 12a; Form 1040-SS, Part I, line 13a)	4	0.
5	Amount you owe (Form 1040, line 75; Form 1040A, line 48; Form 1040EZ, line 13)	5	

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2009, 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 acknowledgment of receipt or reason for rejection of the transmission, **(b)** an indication of any refund offset, **(c)** the reason for any delay in processing the return or refund, and **(d)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

[X] I authorize HAL MODEL CPA PA (ERO firm name) to enter or generate my PIN [redacted]
as my signature on my tax year 2009 electronically filed income tax return.
Enter five numbers, but do not enter all zeros

[ ] I will enter my PIN as my signature on my tax year 2009 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 09/07/2010

Spouse's PIN: check one box only

[X] I authorize HAL MODEL CPA PA (ERO firm name) to enter or generate my PIN [redacted]
as my signature on my tax year 2009 electronically filed income tax return.
Enter five number, but do not enter all zeros

[ ] I will enter my PIN as my signature on my tax year 2009 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 ▶ 09/07/2010

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

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

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2009 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

919995
10-17-09

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

Tax Year 2009 e-file Jurat/Disclosure
for Form 1040, 1040A, or 1040EZ
using Practitioner PIN method
(with or without Electronic Funds Withdrawal)

ERO Declaration

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

ERO Signature

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

ERO's PIN [redacted]

(enter EFIN plus 5 self-selected numerics)

Taxpayer Declarations

Perjury Statement

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

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return/form to IRS and to receive the following information from IRS: 1) acknowledgment of receipt or reason for rejection of transmission; 2) refund offset; 3) reason for any delay in processing the return or refund; and, 4) date of any refund.

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

Taxpayer's PIN: [redacted] Date 09072010

Spouse's PIN: [redacted]

9187.11
10-07-09

▼ DETACH HERE ▼

Form **4868**

Department of the Treasury
Internal Revenue Service (99)

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

For calendar year 2009, or other tax year beginning , 2009, ending

1019

2009

Part I Identification

1 Your name(s)

CHRISTOPHER J CHRISTIE
MARY P CHRISTIE
[redacted]
MENDHAM, NJ 07945

2 Your social security number [redacted]

3 Spouse's social security number [redacted]

Part II Individual Income Tax

4	Estimate of total tax liability for 2009	$ 160,062.
5	Total 2009 payments	154,562.
6	**Balance due.** Subtract line 5 from line 4	5,500.
7	Amount you are paying ▶	5,500.

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

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

[redacted] AO CHRI

2010 Estimated Tax Worksheet

Keep for Your Records

1	Adjusted gross income you expect in 2010 (see instructions)	1	
2	• If you plan to itemize deductions, enter the estimated total of your itemized deductions. • If you do not plan to itemize deductions, enter your standard deduction from page 2.	2	
3	Subtract line 2 from line 1	3	
4	Exemptions. Multiply $3,650 by the number of personal exemptions.	4	
5	Subtract line 4 from line 3	5	
6	Tax. Figure your tax on the amount on line 5 by using the **2010 Tax Rate Schedules** on page 8. **Caution:** *If you will have qualified dividends or a net capital gain, or expect to exclude or deduct foreign earned income or housing, see chapter 2 of Pub. 505 to figure the tax*	6	
7	Alternative minimum tax from **Form 6251** or the Alternative Minimum Tax Worksheet in the Form 1040A instructions	7	
8	Add lines 6 and 7. Add to this amount any other taxes you expect to include in the total on Form 1040, line 44, or Form 1040A, line 28	8	
9	Credits (see instructions). **Do not** include any income tax withholding on this line	9	
10	Subtract line 9 from line 8. If zero or less, enter -0-	10	
11	Self-employment tax. Estimate of 2010 net earnings from self-employment $_____; if **$106,800 or less**, multiply the amount by 15.3%; if **more than $106,800**, multiply the amount by 2.9%, add $13,243.20 to the result, and enter the total. **Caution:** *If you also have wages subject to social security tax or the 6.2% portion of tier 1 Railroad Retirement tax, see chapter 2 of Pub. 505 to figure the amount to enter*	11	
12	Other taxes (see instructions)	12	
13a	Add lines 10 through 12	13a	
b	Earned income credit, additional child tax credit, making work pay credit, refundable education credit, and refundable credits from **Forms 4136, 5405, 8801, and 8885**	13b	
c	**Total 2010 estimated tax.** Subtract line 13b from line 13a. If zero or less, enter -0- ▶	13c	
14a	Multiply line 13c by 90% (66 2/3% for farmers and fishermen)	14a	
b	Enter the tax shown on your 2009 tax return. Enter 110% of that amount if you are not a farmer or fisherman and the adjusted gross income shown on that return is more than $150,000 or, if married filing separately for 2010, more than $75,000	14b	
c	**Required annual payment to avoid a penalty.** Enter the **smaller** of line 14a or 14b ▶ **Caution:** *Generally, if you do not prepay (through income tax withholding and estimated tax payments) at least the amount on line 14c, you may owe a penalty for not paying enough estimated tax. To avoid a penalty, make sure your estimate on line 13c is as accurate as possible. Even if you pay the required annual payment, you may still owe tax when you file your return. If you prefer, you can pay the amount shown on line 13c. For details, see chapter 2 of Pub. 505.*	14c	
15	Income tax withheld and estimated to be withheld during 2010 (including income tax withholding on pensions, annuities, certain deferred income, etc.)	15	
16a	Subtract line 15 from line 14c ADJUSTED TO: 37,600. Is the result zero or less? ☐ **Yes.** Stop here. You are not required to make estimated tax payments. ☐ **No.** Go to line 16b.	16a	
b	Subtract line 15 from line 13c Is the result less than $1,000? ☐ **Yes.** Stop here. You are not required to make estimated tax payments. ☐ **No.** Go to line 17 to figure your required payment.	16b	
17	If the first payment you are required to make is due April 15, 2010, enter 1/4 of line 16a (minus any 2009 overpayment that you are applying to this installment) here, and on your estimated tax payment voucher(s) if you are paying by check or money order. (**Note:** *Household employers, see instructions.*)	17	

OVERPAYMENT APPLIED 12,944.

CUT HERE

Form 1040-ES
Department of the Treasury
Internal Revenue Service

2010 Estimated Tax

Payment Voucher 1

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and "2010 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due April 15, 2010

Amount of estimated tax you are paying by check or money order. $

Print or type

Your first name and initial	Your last name	Your social security number
CHRISTOPHER J	CHRISTIE	[redacted]
If joint payment, complete for spouse		
Spouse's first name and initial	**Spouse's last name**	**Spouse's social security number**
MARY P	CHRISTIE	[redacted]

Address (number, street, and apt. no.)
[redacted]

City, state, and ZIP code. (If a foreign address, enter city, province or state, postal code, and country.)
MENDHAM, NJ 07945

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 8.

CUT HERE

Form 1040-ES
Department of the Treasury
Internal Revenue Service

2010 Estimated Tax

Payment Voucher 2

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and "2010 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due June 15, 2010

Amount of estimated tax you are paying by check or money order. $ 5,000.

Print or type

Your first name and initial	Your last name	Your social security number
CHRISTOPHER J	CHRISTIE	[redacted]
If joint payment, complete for spouse		
Spouse's first name and initial	**Spouse's last name**	**Spouse's social security number**
MARY P	CHRISTIE	[redacted]

Address (number, street, and apt. no.)
[redacted]

City, state, and ZIP code. (If a foreign address, enter city, province or state, postal code, and country.)

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 8.

CUT HERE

CUT HERE

Form 1040-ES
Department of the Treasury
Internal Revenue Service

2010 Estimated Tax

Payment Voucher 3

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **"United States Treasury."** Write your social security number and "2010 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due Sept. 15, 2010

Amount of estimated tax you are paying by check or money order. $ 6,000.

Print or type

Your first name and initial	Your last name	Your social security number
CHRISTOPHER J	CHRISTIE	[redacted]
If joint payment, complete for spouse		
Spouse's first name and initial	Spouse's last name	Spouse's social security number
MARY P	CHRISTIE	[redacted]

Address (number, street, and apt. no.)
[redacted]

City, state, and ZIP code. (If a foreign address, enter city, province or state, postal code, and country.)
MENDHAM, NJ 07945

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 8.**

CUT HERE

Form 1040-ES
Department of the Treasury
Internal Revenue Service

2010 Estimated Tax

Payment Voucher 4

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **"United States Treasury."** Write your social security number and "2010 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due Jan. 18, 2011

Amount of estimated tax you are paying by check or money order. $ 6,000.

Print or type

Your first name and initial	Your last name	Your social security number
CHRISTOPHER J	CHRISTIE	[redacted]
If joint payment, complete for spouse		
Spouse's first name and initial	Spouse's last name	Spouse's social security number
MARY P	CHRISTIE	[redacted]

Address (number, street, and apt. no.)
[redacted]

City, state, and ZIP code. (If a foreign address, enter city, province or state, postal code, and country.)
MENDHAM, NJ 07945

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 8.**

CUT HERE

Form 1040 U.S. Individual Income Tax Return 2009

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

For the year Jan. 1-Dec. 31, 2009, or other tax year beginning , 2009, ending , 20 OMB No. 1545-0074

Label (See instructions on page 14.) Use the IRS label. Otherwise, please print or type.

Your first name and initial: CHRISTOPHER J	Last name: CHRISTIE
If a joint return, spouse's first name and initial: MARY P	Last name: CHRISTIE
Home address (number and street). If you have a P.O. box, see page 14. [redacted]	Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. MENDHAM, NJ 07945	

Your social security number: [redacted]
Spouse's social security number: [redacted]
You must enter your SSN(s) above.

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

Checking a box below will not change your tax or refund.

Filing Status

Check only one box.

1 ☐ Single
2 ☒ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (see page 16)

Exemptions

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

Boxes checked on 6a and 6b: 2

c Dependents:

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifying child for child tax credit (see page 17)
ANDREW CHRISTIE	[redacted]	CHILD	X
SARAH CHRISTIE		CHILD	X
PATRICK CHRISTIE		CHILD	X
BRIDGET CHRISTIE		CHILD	X

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

No. of children on 6c who:
- lived with you: 4
- did not live with you due to divorce or separation (see page 18):

Dependents on 6c not entered above:

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

Income

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

If you did not get a W-2, see page 22.

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

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	517,240.
8a	Taxable interest. Attach Schedule B if required		8a	9,666.
b	Tax-exempt interest. Do not include on line 8a	8b 8,145.		
9a	Ordinary dividends. Attach Schedule B if required		9a	5,261.
b	Qualified dividends (see page 22)	9b 2,618.		
10	Taxable refunds, credits, or offsets of state and local income taxes	STMT 3 STMT 5	10	0.
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐		13	-3,000.
14	Other gains or (losses). Attach Form 4797		14	9,151.
15a	IRA distributions	15a	b Taxable amount	15b
16a	Pensions and annuities	16a 142,035.	b Taxable amount	16b 0.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	5,271.
18	Farm income or (loss). Attach Schedule F		18	
19	Unemployment compensation in excess of $2,400 per recipient (see page 27)		19	
20a	Social security benefits	20a	b Taxable amount (see page 27)	20b
21	Other income. List type and amount (see page 29) SEE STATEMENT 1		21	458.
22	Add the amounts in the far right column for lines 7 through 21. This is your total income ▶		22	544,047.

Adjusted Gross Income

23	Educator expenses (see page 29)	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889	25		
26	Moving expenses. Attach Form 3903	26		
27	One-half of self-employment tax. Attach Schedule SE	27		
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction (see page 30)	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	IRA deduction (see page 31)	32		
33	Student loan interest deduction (see page 34)	33		
34	Tuition and fees deduction. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 31a and 32 through 35		36	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶		37	544,047.

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	544,047.
Standard Deduction for - • People who check any box on line 39a, 39b, or 40b or who can be claimed as a dependent	39a	Check If: ☐ You were born before January 2, 1945, ☐ Blind. ☐ Spouse was born before January 2, 1945, ☐ Blind. Total boxes checked ▶ 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here ▶ 39b ☐		
	40a	**Itemized deductions** (from Schedule A) or your **standard deduction** (see left margin)	40a	106,569.
	b	If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see page 35) ▶ 40b ☐		
	41	Subtract line 40a from line 38	41	437,478.
	42	**Exemptions.** If line 38 is $125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply $3,650 by the number on line 6d. Otherwise, see page 37	42	14,598.
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	422,880.
• All others: Single or Married filing separately, $5,700 Married filing jointly or Qualifying widow(er), $11,400 Head of household, $8,350	44	**Tax.** Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972	44	117,847.
	45	**Alternative minimum tax.** Attach Form 6251	45	23,561.
	46	Add lines 44 and 45 ▶	46	141,408.
	47	Foreign tax credit. Attach Form 1116 if required — 47: 319.		
	48	Credit for child and dependent care expenses. Attach Form 2441 — 48:		
	49	Education credits from Form 8863, line 29 — 49:		
	50	Retirement savings contributions credit. Attach Form 8880 — 50:		
	51	Child tax credit (see page 42) — 51:		
	52	Credits from Form: a ☐ 8396 b ☐ 8839 c ☐ 5695 — 52:		
	53	Other credits from Form: a ☒ 3800 b ☐ 8801 c ☐ — 53:		
	54	Add lines 47 through 53. These are your **total credits**	54	319.
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶	55	141,089.
Other Taxes	56	Self-employment tax. Attach Schedule SE	56	
	57	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59	Additional taxes: a ☐ AEIC payments b ☒ Household employment taxes. Attach Schedule H	59	6,029.
	60	Add lines 55 through 59. This is your **total tax** ▶	60	147,118.
Payments	61	Federal income tax withheld from Forms W-2 and 1099 — 61: 124,267.		
	62	2009 estimated tax payments and amount applied from 2008 return — 62: 30,295.		
If you have a qualifying child, attach Schedule EIC.	63	Making work pay and government retiree credits. Attach Schedule M — 63:		
	64a	**Earned income credit (EIC)** — 64a:		
	b	Nontaxable combat pay election — 64b:		
	65	Additional child tax credit. Attach Form 8812 — 65:		
	66	Refundable education credit from Form 8863, line 16 — 66:		
	67	First-time homebuyer credit. Attach Form 5405 — 67:		
	68	Amount paid with request for extension to file (see page 72) — 68: 5,500.		
	69	Excess social security and tier 1 RRTA tax withheld (see page 72) — 69:		
	70	Credits from Form: a ☐ 2439 b ☐ 4136 c ☐ 8801 d ☐ 8885 — 70:		
	71	Add lines 61, 62, 63, 64a, and 65 through 70. These are your **total payments** ▶	71	160,062.
Refund	72	If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you **overpaid**	72	12,944.
Direct deposit? See page 73 and fill in 73b, 73c, and 73d, or Form 8888.	73a	Amount of line 72 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	73a	
	b	Routing number ▶ c Type: ☐ Checking ☐ Savings ▶ d Account number		
	74	Amount of line 72 you want **applied to your 2010 estimated tax** ▶ — 74: 12,944.		
Amount You Owe	75	**Amount you owe.** Subtract line 71 from line 60. For details on how to pay, see page 74 ▶	75	
	76	Estimated tax penalty (see page 74) — 76:		

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

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

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

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

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

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
	9/7/2010	☐	[redacted]
Firm's name (or yours if self-employed), address, and ZIP code: HAL MODEL CPA PA		EIN	
		Phone no.	

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

Name(s): First	Last	Your SSN
CHRISTOPHER J & MARY P	CHRISTIE	[redacted]

Part 1

1. Number of qualifying children: 4 X $1,000. Enter the result. ..... 1 4,000.
2. Enter the amount from Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 36. ..... 2 544,047.
3. **1040 filers:** Enter the total of any-
   - Exclusion of income from Puerto Rico, and
   - Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.

   1040A and 1040NR filers: Enter -0-. ..... 3 0.
4. Add lines 2 and 3. Enter the total. ..... 4 544,047.
5. Enter the amount shown below for your filing status.
   - Married filing jointly - $110,000
   - Single, head of household, or qualifying widow(er) - $75,000
   - Married filing separately - $55,000

   ..... 5 110,000.
6. Is the amount on line 4 more than the amount on line 5?
   - [ ] No. Leave line 6 blank. Enter -0- on line 7.
   - [X] Yes. Subtract line 5 from line 4. ..... 6 435,000.

   If the result is not a multiple of $1,000, increase it to the next multiple of $1,000 (for example, increase $425 to $1,000, increase $1,025 to $2,000, etc).
7. Multiply the amount on line 6 by 5% (.05). Enter the result. ..... 7 21,750.
8. Is the amount on line 1 more than the amount on line 7?
   - [X] No. STOP

     You cannot take the child tax credit on Form 1040, line 52, Form 1040A, line 33, or Form 1040NR, line 47.
   - [ ] Yes. Subtract line 7 from line 1. Enter the result. 8

Part 2

9. Enter the amount from Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 43. 9
10. **1040 filers:** Enter the total of the amounts from lines 47 through 50.*
    1040A filers: Enter the total of the amounts from lines 29 through 32.
    1040NR filers: Enter the total of the amounts from lines 44 through 46.* 10
11. Are you claiming any of the following credits?
    - Residential energy efficient property credit, Form 5695, Part II.
    - Adoption credit, Form 8839
    - Mortgage interest credit, Form 8396
    - District of Columbia first-time homebuyer credit, Form 8859

    - [ ] No. Enter the amount from line 10.
    - [ ] Yes. Complete the Line 11 Worksheet to figure the amount to enter here. 11
12. Subtract line 11 from line 9. Enter the result. 12
13. Is the amount on line 8 of this worksheet more than the amount on line 12?
    - [ ] No. Enter the amount from line 8.
    - [ ] Yes. Enter the amount from line 12.

    This is your child tax credit. 13

* Also include amounts from:
Form 5695, line 11
Form 8834, line 22
Form 8910, line 21
Form 8936, line 14
Schedule R, line 24

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on Form 1040

Itemized Deductions

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

OMB No. 1545-0074

2009

Attachment Sequence No. 07

Your social security number

CHRISTOPHER J & MARY P CHRISTIE [redacted]

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.			
	1 Medical and dental expenses (See page A-1.)		1	
	2 Enter amount from Form 1040, line 38	2		
	3 Multiply line 2 by 7.5% (.075)		3	
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4
Taxes You Paid (See page A-2.)	5 State and local (check only one box): a [X] Income taxes, or b [ ] General sales taxes ... SEE STATEMENT 9		5	48,125.
	6 Real estate taxes (See page A-5.)		6	36,866.
	7 New motor vehicle taxes from line 11 of the worksheet on page 2. Skip this line if you checked box 5b		7	
	8 Other taxes. List type and amount ▶		8	
	9 Add lines 5 through 8			9 84,991.
Interest You Paid (See page A-6.)	10 Home mortgage interest and points reported to you on Form 1098		10	4,243.
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-7 and show that person's name, identifying no., and address ▶		11	
Note. Personal interest is not deductible.	12 Points not reported to you on Form 1098		12	
	13 Qualified mortgage insurance premiums (See page A-7.)		13	
	14 Investment interest. Attach Form 4952 if required. (See page A-8.) STMT 11		14	626.
	15 Add lines 10 through 14			15 4,869.
Gifts to Charity If you made a gift and got a benefit for it, see page A-8.	16 Gifts by cash or check ... SEE STATEMENT 10		16	20,480.
	17 Other than by cash or check. If any gift of $250 or more, see page A-8. You must attach Form 8283 if over $500 ... SEE STATEMENT 12		17	1.
	18 Carryover from prior year		18	
	19 Add lines 16 through 18			19 20,481.
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See page A-10.)			20
Job Expenses and Certain Miscellaneous Deductions (See page A-10.)	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-10.) ▶		21	
	22 Tax preparation fees		22	
	23 Other expenses - investment, safe deposit box, etc. List type and amount ▶ FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC 8,748.		23	8,748.
	24 Add lines 21 through 23		24	8,748.
	25 Enter amount from Form 1040, line 38	25 544,047.		
	26 Multiply line 25 by 2% (.02)		26	10,881.
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27 0.
Other Miscellaneous Deductions	28 Other - from list on page A-11. List type and amount ▶			28
Total Itemized Deductions	29 Is Form 1040, line 38, over $166,800 (over $83,400 if married filing separately)? [ ] No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40a. [X] Yes. Your deduction may be limited. See page A-11 for the amount to enter.		STMT 13 ▶	29 106,569.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ [ ]			

Worksheet for Line 7 - New motor vehicle taxes

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

(Keep a copy for your records.)

Before you begin:
- ✓ You cannot take this deduction if the amount on Form 1040, line 38, is equal to or greater than $135,000 ($260,000 if married filing jointly).
- ✓ See the instructions for line 7 on page A-6.

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

2 Enter the purchase price **(before taxes)** of the new motor vehicle(s) 2

3 Is the amount on line 2 more than $49,500?
- ☐ **No.** Enter the amount from line 1.
- ☐ **Yes.** Figure the portion of the tax from line 1 that is attributable to the first $49,500 of the purchase price of each new motor vehicle and enter it here (see page A-6). 3

4 Enter the amount from Form 1040, line 38 4

5 Enter the total of any -
- Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15, and
- Exclusion of income from Puerto Rico 5

6 Add lines 4 and 5 6

7 Enter $125,000 ($250,000 if married filing jointly) 7

8 Is the amount on line 6 more than the amount on line 7?
- ☐ **No.** Enter the amount from line 3 above on Schedule A, line 7. **Do not** complete the rest of this worksheet.
- ☐ **Yes.** Subtract line 7 from line 6 8

9 Divide the amount on line 8 by $10,000. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000 9

10 Multiply line 3 by line 9 10

11 **Deduction for new motor vehicle taxes.** Subtract line 10 from line 3. Enter the result here and on Schedule A, line 7 11

919502
11-04-09

SCHEDULE B
(Form 1040A or 1040)
Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Interest and Ordinary Dividends

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

OMB No. 1545-0074
2009
Attachment Sequence No. 08

Your social security number [redacted]

CHRISTOPHER J & MARY P CHRISTIE

Part I Interest

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

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

	Amount
GOLDMAN SACHS	37.
MICHELE BROWN ID [redacted]	2,207.
PEAPACK	23.
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	6,969.
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	430.
1	
2 Add the amounts on line 1	2 9,666.
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 9,666.

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

Part II Ordinary Dividends

5 List name of payer ▶

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

	Amount
GOLDMAN SACHS	1,311.
GOLDMAN SACHS	25.
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	3,840.
FROM K-1 - CANTOR FITZGERALD LP	85.
5	
6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶	6 5,261.

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

Part III Foreign Accounts and Trusts

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

	Yes	No
7a At any time during 2009, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1		X
b If "Yes," enter the name of the foreign country ▶		
8 During 2009, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2		X

92750*
10-20-09

SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

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

OMB No. 1545-0074

2009

Attachment Sequence No. 12

Name(s) shown on return

Your social security number

[redacted]

CHRISTOPHER J & MARY P CHRISTIE

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

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

2	Enter your short-term totals, if any, from Schedule D-1, line 2	2		
3	Total short-term sales price amounts. Add lines 1 and 2 in column (d)	3		
4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 SEE STATEMENT 14		4	-1,401.
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 SEE STATEMENT 16		5	14,534.
6	Short-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss Carryover Worksheet in the instructions		6	(9,308.)
7	Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)		7	3,825.

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

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
8	820 BEAVER VALLEY II FUNDING CORP-PRIN		06/01/09	820.	820.	0.

9	Enter your long-term totals, if any, from Schedule D-1, line 9	9		
10	Total long-term sales price amounts. Add lines 8 and 9 in column (d)	10	820.	
11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 SEE STATEMENT 15		11	-2,065.
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 SEE STATEMENT 17		12	-12,855.
13	Capital gain distributions		13	
14	Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet in the instructions		14	(74,837.)
15	Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2		15	-89,757.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-85,932.

If line 16 is:

- A **gain,** enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.
- A **loss,** skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
- **Zero,** skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.

17 Are lines 15 and 16 **both** gains?

☐ **Yes.** Go to line 18.

☐ **No.** Skip lines 18 through 21, and go to line 22.

18	Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** on page D-8 of the instructions ▶	18	
19	Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** on page D-9 of the instructions ▶	19	

20 Are lines 18 and 19 **both** zero or blank?

☐ **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** on page 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). **Do not** complete lines 21 and 22 below.

☐ **No.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Schedule D Tax Worksheet** on page D-10 of the instructions. **Do not** complete lines 21 and 22 below.

21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of: • The loss on line 16 or • ($3,000), or if married filing separately, ($1,500) SEE STATEMENT 18	21	(3,000.)

Note. When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?

☒ **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** on page 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR).

☐ **No.** Complete the rest of Form 1040 or Form 1040NR.

920512 10-23-09

Qualified Dividends and Capital Gain Tax Worksheet - Line 44

Keep for Your Records

Name(s) shown on return	Your SSN
CHRISTOPHER J & MARY P CHRISTIE	[redacted]

Before you begin: ✓ See the instructions for line 44 that begin on page 37 to see if you can use this worksheet to figure your tax.

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

1.	Enter the amount from Form 1040, line 43. However, if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the worksheet on page 38	1. 422,880.	
2.	Enter the amount from Form 1040, line 9b*	2. 2,618.	
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 a loss, enter -0- [ ] **No.** Enter the amount from Form 1040, line 13	3.	
4.	Add lines 2 and 3	4. 2,618.	
5.	If you are claiming investment interest expense on Form 4952, enter the amount from line 4g of that form. Otherwise, enter -0-	5. 0.	
6.	Subtract line 5 from line 4. If zero or less, enter -0-	6. 2,618.	
7.	Subtract line 6 from line 1. If zero or less, enter -0-	7. 420,262.	
8.	Enter the **smaller** of: • The amount on line 1, or • $ 33,950 if single or married filing separately, $ 67,900 if married filing jointly or qualifying widow(er), $ 45,500 if head of household.	8. 67,900.	
9.	Is the amount on line 7 equal to or more than the amount on line 8? [X] **Yes.** Skip lines 9 and 10; go to line 11 and check the "No" box. [ ] **No.** Enter the amount from line 7	9.	
10.	Subtract line 9 from line 8	10.	
11.	Are the amounts on lines 6 and 10 the same? [ ] **Yes.** Skip lines 11 through 14; go to line 15. [X] **No.** Enter the **smaller** of line 1 or line 6	11. 2,618.	
12.	Enter the amount from line 10 (if line 10 is blank, enter -0-)	12. 0.	
13.	Subtract line 12 from line 11	13. 2,618.	
14.	Multiply line 13 by 15% (.15)		14. 393.
15.	Figure the tax on the amount on line 7. Use the Tax Table or Tax Computation Worksheet, whichever applies		15. 117,454.
16.	Add lines 14 and 15		16. 117,847.
17.	Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Worksheet, whichever applies		17. 118,370.
18.	**Tax on all taxable income.** Enter the **smaller** of line 16 or line 17. Also include this amount on Form 1040, line 44. If you are filing Form 2555 or 2555-EZ, do not enter this amount on Form 1040, line 44. Instead, enter it on line 4 of the worksheet on page 38		18. 117,847.

* *If you are filing Form 2555 or 2555-EZ, see the footnote in the worksheet on page 38 before completing this line.*

SCHEDULE E
(Form 1040)
Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

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

▶ Attach to Form 1040, 1040NR, or Form 1041. ▶ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

2009

Attachment Sequence No. 13

Name(s) shown on return

CHRISTOPHER J & MARY P CHRISTIE

Your social security number

[redacted]

Part I Income or Loss From Rental Real Estate and Royalties Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see page E-3). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

1 List the type and address of each rental real estate property:	2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: • 14 days or • 10% of the total days rented at fair rental value? (See page E-3)	Yes	No
A MCNEIL PPC INC - ROYALTIES	A		
B	B		X
C GOLDMAN SACHS HEDGE FUND PARTNERS, LLC -	C		

Income:		Properties A	Properties B	Properties C		Totals (Add columns A, B, and C.)
3 Rents received	3				3	
4 Royalties received	4	17,662.		22.	4	17,684.
Expenses:						
5 Advertising	5					
6 Auto and travel (see page E-4)	6					
7 Cleaning and maintenance	7					
8 Commissions	8					
9 Insurance	9					
10 Legal and other professional fees	10					
11 Management fees	11					
12 Mortgage interest paid to banks, etc. (see page E-5)	12				12	
13 Other interest	13					
14 Repairs	14					
15 Supplies	15					
16 Taxes	16					
17 Utilities	17					
18 Other (list) ▶	18					
19 Add lines 5 through 18	19				19	
20 Depreciation expense or depletion (see page E-5)	20				20	
21 Total expenses. Add lines 19 and 20	21					
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file Form 6198	22	17,662.	0.	22.		
23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2	23	( )	( )	( )		
24 Income. Add positive amounts shown on line 22. Do not include any losses					24	17,684.
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here					25	( )
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2					26	17,684.

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

CHRISTOPHER J & MARY P CHRISTIE

Your social security number [redacted]

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

Part II Income or Loss From Partnerships and S Corporations Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See page E-1.

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

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

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

	Passive Income and Loss		Nonpassive Income and Loss		
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A			11,111.		
B			3,388.		
C			50.		
D		2,136.			
29a Totals		2,136.			
b Totals			14,549.		

30	Add columns (g) and (j) of line 29a	30	2,136.
31	Add columns (f), (h), and (i) of line 29b	31	(14,549.)
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below	32	-12,413.

Part III Income or Loss From Estates and Trusts

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

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

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

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

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

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

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ▶	41	5,271.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), line 14, code F (see page E-8)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see page E-2), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

SCHEDULE E

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2009

Name CHRISTOPHER J & MARY P CHRISTIE

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

ID [redacted]

SSN/EIN [redacted]

JOINT

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	11,208.							-11,247.
Rental real estate income (loss)	-23.							
Other net rental income (loss)	-16.							
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Net income (loss)	-11,247.							
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other	-3,302.							-3,302.
Total Schedule E (page 2)	-14,549.							-14,549.
FORM 4797								
Section 1231 gain (loss)	37.							37.
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)	14,534.							14,534.
Net long-term cap. gain (loss)	-12,855.							-12,855.
Section 1256 contracts & straddles	-3,503.							-3,503.
FORM 4952								
Investment interest expense - Sch. A	626.							626.
Other net investment income	-7,935.							-7,935.
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income	8,748.							8,748.
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

SCHEDULE E 2009

Name CHRISTOPHER J & MARY P CHRISTIE

Passthrough GOLDMAN SACHS HEDGE FUND PARTNERS, LLC - GOLDMAN SACHS HE PARTNERSHIP ID [redacted]

SSN/EIN [redacted]

JOINT

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income	6,969.							6,969.
Interest from U.S. bonds	430.							430.
Ordinary dividends	3,840.							3,840.
Qualified dividends	1,552.							1,552.
Tax-exempt interest income	20.							20.
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other	45.							45.
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties	22.							22.
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt	458.							458.
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	10.							10.
Casualty and theft loss								

SCHEDULE E

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2009

Name MARY P CHRISTIE

Passthrough CANTOR FITZGERALD LP - CANTOR FITZGERALD LP ID [redacted]

SSN/EIN [redacted]

PARTNERSHIP

SPOUSE

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)	2,136.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Net income (loss)	2,136.							2,136.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	2,136.							2,136.
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	26.							26.
Deductions related to portfolio income								
Other	9.							9.

SCHEDULE E

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2009

Name MARY P CHRISTIE

Passthrough CANTOR FITZGERALD LP - CANTOR FITZGERALD LP ID [redacted]

SSN/EIN [redacted]

PARTNERSHIP

SPOUSE

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends	85.							
Qualified dividends	85.							85.
Tax-exempt interest income								85.
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								

Schedule E

PASSTHROUGH RECAP - BASIC INFORMATION

CHRISTOPHER J & MARY P CHRISTIE

2009

[redacted]

T S J	T V P E	Entity No.	Act. No.	Name	Schedule K-1 Line Reference: (1065/1120S/1041) 1/1/6 Ordinary Income (Loss)	2/2/7 Rental Real Estate Inc. (Loss)	3/3/8 Other Rental Income (Loss)	* Passive Activity Loss C/O	* AMT Passive Activity Loss C/O	5/4/1 Interest	* US Treasury Bond Interest	6a/5a/2a Dividends	7/6/* Royalties	8/7/3 Short-Term Capital Gain (Loss)	9a/8a/4a Net Long-Term Capital Gain (Loss)	4/*/* Guaranteed Payments to Partner
J	P	1	1	GOLDMAN SACHS HEDGE FUND PARTNE	-11,208.	-23.	-16.			6,969.	430.	3,840.	22.	14,534.	-12855.	
S	P	2	2	CANTOR FITZGERALD LP	2,136.							85.				
Totals					-9,072.	-23.	-16.			6,969.	430.	3,925.	22.	14,534.	-12855.	
Component of:					Schedule E, Page 2, Various	Schedule E, Page 2, Various	Schedule E, Page 2, Various	Form 8582 Line 3c	Form 8582 AMT, Line 3c	Schedule B, Line 1	Schedule B, Line 1	Schedule B, Line 5	Schedule E, Line 4	Schedule D, Line 5	Schedule D, Line 12	Schedule E, Page 2, Various

Entity No.	Act. No.	Schedule K-1 Line Reference (1065/1120S/1041) 10/9/* Section 1231 Gain (Loss)	Ordinary Gain (Loss) Form 4797	* Other Income	11/10/* Charitable Contributions 50%	13/12/* Section 179 Expense	12/11/* Deductions Related to Portfolio Income (2%)	13/12/* Other Deductions	13/12/* Investment Int. Expense (Schedule A)	13/12/* Investment Int. Expense (Schedule E)	*/* Investment Income	20/17/14 SE Health Insurance Premium	13/*/* Wages for More Than 2% Shareholders	* Net SE Earnings	14/*/* AMT Depr Adj on Post '86 Property	17/15/12 Minimum Tax Adjustment	*/*/12 Exclusion Items	*/*/12
1	1	37.	9,151.				8,748.	50.	626.	3,388.	3,326.							
2	2				25.						85.							
Totals		37.	9,151.		25.		8,748.	50.	626.	3,388.	3,411.							
Component of:		Form 4797, Line 2	Form 4797, Line 10	Schedule E Page 2, Various	Schedule A, Lines 16 & 17	Form 4562, Line 6	Schedule A, Line 23	Schedule E, Page 2, Various	Schedule A, Line 14	Schedule E, Page 2, Various	Form 4952, Line 4a	Form 1040, Line 29	Form 1040, Line 7	Schedule SE, Line 2	Form 6251, Line 19	Form 6251, Line 16	2009 Form 8801	

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

Schedule E — PASSTHROUGH RECAP - ADDITIONAL INCOME, DEDUCTIONS, AND PRIOR YEAR CARRYOVERS — 2009

CHRISTOPHER J & MARY P CHRISTIE [redacted]

Schedule K-1 Line Reference (1065/1120S/1041)		17/15/*	15/13/13	15/13/*	*/*/10	*/*/11	18/16/14	18/16/*	18/16/*	*	*	*	*	*	*	*	*
Entity No.	Act. No.	AMT Adj. Gain or Loss	Low Income Housing Cr Pre '08	Low Income Housing Cr Post '07	Estate Tax Deduction	Excess Deductions on Termination	Tax-exempt Interest Income	Other Tax-exempt Income	Nondeductible Expenses	Section 1231 PAL Carryover	AMT Section 1231 PAL Carryover	ST Capital PAL C/O	AMT ST Capital PAL C/O	LT Capital PAL C/O	AMT LT Capital PAL C/O	Form 4797 Ordinary PAL C/O	AMT 4797 Ordinary PAL C/O
1	1						20.	1.	2.								
Totals							20.	1.	2.								
Component of:		Form 6251, Line 18	Form 8586 Line 4	Form 8586 Line 11	Schedule A, Line 28	Schedule A, Line 23	Schedule B, Line 1	Schedule B, Line 1	Form 6198, Line 4 Basic Lmt.	Form 8582, Line 3c	Form 8582 AMT, Line 3c	Form 8582, Line 3c	Form 8582 AMT, Line 3c	Form 8582, Line 3c	Form 8582 AMT, Line 3c	Form 8582, Line 3c	Form 8582 AMT, Line 3c

Schedule K-1 Line Reference: (1065/1120S/1041)		*/*	13/12/*	13/12/*	13/12/*	13/*/*	13/*/*	13/*/*	11/10/5	*	9c/8c/4c	20/17/*	*	*/*/9	13/12/*	*	
Entity No.	Act. No.	Section 179 Carryover	Charitable Contributions 30% Regular	Charitable Contributions 30% Special	Charitable Contributions 20%	Keogh Payments	SEP Payments	IRA Contributions	Other Portfolio Income (loss)	Other Nonportfolio Nonpassive income	Unrecaptured Section 1250 Gain	Investment Expenses	Investment Interest Expense C/O (Sch. E)	Nonpassive Depreciation and Amortization	Deductions Related to Portfolio Income (not 2%)	Medical Payments for 2% Owner	
1	1								136.		11.	8,748.					
2	2		1.														
Totals			1.						136.		11.	8,748.					
Component of:		Form 4562, Line 10	Schedule A Lines 16 & 17	Schedule A, Lines 16 & 17	Schedule A, Lines 16 & 17	Form 1040, Line 28	Form 1040, Line 28	Form 1040, Line 32	Schedule E, Page 2, Various	Schedule E, Page 2, Various	Schedule D, Line 19	Form 4952, Line 5	Form 4952, Line 2	Schedule E, Line 33	Schedule A, Line 28	Schedule A, Line 1	

9/30/12 11:07:05 * - No specific Schedule K-1 line reference for these amounts.

Schedule E — PASSTHROUGH RECAP - ADDITIONAL INFORMATION AND PRIOR YEAR AT-RISK CARRYOVERS — 2009

CHRISTOPHER J & MARY P CHRISTIE — [redacted]

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

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

928073 11-07-09

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

Schedule E — PASSTHROUGH RECAP - ADDITIONAL INFORMATION AND PRIOR YEAR BASIS CARRYOVERS — 2009

CHRISTOPHER J & MARY P CHRISTIE

[redacted]

Schedule K-1 Line Reference (1065/1120S/1041)		6b/5b/2b	11/10/*	13/*/*	13/12/14	13/12/*	15/13/*	15/13/13	15/13/13	15/13/*	15/13/*	20/17/13	*/*/*				
Entity No.	Act. No.	Qualified Dividends	Sec. 1256 Contracts & Straddles	Dependent Care Benefits	Qualified Production Activities Income	Employer's W-2 Wages	Undistributed Capital Gains	Empowerment Zone Credit	Credit for Increasing Research Activities	New Markets Credit	Credit for SS & Medicare Taxes	Recapture of Low-income Housing Credit	Royalty/ Depletion Expenses				
1	1	1,552.	-3,503.														
2	2	85.															
Totals		1,637.	-3,503.														
Component of:		Form 1040, Line 9b	Form 6781, Line 1	Form 2441 Line 14	Form 8903, Line 7	Form 8903, Line 15	Form 1040, Line 70	Form 8844, Line 3	Form 6765, Line 37	Form 8874, Line 2	Form 8846, Line 5	Form 8611, Line 8	Schedule E, Page 1 or 2				

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

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

Schedule E - Two-Year Comparison Worksheet

2009

Property Name:

MCNEIL PPC INC - ROYALTIES

Description	Tax Year 2008	Tax Year 2009	Increase (Decrease)
INCOME			
ROYALTIES RECEIVED	4,212.	17,662.	13,450.
INCOME OR (LOSS)	4,212.	17,662.	13,450.

Schedule E - Two-Year Comparison Worksheet

2009

Property Name:

Description	Tax Year 2008	Tax Year 2009	Increase (Decrease)
INCOME			
ROYALTIES RECEIVED	16,712.	0.	-16,712.
INCOME OR (LOSS)	16,712.	0.	-16,712.

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

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

OMB No. 1545-0121

2009

Attachment Sequence No. **19**

Name

CHRISTOPHER J & MARY P CHRISTIE

Identifying number as shown on page 1 of your tax return

[redacted]

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

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

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to* **more than one** *foreign country or U.S. possession, use a separate column and line for each country or possession.*

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

	Foreign Country or U.S. Possession A	B	C	Total (Add cols. A, B, and C)
g Enter the name of the foreign country or U.S. possession ▶	VARIOUS			
1a Gross income from sources within country shown above and of the type checked above:	3,178.			1a 3,178.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ ☐				
Deductions and losses (Caution: *See pages 13 and 14 of the instructions*):				
2 Expenses definitely related to the income on line 1a (attach statement) SEE STATEMENT 20	987.			
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	82,069.			
b Other deductions (attach statement)				
c Add lines 3a and 3b	82,069.			
d Gross foreign source income	3,178.			
e Gross income from all sources	596,985.			
f Divide line 3d by line 3e	.005323			
g Multiply line 3c by line 3f	437.			
4 Pro rata share of interest expense:				
a Home mortgage interest (use worksheet on page 14 of the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	1,424.			6 1,424.
7 Subtract line 6 from line 1a. Enter the result here and on line 14, page 2 ▶				7 1,754.

Part II Foreign Taxes Paid or Accrued

SEE STATEMENT 19

Country	Credit is claimed for taxes (you must check one) (h) ☐ Paid (i) ☒ Accrued	Foreign taxes paid or accrued — In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
	(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest		(o) Dividends	(p) Rents and royalties	(q) Interest		
A									319.	319.
B										
C										

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ 8 319.

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	319.	
10	Carryback or carryover (attach detailed computation)	10		
11	Add lines 9 and 10	11	319.	
12	Reduction in foreign taxes	12		
13	Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit			13 319.
14	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	14	1,754.	
15	Adjustments to line 14	15		
16	Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.)	16	1,754.	
17	**Individuals:** Enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6). If you are a nonresident alien, enter the amount from Form 1040NR, line 38 (minus any amount on Form 8914, line 6). **Estates and trusts:** Enter your taxable income without the deduction for your exemption SEE STATEMENT 21	17	435,982.	
	Caution: *If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.*			
18	Divide line 16 by line 17. If line 16 is more than line 17, enter "1"			18 .004023
19	**Individuals:** Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 41. **Estates and trusts:** Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37			19 117,847.
	Caution: *If you are completing line 19 for separate categorye (lump-sum distributions), see pg. 19 of the instructions.*			
20	Multiply line 19 by line 18 (maximum amount of credit)			20 474.
21	Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 26 and enter this amount on line 27. Otherwise, complete the appropriate line in Part IV ▶			21 319.

Part IV Summary of Credits From Separate Parts III

22	Credit for taxes on passive category income	22	
23	Credit for taxes on general category income	23	
24	Credit for taxes on certain income re-sourced by treaty	24	
25	Credit for taxes on lump-sum distributions	25	
26	Add lines 22 through 25		26
27	Enter the smaller of line 19 or line 26		27 319.
28	Reduction of credit for international boycott operations		28
29	Subtract line 28 from line 27. This is your **foreign tax credit**. Enter here and on Form 1040, line 47; Form 1040NR, line 44; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a ▶		29 319.

Form **2441**

Department of the Treasury
Internal Revenue Service (99)

Child and Dependent Care Expenses

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

OMB No. 1545-0074

2009

Attachment Sequence No. 21

Name(s) shown on return

CHRISTOPHER J & MARY P CHRISTIE

Your social security number

[redacted]

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

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid
DEBORAH RISKA	[redacted] MENDHAM, NJ 07945	[redacted]	23,760.

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

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59, or Form 1040NR, line 56.

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

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

(a) Qualifying person's name First	Last	(b) Qualifying person's social security number	(c) **Qualified expenses** you incurred and paid in 2009 for the person listed in column (a)
SEE STATEMENT 22			

3 Add the amounts in column (c) of line 2. **Do not** enter more than $3,000 for one qualifying person or $6,000 for two or more persons. If you completed Part III, enter the amount from line 34	3	6,000.
4 Enter your **earned income.** See instructions	4	
5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); **all others,** enter the amount from line 4	5	517,240.
6 Enter the **smallest** of line 3, 4, or 5	6	
7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 36 — 7: 544,047.		
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	x .20
9 Multiply line 6 by the decimal amount on line 8. If you paid 2008 expenses in 2009, see the instructions	9	
10 Enter the amount from Form 1040, line 46; Form 1040A, line 28; or Form 1040NR, line 43 — 10: 141,408.		
11 Enter the amount from Form 1040, line 47; or Form 1040NR, line 44. Form 1040A filers, enter -0- — 11: 319.		
12 Subtract line 11 from line 10. If zero or less, **stop.** You cannot take the credit	12	141,089.
13 **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 12 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 45	13	0.

If line 7 is:

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

If line 7 is:

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

913751 10-16-09

Part III Dependent Care Benefits

14 Enter the total amount of **dependent care benefits** you received in 2009. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. **Do not** include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	14	
15 Enter the amount, if any, you carried over from 2008 and used in 2009 during the grace period. See instructions	15	
16 Enter the amount, if any, you forfeited or carried forward to 2010. See instructions	16	( )
17 Combine lines 14 through 16. See instructions	17	

18 Enter the total amount of **qualified expenses** incurred in 2009 for the care of the **qualifying person(s)**	18	
19 Enter the **smaller** of line 17 or 18	19	
20 Enter your **earned income.** See instructions	20	
21 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 the instructions. • All others, enter the amount from line 20.	21	
22 Enter the **smallest** of line 19, 20, or 21	22	
23 Enter $5,000 ($2,500 if married filing separately **and** you were required to enter your spouse's earned income on line 21)	23	

24 Are you filing Form 1040A?

☐ **Yes.** Skip lines 24 through 27 and go to line 28.

☐ **No.** Enter the amount from line 14 that you received from your sole proprietorship or partnership. If you did not receive any such amounts, enter -0- — 24

25 Subtract line 24 from line 17	25	
26 Enter the **smaller** of line 22 or 23	26	
27 **Deductible benefits.** Enter the **smallest** of line 22, 23, or 24. Also, include this amount on the appropriate line(s) of your return. See instructions	27	
28 **Excluded benefits. Form 1040 and 1040NR filers:** Subtract line 27 from line 26. If zero or less, enter -0-. **Form 1040A filers:** Enter the **smaller** of line 22 or line 23	28	
29 **Taxable benefits. Form 1040 and 1040NR filers:** Subtract line 28 from line 25. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7; or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7; or Form 1040NR, line 8, enter "DCB." **Form 1040A filers:** Subtract line 28 from line 17. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB"	29	

To claim the child and dependent care credit, complete lines 30 through 34 below.

30 Enter $3,000 ($6,000 if two or more qualifying persons)	30	
31 **Form 1040 and 1040NR filers:** Add lines 27 and 28. **Form 1040A filers:** Enter the amount from line 28	31	
32 Subtract line 31 from line 30. If zero or less, **stop.** You cannot take the credit. **Exception.** If you paid 2008 expenses in 2009, see the instructions for line 9	32	
33 Complete line 2 on page 1 of this form. **Do not** include in column (c) any benefits shown on line 31 above. Then, add the amounts in column (c) and enter the total here	33	
34 Enter the **smaller** of line 32 or 33. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 13	34	

Form **3800**

Department of the Treasury
Internal Revenue Service (99)

General Business Credit

▶ See instructions.
▶ Attach to your tax return.

OMB No. 1545-0895

2009

Attachment Sequence No. 22

Name(s) shown on return

Identifying number

CHRISTOPHER J & MARY P CHRISTIE

[redacted]

Part I Current Year Credit

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

1a	Investment credit (Form 3468, Part II only) (attach Form 3468)	1a	
b	Welfare-to-work credit (only from partnerships, S corporations, estates, and trusts)	1b	
c	Credit for increasing research activities (Form 6765). (Individuals: see instructions)	1c	
d	Low-income housing credit (Form 8586, Part I only) (enter EIN if claiming this credit from a pass-through entity: _____)	1d	
e	Disabled access credit (Form 8826) (do not enter more than $5,000)	1e	
f	Renewable electricity production credit (Form 8835)	1f	
g	Indian employment credit (Form 8845)	1g	
h	Orphan drug credit (Form 8820)	1h	
i	New markets credit (Form 8874) (enter EIN if claiming this credit from a pass-through entity: _____)	1i	
j	Credit for small employer pension plan startup costs (Form 8881) (do not enter more than $500)	1j	
k	Credit for employer-provided child care facilities and services (Form 8882) (enter EIN if claiming this credit from a pass-through entity: _____)	1k	
l	Biodiesel and renewable diesel fuels credit (attach Form 8864)	1l	
m	Low sulfur diesel fuel production credit (Form 8896)	1m	
n	Distilled spirits credit (Form 8906)	1n	
o	Nonconventional source fuel credit (Form 8907)	1o	
p	Energy efficient home credit (Form 8908)	1p	
q	Energy efficient appliance credit (Form 8909)	1q	
r	Alternative motor vehicle credit (Form 8910) (enter EIN if claiming this credit from a pass-through entity: _____)	1r	
s	Alternative fuel vehicle refueling property credit (Form 8911)	1s	
t	Credits for affected Midwestern disaster area employers (Form 5884-A)	1t	
u	Mine rescue team training credit (Form 8923)	1u	
v	Agricultural chemicals security credit (Form 8931)	1v	
w	Credit for employer differential wage payments (Form 8932)	1w	
x	Carbon dioxide sequestration credit (Form 8933)	1x	
y	Qualified plug-in electric drive motor vehicle credit (Form 8936)	1y	
z	Qualified plug-in electric vehicle credit (Form 8834, Part I only)	1z	
aa	Credit for contributions to selected community development corporations (only from partnerships and S corporations)	1aa	
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	5.
2	Add lines 1a through 1bb	2	5.
3	Passive activity credits included on line 2 (see instructions)	3	
4	Subtract line 3 from line 2	4	5.
5	Passive activity credits allowed for 2009 (see instructions)	5	
6	Carryforward of general business credit to 2009. See instructions for the schedule to attach STMT 23	6	34.
7	Carryback of general business credit from 2010 (see instructions)	7	
8	Current year credit. Add lines 4 through 7	8	39.

Part II Allowable Credit

9	Regular tax before credits: • Individuals. Enter the amount from Form 1040, line 44 or Form 1040NR, line 41 • Corporations. Enter the amount from Form 1120, Schedule J, line 2; or the applicable line of your return • Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return			9 117,847.
10	Alternative minimum tax: • Individuals. Enter the amount from Form 6251, line 36 • Corporations. Enter the amount from Form 4626, line 14 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56			10 23,561.
11	Add lines 9 and 10			11 141,408.
12a	Foreign tax credit	12a 319.		
b	Credits from Form 1040, lines 48 through 52 (or Form 1040NR, lines 45 through 48); Form 8859, line 11; Form 8834, lines 22 and 29; Form 8910, line 21; Form 8911, line 23; Form 8936, line 14; and Schedule R, line 24	12b		
c	Add lines 12a and 12b			12c 319.
13	**Net income tax.** Subtract line 12c from line 11. If zero, skip lines 14 through 17 and enter -0- on line 18a			13 141,089.
14	**Net regular tax.** Subtract line 12c from line 9. If zero or less, enter -0-	14 117,528.		
15	Enter 25% (.25) of the excess, if any, of line 14 over $25,000 (see instructions)	15 23,132.		
16	Tentative minimum tax: • Individuals. Enter the amount from Form 6251, line 34 • Corporations. Enter the amount from Form 4626, line 12 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54	16 141,089.		
17	Enter the greater of line 15 or line 16			17 141,089.
18a	Subtract line 17 from line 13. If zero or less, enter -0-			18a 0.
b	For a corporation electing to accelerate the research credit, enter the bonus depreciation amount attributable to the research credit. (see instructions)			18b
c	Add lines 18a and 18b			18c
19a	Enter the smaller of line 8 or line 18c			19a 0.
	C corporations: See the line 19a instructions if there has been an ownership change, acquisition, or reorganization.			
b	Enter the smaller of line 8 or line 18a. If you made an entry on line 18b, go to line 19c; otherwise, skip line 19c			19b 0.
c	Subtract line 19b from line 19a. This is the refundable amount for a corporation electing to accelerate the research credit. Include this amount on line 32g of Form 1120 (or the applicable line of your return)			19c

Part II Allowable Credit (Continued)

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

20	Multiply line 16 by 75%		20	
21	Enter the greater of line 15 or line 20		21	
22	Subtract line 21 from line 13. If zero or less, enter -0-		22	
23	Subtract line 19b from line 22. If zero or less, enter -0-		23	
24	Enter the amount from Form 8844, line 10 or line 12		24	
25	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 23 or line 24		25	0.
26	Subtract line 15 from line 13. If zero or less, enter -0-		26	117,957.
27	Add lines 19b and 25		27	
28	Subtract line 27 from line 26. If zero or less, enter -0-		28	117,957.
29a	Enter the investment credit from Form 3468, Part III, line 19 (attach Form 3468)	29a		
b	Enter the work opportunity credit from Form 5884, line 10 or line 12	29b		
c	Enter the alcohol and cellulosic biofuel fuels credit from Form 6478, line 14 or line 16	29c		
d	Enter the low-income housing credit from Form 8586, Part II, line 18 or line 20	29d		
e	Enter the applicable part of the amount of the renewable electricity, refined coal, and Indian coal production credit from Form 8835, Part II, line 36 or line 38	29e		
f	Enter the credit for employer social security and Medicare taxes paid on certain employee tips from Form 8846, line 12	29f		
g	Enter the qualified railroad track maintenance credit from Form 8900, line 12	29g		
30	Add lines 29a through 29g		30	
31	Enter the smaller of line 28 or line 30		31	0.
32	**Credit allowed for the current year.** Add lines 27 and 31. Report the amount from line 32 (if smaller than the sum of lines 8, 24, and 30, see instructions) as indicated below or on the applicable line of your return: • Individuals. Form 1040, line 53 or Form 1040NR, line 49 • Corporations. Form 1120, Schedule J, line 5c • Estates and trusts. Form 1041, Schedule G, line 2c		32	0.

Form **4797**

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.

OMB No. 1545-0184

2009

Attachment Sequence No. 27

Identifying number

CHRISTOPHER J & MARY P CHRISTIE

[redacted]

1 Enter the gross proceeds from sales or exchanges reported to you for 2009 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1

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

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC						37.

3	Gain, if any, from Form 4684, line 43	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	7	37.

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

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

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

Part II Ordinary Gains and Losses (see instructions)

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

GOLDMAN SACHS HEDGE FUND PARTNERS, LLC						9,151.

11	Loss, if any, from line 7	11	
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 35 and 42a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	9,151.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:		
a	If the loss on line 11 includes a loss from Form 4684, line 39, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	18b	9,151.

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

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

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

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

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 37. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

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

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

Form **6251**

Department of the Treasury
Internal Revenue Service (99)

Alternative Minimum Tax - Individuals

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2009

Attachment Sequence No. 32

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

CHRISTOPHER J & MARY P CHRISTIE

Your social security number [redacted]

Part I Alternative Minimum Taxable Income

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 6), and go to line 7. (If less than zero, enter as a negative amount.)	1	437,478.
2	Medical and dental. Enter the **smaller** of Schedule A (Form 1040), line 4, **or** 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), lines 5, 6, and 8	3	84,991.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	If Form 1040, line 38, is over $166,800 (over $83,400 if married filing separately), enter the amount from line 11 of the **Itemized Deductions Worksheet** on page A-11 of the instructions for Schedule A (Form 1040)	6	-3,772.
7	If filing Schedule L (Form 1040A or 1040), enter as a negative amount the sum of lines 6 and 20 from that schedule	7	
8	Tax refund from Form 1040, line 10 or line 21	8	
9	Investment interest expense (difference between regular tax and AMT)	9	
10	Depletion (difference between regular tax and AMT)	10	
11	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	11	
12	Alternative tax net operating loss deduction	12	
13	Interest from specified private activity bonds exempt from the regular tax	13	
14	Qualified small business stock (7% of gain excluded under section 1202)	14	
15	Exercise of incentive stock options (excess of AMT income over regular tax income)	15	
16	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	16	
17	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	17	
18	Disposition of property (difference between AMT and regular tax gain or loss)	18	
19	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	19	
20	Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 24	20	0.
21	Loss limitations (difference between AMT and regular tax income or loss)	21	
22	Circulation costs (difference between regular tax and AMT)	22	
23	Long-term contracts (difference between AMT and regular tax income)	23	
24	Mining costs (difference between regular tax and AMT)	24	45.
25	Research and experimental costs (difference between regular tax and AMT)	25	
26	Income from certain installment sales before January 1, 1987	26	
27	Intangible drilling costs preference	27	
28	Other adjustments, including income-based related adjustments	28	
29	**Alternative minimum taxable income.** Combine lines 1 through 28. (If married filing separately and line 29 is more than $216,900, see instructions.)	29	518,742.

Part II Alternative Minimum Tax (AMT)

30 Exemption. (If you were under age 24 at the end of 2009, see instructions.)

IF your filing status is	AND line 29 is not over	THEN enter on line 30
Single or head of household	$112,500	$46,700
Married filing jointly or qualifying widow(er)	150,000	70,950
Married filing separately	75,000	35,475

If line 29 is over the amount shown above for your filing status, see instructions. — 30: 0.

31	Subtract line 30 from line 29. If more than zero, go to line 32. If zero or less, enter -0- here and on lines 34 and 36 and skip the rest of Part II	31	518,742.
32	• If you are filing Form 2555 or 2555 EZ, see page 9 of the instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; **or** you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 55 here. • **All others:** If line 31 is $175,000 or less ($87,500 or less if married filing separately), multiply line 31 by 26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result.	32	141,408.
33	Alternative minimum tax foreign tax credit (see instructions)	33	319.
34	Tentative minimum tax. Subtract line 33 from line 32	34	141,089.
35	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Sch J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Sch J	35	117,528.
36	**AMT.** Subtract line 35 from line 34. If zero or less, enter -0-. Enter here and on Form 1040, line 45	36	23,561.

Part III Tax Computation Using Maximum Capital Gains Rates

37	Enter the amount from Form 6251, line 31. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions		37	518,742.
38	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see the instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38 2,618.		
39	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39		
40	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 38. Otherwise, add lines 38 and 39, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	40 2,618.		
41	Enter the smaller of line 37 or line 40		41	2,618.
42	Subtract line 41 from line 37		42	516,124.
43	If line 42 is $175,000 or less ($87,500 or less if married filing separately), multiply line 42 by 26% (.26). Otherwise, multiply line 42 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result ▶		43	141,015.
44	Enter: • $67,900 if married filing jointly or qualifying widow(er), • $33,950 if single or married filing separately, or • $45,500 if head of household.	44 67,900.		
45	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0-	45 420,262.		
46	Subtract line 45 from line 44. If zero or less, enter -0-	46 0.		
47	Enter the smaller of line 37 or line 38	47 2,618.		
48	Enter the smaller of line 46 or line 47	48		
49	Subtract line 48 from line 47	49 2,618.		
50	Multiply line 49 by 15% (.15) ▶		50	393.
	If line 39 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51.			
51	Subtract line 47 from line 41	51		
52	Multiply line 51 by 25% (.25) ▶		52	
53	Add lines 43, 50, and 52		53	141,408.
54	If line 37 is $175,000 or less ($87,500 or less if married filing separately), multiply line 37 by 26% (.26). Otherwise, multiply line 37 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result		54	141,748.
55	Enter the smaller of line 53 or line 54 here and on line 32. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 32. Instead, enter it on line 4 of the worksheet in the instructions		55	141,408.

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

CHRISTOPHER J & MARY P CHRISTIE

Social Security Number

[redacted]

Form Name	Description	Income	Adjustment				
			Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251, Line 21	Form 6251 Other Adjustment
K1-	GOLDMAN SACHS HEDGE FUND PARTNERS, LLC						
	* REGULAR INCOME	-14,549.					
	MINING COST, LN 24	45.					45.
	* AMT NET INCOME	-14,504.					45.
K1-	CANTOR FITZGERALD LP						
	* REGULAR INCOME	2,136.					
	* AMT NET INCOME	2,136.					
	** TOTAL ADJ & PREF **						45.

919911
09-05-09

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

ALTERNATIVE MINIMUM TAX
Foreign Tax Credit

(Individual, Estate, or Trust)

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

OMB No. 1545-0121

2009

Attachment Sequence No. 19

Name

CHRISTOPHER J & MARY P CHRISTIE

Identifying number as shown on page 1 of your tax return

[redacted]

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

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

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to* **more than one** *foreign country or U.S. possession, use a separate column and line for each country or possession.*

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

	Foreign Country or U.S. Possession A	B	C		Total (Add cols. A, B, and C)
g Enter the name of the foreign country or U.S. possession ▶	VARIOUS				
1a Gross income from sources within country shown above and of the type checked above:	3,178.			1a	3,178.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ ☐					
Deductions and losses (Caution: *See pages 13 and 14 of the instructions*):					
2 Expenses definitely related to the income on line 1a (attach statement)	987.				
3 Pro rata share of other deductions not definitely related:					
a Certain itemized deductions or standard deduction					
b Other deductions (attach statement)					
c Add lines 3a and 3b					
d Gross foreign source income	3,178.				
e Gross income from all sources	596,985.				
f Divide line 3d by line 3e	.005323				
g Multiply line 3c by line 3f					
4 Pro rata share of interest expense:					
a Home mortgage interest (use worksheet on page 14 of the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	987.			6	987.
7 Subtract line 6 from line 1a. Enter the result here and on line 14, page 2 ▶				7	2,191.

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) ☐ Paid (i) ☒ Accrued	Foreign taxes paid or accrued: In foreign currency — Taxes withheld at source on: (j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	In U.S. dollars — Taxes withheld at source on: (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A										319.	319.
B											
C											
8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶										8	319.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **1116** (2009)

911501
12-08-09

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	319.	
10	Carryback or carryover (attach detailed computation)	10		
11	Add lines 9 and 10	11	319.	
12	Reduction in foreign taxes	12		
13	Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit			13 319.
14	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	14	2,191.	
15	Adjustments to line 14	15		
16	Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.)	16	2,191.	
17	**Individuals:** Enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6). If you are a nonresident alien, enter the amount from Form 1040NR, line 38 (minus any amount on Form 8914, line 6). **Estates and trusts:** Enter your taxable income without the deduction for your exemption SEE STATEMENT 25	17	517,526.	
	Caution: *If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.*			
18	Divide line 16 by line 17. If line 16 is more than line 17, enter "1"			18 .004234
19	**Individuals:** Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 41. **Estates and trusts:** Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37			19 141,408.
	Caution: *If you are completing line 19 for separate categorye (lump-sum distributions), see pg. 19 of the instructions.*			
20	Multiply line 19 by line 18 (maximum amount of credit)			20 599.
21	Enter the **smaller** of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 26 and enter this amount on line 27. Otherwise, complete the appropriate line in Part IV ▶			21 319.

Part IV Summary of Credits From Separate Parts III

22	Credit for taxes on passive category income	22		
23	Credit for taxes on general category income	23		
24	Credit for taxes on certain income re-sourced by treaty	24		
25	Credit for taxes on lump-sum distributions	25		
26	Add lines 22 through 25			26
27	Enter the **smaller** of line 19 or line 26			27 319.
28	Reduction of credit for international boycott operations			28
29	Subtract line 28 from line 27. This is your **foreign tax credit.** Enter here and on Form 1040, line 47; Form 1040NR, line 44; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a ▶			29 319.

911611
12-08-09

SCHEDULE H (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Household Employment Taxes

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

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

▶ See separate instructions.

OMB No. 1545-1971

2009

Attachment Sequence No. 44

Name of employer

CHRISTOPHER J & MARY P CHRISTIE

Social security number [redacted]

Employer identification number [redacted]

A Did you pay **any one** household employee cash wages of $1,700 or more in 2009? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page H-4 before you answer this question.)

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

B Did you withhold federal income tax during 2009 for any household employee?

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

C Did you pay total cash wages of $1,000 or more in **any** calendar **quarter** of 2008 or 2009 to all household employees? (Do not count cash wages paid in 2008 or 2009 to your spouse, your child under age 21, or your parent.)

[ ] No. **Stop.** Do not file this schedule.
[ ] Yes. Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no household employees in 2009 do not have to complete this form for 2009.)

Part I Social Security, Medicare, and Federal Income Taxes

1	Total cash wages subject to social security taxes (see page H-4)	1	23,760.	
2	Social security taxes. Multiply line 1 by 12.4% (.124)			2	2,946.
3	Total cash wages subject to Medicare taxes (see page H-4)	3	23,760.	
4	Medicare taxes. Multiply line 3 by 2.9% (.029)			4	689.
5	Federal income tax withheld, if any			5	2,338.
6	**Total social security, Medicare, and federal income taxes.** Add lines 2, 4, and 5			6	5,973.
7	Advance earned income credit (EIC) payments, if any			7	
8	**Net taxes** (subtract line 7 from line 6)			8	5,973.

9 Did you pay **total** cash wages of $1,000 or more in **any** calendar **quarter** of 2008 or 2009 to all household employees? (Do not count cash wages paid in 2008 or 2009 to your spouse, your child under age 21, or your parent.)

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

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

Part II Federal Unemployment (FUTA) Tax

		Yes	No
10 Did you pay unemployment contributions to only one state? (If you paid contributions to Michigan, check "No.")	10	X	
11 Did you pay all state unemployment contributions for 2009 by April 15, 2010? Fiscal year filers, see page H-5	11	X	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	12	X	

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

Section A

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

14 State reporting number as shown on state unemployment tax return ▶ [redacted]

0% RATE

15 Contributions paid to your state unemployment fund (see page H-5) 15

16 Total cash wages subject to FUTA tax (see page H-5) 16 7,000.

17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26 17 56.

Section B

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

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

19 Totals 19

20 Add columns (h) and (i) of line 19 20

21 Total cash wages subject to FUTA tax (see the line 16 instructions on page H-5) 21

22 Multiply line 21 by 6.2% (.062) 22

23 Multiply line 21 by 5.4% (.054) 23

24 Enter the **smaller** of line 20 or line 23
(Michigan employers must use the worksheet in the separate instructions and check here) ☐ 24

25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26 25

Part III Total Household Employment Taxes

26 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0- 26 5,973.

27 Add line 17 (or line 25) and line 26 (see page H-5) 27 6,029.

28 Are you required to file Form 1040?

☒ **Yes. Stop.** Include the amount from line 27 above on Form 1040, line 59, and check box **b** on that line. **Do not** complete Part IV below.

☐ No. You may have to complete Part IV. See page H-5 for details.

Part IV Address and Signature - Complete this part only if required. See the line 28 instructions on page H-5.

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

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

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

▶ Employer's signature ▶ Date

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ☐ | Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code ▶ | EIN | Phone no.

Form **4952**

Department of the Treasury
Internal Revenue Service (99)

Investment Interest Expense Deduction

▶ Attach to your tax return.

OMB No. 1545-0191

2009

Attachment Sequence No. **51**

Name(s) shown on return

CHRISTOPHER J & MARY P CHRISTIE

Identifying number [redacted]

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2009 (see instructions) SEE STATEMENT 26	1	4,014.
2	Disallowed investment interest expense from 2008 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	4,014.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) STMT 27	4a	24,676.		
b	Qualified dividends included on line 4a	4b	2,618.		
c	Subtract line 4b from line 4a			4c	22,058.
d	Net gain from the disposition of property held for investment	4d			
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e			
f	Subtract line 4e from line 4d			4f	
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)			4g	
h	Investment income. Add lines 4c, 4f, and 4g			4h	22,058.
5	Investment expenses (see instructions)			5	
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-			6	22,058.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2010. Subtract line 6 from line 3. If zero or less, enter -0-	7	0.
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions STMT 28	8	4,014.

ALTERNATIVE MINIMUM TAX

Form **4952**

Department of the Treasury
Internal Revenue Service (99)

Investment Interest Expense Deduction

▶ Attach to your tax return.

OMB No. 1545-0191

2009

Attachment Sequence No. **51**

Name(s) shown on return

CHRISTOPHER J & MARY P CHRISTIE

Identifying number [redacted]

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2009 (see instructions) SEE STATEMENT 29	1	4,014.
2	Disallowed investment interest expense from 2008 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	4,014.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	24,676.		
b	Qualified dividends included on line 4a	4b	2,618.		
c	Subtract line 4b from line 4a			4c	22,058.
d	Net gain from the disposition of property held for investment	4d			
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e			
f	Subtract line 4e from line 4d			4f	
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)			4g	
h	Investment income. Add lines 4c, 4f, and 4g			4h	22,058.
5	Investment expenses (see instructions)			5	
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-			6	22,058.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2010. Subtract line 6 from line 3. If zero or less, enter -0-	7	0.
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	4,014.

REGULAR FORM 4952, LINE 8	4,014.
LESS RECOMPUTED FORM 4952, LINE 8	4,014.
INTEREST ADJUSTMENT - FORM 6251, LINE 9	

Form **8801**

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

Department of the Treasury
Internal Revenue Service (99)

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

OMB No. 1545-1073

2009

Attachment Sequence No. 74

Name(s) shown on return

CHRISTOPHER J & MARY P CHRISTIE

Identifying number

[redacted]

Part I Net Minimum Tax on Exclusion Items

1 Combine lines 1, 6, 7, and 11 of your 2008 Form 6251. Estates and trusts, see instructions	1	342,037.
2 Enter adjustments and preferences treated as exclusion items (see instructions)	2	80,979.
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 $214,900 and you were married filing separately for 2008, see instructions	4	423,016.
5 Enter: $69,950 if married filing jointly or qualifying widow(er) for 2008; $46,200 if single or head of household for 2008; or $34,975 if married filing separately for 2008. Estates and trusts, enter $22,500	5	69,950.
6 Enter: $150,000 if married filing jointly or qualifying widow(er) for 2008; $112,500 if single or head of household for 2008; or $75,000 if married filing separately for 2008. 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	273,016.
8 Multiply line 7 by 25% (.25)	8	68,254.
9 Subtract line 8 from line 5. If zero or less, enter -0-. If under age 24 at the end of 2008, see instructions	9	1,696.
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	421,320.
11 • If for 2008 you filed Form 2555 or 2555-EZ, see page 2 of the instructions for the amount to enter. • If for 2008 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 49 here. Form 1040NR filers, see instructions. • All others: If line 10 is $175,000 or less ($87,500 or less if married filing separately for 2008), multiply line 10 by 26% (.26). Otherwise, multiply line 10 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately for 2008) from the result. Form 1040NR filers, see instructions.	11	114,015.
12 Minimum tax foreign tax credit on exclusion items (see instructions)	12	259.
13 Tentative minimum tax on exclusion items. Subtract line 12 from line 11	13	113,756.
14 Enter the amount from your 2008 Form 6251, line 35, or 2008 Form 1041, Schedule I, line 55	14	87,041.
15 Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-	15	26,715.

Part II Current Year Nonrefundable and Refundable Credits and Carryforward to 2010

16 Enter the amount from your 2008 Form 6251, line 36, or 2008 Form 1041, Schedule I, line 56	16	26,725.
17 Enter the amount from line 15	17	26,715.
18 Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	10.
19 **2008 credit carryforward.** Enter the amount from your 2008 Form 8801, line 31	19	20.
20 Enter your 2008 unallowed qualified electric vehicle credit (see instructions)	20	
21 Combine lines 18 through 20. If zero or less, enter -0-	21	30.
22 Enter 50% (.50) of the total interest and penalties you paid before October 3, 2008, on alternative minimum tax attributable to the exercise of incentive stock options for 2007 or any prior year	22	
23 Add lines 21 and 22. If zero, **stop here** and see instructions	23	30.
24 Enter your 2009 regular income tax liability minus allowable credits (see instructions)	24	117,528.
25 Enter the amount from your 2009 Form 6251, line 34, or 2009 Form 1041, Schedule I, line 54	25	141,089.
26 Subtract line 25 from line 24. If zero or less, enter -0-	26	0.
27 **Current year nonrefundable credit.** Enter the **smaller** of line 23 or line 26. Also enter this amount on your 2009 Form 1040, line 53 (check box **b**); Form 1040NR, line 49 (check box **b**); or Form 1041, Schedule G, line 2d	27	0.
28 • **Estates and trusts:** Leave lines 28 and 29 blank and go to line 30. • **Individuals:** Did you have a minimum tax credit carryforward to 2007 (on your 2006 Form 8801, line 26) or pay any interest or penalties before October 3, 2008, on alternative minimum tax attributable to the exercise of incentive stock options for 2007 or any prior year? [X] No. Leave lines 28 and 29 blank and go to line 30. [ ] Yes. Complete Part IV of Form 8801 to figure the amount to enter	28	
29 Is line 28 more than line 27? [ ] No. Leave line 29 blank and go to line 30. [ ] Yes. Subtract line 27 from line 28. This is your **current year refundable credit.** Enter the result here and on your 2009 Form 1040, line 70 (check box **c**), or Form 1040NR, line 64 (check box **c**)	29	
30 **Credit carryforward to 2010.** Subtract the larger of line 27 or line 28 from line 23. Keep a record of this amount because you may use it in future years	30	30.

619562 12-11-09

Part III Tax Computation Using Maximum Capital Gains Rates

Caution. If you did not complete the 2008 Qualified Dividends and Capital Gain Tax Worksheet, the 2008 Schedule D Tax Worksheet, or Part V of the 2008 Schedule D (Form 1041), see the instructions before completing this part.

31	Enter the amount from Form 8801, line 10. If you filed Form 2555 or 2555-EZ for 2008, enter the amount from line 3 of the worksheet on page 2 of the instructions		31	421,320.
	Caution. If for 2008 you filed Form 1040NR, 1041, 2555, or 2555-EZ, see page 4 of the instructions before completing lines 32, 33, and 34.			
32	Enter the amount from line 6 of your 2008 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2008 Schedule D Tax Worksheet, or the amount from line 22 of the 2008 Schedule D (Form 1041), whichever applies*	32 3,497.		
	If you figured your 2008 tax using the 2008 Qualified Dividends and Capital Gain Tax Worksheet, skip line 33 and enter the amount from line 32 on line 34. Otherwise, go to line 33.			
33	Enter the amount from line 19 of your 2008 Schedule D (Form 1040), or line 14b, column (2), of the 2008 Schedule D (Form 1041)	33		
34	Add lines 32 and 33, and enter the smaller of that result or the amount from line 10 of your 2008 Schedule D Tax Worksheet	34 3,497.		
35	Enter the smaller of line 31 or line 34		35	3,497.
36	Subtract line 35 from line 31		36	417,823.
37	If line 36 is $175,000 or less ($87,500 or less if married filing separately for 2008), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately for 2008) from the result. Form 1040NR filers, see instructions ▶		37	113,490.
38	Enter: • $65,100 if married filing jointly or qualifying widow(er) for 2008, • $32,550 if single or married filing separately for 2008, • $43,650 if head of household for 2008, or • $2,200 for an estate or trust. Form 1040NR filers, see instructions	38 65,100.		
39	Enter the amount from line 7 of your 2008 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2008 Schedule D Tax Worksheet, or the amount from line 23 of the 2008 Schedule D (Form 1041), whichever applies. If you did not complete either worksheet or Part V of the 2008 Schedule D (Form 1041), enter -0-. Form 1040NR filers, see instructions	39 327,411.		
40	Subtract line 39 from line 38. If zero or less, enter -0-	40 0.		
41	Enter the smaller of line 31 or line 32	41 3,497.		
42	Enter the smaller of line 40 or line 41	42		
43	Subtract line 42 from line 41	43 3,497.		
44	Multiply line 43 by 15% (.15) ▶		44	525.
	If line 33 is zero or blank, skip lines 45 and 46 and go to line 47. Otherwise, go to line 45.			
45	Subtract line 41 from line 35	45		
46	Multiply line 45 by 25% (.25) ▶		46	
47	Add lines 37, 44, and 46		47	114,015.
48	If line 31 is $175,000 or less ($87,500 or less if married filing separately for 2008), multiply line 31 by 26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately for 2008) from the result. Form 1040NR filers, see instructions		48	114,470.
49	Enter the smaller of line 47 or line 48 here and on line 11. If you filed Form 2555 or 2555-EZ for 2008, do not enter this amount on line 11. Instead, enter it on line 4 of the worksheet on page 2 of the instructions		49	114,015.

* The 2008 Qualified Dividends and Capital Gain Tax Worksheet is on page 38 of the 2008 Instructions for Form 1040. The 2008 Schedule D Tax Worksheet is on page D-10 of the 2008 Instructions for Schedule D (Form 1040) (page 8 of the 2008 Instructions for Schedule D (Form 1041)).

Part IV Tentative Refundable Credit

50	Enter the amount from line 21		50	
51	Enter the total of lines 18 and 20 from your 2007 Form 8801. If zero or less, enter -0-	51		
52	Enter the total of lines 18 and 20 from your 2008 Form 8801. If zero or less, enter -0-	52		
53	Enter the total of lines 18 and 20 from your 2009 Form 8801. If zero or less, enter -0-	53		
54	Add lines 51 through 53		54	
55	**Long-term unused minimum tax credit.** Subtract line 54 from line 50 (If zero or less, enter -0- here and on line 59 and go to line 60)		55	
56	Multiply line 55 by 50% (.50)		56	
57	Enter the amount from your 2008 Form 8801, line 61		57	
58	Enter the **larger** of line 56 or line 57		58	
59	Enter the **smaller** of line 55 or line 58		59	
60	Enter the amount from line 22		60	
61	Add lines 59 and 60. Enter the result here and on line 28		61	

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

FORM 8801

Foreign Tax Credit

(Individual, Estate, or Trust)

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

OMB No. 1545-0121

2008

Attachment Sequence No. 19

Name

CHRISTOPHER J & MARY P CHRISTIE

Identifying number as shown on page 1 of your tax return

[redacted]

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

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

f Resident of (name of country) ▶ USA

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

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

	Foreign Country or U.S. Possession A	B	C		Total (Add cols. A, B, and C.)
g Enter the name of the foreign country or U.S. possession ▶	VARIOUS				
1a Gross income from sources within country shown above and of the type checked above:	7,032.			1a	7,032.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ ☐					
Deductions and losses (Caution: *See pages 13 and 14 of the instructions*):					
2 Expenses **definitely related** to the income on line 1a (attach statement)	2,121.				
3 Pro rata share of other deductions **not definitely related**:					
a Certain itemized deductions or standard deduction					
b Other deductions (attach statement)					
c Add lines 3a and 3b					
d Gross foreign source income	7,032.				
e Gross income from all sources	502,027.				
f Divide line 3d by line 3e	.014007				
g Multiply line 3c by line 3f					
4 Pro rata share of interest expense:					
a Home mortgage interest (use worksheet on page 14 of the instructions)	19.				
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	2,140.			6	2,140.
7 Subtract line 6 from line 1a. Enter the result here and on line 14, page 2 ▶				7	4,892.

Part II Foreign Taxes Paid or Accrued

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

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

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	259.	
10	Carryback or carryover (attach detailed computation)	10		
11	Add lines 9 and 10	11	259.	
12	Reduction in foreign taxes	12		
13	Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit			13 259.
14	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	14	4,892.	
15	Adjustments to line 14	15		
16	Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.)	16	4,892.	
17	**Individuals:** Enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 2). If you are a nonresident alien, enter the amount from Form 1040NR, line 38 (minus any amount on Form 8914, line 2). **Estates and trusts:** Enter your taxable income without the deduction for your exemption	17	421,392.	
	Caution: *If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.*			
18	Divide line 16 by line 17. If line 16 is more than line 17, enter "1"			18 .011609
19	**Individuals:** Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 41. **Estates and trusts:** Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37			19 114,015.
	Caution: *If you are completing line 19 for separate categorye (lump-sum distributions), see pg. 19 of the instructions.*			
20	Multiply line 19 by line 18 (maximum amount of credit)			20 1,324.
21	Enter the **smaller** of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 26 and enter this amount on line 27. Otherwise, complete the appropriate line in Part IV ▶			21 259.

Part IV Summary of Credits From Separate Parts III

22	Credit for taxes on passive category income	22		
23	Credit for taxes on general category income	23		
24	Credit for taxes on certain income re-sourced by treaty	24		
25	Credit for taxes on lump-sum distributions	25		
26	Add lines 22 through 25			26
27	Enter the **smaller** of line 19 or line 26			27 259.
28	Reduction of credit for international boycott operations			28
29	Subtract line 28 from line 27. This is your **foreign tax credit**. Enter here and on Form 1040, line 47; Form 1040NR, line 44; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a ▶			29 259.

Form
1116AMT - 8801

Minimum Tax Foreign Tax Credit on Exclusion Items 2008 Schedule D Tax Worksheet Recalculated

Name

CHRISTOPHER J & MARY P CHRISTIE [redacted]

1.	Enter your taxable income from Form 8801, line 10		1. 421,320.
2.	Enter your qualified dividends from Form 1040, line 9b	2. N/A	
3.	Enter the amount from Form 4952, line 4g	3. N/A	
4.	Enter the amount from Form 4952, line 4e*	4. N/A	
5.	Subtract line 4 from line 3. If zero or less, enter -0-	5. N/A	
6.	Subtract line 5 from line 2. If zero or less, enter -0-	6. N/A	
7.	Enter the **smaller** of line 15 or line 16 of Sch. D	7. N/A	
8.	Enter the **smaller** of line 3 or line 4	8. N/A	
9.	Subtract line 8 from line 7. If zero or less, enter -0-	9. N/A	
10.	Add lines 6 and 9		10. 3,497.
11.	Add lines 18 and 19 of Schedule D	11.	
12.	Enter the **smaller** of line 9 or line 11	12.	
13.	Subtract line 12 from line 10		13. 3,497.
14.	Subtract line 13 from line 1. If zero or less, enter -0-		14. 417,823.
15.	Enter the **smaller** of: • The amount on line 1 or • $30,650 if single or married filing separately; $61,300 if married filing jointly or qualifying widow(er); or $41,050 if head of household	15. 65,100.	
16.	Enter the **smaller** of line 14 or line 15	16. 65,100.	
17.	Subtract line 16 from line 1. If zero or less, enter -0-	17. 417,823.	
18.	Enter the **larger** of line 16 or line 17	▶ 18. 417,823.	

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

19.	Subtract line 16 from line 15	▶ 19.	

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

20.	Enter the **smaller** of line 1 or line 13	20. 3,497.	
21.	Enter the amount from line 19 (if line 19 is blank, enter -0-)	21. 0.	
22.	Subtract line 21 from line 20. If zero or less, enter -0-	▶ 22. 3,497.	
23.	Multiply line 22 by 15% (.15)		23. N/A

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

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

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

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

Form
1116AMT - 8801

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

Name

CHRISTOPHER J & MARY P CHRISTIE [redacted]

1 Enter the amount from Form 8801, line 4		423,016.
2 Enter 2008 worldwide 28% gains	N/A	
3 Multiply line 2 by 0.2000	N/A	
4 Enter 2008 worldwide 25% gains		
5 Multiply line 4 by 0.1071		
6 Enter 2008 worldwide 15% gains and qualified dividends	3,497.	
7 Multiply line 6 by 0.4643	1,624.	
8 Enter 2008 worldwide 0% gains and qualified dividends		
9 Multiply line 8 by 1.0000		
10 Add lines 5, 7, and 9		1,624.
11 Subtract line 8 from line 1. Enter the result here and on MTFTCE Form 1116, line 17		421,392.

Form **6781**

Department of the Treasury
Internal Revenue Service

Gains and Losses From Section 1256 Contracts and Straddles

▶ Attach to your tax return.

OMB No. 1545-0644

2009

Attachment Sequence No. **82**

Name(s) shown on tax return

Identifying number

CHRISTOPHER J & MARY P CHRISTIE

[redacted]

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

Part I Section 1256 Contracts Marked to Market

	(a) Identification of account	(b) (Loss)	(c) Gain
1	FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	3,503.	
2	Add the amounts on line 1 in columns (b) and (c)	(3,503.)	
3	Net gain or (loss). Combine line 2, columns (b) and (c)		-3,503.
4	Form 1099-B adjustments. See instructions and attach schedule		
5	Combine lines 3 and 4		-3,503.
	Note: *If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions.*		
6	If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried back. Enter the loss as a positive number		
7	Combine lines 5 and 6		-3,503.
8	**Short-term capital gain or (loss).** Multiply line 7 by 40% (.40). Enter here and include on the appropriate line of Schedule D (see instructions)		-1,401.
9	**Long-term capital gain or (loss).** Multiply line 7 by 60% (.60). Enter here and include on the appropriate line of Schedule D (see instructions)		-2,102.

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

Section A - Losses From Straddles

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

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

Section B - Gains From Straddles

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

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

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

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

Form **8582**

Department of the Treasury
Internal Revenue Service (99)

Passive Activity Loss Limitations

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

OMB No. 1545-1008

2009

Attachment Sequence No. **88**

Name(s) shown on return

CHRISTOPHER J & MARY P CHRISTIE

Identifying number [redacted]

Part I 2009 Passive Activity Loss

Caution: *Complete Worksheets 1, 2, and 3 on page 2 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** on page 3 of the instructions.)

1a	Activities with net income (enter the amount from Worksheet 1, column (a))	1a		
b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b		
c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c		
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)	2b		
c	Add lines 2a and 2b		2c	

All Other Passive Activities

3a	Activities with net income (enter the amount from Worksheet 3, column (a))	3a	2,136.	
b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b		
c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c		
d	Combine lines 3a, 3b, and 3c		3d	2,136.
4	Combine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. **Do not** complete Form 8582. Report the losses on the forms and schedules normally used		4	2,136.

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 page 8 of the instructions for an example.*

5	Enter the smaller of the loss on line 1d or the loss on line 4		5	
6	Enter $150,000. If married filing separately, see the instructions	6		
7	Enter modified adjusted gross income, but not less than zero (see the instr.)	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.*			
8	Subtract line 7 from line 6	8		
9	Multiply line 8 by 50% (.5). **Do not** enter more than $25,000. If married filing separately, see the instructions		9	
10	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 on page 8 of the instructions.*

11	Enter $25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total	15	
16	**Total losses allowed from all passive activities for 2009.** Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your tax return SEE STATEMENT 31	16	

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.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶					

Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b ▶			

Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
	SEE ATTACHED STATEMENT FOR WORKSHEET 3				
Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶	2,136.				

Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total ▶					

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
Total ▶				

Form **8886**
(Rev. December 2007)
Department of the Treasury
Internal Revenue Service

Reportable Transaction Disclosure Statement

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

OMB No. 1545-1800

Attachment Sequence No. 137

Name(s) shown on return (individuals enter last name, first name, middle initial)

CHRISTOPHER J & MARY P CHRISTIE

Identifying number

[redacted]

Number, street, and room or suite no.

[redacted]

City or town, state, and ZIP code

MENDHAM, NJ 07945

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

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

Enter the year of the tax return identified above ▶ 2009

Is this Form 8886 being filed with an amended tax return? ☐ Yes ☒ No

C Check the box(es) that apply (see instructions). ☐ Initial year filer ☒ Protective disclosure

1a Name of reportable transaction

LOSS TRANSACTIONS - SECTION 988

1b Initial year participated in transaction

2007

1c Reportable transaction or tax shelter registration number (9 digits or 11 digits)

[redacted]

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

a ☐ Listed
b ☐ Confidential
c ☐ Contractual protection
d ☒ Loss
e ☐ Brief asset holding period
f ☐ Transaction of interest

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

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

5 If you participated in the transaction through another entity, check all applicable boxes and provide the information below for the entity (see instructions). (Attach additional sheets, if necessary.)

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

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

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

7 **Facts**

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

☐ Deductions	☐ Exclusions from gross income	☐ Tax credits	☐ Other _____
☐ Capital loss	☐ Nonrecognition of gain	☐ Deferral	
☒ Ordinary loss	☐ Adjustments to basis	☐ Absence of adjustments to basis	

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

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

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

a Type of entity: ☐ Tax-exempt ☐ Foreign ☐ Related

Name | Identifying number

Address

Description

b Type of entity: ☐ Tax-exempt ☐ Foreign ☐ Related

Name | Identifying number

Address

Description

Form **8886**
(Rev. December 2007)
Department of the Treasury
Internal Revenue Service

Reportable Transaction Disclosure Statement

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

OMB No. 1545-1800

Attachment Sequence No. 137

Name(s) shown on return (individuals enter last name, first name, middle initial)

CHRISTOPHER J & MARY P CHRISTIE

Identifying number

[redacted]

Number, street, and room or suite no.

[redacted]

City or town, state, and ZIP code

MENDHAM, NJ 07945

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

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

Enter the year of the tax return identified above ▶ 2009

Is this Form 8886 being filed with an amended tax return? ☐ Yes ☒ No

C Check the box(es) that apply (see instructions). ☐ Initial year filer ☒ Protective disclosure

1a Name of reportable transaction

LOSS TRANSACTIONS- SECTION 988

1b Initial year participated in transaction

2006

1c Reportable transaction or tax shelter registration number (9 digits or 11 digits)

[redacted]

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

a ☐ Listed
b ☐ Confidential
c ☐ Contractual protection
d ☒ Loss
e ☐ Brief asset holding period
f ☐ Transaction of interest

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

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

5 If you participated in the transaction through another entity, check all applicable boxes and provide the information below for the entity (see instructions). (Attach additional sheets, if necessary.)

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

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

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

7 Facts

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

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

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

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

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

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

Name | Identifying number

Address

Description

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

Name | Identifying number

Address

Description

Form **8886**
(Rev. December 2007)
Department of the Treasury
Internal Revenue Service

Reportable Transaction Disclosure Statement

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

OMB No. 1545-1800

Attachment Sequence No. 137

Name(s) shown on return (individuals enter last name, first name, middle initial)

CHRISTOPHER J & MARY P CHRISTIE

Identifying number

[redacted]

Number, street, and room or suite no.

[redacted]

City or town, state, and ZIP code

MENDHAM, NJ 07945

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

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

Enter the year of the tax return identified above ▶ 2009

Is this Form 8886 being filed with an amended tax return? ☐ Yes ☒ No

C Check the box(es) that apply (see instructions). ☐ Initial year filer ☒ Protective disclosure

1a Name of reportable transaction

LOSS TRANSACTIONS- SECTION 988

1b Initial year participated in transaction

2006

1c Reportable transaction or tax shelter registration number (9 digits or 11 digits)

[redacted]

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

a ☐ Listed
b ☐ Confidential
c ☐ Contractual protection
d ☒ Loss
e ☐ Brief asset holding period
f ☐ Transaction of interest

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

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

5 If you participated in the transaction through another entity, check all applicable boxes and provide the information below for the entity (see instructions). (Attach additional sheets, if necessary.)

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

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

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

7 **Facts**

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

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

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

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

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

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

Name | Identifying number

Address

Description

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

Name | Identifying number

Address

Description

Form **8886**
(Rev. December 2007)
Department of the Treasury
Internal Revenue Service

Reportable Transaction Disclosure Statement

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

OMB No. 1545-1800

Attachment Sequence No. 137

Name(s) shown on return (individuals enter last name, first name, middle initial)

CHRISTOPHER J & MARY P CHRISTIE

Identifying number

[redacted]

Number, street, and room or suite no.

[redacted]

City or town, state, and ZIP code

MENDHAM, NJ 07945

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

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

Enter the year of the tax return identified above ▶ 2009

Is this Form 8886 being filed with an amended tax return? ☐ Yes ☒ No

C Check the box(es) that apply (see instructions). ☐ Initial year filer ☒ Protective disclosure

1a Name of reportable transaction

LOSS TRANSACTIONS- SECTION 988

1b Initial year participated in transaction

2008

1c Reportable transaction or tax shelter registration number (9 digits or 11 digits)

[redacted]

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

a ☐ Listed
b ☐ Confidential
c ☐ Contractual protection
d ☒ Loss
e ☐ Brief asset holding period
f ☐ Transaction of interest

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

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

5 If you participated in the transaction through another entity, check all applicable boxes and provide the information below for the entity (see instructions). (Attach additional sheets, if necessary.)

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

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

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

7 Facts

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

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

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

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

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

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

Name | Identifying number

Address

Description

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

Name | Identifying number

Address

Description

Form **8886**
(Rev. December 2007)
Department of the Treasury
Internal Revenue Service

Reportable Transaction Disclosure Statement

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

OMB No. 1545-1800

Attachment Sequence No. 137

Name(s) shown on return (individuals enter last name, first name, middle initial)

CHRISTOPHER J & MARY P CHRISTIE

Identifying number

[redacted]

Number, street, and room or suite no.

[redacted]

City or town, state, and ZIP code

MENDHAM, NJ 07945

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

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

Enter the year of the tax return identified above ▶ 2009

Is this Form 8886 being filed with an amended tax return? ☐ Yes ☒ No

C Check the box(es) that apply (see instructions). ☐ Initial year filer ☒ Protective disclosure

1a Name of reportable transaction

LOSS TRANSACTIONS- SECTION 988

1b Initial year participated in transaction

2008

1c Reportable transaction or tax shelter registration number (9 digits or 11 digits)

[redacted]

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

a ☐ Listed
b ☐ Confidential
c ☐ Contractual protection
d ☒ Loss
e ☐ Brief asset holding period
f ☐ Transaction of interest

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

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

5 If you participated in the transaction through another entity, check all applicable boxes and provide the information below for the entity (see instructions). (Attach additional sheets, if necessary.)

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

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

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

7 Facts

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

- ☐ Deductions
- ☐ Capital loss
- ☒ Ordinary loss
- ☐ Exclusions from gross income
- ☐ Nonrecognition of gain
- ☐ Adjustments to basis
- ☐ Tax credits
- ☐ Deferral
- ☐ Absence of adjustments to basis
- ☐ Other _____

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

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

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

a Type of entity: ☐ Tax-exempt ☐ Foreign ☐ Related

Name | Identifying number

Address

Description

b Type of entity: ☐ Tax-exempt ☐ Foreign ☐ Related

Name | Identifying number

Address

Description

910812
04 24 08

Form **8886**
(Rev. December 2007)
Department of the Treasury
Internal Revenue Service

Reportable Transaction Disclosure Statement

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

OMB No. 1545-1800

Attachment Sequence No. 137

Name(s) shown on return (individuals enter last name, first name, middle initial)

CHRISTOPHER J & MARY P CHRISTIE

Identifying number

[redacted]

Number, street, and room or suite no.

[redacted]

City or town, state, and ZIP code

MENDHAM, NJ 07945

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

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

Enter the year of the tax return identified above ▶ 2009

Is this Form 8886 being filed with an amended tax return? ☐ Yes ☒ No

C Check the box(es) that apply (see instructions). ☐ Initial year filer ☒ Protective disclosure

1a Name of reportable transaction

LOSS TRANSACTIONS- SECTION 988

1b Initial year participated in transaction

2008

1c Reportable transaction or tax shelter registration number (9 digits or 11 digits)

[redacted]

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

a ☐ Listed
b ☐ Confidential
c ☐ Contractual protection
d ☒ Loss
e ☐ Brief asset holding period
f ☐ Transaction of interest

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

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

5 If you participated in the transaction through another entity, check all applicable boxes and provide the information below for the entity (see instructions). (Attach additional sheets, if necessary.)

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

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

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

7 Facts

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

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

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

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

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

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

Name | Identifying number

Address

Description

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

Name | Identifying number

Address

Description

Form **8886**
(Rev. December 2007)
Department of the Treasury
Internal Revenue Service

Reportable Transaction Disclosure Statement

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

OMB No. 1545-1800
Attachment Sequence No. 137

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

Identifying number: [redacted]

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

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

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

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

Enter the year of the tax return identified above ▶ 2009

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

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

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

1b Initial year participated in transaction: 2009

1c Reportable transaction or tax shelter registration number (9 digits or 11 digits): [redacted]

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

a [ ] Listed
b [ ] Confidential
c [ ] Contractual protection
d [X] Loss
e [ ] Brief asset holding period
f [ ] Transaction of interest

3 If you checked box 2a or 2f, 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 the transaction through another entity, check all applicable boxes and provide the information below for the entity (see instructions). (Attach additional sheets, if necessary.)

a Type of entity: [ ] Partnership [ ] S corporation [ ] Trust [ ] Foreign | [ ] Partnership [ ] S corporation [ ] Trust [ ] Foreign

b Name ▶

c Employer identification number (EIN), if known ▶

d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ▶

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

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

910211
04-24-08 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 8886 (Rev. 12-2007)

7 Facts

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

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

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

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

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

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

Name | Identifying number

Address

Description

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

Name | Identifying number

Address

Description

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

NAME

CHRISTOPHER J & MARY P CHRISTIE [redacted]

INCOME TYPE		TOTAL	U.S.	FOREIGN GENERAL
Compensation		517,240.	517,240.	
Dividends/Distributions		5,261.	5,261.	
Interest		9,666.	9,666.	
Capital Gains		14,571.	14,571.	
Business/Profession				
Rent/Royalty		17,684.	17,662.	22.
State/Local Refunds				
Partnership/S Corporation	SEE STATEMENT 32	22,954.	19,798.	3,156.
Trust/Estate				
Other Income		9,609.	9,609.	
Gross Income		596,985.	593,807.	3,178.
Less:				
Section 911 Exclusion				
Capital Losses		17,571.	17,571.	
Capital Gains Tax Adjustment				
Total Income - Form 1116		579,414.	576,236.	3,178.
Deductions:				
Business/Profession Expenses		35,367.	34,380.	987.
Rent/Royalty Expenses				
Partnership/S Corporation Losses				
Trust/Estate Losses				
Capital Losses				
Non-capital Losses				
Individual Retirement Account				
Moving Expenses				
Self-employment Tax Deduction				
Self-employment Health Insurance				
Keogh Contributions				
Alimony				
Forfeited Interest				
Foreign Housing Deduction				
Other Adjustments				
Capital Gains Tax Adjustment				
Total Deductions		35,367.	34,380.	987.
Adjusted Gross Income		544,047.	541,856.	2,191.
Less Itemized Deductions:				
Specifically Allocated		19,777.	19,777.	
Home Mortgage Interest		4,097.	4,097.	
Other Interest		626.	626.	
Ratably Allocated		82,069.	81,632.	437.
Total Adjustments to Adjusted Gross Income		106,569.	106,132.	437.
Taxable Income Before Exemptions		437,478.	435,724.	1,754.

Form 1116 **Allocation of Itemized Deductions**

NAME

CHRISTOPHER J & MARY P CHRISTIE [redacted]

	Total Itemized Deductions	Itemized Deductions After Sec. 68 Reduction	Form 1116		
			Specifically U.S.	Specifically Foreign	Ratable
Taxes	84,991.	82,069.			82,069.
Interest - Not Including Investment Interest	4,243.	4,097.	4,097.		
Contributions	20,481.	19,777.	19,777.		
Miscellaneous Deductions Subject to 2%					
Other Miscellaneous Deductions - Not Including Gambling Losses					
Foreign Adjustment					
Total Itemized Deductions Subject to Sec. 68	109,715.	105,943.			
Add Itemized Deductions Not Subject to Sec. 68:					
Medical/Dental					
Investment Interest	626.	626.	626.		
Post Aug. 27 Contributions					
Casualty Losses					
Gambling Losses					
Foreign Adjustment					
Total Itemized Deductions	110,341.				
Total Allowed on Schedule A		106,569.	24,500.		82,069.

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

NAME

CHRISTOPHER J & MARY P CHRISTIE [redacted]

Foreign Income Category: GENERAL LIMITATION INCOME

Regular

	2004	2005	2006	2007	2008	2009
1. Foreign tax paid/accrued						319.
2. FTC carryback to 2009 for amended returns						
3. Reduction allocated to excluded income						
4. Foreign tax available						319.
5. Maximum credit allowable						474.
6. Unused foreign tax (+) or excess of limit (-)					-706.	-155.
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Less treaty adjustment						
10. Foreign tax or excess limit remaining					-706.	-155.

Total foreign taxes from all available years to be carried to next year

	1999	2000	2001	2002	2003
1. Foreign tax paid/accrued					
2. FTC carryback to 2009 for amended returns					
3. Reduction allocated to excluded income					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax (+) or excess of limit (-)					
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Less treaty adjustment					
10. Foreign tax or excess limit remaining					

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

NAME

CHRISTOPHER J & MARY P CHRISTIE [redacted]

Foreign Income Category: GENERAL LIMITATION INCOME

AMT

	2004	2005	2006	2007	2008	2009
1. Foreign tax paid/accrued						319.
2. FTC carryback to 2009 for amended returns						
3. Reduction allocated to excluded income						
4. Foreign tax available						319.
5. Maximum credit allowable						599.
6. Unused foreign tax (+) or excess of limit (-)					-1,065.	-280.
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Less treaty adjustment						
10. Foreign tax or excess limit remaining					-1,065.	-280.

Total foreign taxes from all available years to be carried to next year

	1999	2000	2001	2002	2003
1. Foreign tax paid/accrued					
2. FTC carryback to 2009 for amended returns					
3. Reduction allocated to excluded income					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax (+) or excess of limit (-)					
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Less treaty adjustment					
10. Foreign tax or excess limit remaining					

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

NAME

CHRISTOPHER J & MARY P CHRISTIE [redacted]

Wages and Salaries:

Source	Amount

Total Foreign Wages and Salaries

Business and Profession Income:

Source	Amount
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	1,578.
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	1,578.

Total Foreign Business and Profession Income 3,156.

Reduction for Foreign Earned Income Exclusion/Deduction:

Total Foreign Wages and Salaries

Foreign Earned Income Exclusion/Deduction

Percent Applicable to Foreign Wages and Salaries

Reduction Amount

Wages and Salaries Included on Form 1116, line 1

Total Foreign Business and Profession Income

Foreign Earned Income Exclusion/Deduction

Percent Applicable to Foreign Business and Profession Income

Reduction Amount

Business and Profession Income Included on Form 1116, line 1 3,156.

Form 3800

Detail General Business Credit Carryforward Worksheet

2009

CHRISTOPHER J & MARY P CHRISTIE

[redacted]

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

914411 04-24-09

CHRISTOPHER J & MARY P CHRISTIE [redacted]

ORM 1040 MISCELLANEOUS INCOME STATEMENT 1

ESCRIPTION	AMOUNT
ANCELLATION OF DEBT - GOLDMAN SACHS HEDGE FUND ARTNERS, LLC	458.
OTAL TO FORM 1040, LINE 21	458.

ORM 1040 PENSIONS AND ANNUITIES STATEMENT 2

HRIFT SAVINGS PLAN

AMOUNT RECEIVED THIS YEAR	142,035.	
NONTAXABLE AMOUNT (ROLLOVER)	142,035.	
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		
		0.
TOTAL INCLUDED IN FORM 1040, LINE 16B		

CHRISTOPHER J & MARY P CHRISTIE [redacted]

ORM 1040 STATE AND LOCAL INCOME TAX REFUNDS			STATEMENT 3
	2008	2007	2006
	NEW JERSEY		
ROSS STATE/LOCAL INC TAX REFUNDS	4,167.		
ESS: TAX PAID IN FOLLOWING YEAR			
ET TAX REFUNDS NEW JERSEY	4,167.		
OTAL NET TAX REFUNDS	4,167.		

ORM 1040 PERSONAL EXEMPTION WORKSHEET STATEMENT 4

.	IS THE AMOUNT ON FORM 1040, LINE 38, MORE THAN THE AMOUNT SHOWN ON LINE 4 BELOW FOR YOUR FILING STATUS? NO. STOP. MULTIPLY $3,650 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D, AND ENTER THE RESULT ON LINE 42. YES. CONTINUE		
.	MULTIPLY $3,650 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D		21,900.
.	ENTER THE AMOUNT FROM FORM 1040, LINE 38 . .	544,047.	
.	ENTER THE AMOUNT FOR YOUR FILING STATUS . .	250,200.	
	SINGLE $166,800		
	MARRIED FILING JOINTLY OR WIDOW(ER) $250,200		
	MARRIED FILING SEPARATELY $125,100		
	HEAD OF HOUSEHOLD $208,500		
.	SUBTRACT LINE 4 FROM LINE 3	293,847.	
.	IS LINE 5 MORE THAN $122,500 ($61,250 IF MARRIED FILING SEPARATELY)? [X] YES. MULTIPLY $2,433 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D. ENTER THE RESULT HERE AND ON FORM 1040, LINE 42. DO NOT COMPLETE THE REST OF THIS WORKSHEET. [ ] NO. DIVIDE LINE 5 BY $2,500 ($1,250 IF MARRIED FILING SEPARATELY). IF THE RESULT IS NOT A WHOLE NUMBER, INCREASE IT TO THE NEXT WHOLE NUMBER (FOR EXAMPLE, INCREASE 0.0004 TO 1)	14,598.	
.	MULTIPLY LINE 6 BY 2% (.02) AND ENTER THE RESULT AS A DECIMAL		
.	MULTIPLY LINE 2 BY LINE 7		
.	DIVIDE LINE 8 BY 3		
).	SUBTRACT LINE 9 FROM LINE 2. TOTAL TO FORM 1040, LINE 42.		

ORM 1040 TAXABLE STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 5

	2008	2007	2006
ET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	4,167.		
ESS:REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION	4,167.		
NET REFUNDS FOR RECALCULATION			
TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	104,817.		
DEDUCTION NOT SUBJ TO PHASEOUT	1,243.		
NET REFUNDS FROM LINE 1			
LINE 2 MINUS LINES 3 AND 4	103,574.		
MULT LN 5 BY APPL SEC. 68 PCT	27,620.		
PRIOR YEAR AGI	446,854.		
ITEM. DED. PHASEOUT THRESHOLD	159,950.		
SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	286,904.		
) MULT LN 9 BY APPL SEC. 68 PCT	2,869.		
L ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)	100,705.		
2 ITEM DED. NOT SUBJ TO PHASEOUT	1,243.		
3A TOTAL ADJ. ITEMIZED DEDUCTIONS	101,948.		
3B PRIOR YR. STD. DED. AVAILABLE	11,900.		
1 PRIOR YR. ALLOWABLE ITEM. DED.	101,948.		
5 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14			
5 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)			
ALLOWABLE PRIOR YR. ITEM. DED.	101,948.		
PRIOR YEAR STD. DED. AVAILABLE	11,900.		
SUBTRACT LINE 18 FROM LINE 17	90,048.		
LESSER OF LINE 16 OR LINE 19			
PRIOR YEAR TAXABLE INCOME	330,908.		
AMOUNT TO INCLUDE ON FORM 1040, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21			0.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2006			
TOTAL TO FORM 1040, LINE 10			0.

CHRISTOPHER J & MARY P CHRISTIE [redacted]

ORM 1040 TAX-EXEMPT INTEREST STATEMENT 6

AME OF PAYER	AMOUNT
OLDMAN SACHS	8,125.
ROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	20.
OTAL TO FORM 1040, LINE 8B	8,145.

ORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 7

EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
CANTOR FITZGERALD	517,240.	124,267.	43,500.	26.	6,622.	7,656.
OTALS	517,240.	124,267.	43,500.	26.	6,622.	7,656.

ORM 1040 QUALIFIED DIVIDENDS STATEMENT 8

AME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
OLDMAN SACHS	1,311.	981.
ROM K-1 - GOLDMAN SACHS HEDGE FUND ARTNERS, LLC	3,840.	1,552.
ROM K-1 - CANTOR FITZGERALD LP	85.	85.
OTAL INCLUDED IN FORM 1040, LINE 9B		2,618.

CHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 9

ESCRIPTION	AMOUNT
ROM K-1 - CANTOR FITZGERALD LP	9.
ANTOR FITZGERALD	43,500.
ATE DISABILITY INSURANCE - CANTOR FITZGERALD	26.
ATE DISABILITY INSURANCE - CANTOR FITZGERALD	145.
ATE UNEMPLOYMENT INSURANCE - CANTOR FITZGERALD	123.
W JERSEY 2ND QTR ESTIMATE PAYMENTS	9.
W JERSEY 3RD QTR ESTIMATE PAYMENTS	21.
W JERSEY PRIOR YEAR OVERPAYMENT APPLIED	4,167.

STATEMENT(S) 6, 7, 8, 9

EW YORK 2ND QTR ESTIMATE PAYMENTS	9.
EW YORK 3RD QTR ESTIMATE PAYMENTS	27.
EW YORK 4TH QTR ESTIMATE PAYMENTS	37.
EW YORK PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	36.
ASSACHUSETTS 4TH QTR ESTIMATE PAYMENTS	2.
ALIFORNIA FORM 592-B WITHHOLDING	14.
OTAL TO SCHEDULE A, LINE 5	48,125.

CHEDULE A — CASH CONTRIBUTIONS — STATEMENT 10

ESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
ISCELLANEOUS	20,455.	
ROM K-1 - CANTOR FITZGERALD LP	25.	
UBTOTALS	20,480.	
OTAL TO SCHEDULE A, LINE 16		20,480.

CHEDULE A — INVESTMENT INTEREST — STATEMENT 11

ESCRIPTION	AMOUNT
ROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	626.
OTAL TO SCHEDULE A, LINE 14	626.

CHEDULE A — CONTRIBUTIONS OTHER THAN CASH OR CHECK — STATEMENT 12

ESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMIT
ROM K-1 - CANTOR ITZGERALD LP			1.	
JBTOTALS			1.	
OTAL TO SCHEDULE A, LINE 17				1.

CHEDULE A — ITEMIZED DEDUCTIONS WORKSHEET — STATEMENT 13

1.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28		110,341.
2.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28		626.
3.	IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 2 FROM LINE 1		109,715.
4.	MULTIPLY LINE 3 BY 80% (.80)	87,772.	
5.	ENTER THE AMOUNT FROM FORM 1040, LINE 38	544,047.	
6.	ENTER: $166,800 ($83,400 IF MARRIED FILING SEPARATELY)	166,800.	
7.	IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 6 FROM LINE 5	377,247.	
8.	MULTIPLY LINE 7 BY 3% (.03)	11,317.	
9.	ENTER THE SMALLER OF LINE 4 OR LINE 8		11,317.
0.	DIVIDE LINE 9 BY 1.5		7,545.
1.	SUBTRACT LINE 10 FROM LINE 9		3,772.
2.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 11 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29		106,569.

CHEDULE D — NET SHORT-TERM GAIN OR LOSS FROM FORMS 6252, 4684, 6781 AND 8824 — STATEMENT 14

ESCRIPTION OF PROPERTY	GAIN OR LOSS
ORM 6781, PART I	-1,401.
OTAL TO SCHEDULE D, PART I, LINE 4	-1,401.

CHRISTOPHER J & MARY P CHRISTIE [redacted]

CHEDULE D — NET LONG-TERM GAIN OR LOSS FROM FORMS 4797, 2439, 6252, 4684, 6781 AND 8824 — STATEMENT 15

ESCRIPTION OF PROPERTY	GAIN OR LOSS	28% GAIN
ORM 6781, PART I	-2,102.	
ORM 4797	37.	
OTAL TO SCHEDULE D, PART II, LINE 11	-2,065.	

CHEDULE D — NET SHORT-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES — STATEMENT 16

ESCRIPTION OF ACTIVITY	GAIN OR LOSS
OLDMAN SACHS HEDGE FUND PARTNERS, LLC	14,534.
OTAL TO SCHEDULE D, PART I, LINE 5	14,534.

CHEDULE D — NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES — STATEMENT 17

ESCRIPTION OF ACTIVITY	GAIN OR LOSS	28% GAIN
OLDMAN SACHS HEDGE FUND PARTNERS, LLC	-12,855.	
OTAL TO SCHEDULE D, PART II, LINE 12	-12,855.	

CHEDULE D — CAPITAL LOSS CARRYOVER — STATEMENT 18

1. ENTER THE AMOUNT FROM FORM 1040, LINE 41		437,478.
2. DID YOU FILE FORM 8914?		
X NO. ENTER -0-		
YES. ENTER THE AMOUNT FROM YOUR FORM 8914, LINE 6		
3. SUBTRACT LINE 2 FROM LINE 1		437,478.
4. ENTER THE LOSS FROM SCHEDULE D, LINE 21, AS A POSITIVE AMOUNT.		3,000.
5. COMBINE LINES 3 AND 4. IF ZERO OR LESS, ENTER -0-		440,478.
6. ENTER THE SMALLER OF LINE 4 OR LINE 5		3,000.
7. ENTER THE LOSS FROM SCHEDULE D, LINE 7, AS A POSITIVE AMOUNT		
8. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 15		
9. ADD LINES 6 AND 8		
0. SHORT-TERM CAPITAL LOSS CARRYOVER TO 2010. SUBTRACT LINE 9 FROM LINE 7. IF ZERO OR LESS, ENTER -0-		
1. ENTER THE LOSS FROM SCHEDULE D, LINE 15, AS A POSITIVE AMOUNT.		89,757.
2. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 7	3,825.	
3. SUBTRACT LINE 7 FROM LINE 6. IF ZERO OR LESS, ENTER -0-	3,000.	
4. ADD LINES 12 AND 13		6,825.
5. LONG-TERM CAPITAL LOSS CARRYOVER TO 2010. SUBTRACT LINE 14 FROM LINE 11. IF ZERO OR LESS, ENTER -0-		82,932.

'ORM 1116 SUMMARY OF FOREIGN TAXES PAID OR ACCRUED STATEMENT 19

:ENERAL LIMITATION INCOME

'AME OF COUNTRY IMPOSING TAX

DATE PAID	DATE ACCRUED	AMT/FOREIGN CURRENCY	AMOUNT IN U.S. DOLLARS DIVIDENDS	RENT/ROYALTY	INTEREST	OTHER
VARIOUS						
		0.				239.
VARIOUS						
		0.				80.
						319.

)TAL TO FORM 1116, PART II, LINE 8 319.

RIOR YEAR TAXES PAID IN THE CURRENT YEAR:

	FOREIGN AMT	CONV. RATE	U.S. AMT
)08			
)07			
)06			
)05			
)04			
)TAL PRIOR YEAR TAXES PAID IN THE CURRENT YEAR			

)RM 1116 EXPENSES DIRECTLY ALLOCABLE TO FOREIGN INCOME STATEMENT 20

SCRIPTION	COUNTRY	AMOUNT
LDMAN SACHS HEDGE FUND PARTNERS, LLC	VARIOUS	494.
LDMAN SACHS HEDGE FUND PARTNERS, LLC	VARIOUS	493.
TAL TO FORM 1116, PART I, LINE 2		987.

CHRISTOPHER J & MARY P CHRISTIE [redacted]

ORM 1116 — WORLDWIDE CAPITAL GAINS WORKSHEET FOR LINE 17 — STATEMENT 21

1	ENTER THE AMOUNT FROM FORM 1040, LINE 41. IF YOU ARE A NONRESIDENT ALIEN, ENTER THE AMOUNT FROM FORM 1040NR, LINE 38		437,478.
2	ENTER WORLDWIDE 28% GAINS		
3	MULTIPLY LINE 2 BY 0.2000		
4	ENTER WORLDWIDE 25% GAINS		
5	MULTIPLY LINE 4 BY 0.2857		
6	ENTER WORLDWIDE 15% GAINS AND QUALIFIED DIVIDENDS	2,618.	
7	MULTIPLY LINE 6 BY 0.5714	1,496.	
8	ENTER WORLDWIDE 0% GAINS AND QUALIFIED DIVIDENDS		
9	ADD LINES 3, 5, 7, AND 8		1,496.
10	SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1116, LINE 17		435,982.

)RM 2441 — QUALIFYING PERSONS — STATEMENT 22

QUALIFYING PERSONS

FIRST NAME	LAST NAME	SOCIAL SEC NO	QUALIFIED EXPENSES
RAH	CHRISTIE	[redacted]	7,920.
TRICK	CHRISTIE	[redacted]	7,920.
IDGET	CHRISTIE	[redacted]	7,920.
TAL TO FORM 2441, PAGE 1, LINE 3			23,760.

FORM 3800 GENERAL BUSINESS CREDIT CARRYFORWARD RECONCILIATION STATEMENT 23

1.	TOTAL GENERAL BUSINESS CREDIT CARRYFORWARD	34.
2.	LESS AMOUNT OF CREDIT USED IN PRIOR YEARS	
3.	CREDIT CARRYFORWARD AVAILABLE IN THE CURRENT YEAR (LINE 1 - LINE 2)	34.
4.	LESS ITC RECAPTURE OFFSET (FORM 4255, LINE 12)	
5.	CARRYFORWARD AFTER ITC RECAPTURE (LINE 3 - LINE 4)	34.
6.	LESS AMOUNT ATTRIBUTABLE TO PASSIVE ACTIVITIES	
7.	TOTAL TO FORM 3800, LINE 6 (LINE 5 - LINE 6)	34.

ORM 6251 PASSIVE ACTIVITIES STATEMENT 24

AME OF ACTIVITY	FORM	NET INCOME (LOSS) AMT	NET INCOME (LOSS) REGULAR	ADJUSTMENT
ANTOR FITZGERALD LP	SCH E	2,136.	2,136.	
OTAL TO FORM 6251, LINE 20				

FORM 1116 ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT WORLDWIDE CAPITAL GAINS WORKSHEET FOR LINE 17 — STATEMENT 25

1	ENTER THE AMOUNT FROM FORM 6251, LINE 29		518,742.
2	ENTER WORLDWIDE 25% GAINS		
3	MULTIPLY LINE 2 BY 0.1071		
4	ENTER WORLDWIDE 15% GAINS AND QUALIFIED DIVIDENDS	2,618.	
5	MULTIPLY LINE 4 BY 0.4643	1,216.	
6	ENTER WORLDWIDE 0% GAINS AND QUALIFIED DIVIDENDS		
7	ADD LINES 3, 5, AND 6		1,216.
8	SUBTRACT LINE 7 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1116 AMT, LINE 17		517,526.

ORM 4952 INVESTMENT INTEREST EXPENSE — STATEMENT 26

ESCRIPTION	CURRENT	CARRYOVER
ROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LC	626.	
ROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LC	3,388.	
OTALS TO FORM 4952, LINES 1 AND 2	4,014.	

RM 4952 INCOME FROM PROPERTY HELD FOR INVESTMENT — STATEMENT 27

SCRIPTION	AMOUNT
TEREST INCOME	9,666.
VIDEND INCOME	5,261.
NEIL PPC INC - ROYALTIES	17,662.
LDMAN SACHS HEDGE FUND PARTNERS, LLC - ROYALTY	22.
LDMAN SACHS HEDGE FUND PARTNERS, LLC	-7,935.
TAL TO FORM 4952, LINE 4A	24,676.

CHRISTOPHER J & MARY P CHRISTIE [redacted]

FORM 4952 INVESTMENT INTEREST EXPENSE DEDUCTION SUMMARY STATEMENT 28

NAME	FORM OR SCHEDULE	INVESTMENT INTEREST EXPENSE	INVESTMENT INTEREST EXPENSE C/O	DISALLOWED INVESTMENT INTEREST EXPENSE	ALLOWED INVESTMENT INTEREST EXPENSE
FROM K-1 - GOLDMAN SAC	SCH A	626.	0.	0.	626.
FROM K-1 - GOLDMAN SAC	SCH E	3,388.	0.	0.	3,388.
TOTALS		4,014.	0.	0.	4,014.

FORM 4952AMT INVESTMENT INTEREST EXPENSE STATEMENT 29

DESCRIPTION	CURRENT	CARRYOVER
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	626.	
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	3,388.	
TOTALS TO FORM 4952AMT, LINES 1 AND 2	4,014.	

CHRISTOPHER J & MARY P CHRISTIE [redacted]

'ORM 8582 OTHER PASSIVE ACTIVITIES - WORKSHEET 3 STATEMENT 30

AME OF ACTIVITY	CURRENT YEAR NET INCOME	CURRENT YEAR NET LOSS	PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS GAIN	OVERALL GAIN OR LOSS LOSS
ANTOR FITZGERALD LP	2,136.	0.		2,136.	
OTALS	2,136.	0.		2,136.	

ORM 8582 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 31

NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
CANTOR FITZGERALD LP	SCH E	2,136.		2,136.		
)TALS		2,136.		2,136.		

<IOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

)TAL TO FORM 8582, LINE 16

CHRISTCPHER J & MARY P CHRISTIE [redacted]

'ORM 1116 INCOME SUMMARY STATEMENT 32
FOREIGN PARTNERSHIP/S-CORPORATION INCOME

'ESCRIPTION	AMOUNT
OLDMAN SACHS HEDGE FUND PARTNERS, LLC	1,578.
OLDMAN SACHS HEDGE FUND PARTNERS, LLC	1,578.
OTAL FOREIGN PARTNERSHIP/S-CORPORATION INCOME	3,156.

2009 TAX RETURN FILING INSTRUCTIONS

NEW JERSEY INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	CHRISTOPHER J & MARY P CHRISTIE [redacted] MENDHAM, NJ 07945
Prepared by	HAL MODEL CPA PA
Amount of tax	Total tax $ 33,619 Less: payments and credits $ 47,818 Plus: interest and penalties $ 0 OVERPAYMENT $ 14,199
Overpayment	Miscellaneous Donations $ 0 Credited to your estimated tax $ 8,000 Refunded to you $ 6,199
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING AND THE PRACTITIONER PIN PROGRAM HAS BEEN ELECTED. YOUR RETURN WILL BE COMPLETELY PAPERLESS, THEREFORE, DO NOT MAIL THE PAPER COPY OF THE RETURN TO NJDOR.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	

COPY

2009 NJ-630 APPLICATION FOR EXTENSION OF TIME TO FILE

PAYMENT BY CREDIT CARD

You may pay your 2009 New Jersey income taxes or make payment of estimated tax for 2010 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 2009 New Jersey income taxes or make payment of estimated tax for 2010 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 2009 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.

966181
11-2-09

Cut along dotted line.

NJ-630
2009

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

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

ake Check Payable to 'State of New Jersey - TGI'
rite 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 [6] months, until 10/15/10 to file the return as indicated below.
Indicate the return the extension is being requested by checking the appropriate box:

R [X] NJ-1040 (6 Month Ext.)
N [ ] NJ-1040NR / NJ-1080-C (6 Month Ext.)
F [ ] NJ-1041 (5 Month Ext.)

Enter amount of payment here:

$ [redacted]

2010 NJ-1040-ES

2010 ESTIMATED TAX WORKSHEET FOR INDIVIDUALS (Keep for your records) - DO NOT FILE

(Estates and trusts should use a 2009 Fiduciary Return, Form NJ-1041, to calculate estimated tax for 2010)

1.	TOTAL INCOME EXPECTED IN TAXABLE YEAR (before exclusions)		1.
2.	TOTAL PENSION AND OTHER RETIREMENT INCOME EXCLUSION		2.
3.	NEW JERSEY GROSS INCOME (Subtract Line 2 from Line 1)		3.
4.	a. Number of Exemptions _____ x $1,000	4a.	
	b. Number of Exemptions _____ x $1,500	4b.	
	To determine number of exemptions on Lines 4a and 4b see instructions.		
5.	Medical Expenses in excess of 2% (.02) of gross income (Line 3), qualified Archer MSA contributions, and health insurance costs of the self-employed	5.	
6.	Alimony and separate maintenance payments	6.	
7.	Qualified Conservation Contribution	7.	
8.	Health Enterprise Zone Deduction	8.	
9.	Total exemptions and deductions (Add Lines 4a through 8)		9.
10.	Taxable Income (Subtract Line 9 from Line 3)		10.
11.	Property Tax Deduction (See instructions NJ-1040)		11.
12.	NEW JERSEY TAXABLE INCOME (Subtract Line 11 from Line 10)		12.
13.	TAX - See Tax Rate Tables below		13.
14.	Credit for income taxes paid to other jurisdictions		14.
15.	BALANCE OF TAX (Subtract Line 14 from Line 13)		15.
16.	New Jersey income tax withheld or to be withheld	16.	
17.	Other Credits (See instructions)	17.	
18.	Total Payments/Credits (Add Lines 16 and 17)		18.
19.	ESTIMATED TAX (Subtract Line 18 from Line 15)		19. 8,000.

If the amount on Line 19 is more than $400, estimated tax payments are required.

20. Computation of installments:

If first declaration is due to be filed on:

April 15, 2010	enter 1/4 of Line 19 here	OVERPAYMENT APPLIED	8,000.
June 15, 2010	enter 1/3 of Line 19 here		
September 15, 2010	enter 1/2 of Line 19 here, or		
January 15, 2011	enter full amount of Line 19 here		
	and in the space provided on your voucher	20.	

If you are applying an overpayment from 2009 to your 2010 estimated tax, see instructions.

Table A

Filing Status:
Single
Married/Civil Union Partner, Filing Separate Return
Estates and Trusts

If Line 12 is: Over	But Not Over	Multiply Line 12 by:	Subtract	Your Tax
$ 0	$ 20,000	X .014	$ 0	
20,000	35,000	X .0175	70.00	
35,000	40,000	X .035	682.50	
40,000	75,000	X .05525	1,492.50	
75,000	500,000	X .0637	2,126.25	
500,000	and over	X .0897	15,126.25	

Table B

Filing Status:
Married/Civil Union Couple, Filing Joint Return
Head of Household
Qualifying Widow(er)/Surviving Civil Union Partner

If Line 12 is: Over	But Not Over	Multiply Line 12 by:	Subtract	Your Tax
$ 0	$ 20,000	X .014	$ 0	
20,000	50,000	X .0175	70.00	
50,000	70,000	X .0245	420.00	
70,000	80,000	X .035	1,154.50	
80,000	150,000	X .05525	2,775.00	
150,000	500,000	X .0637	4,042.50	
500,000	and over	X .0897	17,042.50	

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to enter on your declaration/voucher.

Amended Computation (Use if your estimated tax changes substantially after you file your first declaration voucher.)

1.	Amended estimated tax		
2.	Less (a) Amount of last year's overpayment elected for credit to 2010		
	(b) Payment made with 2010 declaration(s)		
	(c) Total of Lines 2(a) and 2(b)		
3.	Unpaid balance (Subtract Line 2(c) from Line 1)		
4.	Amount to be paid (Line 3 divided by the number of remaining installments)		

2010 DECLARATION OF ESTIMATED TAX

PAYMENT BY CREDIT CARD

You may pay your 2009 New Jersey income taxes or make payment of estimated tax for 2010 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 2009 New Jersey income taxes or make payment of estimated tax for 2010 by e-check. This option is available on the Division's website at:

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

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

PAYMENT BY CHECK

If you are paying your 2010 New Jersey estimated 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 222, Trenton, NJ 08646-0222.

966022
11-17-09

Cut along dotted line.

NJ 1040-ES 2010

New Jersey Gross Income Tax
Declaration of Estimated Tax Voucher 2010

Calendar Year - Due	Voucher	Your Social Security Number	Spouse's/Civil Union Partner's Social Security Number
April 15, 2010	1	[redacted]	[redacted]

Be sure to include your social security number on your check or money order to ensure proper credit for this purpose.
If you are married/civil union couple, filing jointly, be sure that the social security number which is first on this payment voucher is the social security number on your check and is listed first when filing your income tax return.

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

Indicate the return for which payment is being made by checking the appropriate box:

R X NJ-1040 N NJ-1040NR NJ-1080C F NJ-1041

Make Checks Payable To: **NJ Division of Taxation**
Be sure return address is displayed through window. **Revenue Processing Center**
PO Box 222
Trenton, NJ 08646-0222

Amount of this payment: $

[redacted]

2010 DECLARATION OF ESTIMATED TAX

PAYMENT BY CREDIT CARD

You may pay your 2009 New Jersey income taxes or make payment of estimated tax for 2010 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 2009 New Jersey income taxes or make payment of estimated tax for 2010 by e-check. This option is available on the Division's website at:

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

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

PAYMENT BY CHECK

If you are paying your 2010 New Jersey estimated 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 222, Trenton, NJ 08646-0222.

966023
11-17-09

Cut along dotted line.

NJ 1040-ES 2010

New Jersey Gross Income Tax
Declaration of Estimated Tax Voucher 2010

Calendar Year - Due	Voucher	Your Social Security Number	Spouse's/Civil Union Partner's Social Security Number
June 15, 2010	2	[redacted]	[redacted]

Be sure to include your social security number on your check or money order to ensure proper credit for this purpose.
If you are married/civil union couple, filing jointly, be sure that the social security number which is first on this payment voucher is the social security number on your check and is listed first when filing your income tax return.

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

Indicate the return for which payment is being made by checking the appropriate box:

R X NJ-1040 N NJ-1040NR NJ-1080C F NJ-1041

Make Checks Payable To: NJ Division of Taxation
Be sure return address is displayed through window. Revenue Processing Center
PO Box 222
Trenton, NJ 08646-0222

Amount of this payment: $

[redacted]

[redacted]

2010 DECLARATION OF ESTIMATED TAX

PAYMENT BY CREDIT CARD

You may pay your 2009 New Jersey income taxes or make payment of estimated tax for 2010 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 2009 New Jersey income taxes or make payment of estimated tax for 2010 by e-check. This option is available on the Division's website at:

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

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

PAYMENT BY CHECK

If you are paying your 2010 New Jersey estimated 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 222, Trenton, NJ 08646-0222.

966024
11-17-09

Cut along dotted line.

NJ 1040-ES 2010

New Jersey Gross Income Tax
Declaration of Estimated Tax Voucher 2010

Calendar Year - Due	Voucher	Your Social Security Number	Spouse's/Civil Union Partner's Social Security Number
September 15, 2010	3	[redacted]	[redacted]

Be sure to include your social security number on your check or money order to ensure proper credit for this purpose.
If you are married/civil union couple, filing jointly, be sure that the social security number which is first on this payment voucher is the social security number on your check and is listed first when filing your income tax return.

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

Indicate the return for which payment is being made by checking the appropriate box:

R	X	NJ-1040	N	NJ-1040NR NJ-1080C	F	NJ-1041

Make Checks Payable To: **NJ Division of Taxation**
Be sure return address is displayed through window. **Revenue Processing Center**
PO Box 222
Trenton, NJ 08646-0222

Amount of this payment: $

[redacted]

[redacted]

2010 DECLARATION OF ESTIMATED TAX

PAYMENT BY CREDIT CARD

You may pay your 2009 New Jersey income taxes or make payment of estimated tax for 2010 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 2009 New Jersey income taxes or make payment of estimated tax for 2010 by e-check. This option is available on the Division's website at:

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

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

PAYMENT BY CHECK

If you are paying your 2010 New Jersey estimated 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 222, Trenton, NJ 08646-0222.

965025
11-17-09

Cut along dotted line.

NJ 1040-ES 2010

New Jersey Gross Income Tax
Declaration of Estimated Tax Voucher 2010

Calendar Year - Due	Voucher	Your Social Security Number	Spouse's/Civil Union Partner's Social Security Number
January 15, 2011	4	[redacted]	[redacted]

Be sure to include your social security number on your check or money order to ensure proper credit for this purpose.
If you are married/civil union couple, filing jointly, be sure that the social security number which is first on this payment voucher is the social security number on your check and is listed first when filing your income tax return.

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

Indicate the return for which payment is being made by checking the appropriate box:

R X NJ-1040 N NJ-1040NR NJ-1080C F NJ-1041

Make Checks Payable To: **NJ Division of Taxation**
Be sure return address is displayed through window. **Revenue Processing Center**
PO Box 222
Trenton, NJ 08646-0222

Amount of this payment: $

[redacted]

[redacted]

NJ-1040/
TR-1040
2009

PAGE 1

STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN
HOMESTEAD REBATE APPLICATION (FOR TENANTS ONLY)
For Privacy Act Notification, See Instructions
For Tax Year Jan. - Dec. 2009 or Other Tax Year

Beginning _____ , 2009 Month Ending _____ , _____
On-line Federal Extension Confirmation # _____

CHRISTIE CHRISTOPHER J & CHRISTIE MARY P

[redacted] MENDHAM NJ 07945

001	12	014	527069	038	540792	SS#	[redacted]
EXT	6	15a	2267	039	33619	SP#	[redacted]
FS	2	15b	8125	040	55	SS1	[redacted]
DP	0	016	1336	40a	00	BY1	1993
006	2	017	0	042	0	SS2	[redacted]
007	0	018	0	044	0	BY2	1996
008	0	019	0	045	0	SS3	[redacted]
009	4	020	0	046	33564	BY3	2000
010	0	021	0	047	43500	SS4	[redacted]
011	0	022	17662	048	50	BY4	2003
12a	2	023	0	049	4213	007	2
12b	4	024	0	050	0	008	0
RSF	010109	025	458	051	0	MS	0
RST	123109	026	548792	052	0	011	0
GEF	0	27a	0	053	47763	013	0
HCa	0	27b	0	054	0	014	0
HCb	0	27c	0	055	14199	015	0
HCc	0	029	8000	056	8000	15a	0
HCd	0	030	0	057	0	15c	0
22c	0	031	0	058	0	50b	0
VC	1019	032	0	059	0	50c	0
CTY	1418	033	0	060	0	62c	00
PDR	0	36a	36866	061	0	DNM	1
NAB	1052	36b	1	062	0	PA	1
CDV	7131	36c	0	063	8000	PID	[redacted]
		037	0	064	6199	FID	

966031 12-22-09 1019

Under the penalties of perjury, I declare that I have examined this income tax return and rebate application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete and that I occupied the rental property for which I am applying for the tenant rebate as my principal residence on October 1, 2009. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

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

Paid Preparer's Signature 9/5/2010 Federal Identification Number [redacted]

Firm's Name
HAL MODEL CPA [redacted]

Federal Employer Identification No. [redacted]

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

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

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

PAGE 2 AND PAGE 3 MUST BE ENCLOSED WITH PAGE 1 OF YOUR 2009 NJ-1040/TR-1040

Name: CHRISTIE CHRISTOPHER J & CHRISTIE MARY P

Social Security Number: [redacted]

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

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

EXEMPTIONS

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

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

	LAST NAME, FIRST NAME, MIDDLE INITIAL	SOCIAL SECURITY #	BIRTH YEAR	If the dependent does not have health insurance including NJ Family Care/Medicaid, Medicare, private or other, check the box
a.	CHRISTIE ANDREW	[redacted]	1993	[ ]
b.	CHRISTIE SARAH		1996	[ ]
c.	CHRISTIE PATRICK		2000	[ ]
d.	CHRISTIE BRIDGET		2003	[ ]

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

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

14.	Wages, salaries, tips, and other employee compensation (Enclose W-2)		14	527,069.
15a.	Taxable interest income (See instructions) SEE STATEMENT 1		15a	2,267.
15b.	Tax exempt interest income. DO NOT include on Line 15a STMT 2	15b 8,125.		
16.	Dividends SEE STATEMENT 4		16	1,336.
17.	Net profits from business (Enclose copy of Federal Schedule C, Form 1040)		17	
18.	Net gains or income from disposition of property (Schedule B, Line 4)		18	
19.	Pensions, Annuities, and IRA Withdrawals (See instruction page 23)		19	
20.	Distributive Share of Partnership Income (See instruction page 26) SEE STATEMENT 3		20	0.
21.	Net pro rata share of S Corporation Income (See instruction page 26)		21	
22.	Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3)		22	17,662.
23.	Net Gambling Winnings		23	
24.	Alimony and separate maintenance payments received		24	
25.	Other (See instruction page 26) SEE STATEMENT 6		25	458.
26.	Total income (Add Lines 14, 15a, 16 through 25)		26	548,792.
27a.	Pension Exclusion (See instruction page 27)	27a		
27b.	Other Retirement Income Exclusion (See Worksheet and instr. page 28)	27b		
27c.	Total Exclusion Amount (Add line 27a and Line 27b)		27c	
28.	New Jersey Gross Income (Subtract Line 27c from Line 26) See instruction page 29.		28	548,792.
29.	Total Exemption Amount - See instruction page 29 (Part Year Residents see instruction page 9.)		29	8,000.
30.	Medical Expenses (See Worksheet and instr. page 29)		30	
31.	Alimony and Separate Maintenance Payments		31	
32.	Qualified Conservation Contribution		32	
33.	Health Enterprise Zone Deduction		33	
34.	Total Exemptions and Deductions (Add Lines 29, 30, 31, 32 and 33)		34	8,000.
35.	Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY		35	540,792.
36a.	Total Property Taxes Paid	36a 36,866.		
36b.	Check this box if during 2009 you were a: [X] Homeowner [ ] Tenant [ ] Both			
36c.	Property Tax Deduction (See instruction page 30) SEE STATEMENT 5		36c	
37.	Married Separate Same Residence Indicator [ ]			
38.	**NEW JERSEY TAXABLE INCOME** (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY		38	540,792.
39.	Tax (From Tax Tables, page 53)		39	33,619.
40.	Credit For Income Taxes Paid to Other Jurisdictions. Enter other jurisdiction code (See instructions) [00]		40	55.
41.	Balance of Tax (Subtract Line 40 from Line 39)		41	33,564.
42.	Sheltered Workshop Tax Credit		42	
43.	Balance of Tax after Credit (Subtract Line 42 from 41)		43	33,564.
44.	Use Tax Due on Out-of-State Purchases (See instruction page 36) If no Use Tax, enter ZERO		44	0.
45.	Penalty for Underpayment of Estimated Tax Check if Form 2210 enclosed. [ ]		45	
46.	Total Tax and Penalty (Add Lines 43, 44 and 45)		46	33,564.

PAGE 2 AND PAGE 3 MUST BE ENCLOSED WITH PAGE 1 OF YOUR 2009 NJ-1040/TR-1040

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

47	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099)	47	43,500.
48	Property Tax Credit (See instructions)	48	50.
49	New Jersey Estimated Tax Payments/Credit from 2008 tax return.	49	4,213.
50	New Jersey Earned Income Tax Credit (See instructions) (Fill in only one)	50	
	Fill in the box if you had the IRS figure your Federal Earned Income Credit. ☐		
	Fill in box if you are a CU couple claiming the NJ Earned Income Tax Credit. ☐		
51	EXCESS New Jersey UI/SF/SWF Withheld (See instructions) (Enclose Form NJ-2450)	51	
52	EXCESS New Jersey Disability Insurance Withheld (See instructions) (Enclose Form NJ-2450)	52	
53	Total Payments/Credits (Add Lines 47 through 52)	53	47,763.
54	If Line 53 is LESS THAN Line 46, enter AMOUNT YOU OWE.	54	
	If you owe tax, you may make a donation by entering an amount on Lines 57, 58, 59, 60, 61 and/or 62 and adding this to your payment amount.		
55	If Line 53 is MORE THAN Line 46, enter OVERPAYMENT	55	14,199.
	Deductions from Overpayment on Line 55 which you elect to credit to:		
56	Your 2010 tax	56	8,000.
57	N.J. Endangered Wildlife Fund ☐ $10 ☐ $20 ☐ Other	57	
58	N.J. Children's Trust Fund ☐ $10 ☐ $20 ☐ Other	58	
59	N.J. Vietnam Veterans' Memorial Fund ☐ $10 ☐ $20 ☐ Other	59	
60	N.J. Breast Cancer Research Fund ☐ $10 ☐ $20 ☐ Other	60	
61	U.S.S. New Jersey Educational Museum Fund ☐ $10 ☐ $20 ☐ Other	61	
62	Other Designated Contribution (See instructions) ☐ $10 ☐ $20 ☐ Other ☐☐	62	
63	Total Deductions from Overpayment (Add Lines 56 through 62)	63	8,000.
64	REFUND (Amount to be sent to you. Subtract Line 63 from Line 55)	64	6,199.

DIRECT DEPOSIT INFORMATION (ONLY FOR RETURNS WITH 2-D BARCODES)

'1' for Refund only, '2' for FAIR rebate only, '3' for both and '4' for no. ☐ Type of account ('C' for Checking, 'S' for Savings) ☐

Check Routing Number ☐ Account Number ☐

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

2009 HOMESTEAD REBATE APPLICATION (FOR TENANTS ONLY)

7. On October 1, 2009, I rented and occupied an apartment or other rental dwelling in New Jersey as my principal residence
☐ Yes ☒ No If "No," STOP. You are not eligible for a rebate as a tenant and you should not file this application. See instructions.

8. On December 31, 2009, I (and/or my spouse/CU partner) was: ☐ Age 65 or older ☐ Blind or disabled ☐ Not 65 or blind or disabled
Fill in only **one** box. See instr. on Page 48.

9.	Enter the GROSS INCOME you reported on Line 28, Form NJ-1040 or see instructions.	9	
10.	If your filing status is MARRIED/CU PARTNER, FILING SEPARATE RETURN and you and your spouse/CU partner MAINTAIN THE SAME PRINCIPAL RESIDENCE enter the gross income reported on your spouse/CU partner return (Line 28, Form NJ-1040) and check this box ▶☐	10	
11.	TOTAL GROSS INCOME (Add Line 9 and Line 10)	11	

STOP - IF LINE 11 IS MORE THAN $100,000, YOU ARE NOT ELIGIBLE FOR A TENANT REBATE.

12. Enter the address of the rental property in New Jersey that was your principal residence on October 1, 2009

Street Address _____ Municipality _____

13.	Enter the total rent you (and your spouse/CU partner) paid during 2009 for the rental property indicated at Line 12.	13	
14.	Enter the number of days during 2009 that you (and your spouse/CU partner) occupied the rental property indicated at Line 12. (If you lived there for all of 2009, enter 365)	14	

15. Did anyone, other than your spouse/CU partner, occupy and share rent with you for the rental property indicated at Line 12? ☐ Yes ☐ No
(If yes, you must complete Lines 15 a, b and c)

15a.	Enter the total number of tenants (including yourself) who shared the rent during the period indicated at Line 14. (For this purpose, husband and wife/CU couple are considered one tenant.)	15a	

15b. Enter the name(s) and social security number(s) of all other tenants (other than your spouse/CU partner) who shared the rent.

Name _____ SS# _____

Name _____ SS# _____

Name _____ SS# _____

15c.	Enter the total rent paid by all tenants during the period indicated at Line 14.	15c	

I authorize the Division of Taxation to discuss my return and enclosures with my preparer ☒

966171
11-21-09

Name(s) as shown on Form NJ-1040

CHRISTIE CHRISTOPHER J & CHRISTIE MARY P

Your Social Security Number [redacted]

Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION

If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 43.

A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS

1.	Income actually taxed by other jurisdiction during tax year (indicate name CALIFORNIA) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2)	1.	111
2.	Income subject to tax by New Jersey (From Line 28, Form NJ-1040)	2.	548,792
3.	Maximum Allowable Credit Percentage 1 111. / (Divide Line 2 into Line 1) 2 548,792.	3.	.02 %

		COLUMN A	COLUMN B
	IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN B.		
4.	Taxable Income (after Exemptions and Deductions) from Line 35, Form NJ-1040	4. 540,792	4. 540,792
5.	Property Tax and Deduction — Enter in Box 5a the amount from Schedule 1, Line 1. See instructions page 34. 5a. 36,866		
	Property tax deduction. Enter the amount from Schedule 1, Line 2. See instructions page 34.	5. 0	5. -0-
6.	New Jersey Taxable Income (Line 4 minus Line 5)	6. 540,792	6. 540,792
7.	Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7. 33,619	7. 33,619
8.	Allowable Credit (Line 3 times Line 7)	8. 7	8. 7
9.	Credit for Taxes Paid to Other Jurisdiction — Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions page 46. 9a. 9		
	Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 39).	9. 7	9. 7

- If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 40, Form NJ-1040. Make no entry on Lines 36c or 48, Form NJ-1040.
- If you are eligible for a property tax benefit, you must complete Worksheet F on page 46 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

Schedule B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

1.	a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adjusted (see instructions) and expense of sale	f. Gain or (loss) (d less e)
	820 BEAVER VALLEY II FUNDING CORP-PRIN		06/01/09	820.	820.	

2.	Capital Gains Distributions	2.	
3.	Other Net Gains	3.	
4.	Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here and make no entry on Line 18)	4.	0

Schedule C NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS

List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your Federal Income Tax Return. If you have passive losses for Federal purposes, see instructions.

1.	a. Kind of Property	b. Net Rental Income (Loss)	c. Net Income From Royalties	d. Net Income From Patents	e. Net Income From Copyrights
	SEE STATEMENT 7				
2.	Totals	b.	c. 17,662.	d.	e.

3.	Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 22. If loss enter ZERO here and make no entry on Line 22)	3.	17,662.

Name(s) as shown on Form NJ-1040

CHRISTIE CHRISTOPHER J & CHRISTIE MARY P

Your Social Security Number [redacted]

Schedule A — CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION

If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 43.

A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS

1.	Income actually taxed by other jurisdiction during tax year (indicate name CONNECTICUT) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2)	1.	89
2.	Income subject to tax by New Jersey (From Line 28, Form NJ-1040)	2.	548,792
3.	Maximum Allowable Credit Percentage (Divide Line 2 into Line 1) — 1: 89. / 2: 548,792.	3.	.02 %

		COLUMN A	COLUMN B
	IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN B.		
4.	Taxable Income (after Exemptions and Deductions) from Line 35, Form NJ-1040	540,792	540,792
5.	Property Tax and Deduction — Enter in Box 5a the amount from Schedule 1, Line 1. See instructions page 34. 5a. 36,866		
	Property tax deduction. Enter the amount from Schedule 1, Line 2. See instructions page 34.	0	-0-
6.	New Jersey Taxable Income (Line 4 minus Line 5)	540,792	540,792
7.	Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	33,619	33,619
8.	Allowable Credit (Line 3 times Line 7)	7	7
9.	Credit for Taxes Paid to Other Jurisdiction — Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions page 46. 9a. 5		
	Credit allowed. (Enter lesser of Line 8 or Box 9a). **(The credit may not exceed your New Jersey tax on Line 39).**	5	5

- If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 40, Form NJ-1040. Make no entry on Lines 36c or 48, Form NJ-1040.
- If you are eligible for a property tax benefit, you must complete Worksheet F on page 46 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

Schedule B — NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

1.	a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adjusted (see instructions) and expense of sale	f. Gain or (loss) (d less e)

2.	Capital Gains Distributions	2.	
3.	Other Net Gains	3.	
4.	Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here and make no entry on Line 18)	4.	

Schedule C — NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS

List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your Federal Income Tax Return. If you have passive losses for Federal purposes, see instructions.

1.	a. Kind of Property	b. Net Rental Income (Loss)	c. Net Income From Royalties	d. Net Income From Patents	e. Net Income From Copyrights
2.	Totals	b.	c.	d.	e.

3.	Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 22. If loss enter ZERO here and make no entry on Line 22)	3.	

Rev. 9-09

966061 11-2-09

Name(s) as shown on Form NJ-1040

CHRISTIE CHRISTOPHER J & CHRISTIE MARY P

Your Social Security Number [redacted]

Schedule A — CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION

If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 43.

A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS

1.	Income actually taxed by other jurisdiction during tax year (indicate name ILLINOIS) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2)	1.	59
2.	Income subject to tax by New Jersey (From Line 28, Form NJ-1040)	2.	548,792
3.	Maximum Allowable Credit Percentage (Divide Line 2 into Line 1) 1: 59. 2: 548,792.	3.	.01 %

	IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN B.		COLUMN A		COLUMN B
4.	Taxable Income (after Exemptions and Deductions) from Line 35, Form NJ-1040	4.	540,792	4.	540,792
5.	Property Tax and Deduction — Enter in Box 5a the amount from Schedule 1, Line 1. See instructions page 34. 5a. 36,866				
	Property tax deduction. Enter the amount from Schedule 1, Line 2. See instructions page 34.	5.	0	5.	-0-
6.	New Jersey Taxable Income (Line 4 minus Line 5)	6.	540,792	6.	540,792
7.	Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7.	33,619	7.	33,619
8.	Allowable Credit (Line 3 times Line 7)	8.	3	8.	3
9.	Credit for Taxes Paid to Other Jurisdiction — Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions page 46. 9a. 2				
	Credit allowed. (Enter lesser of Line 8 or Box 9a). **(The credit may not exceed your New Jersey tax on Line 39).**	9.	2	9.	2

- If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 40, Form NJ-1040. Make no entry on Lines 36c or 48, Form NJ-1040.
- If you are eligible for a property tax benefit, you must complete Worksheet F on page 46 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

Schedule B — NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

1.	a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adjusted (see instructions) and expense of sale	f. Gain or (loss) (d less e)

2.	Capital Gains Distributions	2.	
3.	Other Net Gains	3.	
4.	Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here and make no entry on Line 18)	4.	

Schedule C — NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS

List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your Federal Income Tax Return. If you have passive losses for Federal purposes, see instructions.

1.	a. Kind of Property	b. Net Rental Income (Loss)	c. Net Income From Royalties	d. Net Income From Patents	e. Net Income From Copyrights
2.	Totals	b.	c.	d.	e.

3.	Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 22. If loss enter ZERO here and make no entry on Line 22)	3.	

Name(s) as shown on Form NJ-1040

CHRISTIE CHRISTOPHER J & CHRISTIE MARY P

Your Social Security Number [redacted]

Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION

If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 43.

A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS

1.	Income actually taxed by other jurisdiction during tax year (indicate name MASSACHUSETTS) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2)	1.	39
2.	Income subject to tax by New Jersey (From Line 28, Form NJ-1040)	2.	548,792
3.	Maximum Allowable Credit Percentage 1 39. (Divide Line 2 into Line 1) 2 548,792.	3.	.01 %

			COLUMN A		COLUMN B
	IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN B.				
4.	Taxable Income (after Exemptions and Deductions) from Line 35, Form NJ-1040	4.	540,792	4.	540,792
5.	Property Tax and Deduction — Enter in Box 5a the amount from Schedule 1, Line 1. See instructions page 34. 5a. 36,866				
	Property tax deduction. Enter the amount from Schedule 1, Line 2. See instructions page 34.	5.	0	5.	-0-
6.	New Jersey Taxable Income (Line 4 minus Line 5)	6.	540,792	6.	540,792
7.	Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7.	33,619	7.	33,619
8.	Allowable Credit (Line 3 times Line 7)	8.	3	8.	3
9.	Credit for Taxes Paid to Other Jurisdiction — Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions page 46. 9a. 1				
	Credit allowed. (Enter lesser of Line 8 or Box 9a). **(The credit may not exceed your New Jersey tax on Line 39).**	9.	1	9.	1

- If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 40, Form NJ-1040. Make no entry on Lines 36c or 48, Form NJ-1040.
- If you are eligible for a property tax benefit, you must complete Worksheet F on page 46 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

Schedule B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

	a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adjusted (see instructions) and expense of sale	f. Gain or (loss) (d less e)
1.						

2.	Capital Gains Distributions	2.	
3.	Other Net Gains	3.	
4.	Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here and make no entry on Line 18)	4.	

Schedule C NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS

List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your Federal Income Tax Return. If you have passive losses for Federal purposes, see instructions.

	a. Kind of Property	b. Net Rental Income (Loss)	c. Net Income From Royalties	d. Net Income From Patents	e. Net Income From Copyrights
1.					
2.	Totals	b.	c.	d.	e.

3.	Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 22. If loss enter ZERO here and make no entry on Line 22)	3.	

Rev. 9-09

966061 11-2-09

Name(s) as shown on Form NJ-1040

CHRISTIE CHRISTOPHER J & CHRISTIE MARY P

Your Social Security Number [redacted]

Schedule A — CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION

If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 43.

A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS

1.	Income actually taxed by other jurisdiction during tax year (indicate name NEW YORK) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2)	1.	645
2.	Income subject to tax by New Jersey (From Line 28, Form NJ-1040)	2.	548,792
3.	Maximum Allowable Credit Percentage (Divide Line 2 into Line 1) 1 645. 2 548,792.	3.	.12 %

	IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN B.		COLUMN A		COLUMN B
4.	Taxable Income (after Exemptions and Deductions) from Line 35, Form NJ-1040	4.	540,792	4.	540,792
5.	Property Tax and Deduction — Enter in Box 5a the amount from Schedule 1, Line 1. See instructions page 34. 5a. 36,866				
	Property tax deduction. Enter the amount from Schedule 1, Line 2. See instructions page 34.	5.	0	5.	-0-
6.	New Jersey Taxable Income (Line 4 minus Line 5)	6.	540,792	6.	540,792
7.	Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7.	33,619	7.	33,619
8.	Allowable Credit (Line 3 times Line 7)	8.	40	8.	40
9.	Credit for Taxes Paid to Other Jurisdiction — Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions page 46. 9a. 54				
	Credit allowed. (Enter lesser of Line 8 or Box 9a). **(The credit may not exceed your New Jersey tax on Line 39).**	9.	40	9.	40

- If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 40, Form NJ-1040. Make no entry on Lines 36c or 48, Form NJ-1040.
- If you are eligible for a property tax benefit, you must complete Worksheet F on page 46 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

Schedule B — NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

1.	a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adjusted (see instructions) and expense of sale	f. Gain or (loss) (d less e)

2.	Capital Gains Distributions	2.	
3.	Other Net Gains	3.	
4.	Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here and make no entry on Line 18)	4.	

Schedule C — NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS

List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your Federal Income Tax Return. If you have passive losses for Federal purposes, see instructions.

1.	a. Kind of Property	b. Net Rental Income (Loss)	c. Net Income From Royalties	d. Net Income From Patents	e. Net Income From Copyrights
2.	Totals	b.	c.	d.	e.

3.	Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 22. If loss enter ZERO here and make no entry on Line 22)	3.	

CHRISTOPHER J & MARY P CHRISTIE [redacted]

J-1040 TAXABLE INTEREST INCOME STATEMENT 1

AME OF FINANCIAL INSTITUTION	AMOUNT
OLDMAN SACHS	37.
ICHELE BROWN ID [redacted]	2,207.
EAPACK	23.
OTAL TO NJ-1040, PAGE 2, LINE 15A	2,267.

J-1040 TAX EXEMPT INTEREST INCOME STATEMENT 2

AME OF FINANCIAL INSTITUTION	AMOUNT
OLDMAN SACHS	8,125.
OTAL TO NJ-1040, PAGE 2, LINE 15B	8,125.

IJ-1040 DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME STATEMENT 3

IAME OF ENTITY	I.D. NUMBER	AMOUNT
ANTOR FITZGERALD LP	[redacted]	2,126.
OLDMAN SACHS HEDGE FUND PARTNERS, LLC		-5,082.
OTAL TO NJ-1040, PAGE 2, LINE 20		-2,956.

IJ-1040 DIVIDEND INCOME STATEMENT 4

IAME OF PAYER	AMOUNT
OLDMAN SACHS	1,311.
OLDMAN SACHS	25.
OTAL TO NJ-1040, PAGE 2, LINE 16	1,336.

STATEMENT(S) 1, 2, 3, 4

WHICH PROPERTY TAX BENEFIT TO USE

	COLUMN A	COLUMN B
TAX. ENTER AMOUNTS FROM LINE 7 SCHEDULE A, COLUMNS A AND B HERE.	33,619.	33,619.
CREDIT FOR TAXES PAID TO OTHER JURISDICTIONS. ENTER AMOUNTS FROM LINE 9, SCHEDULE A, COLUMNS A AND B HERE. IF YOU COMPLETED MORE THEN ONE SCHEDULE A, ENTER THE TOTAL OF ALL LINE 9 AMOUNTS IN THE CORRESPONDING COLUMN. .	55.	55.
BALANCE OF TAX DUE. SUBTRACT LINE 2 FROM 1 . .	33,564.	33,564.
SUBTRACT LINE 3, COLUMN A, FROM LINE 3, COLUMN B AND ENTER THE RESULT HERE		0.

IS THE LINE 4 AMOUNT $50 OR MORE ($25 IF FILING STATUS IS MARRIED, FILING SEPARATE RETURN AND YOU MAINTAIN THE SAME RESIDENCE AS YOUR SPOUSE)?

* YES. YOU RECEIVE A GREATER TAX BENEFIT BY TAKING THE PROPERTY TAX DEDUCTION. MAKE THE FOLLOWING ENTRIES ON FORM NJ-1040.

FORM NJ-1040	ENTER AMOUNT FROM:
LINE 36C	LINE 5, COLUMN A, SCHEDULE A
LINE 38	LINE 6, COLUMN A, SCHEDULE A
LINE 39	LINE 7, COLUMN A, SCHEDULE A
LINE 40	LINE 2, COLUMN A, WORKSHEET F
LINE 48	MAKE NO ENTRY

* NO. YOU RECEIVE A GREATER TAX BENEFIT FROM THE PROPERTY TAX CREDIT. MAKE THE FOLLOWING ENTRIES ON FORM NJ-1040.

FORM NJ-1040	ENTER AMOUNT FROM:
LINE 36C	MAKE NO ENTRY
LINE 38	LINE 6, COLUMN B, SCHEDULE A
LINE 39	LINE 7, COLUMN B, SCHEDULE A
LINE 40	LINE 2, COLUMN B, WORKSHEET F
LINE 48	$50 ($25 IF FILING MFS AND YOU MAINTAIN THE SAME RESIDENCE AS YOUR SPOUSE)

'J-1040 OTHER INCOME STATEMENT 6

'ESCRIPTION	AMOUNT
'ANCELLATION OF DEBT - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	458.
'OTAL TO NJ-1040, PAGE 2, LINE 25	458.

IJ SCHEDULE C NET GAINS FROM RENTS, ROYALTIES, PATENTS, AND COPYRIGHTS STATEMENT 7

A :IND OF 'ROPERTY	B NET RENTAL INCOME(LOSS)	C NET INCOME ROYALTIES	D NET INCOME PATENTS	E NET INCOME COPYRIGHTS
ICNEIL PPC INC - :OYALTIES	0.	17,662.		
'OTALS TO NJ SCH C, LN 2	0.	17,662.		

SCHEDULE B (Form 1040A or 1040)

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

Interest and Ordinary Dividends

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

OMB No. 1545-0074

2009

Attachment Sequence No. 08

Your social security number [redacted]

CHRISTOPHER J & MARY P CHRISTIE

Part I Interest

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

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

	Amount
GOLDMAN SACHS	37.
MICHELE BROWN ID [redacted]	2,207.
PEAPACK	23.
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	6,969.
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	430.
1	
2 Add the amounts on line 1	9,666.
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶	9,666.

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

Part II Ordinary Dividends

5 List name of payer ▶

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

	Amount
GOLDMAN SACHS	1,311.
GOLDMAN SACHS	25.
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	3,840.
FROM K-1 - CANTOR FITZGERALD LP	85.
5	
6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶	5,261.

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

Part III Foreign Accounts and Trusts

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

	Yes	No
7a At any time during 2009, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1		X
b If "Yes," enter the name of the foreign country ▶		
8 During 2009, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2		X

2009 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	CHRISTOPHER J & MARY P CHRISTIE [redacted] MENDHAM, NJ 07945
Prepared by	HAL MODEL CPA PA [redacted]
Amount of tax	Total tax $ 9 Less: payments and credits $ 14 Plus: interest and penalties $ 0 OVERPAYMENT $ 5
Overpayment	Miscellaneous Donations $ 0 Credited to your estimated tax $ 0 Refunded to you $ 5
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	

COPY

022

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR 2009

California e-file Signature Authorization for Individuals

FORM 8879

Your name [redacted]

CHRISTOPHER J CHRISTIE

Your SSN or ITIN [redacted]

Spouse's/RDP's name

MARY P CHRISTIE

Spouse's/RDP's SSN or ITIN [redacted]

Part I Tax Return Information (whole dollars only)

1	California Adjusted Gross Income (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 32; or Short Form 540NR, line 32)	1 111. 00
2	Amount You Owe (Form 540, line 111; Form 540 2EZ, line 27; Long Form 540NR, line 121; or Short Form 540NR, line 121)	2 0. 00
3	Refund or No Amount Due (Form 540, line 115; Form 540 2EZ, line 28; Long Form 540NR, line 125; or Short Form 540NR, line 125)	3 5. 00

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2009, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address, and social security number or individual tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, Transmitter, or Intermediate Service Provider to transmit my complete return to the Franchise Tax Board (FTB). If **the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, Intermediate Service Provider, and/or Transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

[X] I authorize HAL MODEL CPA PA (ERO firm name) to enter my PIN [redacted] (Do not enter all zeros) as my signature on my 2009 e-filed California individual income tax return.

[ ] I will enter my PIN as my signature on my 2009 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 09/07/2010

Spouse's/RDP's PIN: check one box only

[X] I authorize HAL MODEL CPA PA (ERO firm name) to enter my PIN [redacted] (Do not enter all zeros) as my signature on my 2009 e-filed California individual income tax return.

[ ] I will enter my PIN as my signature on my 2009 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ▶ _____ Date ▶ 09/07/2010

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

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

I certify that the above numeric entry is my PIN, which is my signature for the 2009 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2009 e-file Handbook for Authorized e-file Providers.

ERO's signature ▶ _____ Date ▶ _____

For Privacy Notice, get form FTB 1131.

FTB 8879 C2 2009

939311
12-31-09

Form at bottom of page.

TAX PAYMENT WORKSHEET KEEP FOR YOUR RECORDS

1 Total tax you expect to owe. This is the amount you expect to enter on Form 540/540A, line 64; or Long Form 540NR, line 74 — 1 .00

2 Payments and credits:

a California income tax withheld (including real estate and nonresident withholding) — 2a 14.00

b California estimated tax payments and amount applied from your 2008 tax return (To check your estimated tax payments go to **ftb.ca.gov** and search for **myftb account.**) — 2b .00

c Other payments and credits, including any tax payments made with any previous form FTB 3519 — 2c .00

3 Total tax payments and credits. Add line 2a, line 2b, and line 2c — 3 14.00

4 Tax due. Is line 1 more than line 3? — 4 0.00

- **No. Stop here.** You have no tax due. **Do not** mail form FTB 3519. If you file your tax return by October 15, 2010 (fiscal year filer - see instructions), the automatic extension will apply.
- **Yes.** Subtract line 3 from line 1 and enter on line 4. This is your tax due. For online payments, **do not** mail the form, go to **ftb.ca.gov** and search for **web pay**, and schedule your payment. For check or money order payments, using blue or black ink, enter the tax due amount from line 4 as the "Amount of payment" on the form FTB 3519 below. Fill in your name(s), address, and SSN(s) or ITIN(s), and separate form at the "DETACH HERE" line. Make a check or money order payable to the "Franchise Tax Board." Write your SSN or ITIN and "2009 FTB 3519" on the check or money order. Enclose, but **do not** staple your check or money order with the form and mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0051.**

IF AMOUNT OF PAYMENT IS ZERO, DO NOT MAIL THIS FORM.

WHERE TO FILE: Using blue or black ink, make check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2009 FTB 3519" on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0051

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: **Calendar Year - File and Pay by April 15, 2010.**
Fiscal Year Filers - see instructions
When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

PAY ONLINE: Use Web Pay and enjoy the ease of our free online payment service.
Go to **ftb.ca.gov** and search for **payment options.**
Do not mail this form if you use Web Pay.

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM --- DETACH HERE ---

TAXABLE YEAR **2009**

Payment for Automatic Extension for Individuals

CALIFORNIA FORM **3519 (PIT)**

[redacted] CHRI ** [redacted] 09
CHRISTOPHER J CHRISTIE
MARY P CHRISTIE

[redacted]
MENDHAM NJ 07945

Amount of payment 0.

930451
11-19-09 For Privacy Notice, get form FTB 1131. 022 [redacted]

For Privacy Notice, get form FTB 1131.

California Nonresident or Part-Year Resident Income Tax Return 2009

Long Form

939041 12-09-09

FORM **540NR** C1 Side 1

[redacted] CHRI ** [redacted]
CHRISTOPHER J CHRISTIE
MARY P CHRISTIE

09

P
AC
A
R
RP

[redacted]
MENDHAM NJ 07945

Filing Status

1 [ ] Single
2 [X] Married/RDP filing jointly. (see page 3)
3 [ ] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
4 [ ] Head of household (with qualifying person). (see page 4)
5 [ ] Qualifying widow(er) with dependent child. Enter year spouse/RDP died ____.
If your California filing status is different from your federal filing status, check the box here • [ ]

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here (see page 15) • 6 [ ]

Exemptions

▶ For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked 1, 3, or 4 above, enter 1 in the box. If you checked 2 or 5, enter 2. If you checked the box on line 6, see page 15 — 7 [2] X $98 = $ 196
8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 — 8 [ ] X $98 = $
9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 — • 9 [ ] X $98 = $
10 **Dependents:** Enter name and relationship. **Do not include yourself or your spouse/RDP.** SEE STATEMENT 1 — Total dependent exemptions • 10 [4] X $98 = $ 392
11 **Exemption amount:** Add line 7 through line 10 — 11 $ 588

Total Taxable Income

12 Total California wages from all your Form(s) W-2, box 16 — • 12 00
13 Enter federal AGI from Forms 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 35; or 1040NR-EZ, line 10 — 13 544,047. 00
14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), line 37, column B — • 14 2,540. 00
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see page 16) — 15 541,507. 00
16 California adjustments - additions. Enter the amount from Schedule CA (540NR), line 37, column C — • 16 8,145. 00
17 Adjusted gross income from all sources. Combine line 15 and line 16 — • 17 549,652. 00
18 Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540NR), line 43; **OR** Your California **standard deduction** (see page 16) — • 18 48,862. 00
19 Subtract line 18 from line 17. This is your **total taxable income.** If less than zero, enter -0- — 19 500,790. 00

CA Taxable Income

31 Tax. Check the box if from: [ ] Tax Table [X] Tax Rate Sch. [ ] FTB 3800 [ ] FTB 3803 — ⊙ 31 43,286. 00
32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 45 — • 32 111. 00
35 CA Taxable Income from Schedule CA (540NR), Part IV, line 49 — • 35 101. 00
36 CA Tax Rate. Divide line 31 by line 19 — 36 .0864
37 CA Tax Before Exemption Credits. Multiply line 35 by line 36 — 37 9. 00
38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 — 38 .0002
39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than $160,739 (see page 17) — 39 0. 00
40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- — 40 9. 00
41 Tax (see page 18). Check the box if from: [ ] Schedule G-1 [ ] FTB 5870A — ⊙ 41 00
42 Add line 40 and line 41 — • 42 9. 00

[redacted]

Your name: CHRISTOPHER J CHRISTIE Your SSN or ITIN: [redacted] 939042 12-30-09

50 Enter the amount from Side 1, line 42 — 50 9.00

Special Credits

51	Credit for joint custody head of household (see page 18)	• 51	00
52	Credit for dependent parent (see page 18)	• 52	00
53	Credit for senior head of household (see page 19)	• 53	00
54	Credit percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 (see page 19)	54	
55	Credit amount (see page 19)	• 55	00
56	New jobs credit, amount generated (see page 19)	• 56	00
57	New jobs credit, amount claimed (see page 19)	• 57	00
58	Enter credit name _____ code no _____ and amount	▶ 58	00
59	Enter credit name _____ code no _____ and amount	▶ 59	00
60	To claim more than two credits (see page 19)	• 60	00
61	Nonrefundable renter's credit (see page 57)	• 61	00
62	Add line 55 and line 57 through line 61. These are your total credits	62	00
63	Subtract line 62 from line 50. If less than zero, enter -0-	63	9.00

Other Taxes

71	Alternative minimum tax. Attach Schedule P (540NR)	• 71	00
72	Mental Health Services Tax (see page 20)	• 72	00
73	Other taxes and credit recapture (see page 20)	• 73	00
74	Add line 63, line 71, line 72, and line 73. This is your total tax	• 74	9.00

Payments

81	California income tax withheld (see page 20)	• 81	00
82	Real estate or other withholding (see page 20)	• 82	14.00
83	2009 CA estimated tax and other payments (see page 20)	• 83	00
84	Excess SDI (or VPDI) withheld. To see if you qualify (see page 21)	• 84	00

Child and Dependent Care Expenses Credit (see page 21). Attach form FTB 3506.

85	Qualifying person's social security number	• 85	
86	Qualifying person's social security number	• 86	
87	Enter the amount from form FTB 3506, Part III, line 8	• 87	00
88	Child and Dependent Care Expenses Credit from form FTB 3506, Part III, line 12	• 88	00
89	Add line 81, line 82, line 83, line 84, and line 88. These are your total payments	89	14.00

Overpaid Tax/Tax Due

101	Overpaid tax. If line 89 is more than line 74, subtract line 74 from line 89	101	5.00
102	Amount of line 101 you want applied to your **2010** estimated tax	• 102	00
103	Overpaid tax available this year. Subtract line 102 from line 101	• 103	5.00
104	Tax due. If line 89 is less than line 74, subtract line 89 from line 74	104	00

[redacted]

Your name: CHRISTOPHER J CHRISTIE Your SSN or ITIN: [redacted] 939043 12-09-09

Contributions

	Code	Amount
California Seniors Special Fund. (see page 21)	• 400	00
Alzheimer's Disease/Related Disorders Fund	• 401	00
California Fund for Senior Citizens	• 402	00
Rare and Endangered Species Preservation Program	• 403	00
State Children's Trust Fund for the Prevention of Child Abuse	• 404	00
California Breast Cancer Research Fund	• 405	00
California Firefighters' Memorial Fund	• 406	00
Emergency Food for Families Fund	• 407	00
California Peace Officer Memorial Foundation Fund	• 408	00
California Military Family Relief Fund	• 409	00
California Sea Otter Fund	• 410	00
California Ovarian Cancer Research Fund	• 411	00
Municipal Shelter Spay-Neuter Fund	• 412	00
California Cancer Research Fund	• 413	00
ALS/Lou Gehrig's Disease Research Fund	• 414	00
105 Add code 400 through code 414. This is your total contribution	• 105	00

Amount You Owe

121 **AMOUNT YOU OWE.** Add line 104 and line 105 (see page 22). **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** • 121 00

Interest and Penalties

122 Interest, late return penalties, and late payment penalties 122 00
123 Underpayment of estimated tax. Check the box: ☐ **FTB 5805 attached** ☐ **FTB 5805F attached** • 123 00
124 Total amount due (see page 23). Enclose, but **do not** staple, any payment 124 00

125 **REFUND OR NO AMOUNT DUE.** Subtract line 105 from line 103.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002** • 125 5. 00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip (see page 23).
Have you verified the routing and account numbers? Use whole dollars only.
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

☐ Checking ☐ Savings
• Routing number • Type • Account number • 126 Direct deposit amount 00

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

☐ Checking ☐ Savings
• Routing number • Type • Account number • 127 Direct deposit amount 00

Important: Attach a copy of your complete federal income tax return.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here

Your signature COPY Spouse's/RDP's signature (if a joint return, both must sign) Daytime phone number (optional)

It is unlawful to forge a spouse's/RDP's signature.

X
Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) Date 9/7/10 • Paid preparer's SSN/PTIN [redacted]

Joint return? (see page 23)

Firm's name (or yours, if self-employed) HAL MODEL CPA PA Firm's address [redacted] • FEIN [redacted]

Do you want to allow another person to discuss this return with us (see page 23)? • ☒ Yes ☐ No

PREPARER
Print Third Party Designee's Name [redacted] Telephone Number

[redacted]

TAXABLE YEAR

2009

California Adjustments - Nonresidents or Part-Year Residents

939021 12-10-09
SCHEDULE

CA (540NR)

Important: Attach this schedule behind Long Form 540NR, Side 3 as a supporting California schedule.

Name(s) as shown on return

CHRISTOPHER J & MARY P CHRISTIE

SSN or ITIN [redacted]

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP.

		Yourself	Spouse/RDP
During 2009:			
1 a	I was domiciled in (enter state or country)	N/A	N/A
b	I was in the military and stationed in (enter state or country)	N/A	N/A
2	I became a California resident (enter the state of prior residence and date of move)	N/A	N/A
3	I became a nonresident (enter new state of residence and date of move)	N/A	N/A
4	I was a nonresident of California the entire year (enter state or country of residence)	NJ	NJ
5	The number of days I spent in California (for any purpose) is:	N/A	N/A
6	I owned a home/property in California (enter "Yes" or "No")	NO	NO
Before 2009:			
7	I was a California resident for the period of (enter dates)	N/A	N/A
8	I entered California on (enter date)	N/A	N/A
9	I left California on (enter date)	N/A	N/A

Part II Income Adjustment Schedule

Section A - Income	A Federal Amounts (taxable amounts from your federal return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As If You Were a CA Resident (subtract column B from column A; add column C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C 7	517,240.			517,240.	
8 Taxable interest 8	9,666.	430.	8,145.	17,381.	
9 Ordinary dividends. (b) 2,618. 9(a)	5,261.	85.		5,176.	
10 Taxable refunds, credits, or offsets of state and local income taxes. Enter the same amount in column A and column B 10					
11 Alimony received 11					
12 Business income or (loss) 12					
13 Capital gain or (loss) 13	-3,000.			-3,000.	
14 Other gains or (losses) 14	9,151.			9,151.	
15 IRA distributions. (a) 15(b)					
16 Pensions & annuities. (a) 142,035. 16(b)					
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 17	5,271.	2,025.		3,246.	111.
18 Farm income or (loss) 18					
19 Unemployment compensation in excess of $2,400 per recipient 19					
20 Social security benefits. (a) 20(b)					
21 Other income.					
a California lottery winnings		a	a		
b Disaster loss carryover from FTB 3805V		b	b		
c Federal NOL (Form 1040, line 21)		c	c		
d NOL carryover from FTB 3805V 21	458.	d	d	21 458.	21
e NOL from FTB 3805D, FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809		e	e		
f Other (describe):		f	f		
22 a **Total:** Combine line 7 through line 21 in each column. Continue to Side 2 22a	544,047.	2,540.	8,145.	549,652.	111.

Income Adjustment Schedule	A	B	C	D	E 030022 12-10-09
Section B - Adjustments to Income	Federal Amounts (taxable amounts from your federal return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract column B from column A; add column C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22b Enter totals from Schedule CA (540NR), Side 1, line 22a, column A through column E 22b	544,047.	2,540.	8,145.	549,652.	111.
23 Educator expenses 23					
24 Certain business expenses of reservists, performing artists, and fee-basis government officials 24					
25 Health savings account deduction 25					
26 Moving expenses 26					
27 One-half of self-employment tax 27					
28 Self-employed SEP, SIMPLE, and qualified plans 28					
29 Self-employed health insurance deduction 29					
30 Penalty on early withdrawal of savings 30					
31a Alimony paid. b Enter recipient's: SSN _____ Last name _____ 31a					
32 IRA deduction 32					
33 Student loan interest deduction 33					
34 Tuition and fees deduction 34					
35 Domestic production activities deduction 35					
36 Add line 23 through line 35 in each column, A through E 36					
37 **Total.** Subtract line 36 from line 22b in each column, A through E 37	544,047.	2,540.	8,145.	549,652.	111.

Part III Adjustments to Federal Itemized Deductions

38 **Federal Itemized Deductions.** Add the amounts on federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 3, 7, 8, 15, and 16) ..... 38 110,341.

39 Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), line 7 (new motor vehicle tax), and line 8 (foreign taxes only). See instructions ..... 39 48,125.

40 Subtract line 39 from line 38 ..... 40 62,216.

41 Other adjustments including California lottery losses. See instructions. Specify _____ 41

42 Combine line 40 and line 41 ..... 42 62,216.

43 **Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status?**

Single or married/RDP filing separately $160,739
Head of household $241,113
Married/RDP filing jointly or qualifying widow(er) $321,483

No. Transfer the amount on line 42 to line 43.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 ..... LIMITED ..... 43 48,862.

44 **Enter the larger of the amount on line 43 or your standard deduction listed below**

Single or married/RDP filing separately $3,637
Married/RDP filing jointly, head of household, or qualifying widow(er) $7,274 ..... 44 48,862.

Part IV California Taxable Income

45 **California AGI.** Enter your California AGI from line 37, column E ..... 45 111.

46 Enter your deductions from line 44 ..... 46 48,862.

47 **Deduction Percentage.** Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- ..... 47 .0002

48 **California Itemized/Standard Deductions.** Multiply line 46 by the percentage on line 47 ..... 48 10.

49 **California Taxable Income.** Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- ..... 49 101.

California	Schedule D and Capital Loss Carryover Worksheets for Nonresidents and Part-Year Residents	2009

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

Social security number
[redacted]

Schedule D Worksheet

		A Enter total amounts as if you were a CA resident for the entire year.	B Enter amounts earned or received from CA sources as if you were a nonresident for the entire year.	C Enter amounts earned or received during the portion of the year you were a CA resident.	D Enter amounts earned or received from CA sources during the portion of the year you were a nonresident.	E Total Combine columns C and D.
1	Gains	14,571.				
2	Losses	-16,358.				
3	Prior year loss carryover.	-84,145.				
4	Combine lines 1 through 3.	-85,932.				
5	Enter the smaller of the loss on line 4 or $3,000 ($1,500 if married filing separate).	3,000.				

Capital Loss Carryover Worksheet

ALL SOURCES

1	Enter the loss from line 5, Sch. D worksheet (or Schedule D, line 11) as a positive number	3,000.
2	Amount from Form 540NR, line 17	549,652.
3	Amount from Form 540NR, line 18	48,862.
4	Subtract line 3 from line 2. If less than zero, enter as a negative amount	500,790.
5	Combine line 1 and line 4. If less than zero, enter -0-	503,790.
6	Loss from line 4, Sch. D worksheet (or Schedule D, line 8)	85,932.
7	Enter the smaller of line 1 or line 5	3,000.
8	Subtract line 7 from line 6. This is your capital loss carryover to 2010	82,932.

Capital Loss Carryover Worksheet

1	Enter the loss from line 5, Sch. D worksheet (or Schedule D, line 11) as a positive number	
2	Amount from Form 540NR, line 32	
3	Amount from Form 540NR, line 18	
4	Subtract line 3 from line 2. If less than zero, enter as a negative amount	
5	Combine line 1 and line 4. If less than zero, enter -0-	
6	Loss from line 4, Sch. D worksheet (or Schedule D, line 8)	
7	Enter the smaller of line 1 or line 5	
8	Subtract line 7 from line 6. This is your capital loss carryover to 2010	

TAXABLE YEAR
2009

Alternative Minimum Tax and Credit Limitations - Nonresidents or Part-Year Residents

939691 12-28-09
CALIFORNIA SCHEDULE
P (540NR)

Attach this schedule to Long Form 540NR.

Name(s) as shown on Long Form 540NR

CHRISTOPHER J & MARY P CHRISTIE

Your SSN or ITIN [redacted]

Part I Alternative Minimum Taxable Income (AMTI) **Important:** See instructions for information regarding California/federal differences.

1	If you itemized deductions, go to line 2. If you did not itemize deductions, enter your standard deduction from Long Form 540NR, line 18, and go to line 6	1	00
2	Medical and dental expense. Enter the smaller of Schedule A (Form 1040), line 4, or 2 1/2% (.025) of Form 1040, line 37	2	00
3	Personal property taxes and real property taxes. See instructions	3	36,866. 00
4	Certain interest on a home mortgage **not** used to buy, build, or improve your home. See instructions	4	00
5	Miscellaneous itemized deductions. See instructions	5	00
6	Refund of personal property taxes and real property taxes. See instructions Do **not** include your state income tax refund on this line.	6	( )
7	Investment interest expense adjustment. See instructions	7	00
8	Post-1986 depreciation. See instructions	8	00
9	Adjusted gain or loss. See instructions	9	00
10	Incentive stock options and California qualified stock options (CQSOs). See instructions	10	00
11	Passive activities adjustment. See instructions	11	00
12	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 12a	12	00
13	Other. Enter the amount, if any, for each item, a through o, and enter the total on line 13. See instructions.		
	a Appreciated contribution carryover	a 00	
	b Circulation expenditures	b 00	
	c Depletion	c 00	
	d Depreciation (pre-1987)	d 00	
	e Installment sales	e 00	
	f Intangible drilling costs	f 00	
	g Long-term contracts	g 00	
	h Loss limitations	h 00	
	i Mining costs	i 45. 00	
	j Patron's adjustment	j 00	
	k Pollution control facilities	k 00	
	l Qualified small business stock	l 00	
	m Research and experimental costs	m 00	
	n Tax shelter farm activities	n 00	
	o Related adjustments	o 00	
	Add amounts on line a through line o	13	45. 00
14	Total Adjustments and Preferences. Combine line 1 through line 13	14	36,911. 00
15	Enter taxable income from Long Form 540NR, line 19. See instructions	15	500,790. 00
16	Net operating loss (NOL) deduction from Schedule CA (540NR), line 21d and line 21e, column B. Enter as a positive amount	16	00
17	Alternative Minimum Tax Income (AMTI) exclusion. See instructions STMT 7	17	(17,684.)
18	If your federal adjusted gross income (AGI) is less than the amount for your filing status (listed below), skip this line and go to line 19. If you itemized deductions and your federal AGI is more than the amount for your filing status, see instructions	18	(13,354.)
	Single or married/RDP filing separately $160,739 Married/RDP filing jointly or qualifying widow(er) $321,483 Head of household $241,113		
19	Combine line 14 through line 18	19	506,663. 00
20	Alternative minimum tax NOL deduction. See instructions	20	00
21	**Alternative Minimum Taxable Income.** Subtract line 20 from line 19 (if married/RDP filing separately and line 21 is more than $305,409, see instructions)	21	506,663. 00

[redacted] [redacted]

Part II - Alternative Minimum Tax (AMT)

22 **Exemption Amount.** (If this schedule is for a child under age 14, see instructions.)

If your filing status is:	And line 21 is not over:	Enter on line 22:
Single or head of household	$221,674	$59,114
Married/RDP filing jointly or qualifying widow(er)	295,564	78,817
Married/RDP filing separately	147,781	39,407

If Part I, line 21 is more than the amount shown above for your filing status, see instructions. 22 26,042.00

23 Subtract line 22 from Part I, line 21. If zero or less, enter -0- 23 480,621.00

24 Total Tentative Minimum Tax (TMT). Multiply line 23 by 7.25% (.0725) 24 34,845.00

25 California adjusted gross income (AGI) from Schedule CA (540NR), line 45 25 111.00

26 NOL adjustment, if any, included on Schedule CA (540NR), line 21, column E. Enter as a positive number 26 00

27 Alternative Minimum Tax Income (AMTI) exclusion. See instructions 27 (00)

28 Combine line 25 through line 27 28 111.00

29 **Adjustments and Preferences.** See instructions before completing.

a Investment interest expense	00	k Intangible drilling costs	00
b Post-1986 depreciation	00	l Long-term contracts	00
c Adjusted gain or loss	00	m Loss limitations	00
d Incentive stock options and CQSOs	00	n Mining costs	00
e Passive activities	00	o Patron's adjustment	00
f Beneficiaries of estates & trusts	00	p Pollution control facilities	00
g Circulation expenditures	00	q Qualified small business stock	00
h Depletion	00	r Research and experimental costs	00
i Depreciation (pre-1987)	00	s Tax shelter farm activities	00
j Installment sales	00	t Related adjustments	00

Add line a through line t and enter total here 29 00

30 Combine line 28 and line 29 30 111.00

31 California Alternative Minimum Tax (AMT) net operating loss (NOL) deduction. See instructions 31 00

32 **California AMT AGI.** Subtract line 31 from line 30. If you did not itemize deductions, enter the result here and on line 40 and skip line 33 through line 39. If you itemized deductions, enter the result here and continue to line 33 32 111.00

33 Itemized deductions (before federal AGI limitation and proration). Enter the amount from Schedule CA (540NR), line 42 33 62,216.00

34 **Itemized deductions included in Part I.**

a Medical and dental expense, enter amount from Part I, line 2	a	00
b Personal property taxes and real property taxes, enter amount from Part I, line 3	b	36,866.00
c Interest on home mortgage, enter amount from Part I, line 4	c	00
d Miscellaneous itemized deductions, enter amount from Part I, line 5	d	00
e Investment interest expense adjustment, enter amount from Part I, line 7	e	00

Combine line a through line e 34 (36,866.00)

35 Total AMT Itemized Deductions. Combine line 33 and line 34 35 25,350.00

36 Total AMTI. Enter the amount from Part I, line 21 36 506,663.00

37 **Total AMT AGI.** Add line 35 and line 36 37 532,013.00

38 AMT Itemized Deduction Percentage. Divide line 32 by line 37. Do not enter more than 1.0000 38 .0002

39 Prorated AMT Itemized Deductions. Multiply line 35 by line 38 39 5.00

40 **California AMTI.** Subtract line 39 from line 32 40 106.00

41 Total TMT. Enter the amount from line 24 41 34,845.00

42 California AMT Rate. Divide line 41 by amount from Part I, line 21 42 .0688

43 California TMT. Multiply line 40 by line 42 43 7.00

44 Regular Tax. Enter the amount from Long Form 540NR, line 37 44 9.00

45 **Alternative Minimum Tax.** Subtract line 44 from line 43. If zero or less enter -0- here and on Long Form 540NR, line 71. Continue to Part III to figure your allowable credits. (If you have a carryover credit for solar energy or commercial solar energy, also enter the result on Side 3, Part III, Section C, line 23 or 24). If you make estimated tax payments for taxable year 2010, enter amount from line 45 on the 2010 Form 540-ES, Estimated Tax Worksheet, line 16 45 0.00

Part III Credits that Reduce Tax

Note: Be sure to attach your credit forms to Long Form 540NR.

1 Enter the amount from Long Form 540NR, line 42 ..... 1 9.00

2 Enter the tentative minimum tax from Side 2, Part II, line 43 ..... 2 7.00

	(a) Credit amount	(b) * Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
Section A - Credits that reduce excess tax.				
3 Subtract line 2 from line 1. If zero or less enter -0- and see instructions. This is your excess tax which may be offset by credits 3			2.	
A1 Credits that reduce excess tax and have no carryover provisions.				
4 Code: 162 Prison inmate labor credit (FTB 3507) 4				
5 Code: 169 Enterprise zone employee credit (FTB 3553) 5				
6 Code: 219 New Home Credit (FTB Pub 3528) 6				
A2 Credits that reduce excess tax and have carryover provisions. See instructions.				
7 Code: _____ Credit Name: _____ 7				
8 Code: _____ Credit Name: _____ 8				
9 Code: _____ Credit Name: _____ 9				
10 Code: _____ Credit Name: _____ 10				
11 Code: 188 Credit for prior year alternative minimum tax 11				
Section B - Credits that may reduce tax below tentative minimum tax.				
12 If Part III, line 3 is zero, enter the amount from line 1. If line 3 is more than zero, enter the total of line 2 and the last entry in column (c) 12			9.	
B1 Credits that reduce net tax and have no carryover provisions.				
13 Code: 170 Credit for joint custody head of household Credit from Form 540NR. _____ X Credit Percentage _____ = 13 See line 51 instructions on Long Form 540NR.				
14 Code: 173 Credit for dependent parent Credit from Form 540NR. _____ X Credit Percentage _____ = 14 See line 52 instructions on Long Form 540NR.				
15 Code: 163 Credit for senior head of household Credit from Form 540NR. _____ X Credit Percentage _____ = 15 See line 53 instructions on Long Form 540NR				
16 Nonrefundable renter's credit 16				
B2 Credits that reduce net tax and have carryover provisions. See instructions.				
17 Code: _____ Credit Name: _____ 17				
18 Code: _____ Credit Name: _____ 18				
19 Code: _____ Credit Name: _____ 19				
20 Code: _____ Credit Name: _____ 20				
B3 Other state tax credit				
21 Code: 187 Other state tax credit 21				
Section C - Credits that may reduce alternative minimum tax.				
22 Enter your alternative minimum tax from Side 2, Part II, line 45 22				
23 Code: 180 Solar energy credit carryover from Section B2, column (d) 23				
24 Code: 181 Commercial solar energy credit carryover from Section B2, column (d) 24				
25 Adjusted AMT. Enter the balance from line 24, column (c) here and on Long Form 540NR, line 71 25				

* If the taxpayer is subject to the business tax credit limitation, the total of the business credits in Part III, Column (b) cannot exceed 50% of the amount reported on Part III, Line 1.

TAXABLE YEAR
2009

Investment Interest Expense Deduction

939551 12-22-09
CALIFORNIA FORM
3526

Attach to Form 540, Long Form 540NR, or Form 541.

Name(s) as shown on return	SSN, ITIN, or FEIN
CHRISTOPHER J & MARY P CHRISTIE	[redacted]

1	Investment interest expense paid or accrued in 2009. See instructions SEE STATEMENT 9		1	4,014. 00
2	Disallowed investment interest expense from 2008 form FTB 3526, line 7. If zero or less, enter -0-		2	0. 00
3	Total investment interest expense. Add line 1 and line 2		3	4,014. 00
4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment). See instructions SEE STATEMENT 10		4a	32,821. 00
4b	Net gain from the disposition of property held for investment. See instructions	4b 00		
4c	Net capital gain from the disposition of property held for investment. See instructions	4c 00		
4d	Subtract line 4c from line 4b. If zero or less, enter -0-		4d	00
4e	Enter all or part of the amount on line 4c that you elect to include in investment income. **Do not** include more than the amount on line 4b. See instructions		4e	00
4f	Investment income. Add line 4a, line 4d, and line 4e		4f	32,821. 00
5	Investment expenses. See instructions		5	00
6	Net investment income. Subtract line 5 from line 4f		6	32,821. 00
7	Disallowed investment interest expense to be carried forward to 2010. Subtract line 6 from line 3. If zero or less, enter -0-		7	0. 00
8	Investment interest expense deduction. Enter the smaller of line 3 or line 6. Form 541 filers, stop here and see instructions. All other filers, go to line 9		8	4,014. 00
9	Enter the amount from federal Form 4952, line 8		9	4,014. 00
10	California investment interest expense deduction adjustment. Enter the difference between line 8 and line 9. See instructions.		10	0. 00

ALL SOURCES

TAXABLE YEAR

CALIFORNIA FORM

2009 Passive Activity Loss Limitations

939511 12-28-09

3801

Attach to Form 540, Long Form 540NR, Form 541, or Form 100S (S Corporations).

Name(s) as shown on return

CHRISTOPHER J & MARY P CHRISTIE

SSN, ITIN, FEIN, or CA. corporation no.

[redacted]

Part I 2009 Passive Activity Loss

See the instructions for Worksheet 1 and Worksheet 3 for federal Form 8582 before completing Part I. Be sure to **use California amounts.**

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	111. 00
2b	Activities with net loss from Worksheet 2, column (b)	2b	00
2c	Prior year unallowed losses from Worksheet 2, column (c)	2c	00
2d	Combine line 2a, line 2b, and line 2c	2d	111. 00
3	Combine line 1d and line 2d. If the result is net income or zero, see the instructions for line 3. If line 3 and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10.	3	111. 00

Part II Special Allowance for Rental Real Estate with Active Participation

Enter all numbers in Part II as positive amounts.

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	7	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	00
11	**Total losses allowed from all passive activities for 2009.** Add line 9 and line 10. See the instructions on Page 2 to find out how to report the losses on your tax return.	11	00

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.

939513 12-28-09

Worksheet 1 For form FTB 3801, line 1a, line 1b, and line 1c

Name of activity	Current year (a) Net income (line 1a)	Current year (b) Net loss (line 1b)	Prior year (c) Unallowed loss (line 1c)	Overall gain or loss (d) Gain	Overall gain or loss (e) Loss
Total. Enter on form FTB 3801, line 1a, line 1b, and line 1c ▶					

Worksheet 2 For form FTB 3801, line 2a, line 2b, and line 2c

Name of activity	Current year (a) Net income (line 2a)	Current year (b) Net loss (line 2b)	Prior year (c) Unallowed loss (line 2c)	Overall gain or loss (d) Gain	Overall gain or loss (e) Loss
CANTOR FITZGER	111.	0.		111.	
Total. Enter on form FTB 3801, line 2a, line 2b, and line 2c ▶	111.	0.	0.		

Worksheet 3 Use this worksheet if an amount is shown on form FTB 3801, line 9

Name of activity	Form or schedule to be reported on	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total ▶			1.00		

Worksheet 4 Allocation of Unallowed Losses

Name of activity	Form or schedule to be reported on	(a) Loss	(b) Ratio	(c) Unallowed loss
Total ▶			1.00	

Worksheet 5 Allowed Losses

Name of activity	Form or schedule to be reported on	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total ▶				

Worksheet 6 Activities With Losses Reported on Two or More Different Forms or Schedules

939514 12-28-09

Name of Activity	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
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- ▶					
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 ▶			1.00		

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.

2009 TAX RETURN FILING INSTRUCTIONS

CONNECTICUT INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	CHRISTOPHER J & MARY P CHRISTIE [redacted] MENDHAM, NJ 07945
Prepared by	HAL MODEL CPA PA [redacted]
Amount of tax	Total tax $ 5 Less: payments and credits $ 7 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. WE WILL SUBMIT YOUR ELECTRONIC RETURN TO THE CTDRS.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	

900081
05-20-09

20 [ ] [ ]

[redacted]

Form CT-1040NR/PY-2009, Page 1 of 4

Connecticut Nonresident and Part-Year Resident Income Tax Return

Other taxable year, beginning 2009 and ending:

N S Y FJFC N FJC N FSFC N FSC N HH N QW

[redacted]

CHRISTOPHER J CHRISTIE N Dec. N P

MARY P CHRISTIE N Dec. Y N

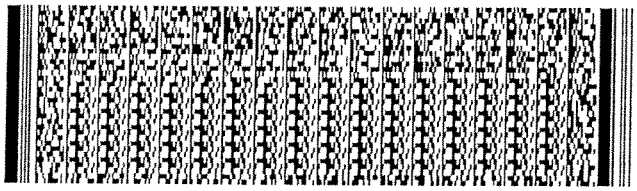
[redacted] Y No forms N CT-2210

N CT-8379 N CT-1040CRC

MENDHAM NJ 07945 -

1.	Federal adjusted gross income (from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4)	1.	544047
2.	Additions to federal adjusted gross income (from Schedule 1, Line 41)	2.	59
3.	Add Line 1 and Line 2	3.	544106
4.	Subtractions from federal adjusted gross income (from Schedule 1, Line 52)	4.	430
5.	**Connecticut adjusted gross income:** Line 4 subtracted from Line 3.	5.	543676
6.	Income from Connecticut sources (from Schedule CT-SI, Line 30)	6.	89
7.	Greater of Line 5 or Line 6. If less than zero, "0" is entered on Line 12.	7.	543676
8.	Income tax	8.	26784
9.	Line 6 divided by Line 5. If Line 6 is equal to or greater than Line 5, 1.0000 is entered.	9.	0.0002
10.	Line 9 multiplied by Line 8	10.	5
11.	Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 61)	11.	0
12.	Line 11 subtracted from Line 10. If Line 11 is greater than Line 10, "0" is entered.	12.	5
13.	Connecticut Alternative Minimum Tax (from Form CT-6251)	13.	0
14.	Add Line 12 and Line 13.	14.	5
15.	Adjusted net Connecticut minimum tax credit (from Form CT-8801)	15.	0
16.	**Connecticut income tax:** Line 15 subtracted from Line 14. If less than zero, "0" is entered.	16.	5
17.	Individual use tax (from Schedule 3, Line 62) If no tax is due, "0" is entered.	17.	0
18.	**Total tax:** Add Line 16 and Line 17.	18.	5

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



941121 11-17-09

[redacted]

[redacted] Form CT-1040NR/PY, Page 2 of 4 • [redacted]

19. Amount from Line 18 — 19. • 5

W-2, W-2G, and 1099 Information

	Col. A - Employer's Federal ID #	Col. B - CT Wages, Tips, etc.	Sch. CT K-1	Col. C - CT Income Tax Withheld
20a.	[redacted]	• 0	• X	7
20b.	-	• 0	•	0
20c.	-	• 0	•	0
20d.	-	• 0	•	0
20e.	-	• 0	•	0
20f.	-	• 0	•	0
20g.	-	• 0	•	0

20h. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) — 20h. 0

20. **Total Connecticut income tax withheld:** Amounts in Column C.	20.	7
21. All 2009 estimated tax payments and any overpayments applied from a prior year	21.	0
22. Payments made with Form CT-1040 EXT	22.	0
23. **Total payments:** Add Lines 20, 21, and 22.	23.	7
24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23.	24.	2
25. Amount of Line 24 you want **applied to your 2010 estimated tax**	25.	0
26. Total Contributions of Refund to Designated Charities (from Schedule 4, Line 63)	26.	0
27. **Refund:** Lines 25 and 26 subtracted from Line 24.	27.	2

27a. Acct. Type Ck. Sv. 27b. Rout. # 27c. Acct. #

27d. Refund going to a bank account outside the U.S. — 27d. N

28. **Tax due:** If Line 19 is more than Line 23, Line 23 subtracted from Line 19.	28.	0
29. If late: Penalty entered. Line 28 multiplied by 10% (.10).	29.	0
30. If late: Interest entered. Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01).	30.	0
31. Interest on underpayment of estimated tax (from Form CT-2210.)	31.	0
32. **Total amount due:** Add Lines 28 through 31.	32.	0

I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than $5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign Here
Keep a copy for your records.

Your Signature • COPY		Date •	Daytime Telephone Number •
Spouse's Signature (if joint return) •		Date •	Daytime Telephone Number •
Paid Preparer's Signature •	Date • 4/7/2010	Telephone Number • [redacted]	Preparer's SSN or PTIN [redacted]
Firm's Name, Address, and ZIP Code • HAL MODEL CPA PA [redacted]			FEIN [redacted]

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's Name	Telephone Number	Personal Identification Number (PIN)
• HAL MODEL CPA	• [redacted]	• [redacted]

[redacted] [redacted]

Schedule 1 - Modifications to Federal Adjusted Gross Income

33. Interest on state and local government obligations other than Connecticut	33.	0
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	34.	0
35. Cancellation of debt income	35.	0
36. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	36.	0
37. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if greater than zero.	37.	0
38. Loss on sale of Connecticut state and local government bonds	38.	0
39. Domestic production activities	39.	0
40. Other - specify • SEE STATEMENT 1	40.	59
41. **Total additions:** Add Lines 33 through 40.	41.	59
42. Interest on U.S. government obligations	42.	430
43. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	43.	0
44. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	44.	0
45. Refunds of state and local income taxes	45.	0
46. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	46.	0
47. 50% of military retirement pay	47.	0
48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	48.	0
49. Gain on sale of Connecticut state and local government bonds	49.	0
50. CHET contributions Acct. # -	50.	0
51. Other - specify •	51.	0
52. **Total subtractions:** Add Lines 42 through 51.	52.	430

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

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.	56.	0.0000	0.0000
57. Apportioned income tax	57.	0	0
58. Line 56 multiplied by Line 57	58.	0	0
59. Income tax paid to a qualifying jurisdiction	59.	0	0
60. Lesser of Line 58 or Line 59	60.	0	0
61. Total credit: Add Line 60, all columns.			61. 0

Schedule 3 - Individual Use Tax

Column A	Column B	Column C	Column D	Column E	Column F	Column G
•			0	0	0	0
•			0	0	0	0
•			0	0	0	0
•			0	0	0	0
•			0	0	0	0
• Total of individual purchases under $300 not listed above			0	0	0	0

62. Individual use tax: Amounts for Column G. 62. • 0

Schedule 4 - Contributions to Designated Charities

63a. AR	63a.	0
63b. OT	63b.	0
63c. ES/W	63c.	0
63d. BCR	63d.	0
63e. SNS	63e.	0
63f. MFRF	63f.	0
63. **Total Contributions:** Add Lines 63a through 63f.	63. •	0

Department of Revenue Services
State of Connecticut
(Rev. 12/09)

2009

Form CT-6251

Connecticut Alternative Minimum Tax Return - Individuals

You must attach this form to the back of **Form CT-1040** or **Form CT-1040NR/PY**. Complete in blue or black ink only.

Your first name and middle initial	Last name	Your Social Security Number
CHRISTOPHER J	CHRISTIE	[redacted]
If a joint return, spouse's first name and middle initial	Last name	Spouse's Social Security Number
MARY P	CHRISTIE	[redacted]

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

1.	Federal alternative minimum taxable income: See instructions. ▶	1.	518,742	00
2.	Additions to federal alternative minimum taxable income: See instructions. ▶	2.	59	00
3.	Add Line 1 and Line 2.	3.	518,801	00
4.	Subtractions from federal alternative minimum taxable income: See instructions. ▶	4.	430	00
5.	Adjusted federal alternative minimum taxable income: Subtract Line 4 from Line 3. If filing separately and Line 5 is more than $216,900, see instructions. ▶	5.	518,371	00
6.	Enter $70,950 if filing jointly or qualifying widow(er); $46,700 if single or head of household; or $35,475 if filing separately.	6.	70,950	00
7.	Enter $150,000 if filing jointly or qualifying widow(er); $112,500 if single or head of household; or $75,000 if filing separately.	7.	150,000	00
8.	Subtract Line 7 from Line 5. If zero or less, enter "0" here and on Line 9.	8.	368,371	00
9.	Multiply Line 8 by 25% (.25).	9.	92,093	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 2009, 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.	518,371	00
12.	If Lines 2 and 4 above are zero, enter the amount from federal Form 6251, Line 32, 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.	141,304	00
13.	Alternative minimum tax foreign tax credit from federal Form 6251, Line 33. ▶	13.	319	00
14.	Adjusted federal tentative minimum tax: Subtract Line 13 from Line 12.	14.	140,985	00
15.	Multiply Line 14 by 19% (.19).	15.	26,787	00
16.	Multiply Line 5 by 5.5% (.055).	16.	28,510	00
17.	Connecticut minimum tax: Enter the lesser of Line 15 or Line 16.	17.	26,787	00
18.	Apportionment factor: **Residents**, enter 1.0000; **nonresidents** and **part-year residents**, see instructions. ▶	18.	.0002	
19.	Apportioned Connecticut minimum tax: Multiply Line 17 by Line 18.	19.	5	00
20.	Connecticut income tax from Form CT-1040, Line 6, or Form CT-1040NR/PY, Line 10. ▶	20.	5	00
21.	Net Connecticut minimum tax: Subtract Line 20 from Line 19. If zero or less, enter "0."	21.	0	00
22.	Credit for alternative minimum tax paid to qualifying jurisdictions: **Residents and part-year residents only** from Schedule A, Line 51. ▶	22.		00
23.	Subtract Line 22 from Line 21. Enter the amount here and on Form CT-1040, Line 9, or Form CT-1040NR/PY, Line 13. ▶	23.	0	00

Part II CHRISTOPHER J & MARY P CHRISTIE [redacted]

24.	Enter the amount from Line 11. If you are filing federal Form 2555 or Form 2555-EZ, enter the amount from Line 3 of the *Connecticut Foreign Earned Income Tax Worksheet* on Page 4. ▶				24.	518,371	00
25.	Enter the amount from federal Form 6251, Line 38. See instructions. ▶	25.	2,618	00			
26.	Enter the amount from federal Form 6251, Line 39. See instructions.	26.		00			
27.	Enter the amount from federal Form 6251, Line 40. See instructions. ▶	27.	2,618	00			
28.	Enter the smaller of Line 24 or Line 27.				28.	2,618	00
29.	Subtract Line 28 from Line 24.				29.	515,753	00
30.	If Line 29 is $175,000 or less ($87,500 or less if filing separately), multiply Line 29 by 26% (.26). Otherwise, multiply Line 29 by 28% (.28) and subtract $3,500 ($1,750 if filing separately) from the result.				30.	140,911	00
31.	Enter: • $67,900, if filing jointly or qualifying widow(er); • $33,950, if single or filing separately; or • $45,500, if head of household.	31.	67,900	00			
32.	Enter the amount from federal Form 6251, Line 45. See instructions. ▶	32.	420,262	00			
33.	Subtract Line 32 from Line 31. If zero or less, enter "0."	33.	0	00			
34.	Enter the smaller of Line 24 or Line 25.	34.	2,618	00			
35.	Enter the smaller of Line 33 or Line 34.	35.		00			
36.	Subtract Line 35 from Line 34.	36.	2,618	00			
37.	Multiply Line 36 by 15% (.15). **If Line 26 is zero or blank, skip Lines 38 and 39 and go to Line 40. Otherwise, go to Line 38.**				37.	393	00
38.	Subtract Line 34 from Line 28.	38.		00			
39.	Multiply Line 38 by 25% (.25).				39.		00
40.	Add Lines 30, 37 and 39.				40.	141,304	00
41.	If Line 24 is $175,000 or less ($87,500 or less if filing separately), multiply Line 24 by 26% (.26). Otherwise, multiply Line 24 by 28% (.28) and subtract $3,500 ($1,750 if filing separately) from the result.				41.	141,644	00
42.	Enter the smaller of Line 40 or Line 41 here and on Line 12. If you are filing federal Form 2555 or Form 2555-EZ, do not enter this amount on Line 12. Enter it on Line 4 of the *Connecticut Foreign Earned Income Worksheet* on Page 4 of the instructions. ▶				42.	141,304	00

Form CT-6251 Schedule A

Schedule A - Credit for Alternative Minimum Tax Paid to Qualifying Jurisdictions

You must attach a copy of your return filed with the qualifying jurisdiction(s) or your credit will be disallowed.

43. Modified adjusted federal alternative minimum taxable income: See instructions. 43. 00

For each column, enter the following:

		COLUMN A			COLUMN B	
		Name	Code	Name	Code	
44.	Enter qualifying jurisdiction's name and two-letter code.	44.			44.	
45.	Enter the non-Connecticut adjusted federal alternative minimum taxable income included on Line 43 which is subject to a qualifying jurisdiction's alternative minimum tax.	45.	00		45.	00
46.	Divide Line 45 by Line 43. Round to four decimal places.	46.			46.	
47.	Enter the net Connecticut minimum tax (from Form CT-6251, Line 21). Part-Year Residents, see instructions.	47.	00		47.	00
48.	Multiply Line 46 by Line 47.	48.	00		48.	00
49.	Alternative minimum tax paid to a qualifying jurisdiction: See instructions.	49.	00		49.	00
50.	Enter the lesser of Line 48 or Line 49.	50.	00		50.	00
51.	**Total credit:** Add Line 50, all columns. Enter amount here and on Line 22 on page 1 of this form.		51.			00

Department of Revenue Services
State of Connecticut
(Rev. 12/09)

Schedule CT-SI

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

2009

Complete this schedule if you were a nonresident or part-year resident of Connecticut and attach it to Form CT-1040NR/PY.
Any reference in this document to a spouse also refers to a party to a civil union recognized under Connecticut law.

Your first name and middle initial	Last name	Your Social Security Number
CHRISTOPHER J	CHRISTIE	[redacted]
If joint return, spouse's first name and middle initial	Last name	Spouse's Social Security Number
MARY P	CHRISTIE	[redacted]

See instructions on Page 27 before completing this schedule. Complete in blue or black ink only.

Part 1 - Connecticut Income - Part-Year Residents: Complete **Schedule CT-1040AW**, *Part-Year Resident Income Allocation*. Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below. **Nonresidents:** Enter the income received from Connecticut sources.

1. Wages, salaries, tips, etc.	1		
2. Taxable interest	2		
3. Ordinary dividends	3		
4. Alimony received	4		
5. Business income or (loss)	5		
6. Capital gain or (loss)	6		
7. Other gains or (losses)	7		
8. Taxable amount of IRA distributions	8		
9. Taxable amount of pensions and annuities	9		
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc.	10	89	
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	89	00

Part 2 - Adjustments to Connecticut Income - Enter adjustments **directly** related to income reported above.

16. Educator expenses	16		
17. Certain business expenses of reservists, artists, and fee-basis government officials	17		
18. Health savings account deduction	18		
19. Moving expenses	19		
20. One-half of self-employment tax	20		
21. Self-employed SEP, SIMPLE, and qualified plans	21		
22. Self-employed health insurance deduction	22		
23. Penalty on early withdrawal of savings	23		
24. Alimony paid. Recipient's last name ▶ _____ SSN ▶ _____	24		
25. IRA deduction	25		
26. Student loan interest deduction	26		
27. Tuition and fees deduction	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	89	00

Employee Apportionment Worksheet - Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not complete Lines A through G if you know the exact amount of your Connecticut-sourced income.** See instructions, Page 31.

A. Working days (or other basis) outside Connecticut	A	
B. Working days (or other basis) inside Connecticut	B	
C. Total working days: Add Line A and Line B.	C	
D. Nonworking days (Holidays, weekends, etc.)	D	
E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places.	E	
F. Total income being apportioned	F	
G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1	G	

Basis, if other than working days: _____

CHRISTOPHER J & MARY P CHRISTIE [redacted]

CT-1040NR/PY ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME STATEMENT 1

DESCRIPTION	AMOUNT
JBT ADDBACK FROM FLOWTHROUGHS	36
DEPRECIATION ADDBACK FROM FLOWTHROUGHS	23
TOTAL TO FORM CT-1040NR/PY, SCHEDULE 1, LINE 40	59

2009 TAX RETURN FILING INSTRUCTIONS

ILLINOIS INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	CHRISTOPHER J & MARY P CHRISTIE [redacted] MENDHAM, NJ 07945
Prepared by	HAL MODEL CPA PA [redacted]
Amount of tax	Total tax $ 2 Less: payments and credits $ 2 Plus: interest and penalties $ 0 NO PMT REQUIRED $ 0
Overpayment	Miscellaneous Donations $ 0 Credited to your estimated tax $ 0 Refunded to you $ 0
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	ILLINOIS DEPARTMENT OF REVENUE PO BOX 1040 GALESBURG, IL 61402-1040
Return must be mailed on or before	OCTOBER 15, 2010
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY BOTH TAXPAYER AND SPOUSE.

COPY

Illinois Department of Revenue

IL-505-I

Automatic Extension Payment
for Individuals Filing Form IL-1040

2009

Tax Payment Worksheet for Your Records

1	Write the income tax you expect to owe (including recapture of investment credit).		1 0.
2	Write your Illinois Income Tax withheld and pass-through entity payments.	2 0.	
3	Write your Illinois estimated payments and 2008 overpayment credit.	3 0.	
4	Write any tax payment made with a previous Form IL-505-I.	4	
5	Write the estimated allowable credits for income tax paid to other states, Illinois Property Tax paid, education expenses, earned income, and credits from Schedule 1299-C.	5 0.	
6	Total tax payments and credits. Add Lines 2 through 5.		6
7	**Tentative tax due** - Subtract Line 6 from Line 1. Write the amount here and on Form IL-505-I.		7

STOP Do not file Form IL-505-I if no payment is due or if you make this payment electronically or by credit card. STOP

IL-505-I (R-12/09)
949021 12-11-09

Return only the bottom portion with your payment.

Illinois Department of Revenue
IL-505-I 2009
Automatic Extension Payment for Individuals
(R-12/09) ID: 2BX

Official Use

Write your Social Security numbers in the order they appear on your federal return.

[redacted] Your Social Security number

[redacted] Spouse's Social Security number

STOP Do not file this form if no payment is due or you pay electronically or by credit card.

CHRISTOPHER J & MARY P CHRISTIE
Your first name & initial | Spouse's first name & initial | Your last name

For calendar year ending 12/09 or fiscal year ending _____ Month and year

[redacted]
Street address

→ $ _____ Tentative tax due

MENDHAM, NJ 07945
City, State, ZIP

_____ Daytime phone number

Make your check or money order payable to "Illinois Department of Revenue."
Mail to:
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19005
SPRINGFIELD IL 62794-9005

Official Use

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0068

Illinois Department of Revenue

2009 Form IL-1040

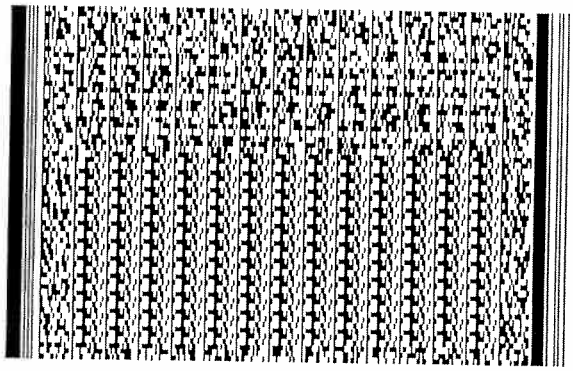
tax.illinois.gov **Individual Income Tax Return** or for fiscal year ending _____

Do not write above this line

Step 1: Personal Information

[redacted] [redacted]

CHRISTOPHER J CHRISTIE
MARY P CHRISTIE
[redacted]
MENDHAM, NJ 07945



C Filing status (see instructions)
☐ Single or head of household ☒ Married filing jointly ☐ Married filing separately ☐ Widowed

Staple W-2 and 1099 forms here

Step 2: Income

(Whole dollars only)

1 Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4. — 1 544,047 .00

2 Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ. — 2 8,145 .00

3 Other additions to your income. **Attach** Schedule M. — 3 59 .00

4 **Total income.** Add Lines 1 through 3. — 4 552,251 .00

Step 3: Base Income

5 Income received from Social Security benefits and certain retirement plans if included in Line 1. **Attach** federal Page 1. — 5 .00

6 Illinois Income Tax overpayment included in U.S. 1040, Line 10. — 6 .00

7 Other subtractions to your income. **Attach** Schedule M. — 7 430 .00

Check if Line 7 includes any amount from Schedule 1299-C. ☐

8 Add Lines 5, 6, and 7. This is the total of your subtractions. — 8 430 .00

9 **Illinois base income.** Subtract Line 8 from Line 4. — 9 551,821 .00

Step 4: Exemptions

See instructions before figuring exemptions.

10 a Number of exemptions from your federal return. 6 x $2,000 a 12,000 .00

b If someone else claimed or could have claimed you or your spouse as a dependent on their return, see instructions to figure the number to write here. ___ x $2,000 b .00

c Check if 65 or older: ☐ You + ☐ Spouse = ___ x $1,000 c .00

d Check if legally blind: ☐ You + ☐ Spouse = ___ x $1,000 d .00

Exemption allowance. Add Lines a through d. — 10 12,000 .00

Step 5: Net Income

11 **Residents Only: Net income.** Subtract Line 10 from Line 9. *Skip* Line 12. — 11 .00

12 **Nonresidents and part-year residents Only:**
Check the box that applies to you during 2009 ☒ Nonresident ☐ Part-year resident, and write the **Illinois base income** from Sch. NR. **Attach** Sch. NR. — 12 59 .00

Staple your check

Step 6: Tax

13 **Residents:** Multiply Line 11 by 3% (.03). Write the result here.
Nonresidents and part-year residents: Write the tax before recapture of investment credits from Schedule NR. — 13 2 .00

14 Recapture of investment tax credits. **Attach** Schedule 4255. — 14 .00

15 Total **tax.** Add Lines 13 and 14. This amount may not be less than zero. — 15 2 .00

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0065

16 Total tax amount from Page 1, Line 15 — 16 2 .00

Step 7: Nonrefundable Credits

17 Income tax paid to another state while an Illinois resident. **Attach** Schedule CR. — 17 .00

Complete Schedule ICR

18 Property tax and K-12 education expense credit amount from Schedule ICR. **Attach** Schedule ICR. — 18 .00

19 Credit amount from Schedule 1299-C. **Attach** Schedule 1299-C. — 19 .00

20 Add Lines 17, 18, and 19. This is the total of your credits. This amount may not exceed the tax amount on Line 16. — 20 .00

21 **Tax after nonrefundable credits.** Subtract Line 20 from Line 16. — 21 2 .00

Step 8: Payments and Refundable Credit

22 Illinois Income Tax withheld. **Attach** W-2 and 1099 forms. — 22 .00

23 Estimated payments from Forms IL-505-I and IL-1040-ES, including overpayment applied from 2008 return. — 23 .00

See Instructions

24 Pass-through entity tax payments. **Attach** Schedule K-1-P or K-1-T. — 24 2 .00

Complete Schedule ICR

25 Earned Income Credit from Schedule ICR. **Attach** Schedule ICR. — 25 .00

26 **Total payments and refundable credit.** Add Lines 22 through 25. — 26 2 .00

Step 9: Overpayment or Underpayment

27 **Overpayment.** If Line 26 is greater than Line 21, subtract Line 21 from Line 26. — 27 .00

28 **Underpayment.** If Line 21 is greater than Line 26, subtract Line 26 from Line 21. — 28 0 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations

29 Late payment penalty for underpayment of estimated tax. — 29 .00

a Check if at least two-thirds of your federal gross income is from farming. ☐

b Check if you or your spouse are 65 or older and permanently living in a nursing home. ☐

c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210, otherwise we will figure this penalty for you. **Attach** Form IL-2210. ☐

MAKE "GIVING" EASY!

30 You can make voluntary charitable donations to many worthy causes using this form. It's easy - just complete Schedule G and enter the donation amount here. **Attach** Schedule G. — 30 .00

31 **Total penalty and donations.** Add Lines 29 and 30. — 31 .00

Step 11: Refund or Amount You Owe

32 If you have an overpayment on Line 27 and this amount is greater than Line 31, subtract Line 31 from Line 27. This is your remaining **overpayment.** — 32 .00

33 Amount from Line 32 you want **refunded to you.** — 33 .00

Direct Deposit

34 Complete to direct deposit your refund.
Routing number _____ ☐ Checking or ☐ Savings
Account number _____

35 Subtract Line 33 from Line 32. This amount will be **applied to your 2010 estimated tax.** — 35 .00

See instructions for payment options.

36 If you have an underpayment on Line 28, add Lines 28 and 31. **or**
If you have an overpayment on Line 27 and this amount is less than Line 31, subtract Line 27 from Line 31. This is the **amount you owe.** — 36 0 .00

Step 12: Sign and Date

Under penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, it is true, correct, and complete.

Sign here

Your signature — Date — Daytime phone number

Your spouse's signature — Date

Paid preparer's signature — Date — Preparer's phone number — Preparer's FEIN, SSN, or PTIN

If no payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 1040
GALESBURG IL 61402-1040

If payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001

949002 12-12-09

ID: 2BX

 DR _____ AP _____ EV RR DC

Illinois Department of Revenue

2009 Schedule M Other Additions and Subtractions for Individuals

Attach to your Form IL-1040

IL. Attachment No. 15

Read this information first

Complete this schedule if you are required to add certain income on Form IL-1040, Line 3, or if you are entitled to take subtractions on Form IL-1040, Line 7.

Note If you are required to complete Schedule 1299-C, Schedule F, or Form IL-4562, you must do so before you complete this schedule.

Step 1: Provide the following information

CHRISTOPHER J & MARY P CHRISTIE
Your name as shown on Form IL-1040.

[redacted]
Your Social Security number.

Step 2: Figure your additions for Form IL-1040, Line 3

Write the amount of (Whole dollars only)

1	Your child's federally tax-exempt interest and dividend income as reported on U.S. Form 8814	1	.00
2	Distributive share of additions you received from a partnership, S corporation, trust, or estate. **Attach** Schedule K-1-P or Schedule K-1-T.	2	.00
3	Withdrawals you made from your Medical Care Savings Account, and the interest earned, if not included in your adjusted gross income	3	.00
4	Lloyds plan of operations loss, if reported on your behalf on Form IL-1023-C and included in your adjusted gross income	4	.00
5	Earnings distributed in 2009 from IRC Section 529 college savings and tuition programs if not included in your adjusted gross income (Do not include distributions from "Bright Start," "Bright Directions," or "College Illinois" programs or programs that meet certain disclosure requirements - see instructions.)	5	.00
6	Illinois special depreciation addition amount from Form IL-4562, Step 2, Line 4. **Attach** Form IL-4562.	6	.00
7	Business expense recapture (nonresidents only)	7	.00
8	Recapture of deductions for contributions to Illinois college savings plans transferred to an out-of-state plan	8	.00
9	Credit taken on Schedule 1299-C for student-assistance contributions you made as an employer	9	.00
10	Recapture of deductions for contributions to college savings plans withdrawn for nonqualified expenses or refunded	10	.00
11	Other income - Identify each item SEE STATEMENT 1	11	59 .00
12	Add Lines 1 through 11. Write the amount here and on Form IL-1040, Line 3.	12	59 .00

Step 3: Figure your subtractions for Form IL-1040, Line 7

Write the amount of

13	Contributions made in 2009 to the following college savings plans:		
a	"Bright Start" College Savings Pool	13a	.00
b	"College Illinois" Prepaid Tuition Program	13b	.00
c	"Bright Directions" College Savings Pool	13c	.00
14	Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not include any amounts contained in Line 25 of this schedule.) **Attach** Schedule K-1-P or Schedule K-1-T. SEE STATEMENT 2	14	430 .00
15	Restoration of amounts held under claim of right under Internal Revenue Code, Section 1341	15	.00
16	Contributions to a job training project	16	.00
17	Expenses related to federal credits or federally tax-exempt income	17	.00
18	Interest earned on investments through the Home Ownership Made Easy Program	18	.00
19	Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 10. **Attach** Form IL-4562.	19	.00
20	Add Lines 13a through 19 and write the amount here and on Page 2, Line 21.	20	430 .00

Step 3: Continued

21	Write the amount from Page 1, Line 20.	21	430 .00

Write the following only if included in Form IL-1040, Lines 1, 2, or 3:

22	Military pay earned. **Attach** military W-2.	22	.00
23	U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040A or 1040, Schedule B. **Attach** a copy of U.S. 1040A or 1040, Schedule B.	23	.00
24	August 1, 1969, valuation limitation amount from your Schedule F, Line 17. **Attach** Schedule F and required federal forms.	24	.00
25	Enterprise or river edge redevelopment zone and high impact business dividend subtraction amount from your Schedule 1299-C, Step 2, Line 7. **Attach** Schedule 1299-C.	25	.00
26	Recovery of items previously deducted on U.S. 1040, Schedule A (including refunds of any state and local income taxes, other than Illinois). **Attach** a copy of U.S. 1040, Page 1, and required federal forms.	26	.00
27	Ridesharing money and other benefits	27	.00
28	Payment of life insurance, endowment, or annuity benefits received	28	.00
29	Your employer's contributions made on your behalf to an account established under the Medical Care Savings Account Act **and** the interest earned	29	.00
30	Lloyds plan of operations income if reported on your behalf on Form IL-1023-C	30	.00
31	Income earned by certain trust accounts established under the Illinois Pre-Need Cemetery Sales Act	31	.00
32	Education loan repayments made for primary care physicians who agree to practice in designated shortage areas under the Family Practice Residency Act	32	.00
33	Reparations or other amounts received as a victim of persecution by Nazi Germany	33	.00
34	Interest on the following tax-exempt obligations of Illinois state and local government. Do not include interest you received indirectly through owning shares in a mutual fund.		
a	Illinois Housing Development Authority bonds and notes (except housing-related commercial facilities bonds and notes)	34a	.00
b	Export Development Act of 1983 bonds	34b	.00
c	Illinois Development Finance Authority bonds, notes, and other evidence of obligation (venture fund and infrastructure bonds only)	34c	.00
d	Quad Cities Regional Economic Development Authority bonds and notes (if declared to be exempt from taxation by the Authority)	34d	.00
e	College Savings bonds	34e	.00
f	Illinois Sports Facilities Authority bonds	34f	.00
g	Higher Education Student Assistance Act bonds	34g	.00
h	Illinois Development Finance Authority bonds issued under the Illinois Development Finance Authority Act, Sections 7.80 through 7.87	34h	.00
i	Rural Bond Bank Act bonds and notes	34i	.00
j	Illinois Development Finance Authority bonds issued under the Asbestos Abatement Finance Act	34j	.00
k	Quad Cities Interstate Metropolitan Authority bonds	34k	.00
l	Southwestern Illinois Development Authority bonds	34l	.00
m	Illinois Finance Authority bonds issued under the Illinois Finance Authority Act, Sections 820.60 and 825.55 or the Asbestos Abatement Finance Act	34m	.00
35	Interest on the following non-U.S. government bonds.		
a	Bonds issued by the government of Guam	35a	.00
b	Bonds issued by the government of Puerto Rico	35b	.00
c	Bonds issued by the government of the Virgin Islands	35c	.00
d	Bonds issued by the government of American Samoa	35d	.00
e	Bonds issued by the government of the Northern Mariana Islands	35e	.00
f	Mutual mortgage insurance fund bonds	35f	.00
36	Amount of your child's interest from U.S. Treasury and U.S. agency obligations or from sources in Line 34 or 35 as reported on U.S. Form 8814	36	.00
37	Railroad unemployment income	37	.00
38	Add Lines 21 through 37. Write the amount here and on Form IL-1040, Line 7.	38	430 .00

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-4425

949062
12-11-09 ID: 2BX

Illinois Department of Revenue

2009 Schedule NR

Attach to your Form IL-1040

Nonresident and Part-Year Resident Computation of Illinois Tax

IL Attachment No. 2

CHRISTOPHER J & MARY P CHRI
Your name as shown on your Form IL-1040

[redacted]
Your Social Security number

Step 1: Provide the following information

1 Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?
[ ] Yes [X] No If you answered "Yes," STOP you cannot use this form (see instructions).

2 If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2009.

a I lived in Illinois from ___/___/___ (Month Day Year) to ___/___/___ (Month Day Year) I lived in _____ (State) from ___/___/___ (Month Day Year) to ___/___/___ (Month Day Year)

b My spouse lived in Illinois from ___/___/___ (Month Day Year) to ___/___/___ (Month Day Year), and _____ (State) from ___/___/___ (Month Day Year) to ___/___/___ (Month Day Year)

3 If you were a resident of any of the states listed below during the tax year, check the appropriate state.
[ ] Iowa [ ] Kentucky [ ] Michigan [ ] Wisconsin

4 If you earned income or filed a tax return for the tax year in a state other than those listed above, write the two-letter abbreviation of that state.

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

Step 3: Figure the Illinois portion of your federal adjusted gross income

Write the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

Income

			Column A Federal Total	Column B Illinois Portion
5	Wages, salaries, tips, etc. (federal Form 1040 or 1040A, Line 7; 1040EZ, Line 1)	5	517,240 .00	.00
6	Taxable interest income (federal Form 1040 or 1040A, Line 8a; 1040EZ, Line 2)	6	9,666 .00	.00
7	Ordinary dividend income (federal Form 1040 or 1040A, Line 9a)	7	5,261 .00	.00
8	Taxable refunds, credits, or offsets of state and local income tax (federal Form 1040, Line 10)	8	.00	.00
9	Alimony received (federal Form 1040, Line 11)	9	.00	.00
10	Business income or loss (federal Form 1040, Line 12)	10	.00	.00
11	Capital gain or loss (federal Form 1040, Line 13 or 1040A, Line 10)	11	-3,000 .00	.00
12	Other gains or losses (federal Form 1040, Line 14)	12	9,151 .00	.00
13	Taxable IRA distributions (federal Form 1040, Line 15b; or 1040A, Line 11b)	13	.00	.00
14	Taxable pensions and annuities (federal Form 1040, Line 16b; or 1040A, Line 12b)	14	.00	.00
15	Rents, royalties, partnerships, S corporations, estates, and trusts (federal Form 1040, Line 17)	15	5,271 .00	58 .00
16	Farm income or loss (federal Form 1040, Line 18)	16	.00	.00
17	Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040, Line 19; 1040A, Line 13; 1040EZ, Line 3)	17	.00	.00
18	Taxable Social Security benefits (federal Form 1040, Line 20b; or 1040A, Line 14b)	18	.00	.00
19	Other income (federal Form 1040, Line 21) Include winnings from the **Illinois State Lottery** as Illinois income in Column B.	19	458 .00	.00
20	Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	20		58 .00

Continue with Step 3 on Page 2 →

Step 3: Continued

Adjustments to Income

			Column A Federal Total		Column B Illinois Portion
21	Write the Illinois portion of your federal total income from Page 1, Step 3, Line 20.			21	58 .00
22	Deduction for Educator Expenses (federal Form 1040, Line 23; or 1040A, Line 16)	22	.00		.00
23	Certain business expenses of reservists, performing artists, and fee-based government officials (federal Form 1040, Line 24)	23	.00		.00
24	Deduction for health savings account (federal Form 1040, Line 25)	24	.00		.00
25	Moving expenses (federal Form 1040, Line 26)	25	.00		.00
26	Deduction for one-half of self-employment tax (federal Form 1040, Line 27)	26	.00		.00
27	Self-employed (SEP), SIMPLE, and qualified plans (federal Form 1040, Line 28)	27	.00		.00
28	Self-employed health insurance deduction (federal Form 1040, Line 29)	28	.00		.00
29	Penalty on early withdrawal of savings (federal Form 1040, Line 30)	29	.00		.00
30	Alimony paid (federal Form 1040, Line 31a)	30	.00		.00
31	Total IRA deduction (federal Form 1040, Line 32; or 1040A, Line 17)	31	.00		.00
32	Deduction for student loan interest (federal Form 1040, Line 33; or 1040A, Line 18)	32	.00		.00
33	Deduction for tuition and fees (federal Form 1040, Line 34; or 1040A, Line 19)	33	.00		.00
34	Domestic production activities deduction (federal Form 1040, Line 35)	34	.00		.00
35	Other adjustments (see instructions)	35	.00		.00
36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.			36	.00
37	Write your adjusted gross income as reported on your federal Form 1040, Line 37; 1040A, Line 21; 1040EZ, Line 4.	37	544,047 .00		
38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.			38	58 .00

Step 4: Figure your Illinois additions and subtractions

In Column A, write the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

Illinois Adjustments

			Column A Form IL-1040 Total		Column B Illinois Portion
39	Federally tax-exempt interest income (Form IL-1040, Line 2)	39	8,145 .00		.00
40	Other additions (Form IL-1040, Line 3) SEE STATEMENT 3	40	59 .00		1 .00
41	Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.			41	59 .00
42	Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00		.00
43	Illinois Income Tax overpayment included on your U.S. 1040, Line 10. (Form IL-1040, Line 6)	43	.00		.00
44	Other subtractions (Form IL-1040, Line 7) SEE STATEMENT 4	44	430 .00		.00
45	Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.			45	.00

Step 5: Figure your Illinois income and tax

Tax Calculations

46	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, write zero. This is your **Illinois base income.** Write this amount on your Form IL-1040, Line 12. →			46	59 .00
	If Line 46 is zero, skip Lines 47 through 51, and write "0" on Line 52.				
47	Write the base income from Form IL-1040, Line 9.	47	551,821 .00		
48	Divide Line 46 by Line 47 (carry to three decimal places). Write the appropriate decimal. If Line 46 is greater than Line 47, write 1.000.	48	.000		
49	Write your exemption allowance from your Form IL-1040, Line 10.	49	12,000 .00		
50	Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.			50	0 .00
51	Subtract Line 50 from Line 46. This is your Illinois net income.			51	59 .00
52	Multiply the amount on Line 51 by 3% (.03). This amount may not be less than zero. This is your **tax** before recapture of investment credits. Write this amount on your Form IL-1040, Line 13. →			52	2 .00

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0098

ID: 2BX

949072 12-11-09

. CHRISTOPHER J & MARY P CHRISTIE [redacted]

L SCHEDULE M — OTHER INCOME — STATEMENT 1

ESCRIPTION	AMOUNT
BT ADDBACK	35.
BT ADDBACK	1.
EEPRECIATION	23.
OTAL TO SCHEDULE M, LINE 11	59.

L SCHEDULE M — OTHER SUBTRACTIONS — STATEMENT 2

)ESCRIPTION	AMOUNT
I.S. INTEREST FROM PTSPS, S CORPS, TRUSTS, ETC	430.
:OTAL INCLUDED IN SCHEDULE M, LINE 14	430.

:L SCHEDULE NR — OTHER ADDITIONS — STATEMENT 3

)ESCRIPTION	FORM IL-1040 TOTAL	ILLINOIS PORTION
)THER ADDITIONS	59.	1.
TOTAL TO SCHEDULE NR, LINE 40	59.	1.

IL SCHEDULE NR — OTHER SUBTRACTIONS — STATEMENT 4

DESCRIPTION	FORM IL-1040 TOTAL	ILLINOIS PORTION
U.S. INTEREST FROM PTSPS, S CORPS, TRUSTS, ETC	430.	0.
TOTAL TO SCHEDULE NR, LINE 44	430.	0.

STATEMENT(S) 1, 2, 3, 4

2009 TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	CHRISTOPHER J & MARY P CHRISTIE [redacted] MENDHAM, NJ 07945
Prepared by	HAL MODEL CPA PA [redacted]
Amount of tax	Total tax $ 1 Less: payments and credits $ 2 Plus: interest and penalties $ 0 OVERPAYMENT $ 1
Overpayment	Miscellaneous Donations $ 0 Credited to your estimated tax $ 0 Refunded to you $ 1
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FORM M-8453 TO OUR OFFICE. WE WILL SUBMIT YOUR ELECTRONIC RETURN TO THE MDOR.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	

COPY

87-12-00014

Form M-8453
Individual Income Tax Declaration for Electronic Filing

2009
Massachusetts Department of Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1-December 31, 2009.

Your first name and initial	Last name	Declaration control number
CHRISTOPHER J	CHRISTIE	[redacted]
If a joint return, spouse's first name and initial	Last name	Your Social Security number
MARY P	CHRISTIE	[redacted]
Present street address (and apartment number)		Spouse's Social Security number
[redacted]		[redacted]
City/Town/Post Office	State ZIP	Filing status: ☐ Single ☒ Married filing jointly
MENDHAM	NJ 07945	☐ Married filing separately ☐ Head of household

Part 1. Tax Return Information for Electronic Filing

1	Total 5.3% income (from Form 1, line 10, or Form 1-NR/PY, line 12)	1	40
2	Income tax after credits (from Form 1, line 31, or Form 1-NR/PY, line 36)	2	1
3	Massachusetts use tax (from Form 1, line 33, or Form 1-NR/PY, line 38)	3	
4	Massachusetts income tax withheld (from Form 1, line 36, or Form 1-NR/PY, line 41)	4	
5	Refund amount (from Form 1, line 46, or Form 1-NR/PY, line 51)	5	1
6	Tax due (from Form 1, line 47, or Form 1-NR/PY, line 52)	6	

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2009 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature | Date | Spouse's signature (if joint return, **both** must sign) | Date

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN [redacted] | Date | EIN [redacted] | ☐ Check if self-employed

Firm name (or yours, if self-employed) and address | City/Town | State | ZIP | ☒ Check if also paid preparer

HAL MODEL CPA PA
[redacted]

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

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

Paid preparer's signature and SSN or PTIN | Date | EIN | ☐ Check if self-employed

Firm name (or yours, if self-employed) and address | City/Town | State | ZIP

957261 10-07-09

957281
10-22-09
87-12-00014

▼ DETACH HERE ▼

Form M-4868 Application for Automatic Six-Month Extension - 2009

Massachusetts Department of Revenue

Social Security number	Spouse's Social Security number	Period end date	Amount enclosed
[redacted]	[redacted]	12/09	0.00

CHRISTOPHER J CHRISTIE
MARY P CHRISTIE
[redacted]
MENDHAM NJ 07945

Sign here. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature | Signature of paid preparer | Date

Employer identification number of paid preparer | Social Security number or PTIN

[redacted]

2009 Form 1-NR/PY

Massachusetts Nonresident/Part-Year Resident Income Tax Return

For the year January 1-December 31, 2009 or other taxable
Year beginning Ending

CHRISTOPHER J CHRISTIE
MARY P CHRISTIE
[redacted] MENDHAM [redacted] NJ 07945

Apt. no. ▶ Taxpayer deceased Spouse deceased Name/address changed since 2008

Check one: X Nonresident Part-year resident Filing as both nonresident and part-year resident Nonresident composite

Fill in if veteran of U.S. armed forces who served in Operation Enduring Freedom, Iraqi Freedom or Noble Eagle ▶ You ▶ Spouse

State Election Campaign Fund: $1 You $1 Spouse, if filing jointly TOTAL ▶ $

▶ Fill in if noncustodial parent ▶ Fill in if filing Schedule TDS Fill in if under age 18 You ▶ Spouse ▶

1. **Filing status** *(select one only)*: Single X Married filing joint return Married filing separate return Head of household
2. **Part-year residents.** Enter dates as Massachusetts resident: From ▶ To ▶
   Total days as Massachusetts resident ÷ 365 = ▶ 2
3. **Total income** ▶ 3 544047
4. **Exemptions:**
   a. Personal exemptions 4a 8800
   b. Number of dependents. (Do not include yourself or your spouse.) Enter number ▶ 4 x $1,000 = 4b 4000
   c. Age 65 or over before 2010 You + Spouse = ▶ x $700 = 4c
   d. Blindness You + Spouse = ▶ x $2,200 = 4d
   e. 1. Medical/dental ▶ 2. Adoption ▶ 1 + 2 = 4e
   f. Total exemptions. Add items 4a through 4e. Enter here and on line 22a ▶ 4f 12800
5. Wages, salaries, tips ▶ 5
6. Taxable pensions and annuities ▶ 6

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature Date

I do not want preparer to file my return electronically ▶ (this may delay your refund)

May the Department of Revenue discuss this return with the preparer shown here? ▶ X Yes

Print paid preparer's name Date Check if self-employed Paid preparer's SSN

HAL MODEL CPA ▶ [redacted]

Paid preparer's signature Paid preparer's phone Paid preparer's EIN

[redacted] ▶ [redacted]

957201 11-07-09 PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

SEPT 7, 2010 14:23:29

2009 Form 1-NR/PY, pg. 2 [redacted]

Massachusetts Nonresident/Part-Year Resident Income Tax Return

[redacted]

7.	Mass. bank interest: a. ▶	- b. exemption	=7	
8.	Business/profession or farm income or loss		▶ 8	
9.	Rental, royalty and REMIC, partnership, S corp., trust income/loss		▶ 9	40
10a.	Unemployment		▶ 10a	
10b.	Mass. lottery winnings		▶ 10b	
11.	Other income		▶ 11	
12.	**TOTAL 5.3% INCOME**		12	40
13.	**NONRESIDENT APPORTIONMENT WORKSHEET.** You **cannot** apportion Mass. wages as shown on Form W-2. Do **not** use this worksheet if you know the exact amount of your Mass. source income. **Only** use when income from employment/business is earned both inside and outside Mass. **and** the exact Mass. amount is not known. Basis: working days miles sales other:			
	Working days (or other basis) outside Massachusetts		13a	
	Working days (or other basis) inside Massachusetts		13b	
	Total working days		13c	
	Nonworking days (holidays, weekends, etc.)		13d	
	Massachusetts ratio		▶13e	
	Total income being apportioned. You **cannot** apportion Massachusetts wages as shown on Form W-2		13f	
	Massachusetts income		13g	
14.	**NONRESIDENT DEDUCTION AND EXEMPTION RATIO**			
	a. Total 5.3% income		14a	40
	b. Interest income		14b	
	c. Total capital gain income		14c	
	d. Total income this return		14d	40
	e. Non-Massachusetts source income. **Not less than "0"**	SEE STATEMENT 1	▶14e	543614
	f. Total income	SEE STATEMENT 2	14f	543654
	g. Deduction and exemption ratio		14g	.0001
15a.	Amount paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement		▶15a	
15b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement		▶15b	

2009 Form 1-NR/PY, pg. 3 [redacted]

Massachusetts Nonresident/Part-Year Resident Income Tax Return

CHRISTOPHER J CHRISTIE [redacted]

16.	Child under age 13, or disabled dependent/spouse care expenses		▶ 16	
17.	Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/09, or disabled dependent(s) **Not more than two.** a. ▶ 2	x $3,600 =	▶ 17	1
18.	Rental deduction. a. ▶	÷ 2 =	▶ 18	
	Nonresidents, during 2009, did you have a family home or any other dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future? Yes No. If "Yes," you do **not** qualify for this deduction.			
19.	Other deductions from Schedule Y, line 16		▶ 19	
20.	**Total deductions.** Add lines 15 through 19		▶ 20	1
21.	**5.3% INCOME AFTER DEDUCTIONS.** Subtract line 20 from line 12. **Not less than "0"**		21	39
22.	Exemption amount. a. 12800		▶ 22	1
23.	**5.3% INCOME AFTER EXEMPTIONS.** Subtract line 22 from line 21. **Not less than "0"**		23	38
24.	**INTEREST AND DIVIDEND INCOME**		▶ 24	
25.	**TOTAL TAXABLE 5.3% INCOME.** Add lines 23 and 24		25	38
26.	**TAX ON 5.3% INCOME. Note:** If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 20 by .0585 ▶		26	1
27.	**12% INCOME.** Not less than "0." a. ▶ 0	x .12=	27	
28.	**TAX ON LONG-TERM CAPITAL GAINS. Not less than "0."** Fill in if filing Schedule D-IS ▶		▶ 28	
	Fill in if any excess exemptions were used in calculating lines 24, 27 or 28 ▶			
29.	Credit recapture amount BC EOA LIH HR		▶ 29	
30.	If you qualify for No Tax Status, fill in and enter "0" on line 31 ▶			
31.	**TOTAL INCOME TAX.** Add lines 26 through 29		31	1
32.	Limited Income Credit		▶ 32	
33.	Credits from Schedule Z, line 10		▶ 33	
34.	Credits from Schedule Z, line 13		▶ 34	
35.	Total credits		35	
36.	**INCOME TAX AFTER CREDITS.** Subtract line 35 from line 31. **Not less than "0"**		36	1

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1

957221 11-07-09

SEPT 7, 2010 14:23:29

2009 Form 1-NR/PY, pg. 4 [redacted]

Massachusetts Nonresident/Part-Year Resident Income Tax Return

[redacted]

37.	**Voluntary Contributions**			
	a. Endangered Wildlife Conservation	▶ 37a		
	b. Organ Transplant Fund	▶ 37b		
	c. Massachusetts AIDS Fund	▶ 37c		
	d. Massachusetts U.S. Olympic Fund	▶ 37d		
	e. Massachusetts Military Family Relief Fund	▶ 37e		
	Total. Add lines 37a through 37e	37		
38.	Use tax due on out-of-state purchases. If no use tax due enter "0"	▶ 38		
39.	Health care penalty a. You ▶ b. Spouse ▶	a + b = 39		
40.	**INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.** Add lines 36 through 39	40		1
41.	Massachusetts income tax withheld	▶ 41		
42.	2008 overpayment applied to your 2009 estimated tax	▶ 42		
43.	2009 Massachusetts estimated tax payments	▶ 43		2
44.	Payments made with extension	▶ 44		
45.	Earned Income Credit. a. Number of qualifying children ▶ Amount from U.S. return ▶	x .15 = ▶ 45		
46.	Senior Circuit Breaker Credit	▶ 46		
47.	Other Refundable Credits	▶ 47		
48.	**TOTAL**. Add lines 41 through 47	48		2
49.	**Overpayment.** Subtract line 40 from line 48	▶ 49		1
50.	Amount of overpayment you want **applied to your 2010 estimated tax**	▶ 50		
51.	**Refund.** Subtract line 50 from line 49. Mail to: Massachusetts DOR, PO Box 7001, Boston, MA 02204	▶ 51		1

Direct deposit of refund. Type of account ▶ checking savings

RTN # ▶ account # ▶

52.	**Tax due.** Mail to: Massachusetts DOR, PO Box 7002, Boston, MA 02204			▶ 52		
	Interest ▶	Penalty ▶	M-2210 amt. ▶	0	▶ X	EX enclose Form M-2210

957222 11-07-09

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1

SEPT 7, 2010 14:23:29

2009 Schedule DI [redacted]

CHRISTOPHER J CHRISTIE [redacted]

Schedule DI. Dependent Information

ANDREW CHILD	CHRISTIE	[redacted]
	Is dependent a qualifying child for earned income credit? ▶	X 08/25/93
SARAH CHILD	CHRISTIE	[redacted]
	Is dependent a qualifying child for earned income credit? ▶	X 02/23/96
PATRICK CHILD	CHRISTIE	[redacted]
	Is dependent a qualifying child for earned income credit? ▶	X 08/18/00
BRIDGET CHILD	CHRISTIE	[redacted]
	Is dependent a qualifying child for earned income credit? ▶	X 06/27/03
	Is dependent a qualifying child for earned income credit? ▶	
	Is dependent a qualifying child for earned income credit? ▶	
	Is dependent a qualifying child for earned income credit? ▶	
	Is dependent a qualifying child for earned income credit? ▶	
	Is dependent a qualifying child for earned income credit? ▶	
	Is dependent a qualifying child for earned income credit? ▶	

957135 11-07-09

2009 Schedule B [redacted]

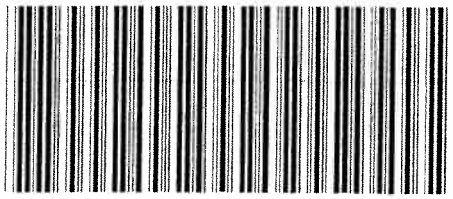
CHRISTOPHER J CHRISTIE [redacted]

Part 1. Interest and Dividend Income

1.	Total interest income	1	17811
2.	Total ordinary dividends	2	5261
3.	Other interest and dividends not included above	3	
4.	Total interest and dividends	4	23072
5.	Total interest from Massachusetts banks	5	
6.	Other interest and dividends to be excluded SEE STATEMENT 3	6	23072
7.	Subtotal	7	0
8.	Allowable deductions from your trade or business	8	
9.	Subtotal	9	

Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

10.	Short-term capital gains SEE STATEMENT 4	10	0
11.	Long-term capital gains on collectibles and pre-1996 installment sales	11	
12.	Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	12	
13.	Add lines 10 through 12	13	
14.	Allowable deductions from your trade or business	14	
15.	Subtotal	15	
16.	Short-term capital losses SEE STATEMENT 5	16	0
17.	Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	17	
18.	Prior short-term unused losses for years beginning after 1981	18	
19.	Combine lines 15 through 18	19	
20.	Short-term losses applied against interest and dividends	20	



21.	Available short-term losses	21	
22.	Short-term losses applied against long-term gains	22	
23.	Short-term losses available for carryover in 2010	23	
24.	Short-term gains and long-term gains on collectibles	24	
25.	Long-term losses applied against short-term gain	25	
26.	Subtotal	26	
27.	Long-term gains deduction	27	
28.	Short-term gains after long-term gains deduction	28	

Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

29.	Enter the amount from line 9	29	
30.	Short-term losses applied against interest and dividends	30	
31.	Subtotal interest and dividends	31	
32.	Long-term losses applied against interest and dividends	32	
33.	Adjusted interest and dividends	33	
34.	Enter the amount from line 28	34	

Part 4. Taxable Interest, Dividends and Certain Capital Gains

35.	Adjusted gross interest, dividends and certain capital gains	▶ 35	
36.	Excess exemptions	36	
37.	Subtract line 36 from line 35	37	
38.	Interest and dividends taxable at 5.3%	▶ 38	0
39.	Taxable 12% capital gains	▶ 39	0
40.	Available short-term losses for carryover in 2010	40	

2009 Schedule D [redacted]

Long-Term Capital Gains and Losses
Excluding Collectibles

CHRISTOPHER J CHRISTIE [redacted]

Part 1. Long-Term Capital Gains and Losses, Excluding Collectibles

1.	Enter amounts included in U.S. Schedule D, line 8, col. f	1	
2.	Enter amounts included in U.S. Schedule D, line 9, col. f	2	
3.	Enter amounts included in U.S. Schedule D, line 11, col. f STMT 6	3	-2065
4.	Enter amounts included in U.S. Schedule D, line 12, col. f STMT 7	4	-12855
5.	Enter amounts included in U.S. Schedule D, line 13, col. f	5	
6.	Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II	6	
7.	Carryover losses from prior years	7	
8.	Combine lines 1 through 7	8	-14920
9.	Differences, if any STMT 8	9	14920
10.	Adjusted capital gains and losses	10	
11.	Long-term gains on collectibles and pre-1996 installment sales	11	
12.	Subtotal	12	
13.	Capital losses applied against capital gains	13	
14.	Subtotal	14	
15.	Long-term capital losses applied against interest and dividends	15	
16.	Subtotal	16	
17.	Allowable deductions from your trade or business	17	
18.	Subtotal	▶ 18	
19.	Excess exemptions	19	
20.	Taxable long-term capital gains	▶ 20	
21.	Tax on long-term capital gains	▶ 21	
22.	Available losses for carryover	22	

957861 11-07-09

2009 Schedule E [redacted]

CHRISTOPHER J CHRISTIE [redacted]

Income or Loss from Real Estate and Royalties

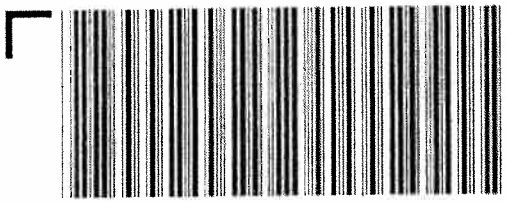
Income

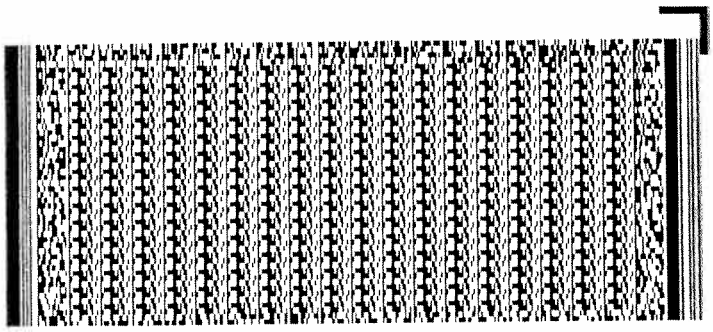
1.	Rents received	1	
2.	Royalties received	2	17684

Expenses

3.	Advertising	3	
4.	Auto and travel	4	
5.	Cleaning and maintenance	5	
6.	Commissions	6	
7.	Insurance	7	
8.	Legal and other professional fees	8	
9.	Management fees	9	
10.	Mortgage interest paid to banks, etc.	10	
11.	Other interest	11	
12.	Repairs	12	
13.	Supplies	13	
14.	Taxes	14	
15.	Utilities	15	
16.	Other expenses	16	
17.	Add lines 3 through 16	17	
18.	Depreciation expense or depletion	18	
19.	Total expenses. Add lines 17 and 18	19	
20.	Income or loss from rental real estate or royalty properties	20	17684
21.	Deductible rental real estate loss	21	
22.	Income. Enter positive amounts shown on line 20	22	17684
23.	Losses. Add royalty losses from line 20 and real estate losses from line 21	23	
24.	Rental real estate and royalty income or loss	24	17684

SEPT 7, 2010 14:23:29





2009 Schedule E, pg. 2

[redacted]

[redacted]

Income or Loss from Partnerships and S Corporations

25.	Passive loss allowed	25
26.	Passive income	26 2136
27.	Non-passive loss	27 14549
28.	Section 179 expense deduction	28
29.	Non-passive income	29
30.	Combine lines 26 and 29	30 2136
31.	Combine lines 25, 27 and 28	31 -14549
32.	Partnership and S corporation income or loss. Combine lines 30 and 31	32 -12413
33.	Interest (other than MA banks) and dividends if included in line 32	33
34.	Interest from Massachusetts banks if included in line 32	34
35.	Total income or loss from partnerships and S corporations	35 -12413

Income or Loss from Estates and Trusts

36.	Passive deduction or loss allowed	36
37.	Passive income	37
38.	Non-passive deduction or loss	38
39.	Non-passive other income	39
40.	Add lines 37 and 39	40
41.	Add lines 36 and 38	41
42.	Estate and trust income or loss. Combine lines 40 and 41	42
43.	Estate or non-grantor-type trust income	43
44.	Grantor-type trust and non-Massachusetts estate and trust income	44
45.	Interest and dividends if included in line 44	45
46.	Adjustments to 5.3% income	46
47.	Subtotal. Combine lines 45 and 46	47
48.	Income or loss from grantor-type and non-Mass estates and trusts	48

Income or Loss from REMICs

49.	Excess inclusion	49
50.	Taxable income or loss	50
51.	Income	51
52.	Combine lines 50 and 51	52

Farm Income

53.	Net farm rental income or loss	53

Summary

54.	Income or loss. Combine lines 24, 35, 48, 52 and 53	54 5271
55.	Massachusetts differences. Enclose statement SEE STATEMENT 9	55 -5231
56.	Abandoned building renovation deduction	56
57.	Total income or loss. Combine lines 54, 55 and 56	57 40

SEPT 7, 2010 14:23:29

2009 Schedule E-1 [redacted]

MARY P CHRISTIE
MCNEIL PPC INC - ROYALTIES

[redacted]

Check one: Real estate X Royalty

Income or Loss from Real Estate and Royalties

Income

1.	Rents received	1	
2.	Royalties received	2	17662

Expenses

3.	Advertising	3	
4.	Auto and travel	4	
5.	Cleaning and maintenance	5	
6.	Commissions	6	
7.	Insurance	7	
8.	Legal and other professional fees	8	
9.	Management fees	9	
10.	Mortgage interest paid to banks, etc.	10	
11.	Other interest	11	
12.	Repairs	12	
13.	Supplies	13	
14.	Taxes	14	
15.	Utilities	15	
16.	Other expenses	16	
17.	Add lines 3 through 16	17	
18.	Depreciation expense or depletion	18	
19.	Total expenses. Add lines 17 and 18	19	
20.	Income or loss from rental real estate or royalty properties	20	17662
21.	Deductible rental real estate loss	21	
22.	Income. Enter positive amounts shown on line 20	22	17662
23.	Losses. Add royalty losses from line 20 and real estate losses from line 21	23	
24.	Rental real estate and royalty income or loss	24	17662
25.	Was this rental property used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value?	Yes	No

978061 11-07-09

2009 Schedule E-1 [redacted]

CHRISTOPHER J CHRISTIE [redacted]

Check one: Real estate X Royalty

Income or Loss from Real Estate and Royalties

Income

1.	Rents received	1
2.	Royalties received	2

Expenses

3.	Advertising	3
4.	Auto and travel	4
5.	Cleaning and maintenance	5
6.	Commissions	6
7.	Insurance	7
8.	Legal and other professional fees	8
9.	Management fees	9
10.	Mortgage interest paid to banks, etc.	10
11.	Other interest	11
12.	Repairs	12
13.	Supplies	13
14.	Taxes	14
15.	Utilities	15
16.	Other expenses	16
17.	Add lines 3 through 16	17
18.	Depreciation expense or depletion	18
19.	Total expenses. Add lines 17 and 18	19
20.	Income or loss from rental real estate or royalty properties	20
21.	Deductible rental real estate loss	21
22.	Income. Enter positive amounts shown on line 20	22
23.	Losses. Add royalty losses from line 20 and real estate losses from line 21	23
24.	Rental real estate and royalty income or loss	24
25.	Was this rental property used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value?	Yes X No

978061 11-07-09

2009 Schedule E-1 [redacted]

CHRISTOPHER J CHRISTIE [redacted]

Check one: Real estate X Royalty

Income or Loss from Real Estate and Royalties

Income

1.	Rents received	1	
2.	Royalties received	2	22

Expenses

3.	Advertising	3	
4.	Auto and travel	4	
5.	Cleaning and maintenance	5	
6.	Commissions	6	
7.	Insurance	7	
8.	Legal and other professional fees	8	
9.	Management fees	9	
10.	Mortgage interest paid to banks, etc.	10	
11.	Other interest	11	
12.	Repairs	12	
13.	Supplies	13	
14.	Taxes	14	
15.	Utilities	15	
16.	Other expenses	16	
17.	Add lines 3 through 16	17	
18.	Depreciation expense or depletion	18	
19.	Total expenses. Add lines 17 and 18	19	
20.	Income or loss from rental real estate or royalty properties	20	22
21.	Deductible rental real estate loss	21	
22.	Income. Enter positive amounts shown on line 20	22	22
23.	Losses. Add royalty losses from line 20 and real estate losses from line 21	23	
24.	Rental real estate and royalty income or loss	24	22
25.	Was this rental property used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value?	Yes	No

978061 11-07-09

2009 Schedule E-2 [redacted]

CHRISTOPHER J CHRISTIE
GOLDMAN SACHS HEDGE FUND PARTNERS, L [redacted]

Check one: S corp. X partnership

Income or Loss from Partnerships and S Corporations

1.	Passive loss allowed	1	
2.	Passive income	2	
3.	Non-passive loss	3	14549
4.	Section 179 expense deduction	4	
5.	Non-passive income	5	
6.	Combine lines 2 and 5	6	
7.	Combine lines 1, 3 and 4	7	-14549
8.	Partnership and S corporation income or loss. Combine lines 6 and 7	8	-14549
9.	Interest (other than MA banks) and dividends if included in line 8	9	
10.	Interest from Massachusetts banks if included in line 8	10	
11.	Total income or loss from partnerships and S corporations	11	-14549

12. Are you reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses? Yes X No

13. Check if any amount of this investment not at risk

978062 12-08-09

SEPT 7, 2010 14:23:29

2009 Schedule E-2 [redacted]

MARY P CHRISTIE
CANTOR FITZGERALD LP
[redacted]

Check one: S corp. X partnership

Income or Loss from Partnerships and S Corporations

1.	Passive loss allowed	1	
2.	Passive income	2	2136
3.	Non-passive loss	3	
4.	Section 179 expense deduction	4	
5.	Non-passive income	5	
6.	Combine lines 2 and 5	6	2136
7.	Combine lines 1, 3 and 4	7	
8.	Partnership and S corporation income or loss. Combine lines 6 and 7	8	2136
9.	Interest (other than MA banks) and dividends if included in line 8	9	
10.	Interest from Massachusetts banks if included in line 8	10	
11.	Total income or loss from partnerships and S corporations	11	2136
12.	Are you reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses?		Yes X No
13.	Check if any amount of this investment not at risk		

978062 12-08-09

SEPT 7, 2010 14:23:29

Form M-2210

Underpayment of Massachusetts Estimated Income Tax

2009
Massachusetts Department of Revenue

Enclose this form with your income tax return. Please print in ink or type.

Name(s) as shown on page 1 of return

Social Security or Federal Identification number

CHRISTOPHER J & MARY P CHRISTIE [redacted]

Exceptions to the Underpayment Penalty

You may qualify for an exception to the underpayment penalty if:

- [X] Your 2009 income tax due after credits and withholding is $400 or less.
- [ ] You are a qualified farmer or fisherman filing and paying your full amount due on or before March 1, 2010.
- [ ] You were a resident of Massachusetts for 12 months and not liable for taxes during 2008.
- [ ] Your estimated payments and withholding equal or exceed your 2008 tax (where taxable year was 12 months and a return was filed).

Part 1. Required Annual Payment

1	2009 tax (from Form 1, line 27; Form 1-NR/PY, line 31; or Form 3M)	1	1.
2	Total credits (from Form 1, lines 30, 40, 41 and 42; Form 1-NR/PY, lines 35, 45, 46 and 47)	2	
3	Balance. Subtract line 2 from line 1. Not less than "0"	3	1.
4	Enter 80% of line 3 or 66 2/3% of line 3 if you are a qualified farmer or fisherman	4	1.
5	Enter 2008 tax liability after credits (from 2008 return)	5	
6	Enter the smaller of line 4 or line 5	6	1.

Part 2. Figuring Your Underpayment

		Installment due dates			
		a. April 15, 2009	b. June 15, 2009	c. Sept. 15, 2009	d. Jan. 15, 2010
7	Divide the amount in line 6 by the number of installments required for the year. Enter the result in the appropriate columns	0.	0.	0.	1.
8	Estimated taxes paid and taxes withheld for each installment				2.
9	Overpayment of previous installment				
10	Total. Add lines 8 and 9				2.
11	Overpayment. Subtract line 7 from line 10	0.	0.	0.	1.
12	Underpayment. Subtract line 10 from line 7				

Part 3. Figuring Your Underpayment Penalty

13	Enter the date you paid the amount in line 12 or the 15th day of the 4th mo. after the close of the taxable year, whichever is earlier				
14	Number of days from the due date of installment to the date shown in line 13				
15	Number of days in line 14 after 4/15/09 and before 7/1/09				
16	Number of days in line 14 after 6/30/09 and before 10/1/09				
17	Number of days in line 14 after 9/30/09 and before 1/1/10				
18	Number of days in line 14 after 12/31/09 and before 4/16/10				
19	Underpayment in line 12 x (number of days in line 15 ÷ 365) x 5%				
20	Underpayment in line 12 x (number of days in line 16 ÷ 365) x 5%				
21	Underpayment in line 12 x (number of days in line 17 ÷ 365) x 5%				
22	Underpayment in line 12 x (number of days in line 18 ÷ 365) x 5%				

23	Penalty. Add all amounts shown in lines 19 through 22. Enter this amount on Form 1, line 47; Form 1-NR/PY, line 52 or Form 3M	23	0.

MA

Form **8582**

Department of the Treasury
Internal Revenue Service (99)

Passive Activity Loss Limitations

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

OMB No. 1545-1008

2009

Attachment Sequence No. 88

Name(s) shown on return

Identifying number

CHRISTOPHER J & MARY P CHRISTIE

[redacted]

Part I 2009 Passive Activity Loss

Caution: *Complete Worksheets 1, 2, and 3 on page 2 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 on page 3 of the instructions.)

1a	Activities with net income (enter the amount from Worksheet 1, column (a))	1a		
b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b		
c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c		
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)	2b		
c	Add lines 2a and 2b			2c

All Other Passive Activities

3a	Activities with net income (enter the amount from Worksheet 3, column (a))	3a	40.	
b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b		
c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c		
d	Combine lines 3a, 3b, and 3c			3d 40.

4 Combine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. **Do not** complete Form 8582. Report the losses on the forms and schedules normally used ... 4 40.

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 page 8 of the instructions for an example.*

5	Enter the **smaller** of the loss on line 1d or the loss on line 4			5
6	Enter $150,000. If married filing separately, see the instructions	6		
7	Enter modified adjusted gross income, but not less than zero (see the instr.)	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.*			
8	Subtract line 7 from line 6	8		
9	Multiply line 8 by 50% (.5). **Do not** enter more than $25,000. If married filing separately, see the instructions			9
10	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 on page 8 of the instructions.*

11	Enter $25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions		11
12	Enter the loss from line 4		12
13	Reduce line 12 by the amount on line 10		13
14	Enter the **smallest** of line 2c (treated as a positive amount), line 11, or line 13		14

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total		15
16	**Total losses allowed from all passive activities for 2009.** Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your tax return		16

CHRISTOPHER J & MARY P CHRISTIE [redacted]

MA 1-NR/PY NON-MASSACHUSETTS SOURCE INCOME STATEMENT 1

DESCRIPTION	AMOUNT
WAGES	517,240.
PARTNERSHIP	-12,453.
RENTAL INCOME	17,684.
MISCELLANEOUS INCOME	458.
INTEREST	9,236.
DIVIDENDS	5,261.
1797 CAPITAL GAINS/LOSSES	9,188.
CAPITAL GAINS/LOSSES	-3,000.
TOTAL TO FORM 1-NR/PY, LINE 14E	543,614.

MA 1-NR/PY RECONCILIATION OF U.S. INCOME TO MASS. LINE 14F STATEMENT 2

CHRISTOPHER J & MARY P CHRISTIE [redacted]

TOTAL INCOME FROM U.S. FORM 1040, LINE 22 . . .		544,047
U.S. BOND INTEREST	430	
STATE TAX REFUNDS		
SOCIAL SECURITY AND TIER 1 RAILROAD RETIREMENT .		
TOTAL SUBTRACTIONS FROM TOTAL U.S. INCOME . . .		-430
NET OPERATING LOSS CARRYFORWARD		
FOREIGN EARNED INCOME EXCLUSION		
FOREIGN MOVING EXPENSE RECAPTURE		
TOTAL ADDITIONS TO TOTAL U.S. INCOME		
MISCELLANEOUS DIFFERENCES		37
MASSACHUSETTS FORM 1-NR/PY, LINE 14F		543,654

MA B OTHER DIVIDEND AND INTEREST INCOME TO BE EXCLUDED STATEMENT 3

DESCRIPTION	AMOUNT
ADJUSTMENT FOR NON-MASSACHUSETTS AMOUNTS	14,497.
U.S. INTEREST	430.
NONTAXABLE INTEREST	8,145.
TOTAL TO SCHEDULE B, LINE 6	23,072.

MA B ADJUSTMENT TO GAIN FOR MASSACHUSETTS DIFFERENCES STATEMENT 4

EXPLANATION	SHORT-TERM
SHORT-TERM CAPITAL GAINS FROM U.S. SCHEDULE D, LINES 1, 2, 4 AND 5	14,534.00
DIFFERENCES BETWEEN U.S. AND MASS. AMOUNTS	-14,534.00
TOTAL TO SCHEDULE B, LINE 10	0.00

MA B ADJUSTMENT TO LOSSES FOR MASSACHUSETTS DIFFERENCES STATEMENT 5

EXPLANATION	SHORT-TERM
SHORT-TERM CAPITAL LOSSES FROM U.S. SCHEDULE D, LINES 1, 2, 4 AND 5	-1,401.00
DIFFERENCES BETWEEN U.S. AND MASS. AMOUNTS	1,401.00
TOTAL TO SCHEDULE B, LINE 16	0.00

MA D U.S. SCHEDULE D, LINE 11, COL. F STATEMENT 6

EXPLANATION	AMOUNT
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	37.00
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	-2,102.00
TOTAL TO SCHEDULE D, LINE 3	-2,065.00

STATEMENT(S) 3, 4, 5, 6

A D U.S. SCHEDULE D, LINE 12, COL. F STATEMENT 7

XPLANATION	AMOUNT
OLDMAN SACHS HEDGE FUND PARTNERS, LLC	-12,855.00
OTAL TO SCHEDULE D, LINE 4	-12,855.00

A D MASSACHUSETTS DIFFERENCES STATEMENT 8

XPLANATION	AMOUNT
OLDMAN SACHS HEDGE FUND PARTNERS, LLC	12,855.00
ASSACHUSETTS DIFFERENCES	2,065.00
OTAL TO SCHEDULE D, LINE 9	14,920.00

IA E SCHEDULE E - MASSACHUSETTS DIFFERENCES STATEMENT 9

ESCRIPTION	AMOUNT
ICNEIL PPC INC - ROYALTIES	-17,662.
OLDMAN SACHS HEDGE FUND PARTNERS, LLC - ROYALTY	-22.
OLDMAN SACHS HEDGE FUND PARTNERS, LLC	14,549.
ANTOR FITZGERALD LP	-2,096.
OTAL TO SCHEDULE E, LINE 55	-5,231.00

ORM 8582 OTHER PASSIVE ACTIVITIES - WORKSHEET 3 STATEMENT 10

	CURRENT YEAR		PRIOR YEAR UNALLOWED	OVERALL GAIN OR LOSS	
IAME OF ACTIVITY	NET INCOME	NET LOSS	LOSS	GAIN	LOSS
ANTOR FITZGERALD LP	40.	0.		40.	
OTALS	40.	0.		40.	

FORM 8582 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 11

NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
CANTOR FITZGERALD LP	SCH E	40.		40.		
TOTALS		40.		40.		

Form **2441**

Department of the Treasury
Internal Revenue Service (99)

Child and Dependent Care Expenses

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

OMB No. 1545-0074

2009

Attachment Sequence No. **21**

Name(s) shown on return

CHRISTOPHER J & MARY P CHRISTIE

Your social security number

[redacted]

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

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid
DEBORAH RISKA	[redacted] MENDHAM, NJ 07945	[redacted]	23,760.

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

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59, or Form 1040NR, line 56.

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

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

(a) Qualifying person's name First	Last	(b) Qualifying person's social security number	(c) **Qualified expenses** you incurred and paid in 2009 for the person listed in column (a)
SEE STATEMENT 12			

3	Add the amounts in column (c) of line 2. **Do not** enter more than $3,000 for one qualifying person or $6,000 for two or more persons. If you completed Part III, enter the amount from line 34	3	6,000.
4	Enter your **earned income.** See instructions	4	
5	If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); **all others,** enter the amount from line 4	5	517,240.
6	Enter the **smallest** of line 3, 4, or 5	6	
7	Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 36 — 7: 544,047.		
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	x .20
9	Multiply line 6 by the decimal amount on line 8. If you paid 2008 expenses in 2009, see the instructions	9	
10	Enter the amount from Form 1040, line 46; Form 1040A, line 28; or Form 1040NR, line 43 — 10: 141,408.		
11	Enter the amount from Form 1040, line 47; or Form 1040NR, line 44. Form 1040A filers, enter -0- — 11: 319.		
12	Subtract line 11 from line 10. If zero or less, **stop.** You cannot take the credit	12	141,089.
13	**Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 12 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 45	13	0.

If line 7 is:

Over	But not over	Decimal amount is
$0	15,000	.35
15,000	17,000	.34
17,000	19,000	.33
19,000	21,000	.32
21,000	23,000	.31
23,000	25,000	.30
25,000	27,000	.29
27,000	29,000	.28
29,000	31,000	.27
31,000	33,000	.26
33,000	35,000	.25
35,000	37,000	.24
37,000	39,000	.23
39,000	41,000	.22
41,000	43,000	.21
43,000	No limit	.20

Part III Dependent Care Benefits

14 Enter the total amount of **dependent care benefits** you received in 2009. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. **Do not** include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership — 14

15 Enter the amount, if any, you carried over from 2008 and used in 2009 during the grace period. See instructions — 15

16 Enter the amount, if any, you forfeited or carried forward to 2010. See instructions — 16 ( )

17 Combine lines 14 through 16. See instructions — 17

18 Enter the total amount of **qualified expenses** incurred in 2009 for the care of the **qualifying person(s)** — 18

19 Enter the **smaller** of line 17 or 18 — 19

20 Enter your **earned income.** See instructions — 20

21 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 the instructions.
- All others, enter the amount from line 20.

— 21

22 Enter the **smallest** of line 19, 20, or 21 — 22

23 Enter $5,000 ($2,500 if married filing separately **and** you were required to enter your spouse's earned income on line 21) — 23

24 Are you filing Form 1040A?
- ☐ **Yes.** Skip lines 24 through 27 and go to line 28.
- ☐ **No.** Enter the amount from line 14 that you received from your sole proprietorship or partnership. If you did not receive any such amounts, enter -0- — 24

25 Subtract line 24 from line 17 — 25

26 Enter the **smaller** of line 22 or 23 — 26

27 **Deductible benefits.** Enter the **smallest** of line 22, 23, or 24. Also, include this amount on the appropriate line(s) of your return. See instructions — 27

28 **Excluded benefits. Form 1040 and 1040NR filers:** Subtract line 27 from line 26. If zero or less, enter -0-. **Form 1040A filers:** Enter the **smaller** of line 22 or line 23 — 28

29 **Taxable benefits. Form 1040 and 1040NR filers:** Subtract line 28 from line 25. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7; or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7; or Form 1040NR, line 8, enter "DCB." **Form 1040A filers:** Subtract line 28 from line 17. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB" — 29

To claim the child and dependent care credit, complete lines 30 through 34 below.

30 Enter $3,000 ($6,000 if two or more qualifying persons) — 30

31 **Form 1040 and 1040NR filers:** Add lines 27 and 28. **Form 1040A filers:** Enter the amount from line 28 — 31

32 Subtract line 31 from line 30. If zero or less, **stop.** You cannot take the credit. **Exception.** If you paid 2008 expenses in 2009, see the instructions for line 9 — 32

33 Complete line 2 on page 1 of this form. **Do not** include in column (c) any benefits shown on line 31 above. Then, add the amounts in column (c) and enter the total here — 33

34 Enter the **smaller** of line 32 or 33. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 13 — 34

2009 TAX RETURN FILING INSTRUCTIONS

NORTH CAROLINA INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	CHRISTOPHER J & MARY P CHRISTIE [redacted] MENDHAM, NJ 07945
Prepared by	HAL MODEL CPA PA [redacted]
Amount of tax	Total tax $ 0 Less: payments and credits $ 0 Plus: interest and penalties $ 0 NO PMT REQUIRED $ 0
Overpayment	Miscellaneous Donations $ 0 Credited to your estimated tax $ 0 Refunded to you $ 0
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	N.C. DEPT. OF REVENUE P.O. BOX 25000 RALEIGH, NC 27640-0640
Return must be mailed on or before	OCTOBER 15, 2010
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY BOTH TAXPAYER AND SPOUSE.

COPY

Last Name (First 10 Characters) CHRISTIE | Your Social Security Number [redacted]

D-400 Line-by-Line Information

AGI Federal Adjusted Gross Income	AGI	544047
6. Taxable Income from Federal Return	6.	422880
7. Additions to Federal Taxable Income	7.	53069
8. Add Lines 6 and 7	8.	475949
9. Deductions from Federal Taxable Income	9.	430
10. Line 8 minus Line 9	10.	475519
11. Same as Line 10	11.	475519
12. Part-year residents and nonresidents	12.	0.0000
13. N.C. Taxable Income	13.	0
14. N.C. Income Tax	14.	0
15. Surtax	15.	0
16. Total North Carolina Income Tax	16.	0
17. Tax Credits	17.	0
18. Line 16 minus Line 17	18.	0
19. Consumer Use Tax	19.	0
20. Add Lines 18 and 19	20.	0

North Carolina Income Tax Withheld

21a. Your Income Tax Withheld	21a.	0
21b. Spouse's Income Tax Withheld	21b.	0

Other Tax Payments

22a. 2009 Estimated Tax	22a.	0
22b. Paid with Extension	22b.	0
22c. Partnership	22c.	0
22d. S Corporation	22d.	0
23. North Carolina Earned Income Tax Credit	23.	0
24. Add Lines 21a through 23	24.	0
25a. **Tax Due** - If Line 20 is more than Line 24, subtract and enter the result	25a.	0
25b. Penalties and interest	25b.	0
EU Exception to underpayment of estimated tax	EU	
25c. Interest on the underpayment of estimated income tax	25c.	0
26. **Pay this Amount**	26.	0
27. **Overpayment** - If Line 20 is less than Line 24, subtract and enter the result	27.	0

Amount of Refund to Apply to:

28. Amount of Line 27 to be applied to 2010 Estimated Income Tax	28.	0
29. N.C. Nongame and Endangered Wildlife Fund	29.	0
30. Add Lines 28 and 29	30.	0
31. **Amount to be Refunded**	31.	0

969011 11-03-09

This page must be filed with the first page of this form.

Additions to Federal Taxable Income

32. Itemized deductions or standard deduction from your federal return	32.	106569
33. N.C. standard deduction		

Single $3,000; Head of household $4,400;
Qualifying widow(er) $6,000; Married filing jointly $6,000;
Married filing separately:
If your spouse does NOT claim itemized deductions $3,000;
If your spouse claims itemized deductions $0

NOTE: If 65 or older or blind or if someone can claim you as a dependent, see worksheet.	33.	6000
34. Line 32 minus 33 - Amount cannot be less than zero	34.	100569
35. State, local, and foreign taxes STMT 3	35.	46470
36. If standard deduction, enter amount from Line 34. If itemizing, enter Line 34 or 35, whichever is less.	36.	46470
37. Personal exemption adjustment STMT 4	37.	6599
38. Interest income from other states	38.	0
39. Adjustment for domestic production activities *(See instructions)*	39.	0
40. Adjustment for bonus depreciation	40.	0
41. Other federal taxable income additions	41.	0
42. **Total additions**	42.	53069

Deductions from Federal Taxable Income

43. State or local income tax refund	43.	0
44. Interest income from obligations of US or US' possessions	44.	430
45. Social Security and Railroad Retirement Benefits	45.	0
46. Bailey settlement retirement benefits	46.	0
47. Other retirement benefits	47.	0
48. Severance wages	48.	0
49. Adjustment for additional first-year depreciation added back in 2002, 2003, and 2004 *(See instructions)*	49.	0
50. Adjustment for bonus depreciation added back in 2008	50.	0
51. Contributions to North Carolina's National College Savings Program (NC 529 Plan) *(See instructions)*	51.	0
52. Other federal taxable income deductions	52.	0
53. **Total deductions**	53.	430

Part-Year Residents and Nonresidents

54. All income while a part-year NC resident and NC source income while a nonresident	54.	3
55. Total income from all sources STMT 1*	55.	543617
56. Divide Line 54 by Line 55	56.	0.0000

* SEE STATEMENT 2

N.C. Residency Dates for Part-Year Residents

	Beginning	Ending
Taxpayer:		
Spouse:		

FOR AGI LESS THAN THAT INDICATED FOR YOUR FILING STATUS):

. MULTIPLY THE NUMBER OF EXEMPTIONS CLAIMED ON LINE 6D OF 1040 OR 1040A BY $1150 AND ENTER THE RESULT. ENTER THIS AMOUNT ON FORM D-400, LINE 37..... 0

FOR AGI AT LEAST THAT INDICATED FOR YOUR FILING STATUS):

2. MULTIPLY THE NUMBER OF EXEMPTIONS CLAIMED ON LINE 6D OF 1040 OR 1040A BY $1650 AND ENTER THE RESULT..... 9900

IMPORTANT: IF YOU WERE NOT REQUIRED TO COMPLETE THE DEDUCTION FOR EXEMPTIONS WORKSHEET IN THE INSTRUCTIONS FOR FEDERAL FORM 1040 OR 1040A, STOP HERE AND ENTER THIS AMOUNT ON FORM D-400, LINE 37.

IF YOU WERE REQUIRED TO COMPLETE THE DEDUCTION FOR EXEMPTIONS WORKSHEET AND YOU ANSWERED "NO" ON LINE 6 OF THE FEDERAL WORKSHEET, COMPLETE LINES 3 THROUGH 6 BELOW. IF YOU ANSWERED "YES" ON LINE 6 OF THE FEDERAL WORKSHEET, SKIP LINES 3 THROUGH 6 AND COMPLETE LINE 7 BELOW.

3. ENTER THE AMOUNT FROM LINE 10 OF THE DEDUCTION FOR EXEMPTIONS WORKSHEET IN THE INSTRUCTIONS FOR FEDERAL FORM 1040 OR 1040A..... 0

4. ENTER THE AMOUNT FROM LINE 2 OF THE DEDUCTION FOR EXEMPTIONS WORKSHEET IN THE INSTRUCTIONS FOR FEDERAL FORM 1040 OR 1040A..... 0

5. DIVIDE LINE 3 ABOVE BY LINE 4 ABOVE AND ENTER THE RESULT AS A DECIMAL AMOUNT..... .0000

6. MULTIPLY LINE 2 ABOVE BY THE DECIMAL AMOUNT ON LINE 5 AND ENTER THE RESULT HERE AND ON FORM D-400, LINE 37..... 0

. MULTIPLY THE AMOUNT ON LINE 2 ABOVE BY .6666 AND ENTER THE RESULT HERE AND ON FORM D-400, LINE 37..... 6599

D-400 (39) 9 14 09

Individual Income Tax Return 2009

North Carolina Department of Revenue

< Staple All Pages of Your Return and W-2s Here

For calendar year 2009, or fiscal year beginning 09 and ending

CHRISTOPHER J CHRISTIE & MARY P CHRISTIE

[redacted]

MENDHAM NJ 07945 FOREIGN Your SSN: [redacted] Spouse's SSN: [redacted]

NC Public Campaign Fund
Select "Yes" if you want to designate $3 of taxes to this special Fund for voter education materials and for candidates who accept spending limits. Selecting "Yes" does not change your tax or refund.

You ☐ Yes ☐ No
Your Spouse ☐ Yes ☐ No

Filing Status Year spouse died:
- ☐ 1. Single
- ☒ 2. Married Filing Jointly
- ☐ 3. Married Filing Separately
- ☐ 4. Head of Household
- ☐ 5. Widow(er) with Dependent Child

☐ Select box if this is an Amended 2009 return.

☐ Select box if you or your spouse were out of the country on April 15 and a U.S. citizen or resident.

☐ Select box if return is filed and signed by Executor or Administrator

Number of Exemptions Claimed: 06
☐ Return for deceased taxpayer Date of death:
☐ Return for deceased spouse Date of death:

	You	Spouse
Select box if you or your spouse were a nonresident of NC for the entire year.	☒	☐
Select box if you or your spouse moved into or out of NC during the year.	☐	☐

NC Political Parties Financing Fund
Select appropriate box if you want to designate $3 to this fund. Your tax remains the same whether or not you make a designation.

You	Your Spouse
☐ Democratic	☐ Democratic
☐ Republican	☐ Republican
☐ Unspecified	☐ Unspecified

FS 2 EX 06 PP Y DT N DS N OC N EA N

CHRI 46 C 07945 NRT Y NRS N PYT N PYS N

CHRISTOPHER J CHRISTIE [redacted] PCT PFT 0

MARY P CHRISTIE [redacted] PCS PFS 0

[redacted] MENDHAM NJ 07945

AGI	544047	22B	0	31	0	43	0	55	543617
06	422880	22C	0	32	106569	44	430		
07	53069	22D	0	33	6000	45	0		
09	430	23	0	35	46470	46	0		
15	0	25A	0	36	46470	47	0		
17	0	25C	0	37	6599	48	0		
19	0	EU		38	0	49	0		
21A	0	26	0	39	0	50	0		
21B	0	28	0	40	0	51	0		
22A	0	29	0	41	0	52	0		
TN		PN		PP	[redacted]	54	3		

NCDOR Use Only

Sign Return Below

I certify that, to the best of my knowledge, this return is accurate and complete.

Your Signature Date

Spouse's Signature (If filing joint return, both must sign.) Date

Home Telephone Number (Include area code)

COPY

Refund Due

Payment Due

If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.

Paid Preparer's Signature Date

[redacted] [redacted]

Paid Preparer's FEIN, SSN, or PTIN Paid Preparer's Telephone Number

If you ARE NOT due a refund, mail return, any payment, and Form D-400V to: NCDOR, P.O. Box 25000, Raleigh, N.C. 27640-0640
If REFUND mail to: NCDOR, P.O. Box R, Raleigh, N.C. 27634-0001 969001 11-09-09

D-410 (39)
9-29-09

Application for Extension for Filing Individual Income Tax Return

North Carolina Department of Revenue

Instructions

Purpose - Use Form D-410 to ask for 6 more months to file the North Carolina Individual Income Tax Return, Form D-400.

Even if you do not expect to owe additional tax, you must still apply for an extension and file the return by the extended due date for the return to be considered timely filed. You do not have to explain why you are asking for the extension. **You do not have to attach this form to your return.**

To receive the extra time you MUST:

1. **Properly estimate your tax liability using the information available to you, and enter that amount on Line 1 of Form D-410.**
2. **File Form D-410 by the regular due date of your tax return. You are not required to send a payment of the tax you estimate as due. However, because an extension of time to file the return does not extend the time for paying the tax, it will benefit you to pay as much as you can.**

If you already had 4 extra months to file because you were "out of the country" (explained later) when your return was due, then use this form to ask for an additional 2 months to file.

Filing Your Tax Return - You may file the income tax return at any time before the extended due date. But remember, Form D-410 does not extend the time to pay the tax. If you do not pay the amount due by the original due date, you will owe interest. You may also be charged penalties.

Interest - You will owe interest on tax not paid by the original due date of the return. Even if you had a good reason not to pay on time, you will still owe interest.

Late Payment Penalty - The late payment penalty is 10 percent (minimum $5) of the tax not paid by the due date of the return. The penalty will apply on any remaining balance due if the tax paid by the original due date of the return is less than 90 percent of the total amount of tax due. If the 90 percent rule is met, any remaining balance due, including interest, must be paid with the income tax return on or before the expiration of the extension period to avoid the late payment penalty.

Late Filing Penalty - A penalty is usually charged if your return is filed after the due date (including extensions). It is 5 percent of the tax not paid by the due date for each month, or part of a month, that your return is late (minimum $5, maximum 25 percent).

If you do not file the application for extension by the original due date of the return, you are subject to both the 5 percent per month late filing penalty and the 10 percent late payment penalty on the remaining tax due.

How To Claim Credit For Payments Made With This Form - When you file your return, include the amount paid with this extension on Line 22b of Form D-400. If you and your spouse each file a separate Form D-410, but file a joint return, enter the total paid with the two Forms D-410 on Line 22b of your return.

If you and your spouse jointly filed Form D-410, but file separate returns, you may enter the total amount paid with Form D-410 on either of your separate returns. Or, you and your spouse may divide the payment in any agreed amounts. Be sure each separate return has the social security numbers of both spouses.

Specific Instructions

Line 1 - Enter on this line the amount you expect to enter on Line 16 of Form D-400. If you do not expect to owe tax, enter zero.

Line 2 - Enter on this line any North Carolina income tax withheld, estimated tax payments (including any overpayment applied from the previous year), and any other payments and credits you expect to show on your return.

Out of the Country - If you were a U.S. citizen or resident and were out of the country on the due date of your return, you are granted an automatic 4-month extension to file your return. You do not have to file this form on April 15. Instead, fill in the "Out of the Country" circle on page 1 of Form D-400 to indicate you were out of the country on April 15. If you need an additional two months to file your return, select "yes" for the "Out of country on due date" indicator located on this form and file the form on or before August 15. For this purpose, "Out of the Country" means either (1) you live outside the United States and Puerto Rico, AND your main place of work is outside the United States and Puerto Rico, or (2) you are in military or naval service outside the United States and Puerto Rico.

Important: Do not use this form to request extensions of time for filing partnership, estate, trust, corporate income, or franchise tax returns.

969161 10-16-09

Cut Here

D-410 (39)
9-29-09

Application for Extension for Filing Individual Income Tax Return

North Carolina Department of Revenue

[redacted] [redacted]

Calendar year 2009 or tax year starting

CHRISTOPHER J CHRISTIE

N Out of country on due date?

and ending

MARY P CHRISTIE

[redacted]

MENDHAM NJ 07945

1. Tax Liability for Year		0.00
2. Payments for Year		0.00
3. Balance Due	$	0.00

Mail to: NCDOR, PO Box 25000, Raleigh, NC 27640-0635

[redacted]

[redacted]

2009 TAX RETURN FILING INSTRUCTIONS

NEW YORK INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	CHRISTOPHER J & MARY P CHRISTIE [redacted] MENDHAM, NJ 07945
Prepared by	HAL MODEL CPA PA [redacted]
Amount of tax	Total tax $ 54 Less: payments and credits $ 73 Plus: interest and penalties $ 0 OVERPAYMENT $ 19
Overpayment	Miscellaneous Donations $ 0 Credited to your estimated tax $ 0 Refunded to you $ 19
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FORM TR-579-IT TO OUR OFFICE. WE WILL SUBMIT YOUR ELECTRONIC RETURN TO THE NY TAX DEPT.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	COPY

900081
05-20-09

New York State
e-file
www.nystax.gov

New York State E-File Signature Authorization for Tax Year 2009
For Forms IT-150, IT-201, and IT-203

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

Taxpayer's name: CHRISTOPHER J CHRISTIE

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

Purpose

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

General instructions

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

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

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

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*. Go to our Web site at *www.nystax.gov* and click on the *Publications and Bulletins* link to find 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 2009 Form IT-370*.

Part A - Tax return information

1	Federal adjusted gross income *(from Form IT-150, line 11; IT-201, line 18; or IT-203, line 18)*	1.	629
2	Refund *(from Form IT-150, line 52; IT-201, line 78; or IT-203, line 68)*	2.	19
3	Amount you owe *(from Form IT-150, line 54; IT-201, line 80; or IT-203, line 70)*	3.	

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

Under penalty of perjury, I declare that I have examined the information on my 2009 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2009 New York State electronic return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2009 electronic return, and I authorize my financial institution to withdraw the amount from my account.

Taxpayer's signature: _____ Date: _____

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

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

Under penalty of perjury, I declare that the information contained in this 2009 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2009 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2009 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2009 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: _____ Date: _____

Print name: HAL MODEL CPA PA

Paid preparer's signature: _____ Date: _____

Print name: HAL MODEL CPA

2009 New York State Department of Taxation and Finance

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

IT-370

1 New York State income tax liability for 2009	1. 0.	
2 New York City income tax liability for 2009	2. 0.	
3 Yonkers income tax liability for 2009	3. 0.	
4 Sales and use tax due for 2009 *(enter this amount here and on line 1 below)*	4. 0.	
5 Total taxes *(add lines 1 through 4)*		5. 0.
6 Total 2009 income tax already paid		6. 76.
7 Total payment *(subtract line 6 from line 5 and enter this amount here and on line 2 below)*. If line 6 is more than line 5, enter 0		7. 0.

968301
11-12-09

▼ Detach here ▼ Do not attach to your return.

2009 New York State Department of Taxation and Finance

Application for Automatic Six-Month Extension of Time to File for Individuals **IT-370**

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

Your social security number (SSN)
[redacted]

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

Your first name and middle initial
CHRISTOPHER J

Your last name
CHRISTIE

Spouse's first name and middle initial
MARY P

Spouse's last name
CHRISTIE

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

Apartment number

City, village, or post office
MENDHAM

State NJ ZIP code 07945

E-mail:

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

Mark an X in the box for each tax that you are subject to:
New York State tax ___ New York City tax ___ Yonkers tax ___

	Dollars
1 Sales and use tax ...	0.00
2 Total payment	0.00

[redacted]

968302
10-09-09

IT-370 (2009) (page 2) ▲ Detach here ▲ Do not attach to your return.

Payment options - Full payment must be made of any balance due with this automatic extension of time to file. You may pay by check or money order. Make the check or money order payable to **New York State Income Tax** and write your social security number and **2009 Income Tax** on it.

If you want to make your payment by direct debit from your bank account, you must use the Tax Department's Web application or e-file your extension request. For additional information on debiting from your bank account and credit card payments, go to our Web site (at *www.nystax.gov*), and click on the *Online Tax Center*. If you file online, you must print out a payment voucher to mail with your payment to ensure that your account is properly credited.

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

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

▼ **Paid preparer must complete** ▼

Preparer's signature ▶

Date:

▶ Preparer's NYTPRIN

▼ Preparer's SSN or PTIN

[redacted]

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

Address
[redacted]

E-mail: [redacted]

• Employer identification number
[redacted]

Mark an X if self-employed ___

For office use only

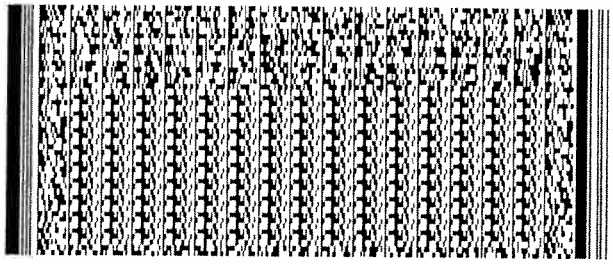
New York State Department of Taxation and Finance

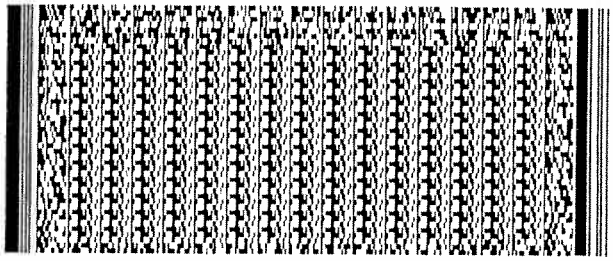
Cover Sheet for Form IT-203
Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers

2009 **IT-203**

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





Taxpayer name and address	Software vendor code [redacted]
Your social security number [redacted]	Spouse's social security number [redacted]
Your first name and m.i.: CHRISTOPHER	Your last name: CHRISTIE
Spouse's first name and m.i.: MARY P	Spouse's last name: CHRISTIE
Mailing address *(number and street or rural route)*: [redacted]	Apartment number:
City, village or post office: MENDHAM	State: NJ — ZIP code: 07945

Summary of return data

Federal AGI (*NYS amount* column)	629.
Total NYS AGI (*NYS amount* column)	645.
Total New York State tax withheld	
Total New York City tax withheld	
Total Yonkers tax withheld	
Amount to be refunded to you	19.
Amount you owe	

968020
12-07-09

Staple check or money order here.

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

New York State Department of Taxation and Finance

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

2009 **IT-203**

For the year January 1, 2009, through December 31, 2009, or fiscal year beginning _____ and ending _____

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

Print or type

Your first name and middle initial	Your last name (for a joint return, enter spouse's name on line below)	Your social security number
CHRISTOPHER	J CHRISTIE	[redacted]
Spouse's first name and middle initial	**Spouse's last name**	**Spouse's social security number**
MARY	P CHRISTIE	[redacted]

Mailing address (see instructions, page 13) (number and street or rural route) — Apartment number — New York State county of residence

[redacted] — NR

City, village, or post office — State — ZIP code — School district name

MENDHAM — NJ — 07945

Permanent home address (see instructions, page 13) (number and street or rural route) — Apartment number — School district code number

City, village, or post office — State — ZIP code — Taxpayer's date of death — Spouse's date of death

Decedent information

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

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

(B) Did you itemize your deductions on your 2009 federal income tax return? Yes X No

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

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

(E) New York City part-year residents only *(see page 14)*

(1) Number of months you lived in NY City in 2009

(2) Number of months your spouse lived in NY City in 2009

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

If applicable, also enter your second 2 digit special condition code

Federal income and adjustments

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

		Federal amount (Dollars)		New York State amount (Dollars)
1 Wages, salaries, tips, etc.	1.	517,240.	1.	
2 Taxable interest income	2.	9,666.	2.	
3 Ordinary dividends	3.	5,261.	3.	24.
4 Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 24)*	4.		4.	
5 Alimony received	5.		5.	
6 Business income or loss (attach a copy of federal Sch. C or C-EZ, Form 1040)	6.		6.	
7 Capital gain or loss (if required, attach a copy of federal Sch. D, Form 1040)	7.	-3,000.	7.	
8 Other gains or losses *(attach a copy of federal Form 4797)*	8.	9,151.	8.	
9 Taxable amount of IRA distributions. Beneficiaries: mark X in box	9.		9.	
10 Taxable amount of pensions/annuities. Beneficiaries: mark X in box	10.		10.	
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(attach a copy of federal Schedule E, Form 1040)*	11.	5,271.	11.	605.
12 Farm income or loss *(attach a copy of federal Sch. F, Form 1040)*	12.		12.	
13 Unemployment compensation in excess of $2,400 per recipient	13.		13.	
14 Taxable amount of social security benefits *(also enter on line 26)*	14.		14.	
15 Other income *(see page 23) Identify:* SEE STATEMENT 1	15.	458.	15.	
16 Add lines 1 through 15	16.	544,047.	16.	629.
17 Total federal adjustments to income *(see page 23) Identify:*	17.		17.	
18 **Federal adjusted gross income** *(subtract line 17 from line 16)*	18.	544,047.	18.	629.

968021
12-01-09

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

 ▼ Enter your social security number [redacted]

			Federal amount Dollars		New York State amount Dollars
19	Federal adjusted gross income *(from line 18 on page 1)*	19.	544,047.	19.	629.
New York additions *(see page 25)*					
20	Interest income on state and local bonds *(but not those of New York State or its localities)*	20.		20.	
21	Public employee 414(h) retirement contributions	21.		21.	
22	Other (see page 27) *Identify:* SEE STATEMENT 3	22.	57.	22.	16.
23	Add lines 19 through 22	23.	544,104.	23.	645.
New York subtractions *(see page 30)*					
24	Taxable refunds, credits, or offsets of state and local income taxes *(from line 4)*	24.		24.	
25	Pensions of NYS and local governments and the federal government *(see page 30)*	25.		25.	
26	Taxable amount of social security benefits *(from line 14)*	26.		26.	
27	Interest income on U.S. government bonds	27.	430.	27.	
28	Pension and annuity income exclusion	28.		28.	
29	Other (see page 31) *Identify:*	29.		29.	
30	Add lines 24 through 29	30.	430.	30.	
31	**New York adjusted gross income** *(subtract line 30 from line 23)*	31.	543,674.	31.	645.
32	Enter the amount from line 31, **Federal amount** column			32.	543,674.
33	Enter your **standard deduction** *(from table below)* or your **itemized deduction** *(from worksheet below)*. Mark an **X** in the appropriate box: • Standard or • X Itemized			33.	30,050.
34	Subtract line 33 from line 32 *(if line 33 is more than line 32, leave blank)*			34.	513,624.
35	Dependent exemptions *(not the same as total federal exemptions; see page 38)*			35.	4,000.
36	**New York taxable income** *(subtract line 35 from line 34)*			36.	509,624.

◄ or ►

New York State standard deduction table

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

New York State itemized deduction worksheet

a	Medical and dental expenses *(federal Sch. A, line 4)*	a.	
b	Taxes you paid *(federal Schedule A, line 9)*	b.	84,991.
b1	State, local, and foreign **income** taxes included in line b above	b1.	48,125.
c	Interest you paid *(federal Schedule A, line 15)*	c.	4,869.
d	Gifts to charity *(federal Schedule A, line 19)*	d.	20,481.
e	Casualty and theft losses *(federal Sch. A, line 20)*	e.	
f	Job expenses/misc. deductions *(federal Sch. A, line 27)*	f.	
g	Other misc. deductions *(federal Sch. A, line 28)*	g.	
h	Enter amount from **federal Schedule A, line 29**	h.	106,569.
i	State, local, and foreign **income** taxes and other subtraction adjustments *(see page 36)* STMT 4	i.	46,469.
j	Subtract line i from line h	j.	60,100.
k	College tuition itemized deduction *(see page 37)*	k.	
l	Addition adjustments *(see page 37)*	l.	
m	Add lines j, k, and l	m.	60,100.
n	Itemized deduction adjustment *(see page 38)*	n.	30,050.
o	**New York State itemized deduction** *(subtract line n from m; enter on line 33 above)*	o.	30,050.

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

CHRISTOPHER J & MARY P CHRISTIE [redacted]

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

			Dollars
37	**New York taxable income** *(from line 36 on page 2)*	37.	509,624.
38	New York State tax on line 37 amount *(see page 39 and* Tax computation *on pages 74 and 75)*	38.	45,005.
39	New York State household credit *(from table 1, 2, or 3 on pages 39 and 40)*	39.	
40	Subtract line 39 from line 38 *(if line 39 is more than line 38, leave blank)*	40.	45,005.
41	New York State child and dependent care credit *(attach Form IT-216; see page 40)*	41.	
42	Subtract line 41 from line 40 *(if line 41 is more than line 40, leave blank)*	42.	45,005.
43	New York State earned income credit *(attach Form IT-215; see page 40)*	43.	
44	Base tax *(subtract line 43 from line 42; if line 43 is more than line 42, leave blank)*	44.	45,005.

45	Income percentage *(see page 40)*	New York State amount from line 31	÷	Federal amount from line 31	=	Round result to 4 decimal places
		645.		543,674.	45.	.0012

46	Allocated New York State tax *(multiply line 44 by the decimal on line 45)*	46.	54.
47	New York State nonrefundable credits *(from Form IT-203-ATT, line 8; attach form)*	47.	
48	Subtract line 47 from line 46 *(if line 47 is more than line 46, leave blank)*	48.	54.
49	Net other New York State taxes *(from Form IT-203-ATT, line 33; attach form)*	49.	
50	**Total New York State taxes** *(add lines 48 and 49)*	50.	54.

New York City and Yonkers taxes and credits

51	Part-year New York City resident tax *(attach Form IT-360.1)*	51.	See instructions on pages 40 and 41 to compute New York City and Yonkers taxes, credits and surcharges.
52	New York City minimum income tax *(attach Form IT-220)*	52.	
52a	Add lines 51 and 52	52a.	
52b	Part-year resident nonrefundable New York City child and dependent care credit *(attach Form IT-216)*	52b.	
52c	Subtract line 52b from 52a	52c.	
53	Yonkers nonresident earnings tax *(attach Form Y-203)*	53.	
54	Part-year Yonkers resident income tax surcharge *(attach Form IT-360.1)*	54.	
55	**Total New York City and Yonkers taxes** *(add lines 52c, 53, and 54)*	55.	
56	**Sales or use tax** *(See the instructions on page 42.* **Do not leave line 56 blank.***)*	56.	0.

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

57a	Return a Gift to Wildlife	57a.	
57b	Missing / Exploited Children Fund	57b.	
57c	Breast Cancer Research Fund	57c.	
57d	Alzheimer's Fund	57d.	
57e	Olympic Fund *($2 or $4; see page 43)*	57e.	
57f	Prostate Cancer Research Fund	57f.	
57g	9/11 Memorial	57g.	
57	**Total voluntary contributions** *(add lines 57a through 57g)*	57.	
58	**Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions** *(add lines* **50, 55, 56,** *and 57)*	58.	54.

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

 ▼ Enter your social security number [redacted]

59 **Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions** *(from line 58 on page 3)* — Dollars — 59. 54.

Payments and refundable credits

60 Part-year NYC school tax credit *(also complete* (E) *on front; see pg. 44)* 60.
61 Other refundable credits *(from Form IT-203-ATT, line 17)* 61.
62 Total **New York State** tax withheld 62.
63 Total **New York City** tax withheld 63.
64 Total **Yonkers** tax withheld 64.
65 Total estimated tax payments / amount paid with Form IT-370 65. 73.
66 **Total payments and refundable credits** *(add lines 60 through 65)* 66. 73.

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

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

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

Refund/amount overpaid

67 **Amount overpaid** *(if line 66 is* more than *line 59, subtract line 59 from line 66)* 67. 19.

68 Amount of line 67 that you want refunded to you. **Complete line 72 to choose direct deposit.** Refund 68. 19.
69 Amount of line 67 that you want applied to your 2010 estimated tax. *(see instruction.)* 69.

Choose direct deposit to avoid paper check refund delays.

Amount you owe

70 If line 66 is less than line 59, subtract line 66 from line 59. **Complete line 72.** Owe 70.
71 Estimated tax penalty *(include this amount on line 70, or reduce the overpayment on line 67; see page 46.)* 71.

72 **Account information** *(see page 47)* Mark one: • Refund - Direct deposit or • Owe - Electronic funds withdrawal
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box *(see pg. 47)* •

72a Routing number: • Electronic funds withdrawal effective date:

72b Account number: • 72c Account type: • Checking • Savings

Additional information

73 **Part-year residents only:** If you were a NYS resident for only part of the year, enter date of last move *(mm-dd-yyyy)* ▶
Mark an X in the box that describes your situation on the last day of the tax year:
73a Moved into New York State 73a.
73b Moved out of New York State; received income from NYS sources during nonresident period 73b.
73c Moved out of New York State; received no income from NYS sources during nonresident period 73c.

74 **Nonresidents: Did you or your spouse maintain living quarters in NYS in 2009?** ▼ Yes ▼ No X
(If Yes, complete Form IT-203-B, Schedule B, and attach form.)

Third-party designee? *(see instr.)* Yes X No
Print designee's name HAL MODEL CPA
E-mail: [redacted]
Designee's phone number [redacted]
Personal identification number (PIN) [redacted]

▼ **Paid preparer must complete** (see instructions) ▼
Preparer's signature ▶ [signature]
Date 3/1/10
▶ Preparer's NYTPRIN
▼ Preparer's SSN or PTIN: [redacted]
Firm's name (or yours, if self-employed) HAL MODEL CPA PA
Address [redacted]
• Employer identification number [redacted]
Mark an X if self employed
E-mail: [redacted]

▼ **Taxpayer(s) must sign here** ▼
Your signature ▶ COPY
Your occupation ATTORNEY
Spouse's signature and occupation (if joint return)
SALES
▼ Daytime phone number
Date
E-mail:

See instructions for where to mail your return.
968024
12-01-09

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

New York State Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

2009

IT-2

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

Taxpayer's first name and middle initial: CHRISTOPHER J
Taxpayer's last name: CHRISTIE
▼ Your social security number: [redacted]

Spouse's first name and middle initial: MARY P
Spouse's last name: CHRISTIE
▼ Spouse's social security number: [redacted]

W-2 Record 1

Box c Employer's name and full address (including ZIP code)
CANTOR FITZGERALD
110 EAST 59TH STREET NEW YORK NY 10022

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

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

Box 1 Wages, tips, other compensation: 517,240.

Box 8 Allocated tips

Box 9 Advance EIC payment

Box 10 Dependent care benefits

Box 11 Nonqualified plans

Box 12a Amount: 39. ▼ Code: C
Box 12b Amount: 10,756. ▼ Code: D
Box 12c Amount ▼ Code
Box 12d Amount ▼ Code

Box 13 Statutory employee

Box 14a Amount ▼ Description
Box 14b Amount ▼ Description
Box 14c Amount ▼ Description

Box 15 State
Locality a
Locality b
Locality a
Locality b

Box 16 State wages, tips, etc. (for NYS)
Box 17 New York State income tax withheld
Box 18 Local wages, tips, etc.
Box 19 Local income tax withheld
Box 20 Locality name
Locality a
Locality b

Corrected (W-2c)

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

W-2 Record 2

Box b Employer identification number (EIN)

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

Box 1 Wages, tips, other compensation

Box 8 Allocated tips

Box 9 Advance EIC payment

Box 10 Dependent care benefits

Box 11 Nonqualified plans

Box 12a Amount ▼ Code
Box 12b Amount ▼ Code
Box 12c Amount ▼ Code
Box 12d Amount ▼ Code

Box 13 Statutory employee

Box 14a Amount ▼ Description
Box 14b Amount ▼ Description
Box 14c Amount ▼ Description

Box 15 State
Locality a
Locality b
Locality a
Locality b

Box 16 State wages, tips, etc. (for NYS)
Box 17 New York State income tax withheld
Box 18 Local wages, tips, etc.
Box 19 Local income tax withheld
Box 20 Locality name
Locality a
Locality b

Corrected (W-2c)

968015 11-21-09

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

CHRISTOPHER J & MARY P CHRISTIE [redacted]

NY IT-203 OTHER INCOME STATEMENT 1

DESCRIPTION	FEDERAL AMOUNT	NEW YORK AMOUNT
CANCELLATION OF DEBT - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	458.	
TOTAL TO FORM IT-203, LINE 15	458.	

NY IT-203 NY PASSTHROUGH DETAIL STATEMENT 2

DESCRIPTION	FD AMOUNT	NY AMOUNT
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	-14,549.	
CANTOR FITZGERALD LP	2,136.	605.
MCNEIL PPC INC - ROYALTIES	17,662.	
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC - ROYA	22.	
TOTAL TO FORM IT-203, LINE 11	5,271.	605.

NY IT-203 OTHER NEW YORK ADDITIONS STATEMENT 3

DESCRIPTION	FEDERAL AMOUNT	NEW YORK AMOUNT
UBT	35.	10.
SPECIAL DEPRECIATION	22.	6.
TOTAL TO FORM IT-203, LINE 22	57.	16.

STATEMENT(S) 1, 2, 3

Y IT-203 WORKSHEET 2 - SUBTRACTION ADJUSTMENT LIMITATION STATEMENT 4

1.	ENTER AMOUNT FROM FEDERAL ITEMIZED DEDUCTION WORKSHEET, LINE 11	3,772
2.	ENTER AMOUNT FROM FEDERAL ITEMIZED DEDUCTION WORKSHEET, LINE 3	109,715
3.	DIVIDE LINE 1 BY LINE 2 AND CARRY THE RESULT TO FOUR DECIMAL PLACES	0.0344
4.	AMOUNT OF STATE, LOCAL AND FOREIGN INCOME TAXES FROM FEDERAL SCHEDULE A, LINES 5 AND 8	48,125
5.	AMOUNT OF SUBTRACTION ADJUSTMENTS (FROM ITEMIZED DEDUCTIONS) THAT ARE INCLUDED IN TOTAL FEDERAL ITEMIZED DEDUCTIONS FROM FEDERAL SCHEDULE A, LINE 28, BEFORE ANY FEDERAL DISALLOWANCE	0
6.	ADD LINE 4 AND LINE 5	48,125
7.	MULTIPLY LINE 6 BY LINE 3	1,656
8.	SUBTRACT LINE 7 FROM LINE 6	46,469
9.	ENTER ANY OTHER SUBTRACTION ADJUSTMENTS TO ITEMIZED DEDUCTIONS	0
10.	ENTER THE AMOUNT FROM WORKSHEET 1, LINE 5 (SEE BELOW)	
11.	ADD LINES 8, 9, 10. ENTER THE TOTAL ON FORM IT-203, NY ITEMIZED DEDUCTION WORKSHEET LINE I	46,469

WORKSHEET 1
LONG-TERM CARE ADJUSTMENT

1.	AMOUNT OF LONG-TERM CARE PREMIUMS INCLUDED ON FEDERAL SCHEDULE A, LINE 1	0
2.	AMOUNT FROM FEDERAL SCHEDULE A, LINE 1	
3.	DIVIDE LINE 1 BY LINE 2 AND CARRY THE RESULT TO FOUR DECIMAL PLACES	
4.	AMOUNT FROM FEDERAL SCHEDULE A, LINE 4	
5.	MULTIPLY LINE 4 BY LINE 3	

NY IT-203 TAX COMPUTATION WORKSHEET 5 STATEMENT 5

1.	NEW YORK ADJUSTED GROSS INCOME FROM LINE 32	543,674.
2.	NEW YORK TAXABLE INCOME FROM LINE 37	509,624.
3.	MULTIPLY LINE 2 BY 8.97%	45,713.
4.	ENTER YOUR NYS TAX ON THE LINE 2 AMOUNT USING THE NYS TAX RATE SCHEDULE	36,319.
5.	SUBTRACT LINE 4 FROM LINE 3	9,394.
6.	MFJ/QW ENTER $3794. SINGLE/MFS ENTER $2397, HOH ENTER $3063.	3,794.
7.	SUBTRACT LINE 6 FROM LINE 5	5,600.
8.	EXCESS OF LINE 1 OVER $500,000 (CANNOT EXCEED $50,000)	43,674.
9.	DIVIDE LINE 8 BY $50,000 (CANNOT EXCEED 1.0000)	.8735
10.	MULTIPLY LINE 7 BY LINE 9	4,892.
11.	ENTER AMOUNT FROM LINE 6	3,794.
12.	ADD LINES 4, 10, AND 11	45,005.

SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule D (Form 1040).

▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2009

Attachment Sequence No. 12

Name(s) shown on return

Your social security number

[redacted]

CHRISTOPHER J & MARY P CHRISTIE

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

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
1						
2	Enter your short-term totals, if any, from Schedule D-1, line 2	2				
3	**Total short-term sales price amounts.** Add lines 1 and 2 in column (d)	3				
4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 SEE STATEMENT 6				4	-1,401.
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 SEE STATEMENT 8				5	14,534.
6	Short-term capital loss carryover. Enter the amount, if any, from line 10 of your **Capital Loss Carryover Worksheet** in the instructions				6	(9,308)
7	**Net short-term capital gain or (loss).** Combine lines 1 through 6 in column (f)				7	3,825.

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

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
8	820 BEAVER VALLEY II FUNDING CORP-PRIN		06/01/09	820.	820.	0.
9	Enter your long-term totals, if any, from Schedule D-1, line 9	9				
10	**Total long-term sales price amounts.** Add lines 8 and 9 in column (d)	10	820.			
11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 SEE STATEMENT 7				11	-2,065.
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 SEE STATEMENT 9				12	-12,855.
13	Capital gain distributions				13	
14	Long-term capital loss carryover. Enter the amount, if any, from line 15 of your **Capital Loss Carryover Worksheet** in the instructions				14	(74,837.)
15	**Net long-term capital gain or (loss).** Combine lines 8 through 14 in column (f). Then go to Part III on page 2				15	-89,757.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-85,932.
	If line 16 is: • A **gain,** enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • A **loss,** skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • **Zero,** skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.		
17	Are lines 15 and 16 **both** gains? ☐ **Yes.** Go to line 18. ☐ **No.** Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** on page D-8 of the instructions ▶	18	
19	Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** on page D-9 of the instructions ▶	19	
20	Are lines 18 and 19 **both** zero or blank? ☐ **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** on page 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). **Do not** complete lines 21 and 22 below. ☐ **No.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Schedule D Tax Worksheet** on page D-10 of the instructions. **Do not** complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of: • The loss on line 16 or • ($3,000), or if married filing separately, ($1,500) SEE STATEMENT 10 **Note.** When figuring which amount is smaller, treat both amounts as positive numbers.	21	(3,000.)
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 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** on page 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). ☐ **No.** Complete the rest of Form 1040 or Form 1040NR.		

Form **4797**

Department of the Treasury
Internal Revenue Service (99)

Sales of Business Property

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

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

OMB No. 1545-0184

2009

Attachment Sequence No. 27

Name(s) shown on return

Identifying number

CHRISTOPHER J & MARY P CHRISTIE [redacted]

1 Enter the gross proceeds from sales or exchanges reported to you for 2009 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1

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

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC						37.

3	Gain, if any, from Form 4684, line 43	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	7	37.

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

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

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

Part II Ordinary Gains and Losses (see instructions)

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

GOLDMAN SACHS HEDGE FUND PARTNERS, LLC						9,151.

11	Loss, if any, from line 7	11	
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 35 and 42a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	9,151.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:		
a	If the loss on line 11 includes a loss from Form 4684, line 39, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	18b	9,151.

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

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

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

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

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 37. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

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

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

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

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

▶ Attach to Form 1040, 1040NR, or Form 1041. ▶ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

2009

Attachment Sequence No 13

Name(s) shown on return

CHRISTOPHER J & MARY P CHRISTIE

Your social security number

[redacted]

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

1 List the type and address of each rental real estate property:	2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: • 14 days or • 10% of the total days rented at fair rental value? (See page E-3)	Yes	No
A MCNEIL PPC INC - ROYALTIES	A		
B	B		X
C GOLDMAN SACHS HEDGE FUND PARTNERS, LLC -	C		

Income:		Properties A	Properties B	Properties C	Totals (Add columns A, B, and C.)
3 Rents received	3				
4 Royalties received	4	17,662.		22.	17,684.
Expenses:					
5 Advertising	5				
6 Auto and travel (see page E-4)	6				
7 Cleaning and maintenance	7				
8 Commissions	8				
9 Insurance	9				
10 Legal and other professional fees	10				
11 Management fees	11				
12 Mortgage interest paid to banks, etc. (see page E-5)	12				
13 Other interest	13				
14 Repairs	14				
15 Supplies	15				
16 Taxes	16				
17 Utilities	17				
18 Other (list) ▶	18				
19 Add lines 5 through 18	19				
20 Depreciation expense or depletion (see page E-5)	20				
21 Total expenses. Add lines 19 and 20	21				
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file Form 6198	22	17,662.	0.	22.	
23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2	23	( )	( )	( )	

24 Income. Add positive amounts shown on line 22. Do not include any losses	24	17,684.
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25	( )
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26	17,684.

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 | [redacted]

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

Part II Income or Loss From Partnerships and S Corporations Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See page E-1.

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

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

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

	Passive Income and Loss		Nonpassive Income and Loss		
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A			11,111.		
B			3,388.		
C			50.		
D		2,136.			
29a Totals		2,136.			
b Totals			14,549.		

30	Add columns (g) and (i) of line 29a	30	2,136.
31	Add columns (f), (h), and (i) of line 29b	31	(14,549.)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31. Enter the result here and include in the total on line 41 below	32	-12,413.

Part III Income or Loss From Estates and Trusts

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

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

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

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

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

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

Part V Summary

40	Net farm rental income or (loss) from **Form 4835**. Also, complete line 42 below	40	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ▶	41	5,271.
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), line 14, code F (see page E-8)	42	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see page E-2), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

CHRISTOPHER J & MARY P CHRISTIE [redacted]

CHEDULE D — NET SHORT-TERM GAIN OR LOSS FROM FORMS 6252, 4684, 6781 AND 8824 — STATEMENT 6

ESCRIPTION OF PROPERTY	GAIN OR LOSS
ORM 6781, PART I	-1,401.
OTAL TO SCHEDULE D, PART I, LINE 4	-1,401.

CHEDULE D — NET LONG-TERM GAIN OR LOSS FROM FORMS 4797, 2439, 6252, 4684, 6781 AND 8824 — STATEMENT 7

ESCRIPTION OF PROPERTY	GAIN OR LOSS	28% GAIN
ORM 6781, PART I	-2,102.	
ORM 4797	37.	
OTAL TO SCHEDULE D, PART II, LINE 11	-2,065.	

CHEDULE D — NET SHORT-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES — STATEMENT 8

ESCRIPTION OF ACTIVITY	GAIN OR LOSS
OLDMAN SACHS HEDGE FUND PARTNERS, LLC	14,534.
OTAL TO SCHEDULE D, PART I, LINE 5	14,534.

CHEDULE D — NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES — STATEMENT 9

ESCRIPTION OF ACTIVITY	GAIN OR LOSS	28% GAIN
OLDMAN SACHS HEDGE FUND PARTNERS, LLC	-12,855.	
OTAL TO SCHEDULE D, PART II, LINE 12	-12,855.	

SCHEDULE D — CAPITAL LOSS CARRYOVER — STATEMENT 10

1.	ENTER THE AMOUNT FROM FORM 1040, LINE 41	437,478.
2.	DID YOU FILE FORM 8914? X NO. ENTER -0- YES. ENTER THE AMOUNT FROM YOUR FORM 8914, LINE 6	
3.	SUBTRACT LINE 2 FROM LINE 1	437,478.
4.	ENTER THE LOSS FROM SCHEDULE D, LINE 21, AS A POSITIVE AMOUNT.	3,000.
5.	COMBINE LINES 3 AND 4. IF ZERO OR LESS, ENTER -0-	440,478.
6.	ENTER THE SMALLER OF LINE 4 OR LINE 5	3,000.
7.	ENTER THE LOSS FROM SCHEDULE D, LINE 7, AS A POSITIVE AMOUNT	
8.	ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 15	
9.	ADD LINES 6 AND 8	
10.	SHORT-TERM CAPITAL LOSS CARRYOVER TO 2010. SUBTRACT LINE 9 FROM LINE 7. IF ZERO OR LESS, ENTER -0-	
11.	ENTER THE LOSS FROM SCHEDULE D, LINE 15, AS A POSITIVE AMOUNT.	89,757.
12.	ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 7 — 3,825.	
13.	SUBTRACT LINE 7 FROM LINE 6. IF ZERO OR LESS, ENTER -0- — 3,000.	
14.	ADD LINES 12 AND 13	6,825.
15.	LONG-TERM CAPITAL LOSS CARRYOVER TO 2010. SUBTRACT LINE 14 FROM LINE 11. IF ZERO OR LESS, ENTER -0-	82,932.

2009 TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2009

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

900081
05-20-09

pennsylvania
DEPARTMENT OF REVENUE
Form PA-8879

Pennsylvania e-file Signature Authorization

2009

Declaration Control Number (DCN)
[redacted]

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

PART I Tax Return Information - Tax Year Ending Dec. 31, 2009 (Whole dollars only)

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

PART II Declaration and Signature Authorization of Taxpayer

Under penalties of perjury, I declare I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2009 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (Direct Debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

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

[X] I authorize HAL MODEL CPA PA to enter my PIN [redacted] as my signature on my tax year 2009 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2009 electronically filed income tax return.

Your signature _____ Date 09/07/2010

Spouse's PIN: (check one box only)

[X] I authorize HAL MODEL CPA PA to enter my PIN [redacted] as my signature on my tax year 2009 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2009 electronically filed income tax return.

Spouse's signature _____ Date 09/07/2010

Practitioner PIN Program Participants Only - Continue Below

PART III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN [redacted]
As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2009 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's signature _____ Date 09/07/2010

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

REV-276

Application for
Extension of Time to File
REV-276 EX (08-09)
PA DEPARTMENT OF REVENUE **2009**

[redacted]

EC OFFICIAL USE ONLY FC

OFFICIAL USE ONLY

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

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

Your Social Security Number	Spouse's Social Security Number	Federal Employer Identification Number
[redacted]	[redacted]	

Last, Estate or Trust, or Entity Name	First Name	MI
CHRISTIE	CHRISTOPHE	J
Spouse's Last Name or Name of Trustee for Estate or Trust	Spouse's First Name	MI
CHRISTIE	MARY	P
P.O. Box, Apt. No., Suite, Floor, RR No, etc.	Daytime Telephone Number	
Address Line [redacted]		
City or Post Office	State	ZIP Code
MENDHAM	NJ	07945

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

TYPE OF RETURN
Fill in the box for the kind of PA Return you will file

X PA-40 Individual Tax Return
PA-40NRC Consolidated Nonresident Tax Return
PA-40NRC-AE Nonresident Consolidated Tax Return. Athletes & Entertainers
PA-41 Fiduciary Income Tax Return
PA-20S/PA-65

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

Taxpayer's Signature _____ Date _____

AMOUNT OF YOUR PAYMENT
$ 0

Spouse's Signature _____ Date _____

An extension of time until 10/15/10 (month / date / year) is requested to file the PA return of the above named taxpayer for the taxable year beginning 01/01/09 (month / date / year) and ending 12/31/09 (month / date / year).
(See instructions regarding type and length of extension.)

Has an extension of time to file been previously granted for this taxable year? N

IF YOU ARE SUBMITTING A PAYMENT WITH THIS APPLICATION, COMPLETE THE "AMOUNT OF YOUR PAYMENT" BLOCK ABOVE.

State in detail the reason the taxpayer needs an extension. (Use additional sheet if necessary) _____

SIGNATURE AND VERIFICATION

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

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

Relationship _____ Reason(s) _____

SIGNATURE OF PREPARER OTHER THAN TAXPAYER DATE

974851 12-28-09 CCH

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

[redacted]

[redacted]

PA-40 - 2009
Pennsylvania Income Tax Return

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

[redacted] [redacted]

CHRISTIE

CHRISTOPHER J Occupation ATTORNEY

MARY P Occupation SALES

CHRISTIE

[redacted]

MENDHAM NJ 07945

99999

N Extension.

N Amended Return.

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

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

N Farmers.

School District Name _____

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

974001 12-16-09
CCH

[redacted]

Social Security Number [redacted] Name(s) CHRISTIE, CHRISTOPHER J

12	**PA Tax Liability.** Multiply Line 11 by 3.07 percent (0.0307).	12	0
13	Total PA Tax Withheld. See the instructions.	13	0
14	Credit from your 2008 PA Income Tax return.	14	0
15	2009 Estimated Installment Payments.	15	0
16	2009 Extension Payment.	16	0
17	Nonresident Tax Withheld from your **PA Schedule(s) NRK-1**. (Nonresidents only)	17	0
18	**Total Estimated Payments and Credits.** Add Lines 14, 15, 16 and 17.	18	0
	Tax Forgiveness Credit. Submit PA Schedule SP.		
19a	Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased	19a	00
19b	Dependents, Part B, Line 2, **PA Schedule SP**	19b	00
20	Total Eligibility Income from Part C, Line 11, **PA Schedule SP.**	20	0
21	**Tax Forgiveness Credit** from Part D, Line 16, **PA Schedule SP.**	21	0
22	Resident Credit. Submit your **PA-Schedule(s) G-R** with your **PA-Schedule(s) G-S, G-L** and/or **RK-1.**	22	0
23	Total Other Credits. Submit your **PA Schedule OC.**	23	0
24	**TOTAL PAYMENTS and CREDITS.** Add Lines 13, 18, 21, 22 and 23.	24	0
25	**TAX DUE.** If Line 12 is more than Line 24, enter the difference here.	25	0
26	Penalties and Interest. See the instructions. Enter Code: If including form REV-1630, mark the box. N	26	0
27	**TOTAL PAYMENT DUE.** See the instructions.	27	0
28	**OVERPAYMENT.** If Line 24 is more than the total of Line 12 and Line 26, enter the difference here.	28	0
	The total of Lines 29 through 35 must equal Line 28.		
29	**Refund** -- Amount of Line 28 you want as a check mailed to you. Refund	29	0
30	**Credit** -- Amount of Line 28 you want as a credit to your 2010 estimated account.	30	0
31	Amount of Line 28 you want to donate to the **Wild Resource Conservation Fund.**	31	0
32	Amount of Line 28 you want to donate to the **Military Family Relief Assistance Program.**	32	0
33	Amount of Line 28 you want to donate to the **Governor Robert P. Casey Memorial Organ and Tissue Donation Awareness Trust Fund.**	33	0
34	Amount of Line 28 you want to donate to the **Juvenile (Type 1) Diabetes Cure Research Fund.**	34	0
35	Amount of Line 28 you want to donate to the **PA Breast Cancer Coalition's Breast and Cervical Cancer Research Fund.**	35	0

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

Your Signature	Spouse's Signature, if filing jointly
Preparer's Name and Telephone Number	Date
HAL MODEL CPA [redacted]	9/7/10

Firm FEIN [redacted] Preparer's SSN/PTIN [redacted]

2009 Return Summary

CHRISTOPHER J & MARY P CHRISTIE [redacted]

	FEDERAL	NEW JERSEY
ADJUSTED GROSS INCOME	544,047.	548,792.
ITEMIZED OR STANDARD DEDUCTION	-106,569.	0.
EXEMPTIONS	-14,598.	-8,000.
TAXABLE INCOME	422,880.	540,792.
TAX	117,847.	33,619.
ALTERNATIVE MINIMUM TAX	23,561.	
FOREIGN TAX CREDIT	-319.	0.
OTHER TAX CREDITS OR DEBITS	0.	-50.
CREDIT FOR TAX PAID TO OTHER STATE		-55.
HOUSEHOLD EMPLOYMENT TAXES	6,029.	
INCOME TAX WITHHELD	-124,267.	-43,500.
ESTIMATED TAX PAID	-30,295.	-4,213.
EXTENSION PAYMENT(S)	-5,500.	
AMOUNT OVERPAID	12,944.	14,199.
AMOUNT DUE <REFUND>	0.	-6,199.
AMOUNT OF REFUND CREDITED TO NEXT YEAR	12,944.	8,000.

ADDITIONAL INFORMATION:

FEDERAL TAX BRACKET
  AVERAGE TAX RATE - 27.87%
  MARGINAL RATE OF ORDINARY INCOME - 35%
  MARGINAL RATE OF LT CAPITAL GAIN - 15%

COPY

NEW JERSEY TAX BRACKET - 10.25%

STATE REFUND TAXABLE NEXT YEAR:

GROSS STATE REFUND	14,226.
REDUCTION OF SCHEDULE A STATE TAX DEDUCTION	-5.
NET STATE TAX REFUND TAXABLE NEXT YEAR	14,221.

2009 Return Summary

CHRISTOPHER J & MARY P CHRISTIE [redacted]

CALIFORNIA

ADJUSTED GROSS INCOME	111.
ITEMIZED OR STANDARD DEDUCTION	-10.
TAXABLE INCOME	101.
TAX	9.
EXEMPTION TAX CREDIT	0.
INCOME TAX WITHHELD	-14.
AMOUNT DUE <REFUND>	-5.

ADDITIONAL INFORMATION:

TAX BRACKET - 9.55%

2009 Return Summary

CHRISTOPHER J & MARY P CHRISTIE [redacted]

CONNECTICUT

ADJUSTED GROSS INCOME	89.
TAXABLE INCOME	89.
TAX	5.
INCOME TAX WITHHELD	-7.
AMOUNT DUE <REFUND>	-2.

ADDITIONAL INFORMATION:

TAX BRACKET - 5.00%

2009 Return Summary

CHRISTOPHER J & MARY P CHRISTIE [redacted]

GEORGIA

ADJUSTED GROSS INCOME	3.
ITEMIZED OR STANDARD DEDUCTION	0.
EXEMPTIONS	0.
TAXABLE INCOME	3.
TAX	0.
INCOME TAX WITHHELD	0.
AMOUNT DUE <REFUND>	0.

ADDITIONAL INFORMATION:

TAX BRACKET - 0.00%

2009 Return Summary

CHRISTOPHER J & MARY P CHRISTIE [redacted]

ILLINOIS

ADJUSTED GROSS INCOME	59.
EXEMPTIONS	0.
TAXABLE INCOME	59.
TAX	2.
INCOME TAX WITHHELD	-2.
AMOUNT DUE <REFUND>	0.

ADDITIONAL INFORMATION:

TAX BRACKET - 3.00%

2009 Return Summary

CHRISTOPHER J & MARY P CHRISTIE [redacted]

MASSACHUSETTS

ADJUSTED GROSS INCOME	39.
EXEMPTIONS	-1.
TAXABLE INCOME	38.
TAX	1.
INCOME TAX WITHHELD	0.
ESTIMATED TAX PAID	-2.
AMOUNT DUE <REFUND>	-1.

2009 Return Summary

CHRISTOPHER J & MARY P CHRISTIE [redacted]

NEW YORK

ADJUSTED GROSS INCOME	645.
TAXABLE INCOME	612.
TAX	54.
INCOME TAX WITHHELD	0.
ESTIMATED TAX PAID	-73.
AMOUNT DUE <REFUND>	-19.

ADDITIONAL INFORMATION:

TAX BRACKET - 8.97%

2009 Return Summary

CHRISTOPHER J & MARY P CHRISTIE [redacted]

NORTH CAROLINA

ADJUSTED GROSS INCOME	3.
ITEMIZED OR STANDARD DEDUCTION	0.
ADDITIONS/SUBTRACTIONS TO STATE INCOME	0.
EXEMPTIONS	0.
TAXABLE INCOME	0.
TAX	0.
INCOME TAX WITHHELD	0.
AMOUNT DUE <REFUND>	0.

ADDITIONAL INFORMATION:

TAX BRACKET - 0.00%

2009 Return Summary

CHRISTOPHER J & MARY P CHRISTIE [redacted]

PENNSYLVANIA

ADJUSTED GROSS INCOME	0.
TAXABLE INCOME	0.
TAX	0.
INCOME TAX WITHHELD	0.
AMOUNT DUE <REFUND>	0.

ADDITIONAL INFORMATION:

TAX BRACKET - 3.07%

2009 Return Summary

CHRISTOPHER J & MARY P CHRISTIE [redacted]

	FEDERAL	NEW JERSEY
RESIDENCY	FULL YEAR	FULL YEAR
FILING STATUS	MARRIED-JOINT	MARRIED-JOINT
NUMBER OF DEPENDENTS	4	4
E-FILE REQUESTED	YES	YES
DUE DATE	04/15/2010	04/15/2010
EXTENDED DUE DATE	10/15/2010	10/15/2010
DIRECT DEPOSIT	N/A	N/A
ELECTRONIC WITHDRAWAL	N/A	N/A
DATE CALCULATED	09/07/2010	09/07/2010
RELEASE VERSION	2009.04010	2009.04010
DATE EXPORTED	09/07/2010	09/07/2010

2009 Return Summary

CHRISTOPHER J & MARY P CHRISTIE [redacted]

CALIFORNIA

RESIDENCY	NONRESIDENT
FILING STATUS	MARRIED-JOINT
NUMBER OF DEPENDENTS	4
E-FILE REQUESTED	YES
DUE DATE	04/15/2010
EXTENDED DUE DATE	10/15/2010
DIRECT DEPOSIT	N/A
ELECTRONIC WITHDRAWAL	N/A
DATE CALCULATED	09/07/2010
RELEASE VERSION	2009.04010
DATE EXPORTED	09/07/2010

2009 Return Summary

CHRISTOPHER J & MARY P CHRISTIE [redacted]

CONNECTICUT

RESIDENCY	NONRESIDENT
FILING STATUS	MARRIED-JOINT
NUMBER OF DEPENDENTS	4
E-FILE REQUESTED	YES
DUE DATE	04/15/2010
EXTENDED DUE DATE	10/15/2010
DIRECT DEPOSIT	N/A
ELECTRONIC WITHDRAWAL	N/A
DATE CALCULATED	09/07/2010
RELEASE VERSION	2009.04010
DATE EXPORTED	09/07/2010

2009 Return Summary

CHRISTOPHER J & MARY P CHRISTIE [redacted]

GEORGIA

RESIDENCY	NONRESIDENT
FILING STATUS	MARRIED-JOINT
NUMBER OF DEPENDENTS	6
E-FILE REQUESTED	YES
DUE DATE	04/15/2010
EXTENDED DUE DATE	
DIRECT DEPOSIT	N/A
ELECTRONIC WITHDRAWAL	N/A
DATE CALCULATED	09/07/2010
RELEASE VERSION	2009.04010
DATE EXPORTED	09/07/2010

2009 Return Summary

CHRISTOPHER J & MARY P CHRISTIE [redacted]

ILLINOIS

RESIDENCY	NONRESIDENT
FILING STATUS	JOINT
NUMBER OF DEPENDENTS	4
E-FILE REQUESTED	NO
DUE DATE	04/15/2010
EXTENDED DUE DATE	10/15/2010
DIRECT DEPOSIT	N/A
ELECTRONIC WITHDRAWAL	N/A
DATE CALCULATED	09/07/2010
RELEASE VERSION	2009.04010

2009 Return Summary

CHRISTOPHER J & MARY P CHRISTIE [redacted]

MASSACHUSETTS

RESIDENCY	NONRESIDENT
FILING STATUS	JOINT
NUMBER OF DEPENDENTS	4
E-FILE REQUESTED	YES
DUE DATE	04/15/2010
EXTENDED DUE DATE	10/15/2010
DIRECT DEPOSIT	N/A
ELECTRONIC WITHDRAWAL	N/A
DATE CALCULATED	09/07/2010
RELEASE VERSION	2009.04010
DATE EXPORTED	09/07/2010

2009 Return Summary

CHRISTOPHER J & MARY P CHRISTIE [redacted]

NEW YORK	
RESIDENCY	NONRESIDENT
FILING STATUS	JOINT
NUMBER OF DEPENDENTS	4
E-FILE REQUESTED	YES
DUE DATE	04/15/2010
EXTENDED DUE DATE	10/15/2010
DIRECT DEPOSIT	N/A
ELECTRONIC WITHDRAWAL	N/A
DATE CALCULATED	09/07/2010
RELEASE VERSION	2009.04010
DATE EXPORTED	09/07/2010

2009 Return Summary

CHRISTOPHER J & MARY P CHRISTIE [redacted]

NORTH CAROLINA

RESIDENCY	NONRESIDENT
FILING STATUS	MARRIED-JOINT
NUMBER OF DEPENDENTS	4
E-FILE REQUESTED	NO
DUE DATE	04/15/2010
EXTENDED DUE DATE	10/15/2010
DIRECT DEPOSIT	N/A
ELECTRONIC WITHDRAWAL	N/A
DATE CALCULATED	09/07/2010
RELEASE VERSION	2009.04010

2009 Return Summary

CHRISTOPHER J & MARY P CHRISTIE [redacted]

PENNSYLVANIA

RESIDENCY	NONRESIDENT
FILING STATUS	MARRIED-JOINT
NUMBER OF DEPENDENTS	4
E-FILE REQUESTED	YES
DUE DATE	04/15/2010
EXTENDED DUE DATE	10/15/2010
DIRECT DEPOSIT	N/A
ELECTRONIC WITHDRAWAL	N/A
DATE CALCULATED	09/07/2010
RELEASE VERSION	2009.04010
DATE EXPORTED	09/07/2010