

HAL MODEL CPA PA

[REDACTED]

OCTOBER 4, 2012

CHRISTOPHER J & MARY P CHRISTIE

[REDACTED]
MENDHAM, NJ [REDACTED]

DEAR MR. AND MRS. CHRISTIE:

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

2011 U.S. INDIVIDUAL INCOME TAX RETURN

2011 CALIFORNIA INDIVIDUAL INCOME TAX RETURN

2011 CONNECTICUT INDIVIDUAL INCOME TAX RETURN

2011 NEW JERSEY INDIVIDUAL INCOME TAX RETURN

2011 NEW YORK INDIVIDUAL INCOME TAX RETURN

YOUR COPY SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY,

HAL MODEL CPA PA

2011 TAX RETURN FILING INSTRUCTIONS

U.S. INDIVIDUAL INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2011

Prepared for	CHRISTOPHER J & MARY P CHRISTIE [REDACTED] MENDHAM, NJ [REDACTED]
Prepared by	HAL MODEL CPA PA [REDACTED]
Amount of tax	Total tax \$ 141,158 Less: payments and credits \$ 157,976 Plus: interest and penalties \$ 0 OVERPAYMENT \$ 16,818
Overpayment	Miscellaneous Donations \$ 0 Credited to your estimated tax \$ 16,818 Refunded to you \$ 0
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING AND THE PRACTITIONER PIN PROGRAM HAS BEEN ELECTED. PLEASE SIGN AND RETURN FORM 8879 TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE IRS.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	

IRS e-file Signature Authorization

2011

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

Declaration Control Number (DCN) ▶ [REDACTED]

Taxpayer's name
CHRISTOPHER J CHRISTIE

Social security number
-**-*

Spouse's name
MARY P CHRISTIE

Spouse's social security number
-**-*

Part I Tax Return Information - Tax Year Ending December 31, 2011 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	567,772.
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	141,158.
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	102,286.
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line 12a)	4	0.
5	Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12)	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, 2011, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or to revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize HAL MODEL CPA PA to enter or generate my PIN [REDACTED] as my signature on my tax year 2011 electronically filed income tax return. **ERO firm name** Enter five numbers, but do not enter all zeros
- I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ ***** THIS IS NOT A FILEABLE COPY ***** Date ▶ 10/04/2012

Spouse's PIN: check one box only

- I authorize HAL MODEL CPA PA to enter or generate my PIN [REDACTED] as my signature on my tax year 2011 electronically filed income tax return. **ERO firm name** Enter five numbers, but do not enter all zeros
- I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ 10/04/2012

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

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

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2011 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

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

ERO Declaration

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

ERO Signature

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

ERO's PIN



(enter EFIN plus 5 self-selected numerics)

Taxpayer Declarations

Perjury Statement

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

Consent to Disclosure

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

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

Taxpayer's PIN:



Date 10042012

Spouse's PIN:



118711
06-08-11

▼ 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

1019

2011

For calendar year 2011, or other tax year beginning _____, 2011, ending _____

Part I Identification

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

2 Your social security number
-**-*

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

Part II Individual Income Tax

4 Estimate of total tax liability for 2011	\$	151,420.
5 Total 2011 payments		125,943.
6 Balance due. Subtract line 5 from line 4		25,477.
7 Amount you are paying		31,500.
8 Check here if you are "out of the country" and a U.S. citizen or resident		
<input type="checkbox"/>		
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		
<input type="checkbox"/>		



For the year Jan. 1-Dec. 31, 2011, or other tax year beginning _____, 2011, ending _____, 2011. See separate instructions.

Your first name and initial **CHRISTOPHER J** Last name **CHRISTIE** Your social security number *****-**-******

If a joint return, spouse's first name and initial **MARY P** Last name **CHRISTIE** Spouse's social security number *****-**-******

Home address (number and street). If you have a P.O. box, see instructions. _____ Apt. no. _____
 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. **MENDHAM, NJ**

Foreign country name _____ Foreign province/county _____ Foreign postal code _____
 You Spouse

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

Exemptions
 6a Yourself. If someone can claim you as a dependent, do not check box 6a
 b Spouse
 c Dependents:
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qualifying for child tax credit

CHRISTIE	CHRISTIE	***-**-****	SON	
CHRISTIE	CHRISTIE	***-**-****	DAUGHTER	<input checked="" type="checkbox"/>
CHRISTIE	CHRISTIE	***-**-****	SON	<input checked="" type="checkbox"/>
CHRISTIE	CHRISTIE	***-**-****	DAUGHTER	<input checked="" type="checkbox"/>

Boxes checked on 6a and 6b: **2**
 No. of children on 6c who:
 • lived with you: **4**
 • did not live with you due to divorce or separation (see instructions): _____
 Dependents on 6c not entered above: _____
 Add numbers on lines above: **6**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	469,151.
8a	Taxable interest. Attach Schedule B if required	8a	6,877.
b	Tax-exempt interest. Do not include on line 8a	8b	4,219.
9a	Ordinary dividends. Attach Schedule B if required	9a	9,648.
b	Qualified dividends	9b	5,294.
10	Taxable refunds, credits, or offsets of state and local income taxes	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 <input type="checkbox"/>	13	63,256.
14	Other gains or (losses). Attach Form 4797	14	-221.
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	19,060.
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount SEE STATEMENT 1	21	1.
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	567,772.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	567,772.

Tax and Credits

Standard Deduction for - People who check any box on line 39a or 39b or who can be claimed as a dependent.

All others: Single or Married filing separately, \$5,800 Married filing jointly or Qualifying widow(er), \$11,600 Head of household, \$8,500

Table with 2 columns: Line number and Amount. Rows include 38 (567,772), 39a (Total boxes checked), 40 (109,167), 41 (458,605), 42 (22,200), 43 (436,405), 44 (109,130), 45 (27,548), 46 (136,678), 47 (374), 48 (200), 49, 50, 51, 52, 53 (4), 54 (578), 55 (136,100).

Other Taxes

Table with 2 columns: Line number and Amount. Rows include 56, 57, 58, 59a (5,058), 59b, 60, 61 (141,158).

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 2 columns: Line number and Amount. Rows include 62 (102,286), 63 (24,180), 64a, 64b, 65, 66, 67, 68 (31,500), 69, 70, 71 (10), 72 (157,976).

Refund

Direct deposit? See instructions.

Table with 2 columns: Line number and Amount. Rows include 73 (16,818), 74a, 75 (16,818).

Amount You Owe

Table with 2 columns: Line number and Amount. Row 76 (Amount you owe).

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [] No. Designee's name: HAL MODEL CPA

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature: Date: Your occupation: GOVERNOR Spouse's signature: Date: Spouse's occupation: SALES

Paid

Preparer HAL MODEL CPA

Use Only

Form section for Preparer and Firm information. Includes fields for Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name (HAL MODEL CPA PA), Firm's EIN, and Firm's address.

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

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

OMB No. 1545-0074

2011

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.		
	1	Medical and dental expenses (see instructions)	
	2	Enter amount from Form 1040, line 38	2
	3	Multiply line 2 by 7.5% (.075)	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4

Taxes You Paid	5 State and local (check only one box):		
	a	<input checked="" type="checkbox"/> Income taxes, or	SEE STATEMENT 10
	b	<input type="checkbox"/> General sales taxes	
	6	Real estate taxes (see instructions)	37,585.
	7	Personal property taxes	
8	Other taxes. List type and amount ▶		
9	Add lines 5 through 8		9 73,832.

Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	8,708.
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	
	12	Points not reported to you on Form 1098. See instructions for special rules	
	13	Mortgage insurance premiums (see instructions)	
	14	Investment interest. Attach Form 4952 if required. (See instructions.) STMT 12	403.
15	Add lines 10 through 14		15 9,111.

Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	25,724.	STMT 11
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	500.	SEE STATEMENT 13
	18	Carryover from prior year		
19	Add lines 16 through 18		19 26,224.	

Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20
----------------------------------	----	---	--	----

Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	
	22	Tax preparation fees	
	23	Other expenses - investment, safe deposit box, etc. List type and amount ▶	SEE STATEMENT 9
	24	Add lines 21 through 23	9,688.
	25	Enter amount from Form 1040, line 38	25 567,772.
	26	Multiply line 25 by 2% (.02)	11,355.
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	

Other Miscellaneous Deductions	28	Other - from list in instructions. List type and amount ▶		28
---------------------------------------	----	---	--	----

Total Itemized Deductions	29	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	109,167.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here	<input type="checkbox"/>

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

▶ See instructions.

OMB No. 1545-0074

2011

Attachment
Sequence No. **08**

Name(s) shown on return

Your social security number

CHRISTOPHER J & MARY P CHRISTIE

*** ** *

**Part I
Interest**

	Amount
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 instructions and list this interest first. Also, show that buyer's social security number and address ▶ PEAPACK STATE OF NJ THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST THE MARY PAT CHRISTIE 2010 BLIND TRUST FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC FROM K-1 - CANTOR FITZGERALD LP FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	1,642. 1,272. 2,052. 1,588. 1. 322.

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.

2 Add the amounts on line 1	6,877.
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶	6,877.

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

**Part II
Ordinary
Dividends**

	Amount
5 List name of payer ▶ GOLDMAN SACHS GOLDMAN SACHS THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST THE MARY PAT CHRISTIE 2010 BLIND TRUST FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC FROM K-1 - CANTOR FITZGERALD LP	447. 4,435. 2,815. 1,833. 118.
6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶	9,648.

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.

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

**Part III
Foreign
Accounts
and
Trusts**

	Yes	No
You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		
7a At any time during 2011, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions. If "Yes," are you required to file Form TD F 90-22.1 to report that financial interest or signature authority? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements		X
b If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the financial account is located ▶		
8 During 2011, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

127501
11-02-11

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

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

OMB No. 1545-0074

2011
Attachment
Sequence No. 12

Name(s) shown on return

Your social security number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

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

Complete Form 8949 before completing line 1, 2, or 3. This form may be easier to complete if you round off cents to whole dollars.	(e) Sales price from Form(s) 8949, line 2, column (e)	(f) Cost or other basis from Form(s) 8949, line 2, column (f)	(g) Adjustments to gain or loss from Form(s) 8949, line 2, column (g)	(h) Gain or (loss) Combine columns (e), (f), and (g)
1 Short-term totals from all Forms 8949 with box A checked in Part I				
2 Short-term totals from all Forms 8949 with box B checked in Part I			<1,303.>	<1,303.>
3 Short-term totals from all Forms 8949 with box C checked in Part I				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 STMT 16			4	21.
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 SEE STATEMENT 18			5	633.
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	()
7 Net short-term capital gain or (loss) . Combine lines 1 through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2			7	<649.>

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

Complete Form 8949 before completing line 8, 9, or 10. This form may be easier to complete if you round off cents to whole dollars.	(e) Sales price from Form(s) 8949, line 4, column (e)	(f) Cost or other basis from Form(s) 8949, line 4, column (f)	(g) Adjustments to gain or loss from Form(s) 8949, line 4, column (g)	(h) Gain or (loss) Combine columns (e), (f), and (g)
8 Long-term totals from all Forms 8949 with box A checked in Part II				
9 Long-term totals from all Forms 8949 with box B checked in Part II	58,993.	57,018.	45,963.	47,938.
10 Long-term totals from all Forms 8949 with box C checked in Part II				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 SEE STATEMENT 17 SEE STATEMENT 19			11	126.
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	13,751.
13 Capital gain distributions SEE STATEMENT 20			13	2,090.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	()
15 Net long-term capital gain or (loss) . Combine lines 8 through 14 in column (h). Then go to Part III on page 2			15	63,905.

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

Schedule D (Form 1040) 2011

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. <p>17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> <p style="text-align: center;">SEE STATEMENT 22</p>	<p>16</p>	<p>63,256.</p>
<p>18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions</p> <p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions</p> <p style="text-align: center;">SEE STATEMENT 21</p>	<p>18</p> <p>19</p>	
<p>20 Are lines 18 and 19 both zero or blank? <input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.</p> <p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> The loss on line 16 or (\$3,000), or if married filing separately, (\$1,500) 	<p>21</p>	<p>()</p>
<p>Note. When figuring which amount is smaller, treat both amounts as positive numbers.</p> <p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p>		

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

Your social security number
-**-*

CHRISTOPHER J & MARY P CHRISTIE

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

Note: You must check one of the boxes below. Complete a separate Form 8949, page 2, for each box that is checked.

* **Caution.** Do not complete column (b) or (g) until you have read the instructions for those columns (see the Instructions for Schedule D (Form 1040)).

Columns (b) and (g) do not apply for most transactions and should generally be left blank.

(A) Long-term transactions reported on Form 1099-B with basis reported to the IRS
 (B) Long-term transactions reported on Form 1099-B but basis not reported to the IRS
 (C) Long-term transactions for which you cannot check box A or B

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Code, if any, for column (g)*	(c) Date acquired (Mo., day, yr.)	(d) Date sold (Mo., day, yr.)	(e) Sales price	(f) Cost or other basis	(g) Adjustments to gain or loss, if any*	
3 8000 GOLDMAN SACHS LARGE CAP VALUE		08/03/05	01/27/11	8,000.	8,863.		
22000 GOLDMAN SACHS STRATEGIC GROWTH		08/03/05	01/27/11	22,000.	18,950.		
20000 GOLDMAN SACHS LARGE CAP VALUE		08/03/05	02/04/11	20,000.	22,104.		
SYBRON DENTAL SPECIALTIES			05/04/11	2,025.	1,900.		
APOGENT TECH			05/04/11	1,742.	1,300.		
APOGENT TECH			05/04/11	3,484.	2,601.		
APOGENT TECH			05/04/11	1,742.	1,300.		
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST DTD 8/25/10	O					21,064.	
THE MARY PAT CHRISTIE 2010 BLIND TRUST DATED 8/25/10	O					24,899.	
4 Totals. Add the amounts in columns (e) and (f). Also, combine the amounts in column (g). Enter here and include on Schedule D, line 8 (if box A above is checked), line 9 (if box B above is checked), or line 10 (if box C above is checked)				4	58,993.	57,018.	45,963.

Qualified Dividends and Capital Gain Tax Worksheet - Line 44

Keep for Your Records

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

Your SSN
 -**-*

Before you begin: ✓ See the instructions for line 44 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 Foreign Earned Income Tax Worksheet	1.	<u>436,405.</u>
2. Enter the amount from Form 1040, line 9b*	2.	<u>5,294.</u>
3. Are you filing Schedule D?*	3.	<u>63,256.</u>
<input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or line 16 is blank or a loss, enter -0- <input type="checkbox"/> No. Enter the amount from Form 1040, line 13		
4. Add lines 2 and 3	4.	<u>68,550.</u>
5. If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-	5.	<u>0.</u>
6. Subtract line 5 from line 4. If zero or less, enter -0-	6.	<u>68,550.</u>
7. Subtract line 6 from line 1. If zero or less, enter -0-	7.	<u>367,855.</u>
8. Enter: \$ 34,500 if single or married filing separately, \$ 69,000 if married filing jointly or qualifying widow(er), \$ 46,250 if head of household.	8.	<u>69,000.</u>
9. Enter the smaller of line 1 or line 8	9.	<u>69,000.</u>
10. Enter the smaller of line 7 or line 9	10.	<u>69,000.</u>
11. Subtract line 10 from line 9. This amount is taxed at 0%	11.	<u>0.</u>
12. Enter the smaller of line 1 or line 6	12.	<u>68,550.</u>
13. Enter the amount from line 11	13.	<u>0.</u>
14. Subtract line 13 from line 12	14.	<u>68,550.</u>
15. Multiply line 14 by 15% (.15)	15.	<u>10,283.</u>
16. Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet	16.	<u>98,847.</u>
17. Add lines 15 and 16	17.	<u>109,130.</u>
18. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	18.	<u>122,613.</u>
19. Tax on all taxable income. Enter the smaller of line 17 or line 18. Also include this amount on Form 1040, line 44. If you are filing Form 2555 or 2555-EZ, do not enter this amount on Form 1040, line 44. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	19.	<u>109,130.</u>

* If you are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Worksheet 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 separate instructions.

OMB No. 1545-0074

2011

Attachment Sequence No. 13

Name(s) shown on return

Your social security number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

- A Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)
B If "Yes," did you or will you file all required Forms 1099?

Yes No checkboxes for questions A and B.

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

Caution. For each rental property listed on line 1, check the box in the last column only if you owned that property as a member of a qualified joint venture (QJV) reporting income not subject to self-employment tax.

Table with 5 columns: 1 Physical address, 2 Type-from list below, 2 For each rental real estate property listed, Fair Rental Days, Personal Use Days, QJV.

Type of Property:

- 1 Single Family Residence, 2 Multi-Family Residence, 3 Vacation/Short-Term Rental, 4 Commercial, 5 Land, 6 Royalties, 7 Self-Rental, 8 Other (describe)

Income:

Table for Income with columns for Properties A, B, C and rows for 3a Merchant card and third party payments, 3b Payments not reported to you on line 3a, 4 Total not including amounts on line 3a that are not income.

Expenses:

Table for Expenses with columns for Properties A, B, C and rows for 5 Advertising, 6 Auto and travel, 7 Cleaning and maintenance, 8 Commissions, 9 Insurance, 10 Legal and other professional fees, 11 Management fees, 12 Mortgage interest paid to banks, etc., 13 Other interest, 14 Repairs, 15 Supplies, 16 Taxes, 17 Utilities, 18 Depreciation expense or depletion, 19 Other (list), 20 Total expenses, 21 Subtract line 20 from line 4, 22 Deductible rental real estate loss after limitation.

Summary rows 23a through 23g for total amounts reported on various lines.

Summary rows 24 Income, 25 Losses, 26 Total rental real estate and royalty income or (loss).

SCHEDULE E

(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

2011

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

- A** Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)
B If "Yes," did you or will you file all required Forms 1099?

Yes No
 Yes No

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

Caution. For each rental property listed on line 1, check the box in the last column only if you owned that property as a member of a qualified joint venture (QJV) reporting income not subject to self-employment tax.

1	Physical address of each property—street, city, state, ZIP	Type—from list below	2	For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	GOLDMAN SACHS HEDGE FUND PARTNERS, L	6					
B							
C							

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:

		Properties		
		A	B	C
3a	Merchant card and third party payments. For 2011, enter -0-	0.		
b	Payments not reported to you on line 3a	9.		
4	Total not including amounts on line 3a that are not income (see instructions)	9.		

Expenses:

5	Advertising	5			
6	Auto and travel (see instructions)	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 instructions)	12			
13	Other interest	13			
14	Repairs	14			
15	Supplies	15			
16	Taxes	16			
17	Utilities	17			
18	Depreciation expense or depletion	18			
19	Other (list) ▶	19			
20	Total expenses. Add lines 5 through 19	20			
21	Subtract line 20 from line 4. If result is a (loss), see instructions to find out if you must file Form 6198	21	9.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	()	()

23a	Total of all amounts reported on line 3a for all rental properties	23a			
23b	Total of all amounts reported on line 3a for all royalty properties	23b			
23c	Total of all amounts reported on line 4 for all rental properties	23c			
23d	Total of all amounts reported on line 4 for all royalty properties	23d	22,581.		
23e	Total of all amounts reported on line 12 for all properties	23e			
23f	Total of all amounts reported on line 18 for all properties	23f			
23g	Total of all amounts reported on line 20 for all properties	23g			

24	Income. Add positive amounts shown on line 21. Do not include any losses	24	22,581.	
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	()	
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26	22,581.	

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

Your social security number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

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

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 instructions.

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 instructions 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	SEE STATEMENT 23				
B					
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A				
B				
C				
D				
29a	Totals			1,462.
b	Totals	77.	4,906.	
30	Add columns (g) and (j) of line 29a			30 1,462.
31	Add columns (f), (h), and (i) of line 29b			31 (4,983.)
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 -3,521.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A	SEE STATEMENT 24	
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 (see instructions)	(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 * ENTIRE DISPOSITION OF NONPASSIVE ACTIVITY

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	19,060.
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 instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

SCHEDULE E

Name CHRISTOPHER J & MARY P CHRISTIE

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

JOINT

-*** ID

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

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

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

SCHEDULE E

Name CHRISTOPHER J & MARY P CHRISTIE

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

JOINT

-***

ID

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

PARTNERSHIP

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
NONPASSIVE								
INTEREST AND DIVIDENDS								
Interest income	1,588.							1,588.
Interest from U.S. bonds	322.							322.
Ordinary dividends	1,833.							1,833.
Qualified dividends	729.							729.
Tax exempt interest income	8.							8.
FORM 6251								
Depreciation adjustment after 12/31/86	2.							2.
Adjusted gain or loss	-1.							-1.
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other	22.							22.
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties	9.							9.
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt	1.							1.
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

SCHEDULE E

Name MARY P CHRISTIE

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

Passsthrough CANTOR FITZGERALD LP - CANTOR FITZGERALD LP
PARTNERSHIP

ID **-*****

SPOUSE

	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								
NONPASSIVE								
Ordinary business income (loss)	1,471.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	1,471.							1,471.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other	-9.							-9.
Total Schedule E (page 2)	1,462.							1,462.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions	102.							102.
Deductions related to portfolio income								
Other	11.							11.

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

SCHEDULE E

Name MARY P CHRISTIE

Passsthrough CANTOR FITZGERALD LP - CANTOR FITZGERALD LP
PARTNERSHIP

ID **_*****

SSN/EIN ***_**_****

SPOUSE

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
NONPASSIVE								
INTEREST AND DIVIDENDS								
Interest income	1.							1.
Interest from U.S. bonds								
Ordinary dividends	118.							118.
Qualified dividends	118.							118.
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
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	4.							4.
Casualty and theft loss								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

SCHEDULE E

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

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

TAXPAYER

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

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2011

SCHEDULE E

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

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

TAXPAYER

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

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

SCHEDULE E

Name MARY P CHRISTIE

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

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

ID **-*****

SPOUSE

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

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

SCHEDULE E

Name MARY P CHRISTIE

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

ESTATE OR TRUST

ID

SSN/EIN

-**-*

SPOUSE

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

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

SCHEDULE E

Name CHRISTOPHER J CHRISTIE
 Passthrough THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST - THE CHRISTO ID
 PARTNERSHIP

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

TAXPAYER

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	-164.							
Rental real estate income (loss)	-3,561.							
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	-3,725.						3,696.	-29.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other	-1,080.							-1,080.
Total Schedule E (page 2)	-4,805.						3,696.	-1,109.
FORM 4797								
Section 1231 gain (loss)	29.							29.
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)	-2,935.							-2,935.
Net long-term cap. gain (loss)	-3,051.							-3,051.
Section 1256 contracts & straddles	13.							13.
FORM 4952								
Investment interest expense - Sch. A	98.							98.
Other net investment income	-108.							-108.
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income	2,083.							2,083.
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

SCHEDULE E

Name CHRISTOPHER J CHRISTIE
 Passthrough THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST - THE CHRISTO
 PARTNERSHIP ID

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

TAXPAYER

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

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

SCHEDULE E

Name MARY P CHRISTIE

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

-***

ID

THE MARY PAT CHRISTIE 2010 BLIND TRUST - THE MARY PAT CHR

PARTNERSHIP

SPOUSE

	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
OTHER PASSIVE								
SCHEDULE E, PAGE 2								
Ordinary business income (loss)								
Rental real estate income (loss)	-2,760.							
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	-2,760.						2,712.	-48.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other	-1,574.							-1,574.
Total Schedule E (page 2)	-4,334.						2,712.	-1,622.
FORM 4797								
Section 1231 gain (loss)	48.							48.
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)	88.							88.
Net long-term cap. gain (loss)	406.							406.
Section 1256 contracts & straddles	20.							20.
FORM 4952								
Investment interest expense - Sch. A	158.							158.
Other net investment income	-2.							-2.
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income	3,305.							3,305.
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2011

SCHEDULE E

Name **MARY P CHRISTIE**

Passthrough **THE MARY PAT CHRISTIE 2010 BLIND TRUST - THE MARY PAT CHR** ID ****_*******

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

SPOUSE

	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
OTHER PASSIVE								
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
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								

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

Name **CHRISTOPHER J & MARY P CHRISTIE** Identifying number as shown on page 1 of your tax return
 -**-*

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

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

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

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
9 Enter the name of the foreign country or U.S. possession OTHER COUNTRIES				
1a Gross income from sources within country shown above and of the type checked above: 5,882.	5,882.			1a 5,882.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) <input type="checkbox"/>				
Deductions and losses (Caution: See instructions):				
2 Expenses definitely related to the income on line 1a (attach statement) SEE STATEMENT 26	659.			
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	73,832.			
b Other deductions (attach statement)				
c Add lines 3a and 3b	73,832.			
d Gross foreign source income	5,882.			
e Gross income from all sources	636,584.			
f Divide line 3d by line 3e	.009240			
g Multiply line 3c by line 3f	682.			
4 Pro rata share of interest expense:				
a Home mortgage interest (use worksheet on page 14 of the instructions)	80.			
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	1,421.			6 1,421.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 4,461.

Part II Foreign Taxes Paid or Accrued

SEE STATEMENT 25

Country	Credit is claimed for taxes (you must check one) (h) <input type="checkbox"/> Paid (i) <input checked="" type="checkbox"/> Accrued	Foreign taxes paid or accrued						(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
		In foreign currency			In U.S. dollars				
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends		
A								374.	374.
B									
C									
8	Add lines A through C, column (s). Enter the total here and on line 9, page 2							8 374.	374.

LHA For Paperwork Reduction Act Notice, see instructions.

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	374.	
10	Carryback or carryover (attach detailed computation)	10		
11	Add lines 9 and 10	11	374.	
12	Reduction in foreign taxes	12		
13	Taxes reclassified under high tax kickout	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		374.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15	4,461.	
16	Adjustments to line 15	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	4,461.	
18	Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption SEE STATEMENT 27	18	419,436.	
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.				
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		.010636
20	Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 42. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 Caution: If you are completing line 20 for separate category (lump-sum distributions), see instructions.	20		109,130.
21	Multiply line 20 by line 19 (maximum amount of credit)	21		1,161.
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV	22		374.

Part IV Summary of Credits From Separate Parts III

23	Credit for taxes on passive category income	23		
24	Credit for taxes on general category income	24		
25	Credit for taxes on certain income re-sourced by treaty	25		
26	Credit for taxes on lump-sum distributions	26		
27	Add lines 23 through 26	27		
28	Enter the smaller of line 20 or line 27	28		374.
29	Reduction of credit for international boycott operations	29		
30	Subtract line 29 from line 28. This is your foreign tax credit . Enter here and on Form 1040, line 47; Form 1040NR, line 45; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a	30		374.

Child and Dependent Care Expenses

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

▶ See separate instructions.

Name(s) shown on return

Your social security number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

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 RISK	MENDHAM, NJ	***-**-****	19,830.

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

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		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2011 for the person listed in column (a)
First	Last		
	CHRISTIE	***-**-****	9,915.
	CHRISTIE	***-**-****	9,915.

3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31 COL (C) LIMITED	3	1,000.																																																										
4 Enter your earned income . See instructions	4	161,779.																																																										
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	307,372.																																																										
6 Enter the smallest of line 3, 4, or 5	6	1,000.																																																										
7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	7	567,772.																																																										
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	x .20																																																										
<table border="0"> <tr> <td>If line 7 is:</td> <td>If line 7 is:</td> </tr> <tr> <td> <table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$0 - 15,000</td> <td></td> <td>.35</td> </tr> <tr> <td>15,000 - 17,000</td> <td></td> <td>.34</td> </tr> <tr> <td>17,000 - 19,000</td> <td></td> <td>.33</td> </tr> <tr> <td>19,000 - 21,000</td> <td></td> <td>.32</td> </tr> <tr> <td>21,000 - 23,000</td> <td></td> <td>.31</td> </tr> <tr> <td>23,000 - 25,000</td> <td></td> <td>.30</td> </tr> <tr> <td>25,000 - 27,000</td> <td></td> <td>.29</td> </tr> <tr> <td>27,000 - 29,000</td> <td></td> <td>.28</td> </tr> </table> </td> <td> <table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$29,000 - 31,000</td> <td></td> <td>.27</td> </tr> <tr> <td>31,000 - 33,000</td> <td></td> <td>.26</td> </tr> <tr> <td>33,000 - 35,000</td> <td></td> <td>.25</td> </tr> <tr> <td>35,000 - 37,000</td> <td></td> <td>.24</td> </tr> <tr> <td>37,000 - 39,000</td> <td></td> <td>.23</td> </tr> <tr> <td>39,000 - 41,000</td> <td></td> <td>.22</td> </tr> <tr> <td>41,000 - 43,000</td> <td></td> <td>.21</td> </tr> <tr> <td>43,000 - No limit</td> <td></td> <td>.20</td> </tr> </table> </td> </tr> </table>	If line 7 is:	If line 7 is:	<table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$0 - 15,000</td> <td></td> <td>.35</td> </tr> <tr> <td>15,000 - 17,000</td> <td></td> <td>.34</td> </tr> <tr> <td>17,000 - 19,000</td> <td></td> <td>.33</td> </tr> <tr> <td>19,000 - 21,000</td> <td></td> <td>.32</td> </tr> <tr> <td>21,000 - 23,000</td> <td></td> <td>.31</td> </tr> <tr> <td>23,000 - 25,000</td> <td></td> <td>.30</td> </tr> <tr> <td>25,000 - 27,000</td> <td></td> <td>.29</td> </tr> <tr> <td>27,000 - 29,000</td> <td></td> <td>.28</td> </tr> </table>	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	<table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$29,000 - 31,000</td> <td></td> <td>.27</td> </tr> <tr> <td>31,000 - 33,000</td> <td></td> <td>.26</td> </tr> <tr> <td>33,000 - 35,000</td> <td></td> <td>.25</td> </tr> <tr> <td>35,000 - 37,000</td> <td></td> <td>.24</td> </tr> <tr> <td>37,000 - 39,000</td> <td></td> <td>.23</td> </tr> <tr> <td>39,000 - 41,000</td> <td></td> <td>.22</td> </tr> <tr> <td>41,000 - 43,000</td> <td></td> <td>.21</td> </tr> <tr> <td>43,000 - No limit</td> <td></td> <td>.20</td> </tr> </table>	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	9	200.
If line 7 is:	If line 7 is:																																																											
<table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$0 - 15,000</td> <td></td> <td>.35</td> </tr> <tr> <td>15,000 - 17,000</td> <td></td> <td>.34</td> </tr> <tr> <td>17,000 - 19,000</td> <td></td> <td>.33</td> </tr> <tr> <td>19,000 - 21,000</td> <td></td> <td>.32</td> </tr> <tr> <td>21,000 - 23,000</td> <td></td> <td>.31</td> </tr> <tr> <td>23,000 - 25,000</td> <td></td> <td>.30</td> </tr> <tr> <td>25,000 - 27,000</td> <td></td> <td>.29</td> </tr> <tr> <td>27,000 - 29,000</td> <td></td> <td>.28</td> </tr> </table>	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	<table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$29,000 - 31,000</td> <td></td> <td>.27</td> </tr> <tr> <td>31,000 - 33,000</td> <td></td> <td>.26</td> </tr> <tr> <td>33,000 - 35,000</td> <td></td> <td>.25</td> </tr> <tr> <td>35,000 - 37,000</td> <td></td> <td>.24</td> </tr> <tr> <td>37,000 - 39,000</td> <td></td> <td>.23</td> </tr> <tr> <td>39,000 - 41,000</td> <td></td> <td>.22</td> </tr> <tr> <td>41,000 - 43,000</td> <td></td> <td>.21</td> </tr> <tr> <td>43,000 - No limit</td> <td></td> <td>.20</td> </tr> </table>	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					
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																																																										
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																																																										
10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions STATEMENT 28	10	136,304.																																																										
11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46	11	200.																																																										

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Dependent Care Benefits

12	Enter the total amount of dependent care benefits you received in 2011. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	5,000.
13	Enter the amount, if any, you carried over from 2010 and used in 2011 during the grace period. See instructions	13	
14	Enter the amount, if any, you forfeited or carried forward to 2012. See instructions	14	()
15	Combine lines 12 through 14. See instructions	15	5,000.
16	Enter the total amount of qualified expenses incurred in 2011 for the care of the qualifying person(s)	16	19,830.
17	Enter the smaller of line 15 or 16	17	5,000.
18	Enter your earned income . See instructions	18	161,779.
19	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. 	19	307,372.
20	Enter the smallest of line 17, 18, or 19	20	5,000.
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19)	21	5,000.
22	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input checked="" type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22	0.
23	Subtract line 22 from line 15	23	5,000.
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	
25	Excluded benefits. Form 1040 and 1040NR filers: If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. Form 1040A filers: Enter the smaller of line 20 or line 21	25	5,000.
26	Taxable benefits. Form 1040 and 1040NR filers: Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7; or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7; or Form 1040NR, line 8, enter "DCB." Form 1040A filers: Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB"	26	0.

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

27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	6,000.
28	Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25	28	5,000.
29	Subtract line 28 from line 27. If zero or less, stop . You cannot take the credit. Exception. If you paid 2010 expenses in 2011, see the instructions for line 9	29	1,000.
30	Complete line 2 on page 1 of this form. Do not include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30	14,830.
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	1,000.

General Business Credit

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

Name(s) shown on return

Identifying number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)
 (See instructions and complete Part(s) III before Parts I and II)

1	General business credit from line 2 of all Parts III with box A checked	1	
2	Passive activity credits from line 2 of all Parts III with box B checked	2	
3	Enter the applicable passive activity credits allowed for 2011 (see instructions)	3	
4	Carryforward of general business credit to 2011. Enter the amount from line 2 of Part III with box C checked. See instructions for schedule to attach	4	39.
5	Carryback of general business credit from 2012. Enter the amount from line 2 of Part III with box D checked	5	
6	Add lines 1, 3, 4, and 5	6	39.

Part II Allowable Credit

7	Regular tax before credits: • Individuals. Enter the amount from Form 1040, line 44, or Form 1040NR, line 42 • Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return • 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	7	109,130.
8	Alternative minimum tax: • Individuals. Enter the amount from Form 6251, line 35 • Corporations. Enter the amount from Form 4626, line 14 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56	8	27,548.
9	Add lines 7 and 8	9	136,678.
10a	Foreign tax credit	10a	374.
b	Personal credits from Form 1040 or 1040NR (see instructions)	10b	200.
c	Add lines 10a and 10b	10c	574.
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16a	11	136,104.
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	108,556.
13	Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see instructions)	13	20,889.
14	Tentative minimum tax: • Individuals. Enter the amount from Form 6251, line 33 • Corporations. Enter the amount from Form 4626, line 12 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54	14	136,304.
15	Enter the greater of line 13 or line 14	15	136,304.
16a	Subtract line 15 from line 11. If zero or less, enter -0-	16a	0.
b	For a corporation electing to accelerate the research credit, enter the bonus depreciation amount attributable to the research credit (see instructions)	16b	
c	Add lines 16a and 16b	16c	
17a	Enter the smaller of line 6 or line 16c C corporations: See the line 17a instructions if there has been an ownership change, acquisition, or reorganization.	17a	0.
b	Enter the smaller of line 6 or line 16a. If you made an entry on line 16b, go to line 17c; otherwise, skip line 17c (see instructions)	17b	0.
c	Subtract line 17b from line 17a. This is the refundable amount for a corporation electing to accelerate the research credit. Include this amount on Form 1120, Schedule J, Part II, line 19c (or the applicable line of your return)	17c	

Part II Allowable Credit (Continued)

Note. If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (.75) (see instructions)	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17b from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked	23	
24	Enter the applicable passive activity credit allowed for 2011 (see instructions)	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	115,215.
28	Add lines 17b and 26	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	115,215.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Enter the total eligible small business credit from line 6 of all Parts III with box E checked	31	4.
32	Passive activity credits from line 5 of all Parts III with box B checked and line 6 of all Parts III with box F checked	32	
33	Enter the applicable passive activity credits allowed for 2011 (see instructions)	33	
34	Carryforward of business credit to 2011. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for schedule to attach	34	
35	Carryback of business credit from 2012. Enter the amount from line 5 of Part III with box D checked and line 6 of Part III with box H checked (see instructions)	35	
36	Add lines 30, 31, 33, 34, and 35	36	4.
37	Enter the smaller of line 29 or line 36	37	4.
38	<p>Credit allowed for the current year. Add lines 28 and 37.</p> <p>Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return:</p> <ul style="list-style-type: none"> • Individuals. Form 1040, line 53, or Form 1040NR, line 50 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b 	38	4.

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. (see instructions)

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Eligible Small Business Credit From a Non-Passive Activity
- F Eligible Small Business Credit From a Passive Activity
- G Eligible Small Business Credit Carryforwards
- H Eligible Small Business Credit Carrybacks

I If you are filing more than one Part III with box A, B, E, or F checked, complete and attach first an additional Part III combining amounts from all Parts III with box A, B, E, or F checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved for future use	1b	
c Increasing research activities (Form 6765)	1c * * - * * * * * * *	4 .
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (do not enter more than \$5,000 in column (c) of Parts III with box A, B, E, or F checked, combined)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (do not enter more than \$500 in column (c) of Parts III with box A, B, E, or F checked, combined)	1j	
k Employer-provided child care facilities and services (Form 8882)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (Form 8907)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (Form 8909)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved for future use	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (Form 8931) (do not enter more than \$2 million in column (c) of Parts III with box A, B, E, or F checked, combined)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (Form 8834, Part I only)	1z	
aa New hire retention (Form 5884-B)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other	1zz	
2 Add lines 1a through 1zz and enter here	2	4 .
3 Enter the amount from Form 8844	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Alcohol and cellulosic biofuel fuels (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Reserved for future use	4i	
j Reserved for future use	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here	5	
6 Add lines 2, 3, and 5	6	4 .

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. (see instructions)

- A General Business Credit From a Non-Passive Activity
B General Business Credit From a Passive Activity
C General Business Credit Carryforwards
D General Business Credit Carrybacks
E Eligible Small Business Credit From a Non-Passive Activity
F Eligible Small Business Credit From a Passive Activity
G Eligible Small Business Credit Carryforwards
H Eligible Small Business Credit Carrybacks

I If you are filing more than one Part III with box A, B, E, or F checked, complete and attach first an additional Part III combining amounts from all Parts III with box A, B, E, or F checked. Check here if this is the consolidated Part III

Table with 3 columns: (a) Description of credit, (b) If claiming the credit from a pass-through entity, enter the EIN, (c) Enter the appropriate amount. Rows include investment, research, housing, disabled access, renewable energy, etc.

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.

Name(s) shown on return: **CHRISTOPHER J & MARY P CHRISTIE** Identifying number: *****-**-******

1 Enter the gross proceeds from sales or exchanges reported to you for 2011 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)

(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)
2 SEE STATEMENT 29						121.
3 Gain, if any, from Form 4684, line 39						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: 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.						7 121.
8 Nonrecaptured net section 1231 losses from prior years (see instructions) STATEMENT 30						8 26.
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 95.

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						-247.
11 Loss, if any, from line 7						11
12 Gain, if any, from line 7 or amount from line 8, if applicable						12 26.
13 Gain, if any, from line 31						13
14 Net gain or (loss) from Form 4684, lines 31 and 38a						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 -221.
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 35, 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 -221.

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 33. 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	

ALTERNATIVE MINIMUM TAX

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))

OMB No. 1545-0184

2011
 Attachment
 Sequence No. **27**

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

Name(s) shown on return: **CHRISTOPHER J & MARY P CHRISTIE**
 Identifying number: *****-**-******

1 Enter the gross proceeds from sales or exchanges reported to you for 2011 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)

(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)
2 SEE STATEMENT 31						121.

3 Gain, if any, from Form 4684, line 39	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: 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.	7	121.
8 Nonrecaptured net section 1231 losses from prior years (see instructions) STATEMENT 32	8	26.
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	95.

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					0.

11 Loss, if any, from line 7	11	
12 Gain, if any, from line 7 or amount from line 8, if applicable	12	26.
13 Gain, if any, from line 31	13	
14 Net gain or (loss) from Form 4684, lines 31 and 38a	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	26.
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 35, 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	26.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2011)

ALTERNATIVE MINIMUM TAX

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 33. 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	

Alternative Minimum Tax - Individuals

▶ Attach to Form 1040 or Form 1040NR.

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

Your social security number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Part I Alternative Minimum Taxable Income

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	458,605.
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), line 9	3	73,832.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	Skip this line. It is reserved for future use	6	
7	Tax refund from Form 1040, line 10 or line 21	7	
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock (7% of gain excluded under section 1202)	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	-1.
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) STMT 34	18	2.
19	Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 33	19	0.
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	20.
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	2.
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$223,900, see instructions.)	28	532,460.

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2011, see instructions.) IF your filing status is ... AND line 28 is not over ... THEN enter on line 29 ... Single or head of household \$112,500 \$48,450 Married filing jointly or qualifying widow(er) 150,000 74,450 Married filing separately 75,000 37,225 If line 28 is over the amount shown above for your filing status, see instructions.	29	0.
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	532,460.
31	<ul style="list-style-type: none"> If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 54 here. All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. 	31	136,678.
32	Alternative minimum tax foreign tax credit (see instructions)	32	374.
33	Tentative minimum tax. Subtract line 32 from line 31	33	136,304.
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Sch J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Sch J	34	108,756.
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	27,548.

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

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for this line	36	532,460.
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	68,550.
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	68,550.
40	Enter the smaller of line 36 or line 39	40	68,550.
41	Subtract line 40 from line 36	41	463,910.
42	If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	42	126,395.
43	Enter: <ul style="list-style-type: none"> • \$69,000 if married filing jointly or qualifying widow(er), • \$34,500 if single or married filing separately, or • \$46,250 if head of household. 	43	69,000.
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0-	44	367,855.
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	0.
46	Enter the smaller of line 36 or line 37	46	68,550.
47	Enter the smaller of line 45 or line 46	47	
48	Subtract line 47 from line 46	48	68,550.
49	Multiply line 48 by 15% (.15)	49	10,283.
If line 38 is zero or blank, skip lines 50 and 51 and go to line 52. Otherwise, go to line 50.			
50	Subtract line 46 from line 40	50	
51	Multiply line 50 by 25% (.25)	51	
52	Add lines 42, 49, and 51	52	136,678.
53	If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	53	145,589.
54	Enter the smaller of line 52 or line 53 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	54	136,678.

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
CHRISTOPHER J & MARY P CHRISTIE							
K1 -	GOLDMAN SACHS HEDGE FUND PARTNERS, LLC * REGULAR INCOME DEPR ADJ	-2,252. 2.		2.			
	ADJ GAIN/LOSS, LN OTHER, LN 27	-1. 2.	-1.				2.
	* AMT NET INCOME	-2,249.	-1.	2.			2.
K1 -	GOLDMAN SACHS HEDGE FUND PARTNERS, LLC * REGULAR INCOME MINING COST, LN 23	-2,252. 20.					
	* AMT NET INCOME	-2,232.					20. 20.
4797	THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST * REGULAR INCOME * AMT NET INCOME	29. 29.					
4797	THE MARY PAT CHRISTIE 2010 BLIND TRUST * REGULAR INCOME * AMT NET INCOME	48. 48.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20 Other Adjustment
K1-	CHRISTOPHER J & MARY P CHRISTIE					*** - ** - ****
K1-	THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST					
	* REGULAR INCOME	-29.				
	PAL DISALLOWED	-3,696.				
	* AMT PAL DISALLOWED	3,696.				
	* AMT NET INCOME	-29.				
K1-	THE MARY PAT CHRISTIE 2010 BLIND TRUST					
	* REGULAR INCOME	-48.				
	PAL DISALLOWED	-2,712.				
	* AMT PAL DISALLOWED	2,712.				
	* AMT NET INCOME	-48.				
	** TOTAL ADJ & PREF **		-1.	2.		22.

ALTERNATIVE MINIMUM TAX
Foreign Tax Credit

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

Name **CHRISTOPHER J & MARY P CHRISTIE** Identifying number as shown on page 1 of your tax return
 -**-*

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

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

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

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession OTHER COUNTRIES				
1a Gross income from sources within country shown above and of the type checked above:	5,882.			1a 5,882.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) <input type="checkbox"/>				
Deductions and losses (Caution: See instructions):				
2 Expenses definitely related to the income on line 1a (attach statement)	659.			
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	5,882.			
e Gross income from all sources	636,583.			
f Divide line 3d by line 3e	.009240			
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)	80.			
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	739.			6 739.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 5,143.

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) <input type="checkbox"/> Paid (i) <input checked="" type="checkbox"/> Accrued (j) Date paid or accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A										
B									374.	374.
C										

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 **8** 374.

LHA For Paperwork Reduction Act Notice, see instructions.

ALTERNATIVE MINIMUM TAX

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	374.
10	Carryback or carryover (attach detailed computation)	10	
11	Add lines 9 and 10	11	374.
12	Reduction in foreign taxes	12	
13	Taxes reclassified under high tax kickout	13	
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14	374.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15	5,143.
16	Adjustments to line 15	16	
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	5,143.
18	Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption SEE STATEMENT 35	18	500,632.
19	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19	.010273
20	Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 42. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 Caution: If you are completing line 20 for separate category <i>e</i> (lump-sum distributions), see instructions.	20	136,678.
21	Multiply line 20 by line 19 (maximum amount of credit)	21	1,404.
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV	22	374.
Part IV Summary of Credits From Separate Parts III			
23	Credit for taxes on passive category income	23	
24	Credit for taxes on general category income	24	
25	Credit for taxes on certain income re-sourced by treaty	25	
26	Credit for taxes on lump-sum distributions	26	
27	Add lines 23 through 26	27	
28	Enter the smaller of line 20 or line 27	28	374.
29	Reduction of credit for international boycott operations	29	
30	Subtract line 29 from line 28. This is your foreign tax credit . Enter here and on Form 1040, line 47; Form 1040NR, line 45; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a	30	374.

**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

2011

Attachment
Sequence No. **44**

Name of employer

CHRISTOPHER J & MARY P CHRISTIE

Social security number
* * * _ * * _ * * * *
Employer identification number
* * _ * * * * * * * *

A Did you pay **any one** household employee cash wages of \$1,700 or more in 2011? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

- Yes.** Skip lines B and C and go to line 1.
- No.** Go to line B.

B Did you withhold federal income tax during 2011 for any household employee?

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

C Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2010 or 2011 to **all** household employees? (Do not count cash wages paid in 2010 or 2011 to your spouse, your child under age 21, or your parent.)

- No.** **Stop.** Do not file this schedule.
- Yes.** Skip lines 1-7 and go to line 8. (Calendar year taxpayers having no household employees in 2011 **do not** have to complete this form for 2011.)

Part I Social Security, Medicare, and Federal Income Taxes

1 Total cash wages subject to social security taxes	1	29,744.	
2 Social security taxes. Multiply line 1 by 10.4% (.104)	2		3,093.
3 Total cash wages subject to Medicare taxes	3	29,744.	
4 Medicare taxes. Multiply line 3 by 2.9% (.029)	4		863.
5 Federal income tax withheld, if any	5		1,025.
6 Total social security, Medicare, and federal income taxes. Add lines 2, 4, and 5	6		4,981.

7 Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2010 or 2011 to **all** household employees? (Do not count cash wages paid in 2010 or 2011 to your spouse, your child under age 21, or your parent.)

- No.** **Stop.** Include the amount from line 6 above on Form 1040, line 59a. If you are not required to file Form 1040, see the line 7 instructions.
- Yes.** Go to line 8.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Schedule H (Form 1040) 2011

Part II Federal Unemployment (FUTA) Tax

	Yes	No
8 Did you pay unemployment contributions to only one state? (If you paid contributions to a credit reduction state, see instructions and check "No.")		X
9 Did you pay all state unemployment contributions for 2011 by April 17, 2012? Fiscal year filers see instructions	X	
10 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	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

11 Name of the state where you paid unemployment contributions		
12 Contributions paid to your state unemployment fund	12	
13 Total cash wages subject to FUTA tax		13
14 FUTA tax. Multiply the portion of the wages on line 13 paid before July 1 by .008. Multiply the portion of the wages on line 13 paid after June 30 by .006. Enter the sum of those two amounts on line 14, skip Section B, and go to line 23		14

Section B

15 Complete all columns below that apply (if you need more space, see instructions):

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by .054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-	(h) Contributions paid to state unemployment fund
		From	To					
NJ	29,600.	01/01/11	12/31/11	.0078	1,598.	231.	1,367.	232.

16 Totals		16	1,367.	232.
17 Add columns (g) and (h) of line 16	17	1,599.		
18 Total cash wages subject to FUTA tax (see the line 13 instructions)	18	7,000.		
19 Multiply the portion of the wages on line 18 paid before July 1 by 6.2% (.062). Multiply the portion of the wages on line 18 paid after June 30 by 6.0% (.060). Enter the sum of those amounts on line 19	19	STATEMENT 37	434.	
20 Multiply line 18 by 5.4% (.054)	20	378.		
21 Enter the smaller of line 17 or line 20 (Employers in a credit reduction state must use the worksheet and check here) STATEMENT 36	21	X	357.	
22 FUTA tax. Subtract line 21 from line 19. Enter the result here and go to line 23	22		77.	

Part III Total Household Employment Taxes

23 Enter the amount from line 6. If you checked the "Yes" box on line C of page 1, enter -0-	23	4,981.
24 Add line 14 (or line 22) and line 23	24	5,058.

25 Are you required to file Form 1040?
 Yes. Stop. Include the amount from line 24 above on Form 1040, line 59a. Do not complete Part IV below.
 No. You may have to complete Part IV. See instructions for details.

Part IV Address and Signature - Complete this part only if required. See the line 25 instructions.

Address (number and street) or P.O. box if mail is not delivered to street address _____ Apt., room, or suite no. _____
 City, town or post office, state, and ZIP code _____

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

Employer's signature _____ Date _____

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

Investment Interest Expense Deduction

2011

Attachment
Sequence No. **51**

▶ Attach to your tax return.

Name(s) shown on return

Identifying number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Part I Total Investment Interest Expense

1 Investment interest expense paid or accrued in 2011 (see instructions) SEE STATEMENT 38	1	4,410.
2 Disallowed investment interest expense from 2010 Form 4952, line 7	2	
3 Total investment interest expense. Add lines 1 and 2	3	4,410.

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 39	4a	35,706.		
b Qualified dividends included on line 4a	4b	5,294.		
c Subtract line 4b from line 4a			4c	30,412.
d Net gain from the disposition of property held for investment	4d	63,161.		
e Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e	63,161.		
f Subtract line 4e from line 4d			4f	0.
g Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)			4g	
h Investment income. Add lines 4c, 4f, and 4g			4h	30,412.
5 Investment expenses (see instructions)			5	
6 Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-			6	30,412.

Part III Investment Interest Expense Deduction

7 Disallowed investment interest expense to be carried forward to 2012. 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 40	8	4,410.

ALTERNATIVE MINIMUM TAX

Form **4952**

Investment Interest Expense Deduction

OMB No. 1545-0191

2011

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

Attachment
Sequence No. **51**

Name(s) shown on return

Identifying number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2011 (see instructions) SEE STATEMENT 41	1	4,410.
2	Disallowed investment interest expense from 2010 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	4,410.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	35,706.	
4b	Qualified dividends included on line 4a	4b	5,294.	
4c	Subtract line 4b from line 4a	4c	30,412.	
4d	Net gain from the disposition of property held for investment	4d	63,161.	
4e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e	63,161.	
4f	Subtract line 4e from line 4d	4f	0.	
4g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)	4g		
4h	Investment income. Add lines 4c, 4f, and 4g	4h	30,412.	
5	Investment expenses (see instructions)	5		
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-	6	30,412.	

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2012. 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	4,410.

REGULAR FORM 4952, LINE 8 4,410.
 LESS RECOMPUTED FORM 4952, LINE 8 4,410.
 INTEREST ADJUSTMENT - FORM 6251, LINE 9

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

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

Name(s) shown on return CHRISTOPHER J & MARY P CHRISTIE	Identifying number ***-**-****
---	--

Part I Net Minimum Tax on Exclusion Items

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

LHA For Paperwork Reduction Act Notice, see instructions.

Part II Current Year Nonrefundable and Refundable Credits and Carryforward to 2012

16	Enter the amount from your 2010 Form 6251, line 35, or 2010 Form 1041, Schedule I, line 56	16	26,707.
17	Enter the amount from line 15	17	26,702.
18	Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	5.
19	2010 credit carryforward. Enter the amount from your 2010 Form 8801, line 28	19	33.
20	Enter your 2010 unallowed qualified electric vehicle credit (see instructions)	20	
21	Combine lines 18 through 20. If zero or less, stop here and see the instructions	21	38.
22	Enter your 2011 regular income tax liability minus allowable credits (see instructions)	22	108,552.
23	Enter the amount from your 2011 Form 6251, line 33, or 2011 Form 1041, Schedule I, line 54	23	136,304.
24	Subtract line 23 from line 22. If zero or less, enter -0-	24	0.
25	Current year nonrefundable credit. Enter the smaller of line 21 or line 24. Also enter this amount on your 2011 Form 1040, line 53 (check box b); Form 1040NR, line 50 (check box b); or Form 1041, Schedule G, line 2c	25	0.
26	Estates and trusts: Skip lines 26 and 27 and go to line 28. Individuals: Did you have a minimum tax credit carryforward to 2009 (on your 2008 Form 8801, line 31)? <input type="checkbox"/> No. Leave lines 26 and 27 blank and go to line 28. <input checked="" type="checkbox"/> Yes. Complete Part IV of Form 8801 to figure the amount to enter	26	10.
27	Is line 26 more than line 25? <input type="checkbox"/> No. Leave line 27 blank and go to line 28. <input checked="" type="checkbox"/> Yes. Subtract line 25 from line 26. This is your current year refundable credit. Enter the result here and on your 2011 Form 1040, line 71 (check box c), or Form 1040NR, line 67 (check box c)	27	10.
28	Credit carryforward to 2012. Subtract the larger of line 25 or line 26 from line 21. Keep a record of this amount because you may use it in future years	28	28.

Part III Tax Computation Using Maximum Capital Gains Rates

Caution. If you did not complete the 2010 Qualified Dividends and Capital Gain Tax Worksheet, the 2010 Schedule D Tax Worksheet, or Part V of the 2010 Schedule D (Form 1041), see the instructions before completing this part.

29 Enter the amount from Form 8801, line 10. If you filed Form 2555 or 2555-EZ for 2010, enter the amount from line 3 of the worksheet in the instructions 29 413,841.

Caution. If for 2010 you filed Form 1040NR, 1041, 2555, or 2555-EZ, see the instructions before completing lines 30, 31, and 32.

30 Enter the amount from line 6 of your 2010 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2010 Schedule D Tax Worksheet, or the amount from line 22 of the 2010 Schedule D (Form 1041), whichever applies* 30 1,480.

If you figured your 2010 tax using the 2010 Qualified Dividends and Capital Gain Tax Worksheet, skip line 31 and enter the amount from line 30 on line 32. Otherwise, go to line 31.

31 Enter the amount from line 19 of your 2010 Schedule D (Form 1040), or line 14b, column (2), of the 2010 Schedule D (Form 1041) 31

32 Add lines 30 and 31, and enter the smaller of that result or the amount from line 10 of your 2010 Schedule D Tax Worksheet 32 1,480.

33 Enter the smaller of line 29 or line 32 33 1,480.

34 Subtract line 33 from line 29 34 412,361.

35 If line 34 is \$175,000 or less (\$87,500 or less if married filing separately for 2010), multiply line 34 by 26% (.26). Otherwise, multiply line 34 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2010) from the result. Form 1040NR filers, see instructions 35 111,961.

36 Enter:
 • \$68,000 if married filing jointly or qualifying widow(er) for 2010,
 • \$34,000 if single or married filing separately for 2010,
 • \$45,550 if head of household for 2010, or
 • \$2,300 for an estate or trust.
 Form 1040NR filers, see instructions 36 68,000.

37 Enter the amount from line 7 of your 2010 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2010 Schedule D Tax Worksheet, or the amount from line 23 of the 2010 Schedule D (Form 1041), whichever applies. If you did not complete either worksheet or Part V of the 2010 Schedule D (Form 1041), enter -0-. Form 1040NR filers, see instructions 37 325,690.

38 Subtract line 37 from line 36. If zero or less, enter -0- 38 0.

39 Enter the smaller of line 29 or line 30 39 1,480.

40 Enter the smaller of line 38 or line 39 40

41 Subtract line 40 from line 39 41 1,480.

42 Multiply line 41 by 15% (.15) 42 222.

If line 31 is zero or blank, skip lines 43 and 44 and go to line 45. Otherwise, go to line 43.

43 Subtract line 39 from line 33 43

44 Multiply line 43 by 25% (.25) 44

45 Add lines 35, 42, and 44 45 112,183.

46 If line 29 is \$175,000 or less (\$87,500 or less if married filing separately for 2010), multiply line 29 by 26% (.26). Otherwise, multiply line 29 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2010) from the result. Form 1040NR filers, see instructions 46 112,375.

47 Enter the smaller of line 45 or line 46 here and on line 11. If you filed Form 2555 or 2555-EZ for 2010, do not enter this amount on line 11. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet in the instructions 47 112,183.

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

Part IV Tentative Refundable Credit

48	Enter the amount from line 21		48	38.
49	Enter the total of lines 18 and 20 from your 2009 Form 8801. If zero or less, enter -0-	49	10.	
50	Enter the total of lines 18 and 20 from your 2010 Form 8801. If zero or less, enter -0-	50	13.	
51	Enter the total of lines 18 and 20 from your 2011 Form 8801. If zero or less, enter -0-	51	5.	
52	Add lines 49 through 51		52	28.
53	Long-term unused minimum tax credit. Subtract line 52 from line 48 (If zero or less, enter -0- here and on line 26. Do not complete the rest of Part IV)		53	10.
54	Multiply line 53 by 50% (.50)		54	5.
55	Enter the amount from your 2010 Form 8801, line 57		55	10.
56	Enter the larger of line 54 or line 55		56	10.
57	Enter the smaller of line 53 or line 56. Enter the result here and on line 26		57	10.

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

▶ Attach to your tax return.

Name(s) shown on tax return

Identifying number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

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 SEE STATEMENT 42		
2 Add the amounts on line 1 in columns (b) and (c)	2 ()	52.
3 Net gain or (loss). Combine line 2, columns (b) and (c)	3	52.
4 Form 1099-B adjustments. See instructions and attach schedule	4	
5 Combine lines 3 and 4	5	52.
<i>Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions.</i>		
6 If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried back. Enter the loss as a positive number	6	
7 Combine lines 5 and 6	7	52.
8 Short-term capital gain or (loss). Multiply line 7 by 40% (.40). Enter here and include on the appropriate line of Schedule D (see instructions)	8	21.
9 Long-term capital gain or (loss). Multiply line 7 by 60% (.60). Enter here and include on the appropriate line of Schedule D (see instructions)	9	31.

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	(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-
	(c) Date closed out or sold					
	Mo. Day Yr.					
10						
11 a Enter the short-term portion of losses from line 10, column (h), here and include on the appropriate line of Schedule D (see instructions)						11a ()
b Enter the long-term portion of losses from line 10, column (h), here and include on the appropriate line of Schedule D (see instructions)						11b ()

Section B - Gains From Straddles

(a) Description of property	(b) Date entered into or acquired	(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-
	(c) Date closed out or sold			
	Mo. Day Yr.			
12				
13 a Enter the short-term portion of gains from line 12, column (f), here and include on the appropriate line of Schedule D				13a
b Enter the long-term portion of gains from line 12, column (f), here and include on the appropriate line of Schedule D				13b

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

(a) Description of property	(b) Date acquired			(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-
	Mo.	Day	Yr.			
14						

Passive Activity Loss Limitations

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

Name(s) shown on return CHRISTOPHER J & MARY P CHRISTIE	Identifying number ***-**-****
---	--

Part I 2011 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)			
1a Activities with net income (enter the amount from Worksheet 1, column (a))	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	77.	
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	-6,485.	
c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c		
d Combine lines 3a, 3b, and 3c			3d -6,408.
4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used			4 -6,408.

If line 4 is a loss and:

- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

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 instructions	6		
7 Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.	7		
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 instructions			9
10 Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15.			10

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

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			77.
16 Total losses allowed from all passive activities for 2011. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return SEE STATEMENT 46			77.

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	77.	-6,485.			

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
SEE ATTACHED STATEMENT FOR WORKSHEET 5				
Total		6,408.	1.000000000	6,408.

Worksheet 6 - Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total	▶			

Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
SEE ATTACHED STATEMENT FOR WORKSHEET 7					
Total	OVERALL ▶	6,485.	1.0000000	6,408.	77.

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **88**

Name(s) shown on return CHRISTOPHER J & MARY P CHRISTIE	Identifying number ***-**-****
---	--

Part I 2011 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)			
1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a		
1b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b		
1c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c		
1d 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		2c
2b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b		
2c Add lines 2a and 2b			
All Other Passive Activities			
3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a	77.	3d
3b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	-6,485.	
3c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c		
3d Combine lines 3a, 3b, and 3c		-6,408.	
4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used			4
If line 4 is a loss and:		<ul style="list-style-type: none"> • Line 1d is a loss, go to Part II. • Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. • Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15. 	

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

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 instructions	6		
7 Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.	7		
8 Subtract line 7 from line 6	8		9
9 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions			
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 in 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		77.
16 Total losses allowed from all passive activities for 2011. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return		SEE STATEMENT 50	77.

ALTERNATIVE MINIMUM TAX

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	77.	-6,485.			

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
SEE ATTACHED STATEMENT FOR WORKSHEET 5				
Total		6,408.	1.000000000	6,408.

ALTERNATIVE MINIMUM TAX

Worksheet 6 - Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total	▶			

Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
SEE ATTACHED STATEMENT FOR WORKSHEET 7					
Total	OVERALL	6,485.	1.0000000	6,408.	77.

Reportable Transaction Disclosure Statement

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

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

Identifying number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Number, street, and room or suite no.

City or town, state, and ZIP code

MENDHAM, NJ

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 ▶ 2011
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

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

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

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

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

a Type of entity ▶ Partnership Trust Partnership Trust
 S corporation Foreign S corporation Foreign

b Name
▶ **GOLDMAN SACHS HEDGE FUND PARTNERS, LLC**

c Employer identification number (EIN), if known ▶ [REDACTED]

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

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

a	Name	Identifying number (if known)	Fees paid
			\$

Number, street, and room or suite no.

City or town, State, and ZIP code

b	Name	Identifying number (if known)	Fees paid
			\$

Number, street, and room or suite no.

City or town, State, and ZIP code

7 Facts

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

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

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

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

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

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

Name	Identifying number
Address	
Description	

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

Name	Identifying number
Address	
Description	

Reportable Transaction Disclosure Statement

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

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

Identifying number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Number, street, and room or suite no.

City or town, state, and ZIP code

MENDHAM, NJ

- 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 ▶ 2011
 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

- 2** Identify the type of reportable transaction. Check all boxes that apply (see instructions).
a Listed **c** Contractual protection **e** Transaction of interest
b Confidential **d** Loss
- 3** If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ▶
- 4** Enter the number of "same as or substantially similar" transactions reported on this form ▶ VARIOUS

- 5** If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(s) (see instructions). (Attach additional sheets, if necessary.)
- a** Type of entity ▶ Partnership Trust Partnership Trust
 S corporation Foreign S corporation Foreign
- b** Name
 ▶ **GOLDMAN SACHS HEDGE FUND PARTNERS, LLC**
- c** Employer identification number (EIN), if known ▶
- d** Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ▶ **NONE**

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

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

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

7 Facts

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

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

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

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

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

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

Name	Identifying number
Address	
Description	

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

Name	Identifying number
Address	
Description	

Reportable Transaction Disclosure Statement

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

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

Identifying number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Number, street, and room or suite no.

City or town, state, and ZIP code

MENDHAM, NJ

- 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 ▶ 2011
 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

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

- a** Listed **c** Contractual protection **e** Transaction of interest
b Confidential **d** Loss

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

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

VARIOUS

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

- a** Type of entity ▶ Partnership Trust Partnership Trust
 S corporation Foreign S corporation Foreign

b Name

▶ **GOLDMAN SACHS HEDGE FUND PARTNERS, LLC**

c Employer identification number (EIN), if known

[REDACTED]

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

NONE

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

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

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

7 Facts

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

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

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

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

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

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

Name _____ Identifying number _____

Address _____

Description _____

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

Name _____ Identifying number _____

Address _____

Description _____

Reportable Transaction Disclosure Statement

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

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

Identifying number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Number, street, and room or suite no.

City or town, state, and ZIP code

MENDHAM, NJ

- 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 ▶ 2011
 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

- 2** Identify the type of reportable transaction. Check all boxes that apply (see instructions).
a Listed **c** Contractual protection **e** Transaction of interest
b Confidential **d** Loss
- 3** If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ▶
- 4** Enter the number of "same as or substantially similar" transactions reported on this form ▶ VARIOUS
- 5** If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(s) (see instructions). (Attach additional sheets, if necessary.)
a Type of entity ▶ Partnership Trust Partnership Trust
 S corporation Foreign S corporation Foreign

b Name
 ▶ **GOLDMAN SACHS HEDGE FUND PARTNERS, LLC**

c Employer identification number (EIN), if known ▶

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

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

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

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

7 Facts

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

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

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

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

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

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

Name	Identifying number
Address	
Description	

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

Name	Identifying number
Address	
Description	

Reportable Transaction Disclosure Statement

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

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

Identifying number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Number, street, and room or suite no.

City or town, state, and ZIP code

MENDHAM, NJ

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 ▶ 2011

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

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

- a** Listed **c** Contractual protection **e** Transaction of interest
b Confidential **d** Loss

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

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

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

- a** Type of entity ▶ Partnership Trust Partnership Trust
 S corporation Foreign S corporation Foreign

b Name

▶ **GOLDMAN SACHS HEDGE FUND PARTNERS, LLC**

c Employer identification number (EIN), if known ▶

NONE

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

7 Facts

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

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

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

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

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

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

Name	Identifying number
------	--------------------

Address

Description

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

Name	Identifying number
------	--------------------

Address

Description

Reportable Transaction Disclosure Statement

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

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

Identifying number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Number, street, and room or suite no.

City or town, state, and ZIP code

MENDHAM, NJ

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 ▶ 2011

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

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

- a** Listed **c** Contractual protection **e** Transaction of interest
b Confidential **d** Loss

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

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

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

- a** Type of entity ▶ Partnership Trust Partnership Trust
 S corporation Foreign S corporation Foreign

b Name

▶ **GOLDMAN SACHS HEDGE FUND PARTNERS, LLC**

c Employer identification number (EIN), if known ▶

[REDACTED]

d Date Schedule K-1 received from entity (enter

"none" if Schedule K-1 not received) ▶

NONE

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

a Name	Identifying number (if known)	Fees paid
Number, street, and room or suite no.		\$

City or town, State, and ZIP code

b Name	Identifying number (if known)	Fees paid
Number, street, and room or suite no.		\$

City or town, State, and ZIP code

7 Facts

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

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

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

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

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

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

Name	Identifying number
------	--------------------

Address

Description

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

Name	Identifying number
------	--------------------

Address

Description

7 Facts

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

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

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

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

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

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

Name	Identifying number
Address	
Description	

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

Name	Identifying number
Address	
Description	

Form 1116

U.S. and Foreign Source Income Summary

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

Allocation of Itemized Deductions

NAME

CHRISTOPHER J & MARY P CHRISTIE

-**-*

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

NAME

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Foreign Income Category

GENERAL LIMITATION INCOME

Regular

	2006	2007	2008	2009	2010	2011
1. Foreign tax paid/accrued						374.
2. FTC carryback to 2011 for amended returns						
3. Reduction allocated to excluded income						
4. Foreign tax available						374.
5. Maximum credit allowable						1,161.
6. Unused foreign tax (+) or excess of limit (-)						-787.
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Less treaty adjustment						
10. Foreign tax or excess limit remaining						-787.
Total foreign taxes from all available years to be carried to next year						

	2001	2002	2003	2004	2005
1. Foreign tax paid/accrued					
2. FTC carryback to 2011 for amended returns					
3. Reduction allocated to excluded income					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax (+) or excess of limit (-)					
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Less treaty adjustment					
10. Foreign tax or excess limit remaining					

NAME

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Foreign Income Category

GENERAL LIMITATION INCOME

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

	2001	2002	2003	2004	2005
1. Foreign tax paid/accrued					
2. FTC carryback to 2011 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 1040	MISCELLANEOUS INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
CANCELLATION OF DEBT - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC			1.
TOTAL TO FORM 1040, LINE 21			1.

FORM 1040	STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT	2
	2010	2009	2008
	CALIFORNIA		
GROSS STATE/LOCAL INC TAX REFUNDS	14.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS CALIFORNIA	14.		
	MASSACHUSETTS		
GROSS STATE/LOCAL INC TAX REFUNDS	1.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS MASSACHUSETTS	1.		
	NEW JERSEY		
GROSS STATE/LOCAL INC TAX REFUNDS	3,616.		
LESS: TAX PAID IN FOLLOWING YEAR	379.		
NET TAX REFUNDS NEW JERSEY	3,237.		
	NEW YORK		
GROSS STATE/LOCAL INC TAX REFUNDS	76.		
LESS: TAX PAID IN FOLLOWING YEAR	41.		
NET TAX REFUNDS NEW YORK	35.		
TOTAL NET TAX REFUNDS	3,287.		

FORM 1040	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS		STATEMENT 3
	2010	2009	2008
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	3,287.		
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION	3,287.		
1 NET REFUNDS FOR RECALCULATION			
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	100,537.		
3 DEDUCTION NOT SUBJ TO PHASEOUT			
4 NET REFUNDS FROM LINE 1			
5 LINE 2 MINUS LINES 3 AND 4	100,537.		
6 MULT LN 5 BY APPL SEC. 68 PCT			
7 PRIOR YEAR AGI			
8 ITEM. DED. PHASEOUT THRESHOLD			
9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)			
10 MULT LN 9 BY APPL SEC. 68 PCT			
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)			
12 ITEM DED. NOT SUBJ TO PHASEOUT			
13A TOTAL ADJ. ITEMIZED DEDUCTIONS	100,537.		
13B PRIOR YR. STD. DED. AVAILABLE	11,400.		
14 PRIOR YR. ALLOWABLE ITEM. DED.	100,537.		
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14			
16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)			
17 ALLOWABLE PRIOR YR. ITEM. DED.	100,537.		
18 PRIOR YEAR STD. DED. AVAILABLE	11,400.		
19 SUBTRACT LINE 18 FROM LINE 17	89,137.		
20 LESSER OF LINE 16 OR LINE 19			
21 PRIOR YEAR TAXABLE INCOME	327,170.		
22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21			0.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2008			
TOTAL TO FORM 1040, LINE 10			0.

FORM 1040 TAX-EXEMPT INTEREST STATEMENT 4

NAME OF PAYER	AMOUNT
GOLDMAN SACHS	1,313.
THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST	1,519.
THE MARY PAT CHRISTIE 2010 BLIND TRUST	1,379.
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	8.
TOTAL TO FORM 1040, LINE 8B	4,219.

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

	2010	STATE REFUND	AMOUNT SUBTRACTED FROM TAXABLE REFUND
NEW JERSEY			
STATE TAX PAID IN FOLLOW YEAR	3,500.		
TOTAL STATE TAX PAID 2010	33,374.	3,616. =	379.
NEW YORK			
STATE TAX PAID IN FOLLOW YEAR	75.		
TOTAL STATE TAX PAID 2010	138.	76. =	41.

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 6

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
S CANTOR FITZGERALD	307,372.	71,238.	18,838.		4,486.	4,550.
T STATE OF NEW JERSEY	161,779.	31,048.	7,804.		4,486.	2,485.
TOTALS	469,151.	102,286.	26,642.		8,971.	7,035.

FORM 1040

QUALIFIED DIVIDENDS

STATEMENT 7

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
GOLDMAN SACHS	447.	447.
THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST	4,435.	2,372.
THE MARY PAT CHRISTIE 2010 BLIND TRUST FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	2,815.	1,628.
FROM K-1 - CANTOR FITZGERALD LP	1,833.	729.
	118.	118.
TOTAL INCLUDED IN FORM 1040, LINE 9B		5,294.

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

DESCRIPTION	AMOUNT
GOLDMAN SACHS	750.
GOLDMAN SACHS	284.
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	3,266.
FROM K-1 - THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST	2,083.
FROM K-1 - THE MARY PAT CHRISTIE 2010 BLIND TRUST	3,305.
TOTAL TO SCHEDULE A, LINE 23	9,688.

DESCRIPTION	AMOUNT
FROM K-1 - CANTOR FITZGERALD LP	11.
CANTOR FITZGERALD	18,838.
STATE DISABILITY INSURANCE - CANTOR FITZGERALD	148.
STATE UNEMPLOYMENT INSURANCE - CANTOR FITZGERALD	126.
STATE FAMILY LEAVE INSURANCE - CANTOR FITZGERALD	18.
STATE OF NEW JERSEY	7,804.
CONNECTICUT PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	19.
NEW JERSEY 2ND QTR ESTIMATE PAYMENTS	364.
NEW JERSEY 3RD QTR ESTIMATE PAYMENTS	1,990.
NEW JERSEY PRIOR YEAR OVERPAYMENT APPLIED	3,616.
NEW JERSEY PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	3,500.
NEW YORK 1ST QTR ESTIMATE PAYMENTS	52.
NEW YORK 2ND QTR ESTIMATE PAYMENTS	22.
NEW YORK PRIOR YEAR ESTIMATE PAYMENTS	75.
CALIFORNIA FORM 592-B WITHHOLDING	13.
NEW JERSEY 1ST QTR ESTIMATE PAYMENTS	40.
NEW JERSEY 2ND QTR ESTIMATE PAYMENTS	22.
NEW JERSEY 4TH QTR ESTIMATE PAYMENTS	9.
REDUCTION OF STATE TAX DEDUCTION - STATE REFUNDS	-420.
TOTAL TO SCHEDULE A, LINE 5	36,247.

SCHEDULE A CASH CONTRIBUTIONS STATEMENT 11

DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
MISCELLANEOUS	25,685.	
FROM K-1 - CANTOR FITZGERALD LP	39.	
SUBTOTALS	25,724.	
TOTAL TO SCHEDULE A, LINE 16		25,724.

SCHEDULE A INVESTMENT INTEREST STATEMENT 12

DESCRIPTION	AMOUNT
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	147.
FROM K-1 - THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST	98.
FROM K-1 - THE MARY PAT CHRISTIE 2010 BLIND TRUST	158.
TOTAL TO SCHEDULE A, LINE 14	403.

SCHEDULE A CONTRIBUTIONS OTHER THAN CASH OR CHECK STATEMENT 13

DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMIT
CLOTHING, TOYS AND HOUSEHOLD		437.		
FROM K-1 - CANTOR FITZGERALD LP			63.	
SUBTOTALS		437.	63.	
TOTAL TO SCHEDULE A, LINE 17				500.

FORM 8949 B

SHORT-TERM CAPITAL GAINS AND LOSSES

STATEMENT 14

DESCRIPTION OF PROPERTY	SALES PRICE	COST OR OTHER BASIS	ADJUSTMENTS TO GAIN OR LOSS	GAIN OR LOSS
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST DTD 8/25/10			143.	143.
THE MARY PAT CHRISTIE 2010 BLIND TRUST DATED 8/25/10			-1,446.	-1,446.
TOTAL TO SCH D, LINE 2			-1,303.	-1,303.

FORM 8949 B

LONG-TERM CAPITAL GAINS AND LOSSES

STATEMENT 15

DESCRIPTION OF PROPERTY	SALES PRICE	COST OR OTHER BASIS	ADJUSTMENTS TO GAIN OR LOSS	GAIN OR LOSS
8000 GOLDMAN SACHS LARGE CAP VALUE	8,000.	8,863.		-863.
22000 GOLDMAN SACHS STRATEGIC GROWTH	22,000.	18,950.		3,050.
20000 GOLDMAN SACHS LARGE CAP VALUE	20,000.	22,104.		-2,104.
SYBRON DENTAL SPECIALTIES	2,025.	1,900.		125.
APOGENT TECH	1,742.	1,300.		442.
APOGENT TECH	3,484.	2,601.		883.
APOGENT TECH	1,742.	1,300.		442.
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST DTD 8/25/10			21,064.	21,064.
THE MARY PAT CHRISTIE 2010 BLIND TRUST DATED 8/25/10			24,899.	24,899.
TOTAL TO SCH D, LINE 9	58,993.	57,018.	45,963.	47,938.

SCHEDULE D	NET SHORT-TERM GAIN OR LOSS FROM FORMS 6252, 4684, 6781 AND 8824	STATEMENT 16
------------	---	--------------

DESCRIPTION OF PROPERTY	GAIN OR LOSS	
FORM 6781, PART I	21.	
TOTAL TO SCHEDULE D, PART I, LINE 4	21.	

SCHEDULE D	NET LONG-TERM GAIN OR LOSS FROM FORMS 4797, 2439, 6252, 4684, 6781 AND 8824	STATEMENT 17
------------	--	--------------

DESCRIPTION OF PROPERTY	GAIN OR LOSS	28% GAIN
FORM 6781, PART I	31.	
FORM 4797	95.	
TOTAL TO SCHEDULE D, PART II, LINE 11	126.	

SCHEDULE D	NET SHORT-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES	STATEMENT 18
------------	---	--------------

DESCRIPTION OF ACTIVITY	GAIN OR LOSS	
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	3,480.	
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST	-2,935.	
THE MARY PAT CHRISTIE 2010 BLIND TRUST	88.	
TOTAL TO SCHEDULE D, PART I, LINE 5	633.	

SCHEDULE D	NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES	STATEMENT 19
------------	--	--------------

DESCRIPTION OF ACTIVITY	GAIN OR LOSS	28% GAIN
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	16,396.	5.
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST	-3,051.	4.
THE MARY PAT CHRISTIE 2010 BLIND TRUST	406.	6.
TOTAL TO SCHEDULE D, PART II, LINE 12	13,751.	15.

SCHEDULE D

CAPITAL GAIN DISTRIBUTIONS

STATEMENT 20

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

SCHEDULE D UNRECAPTURED SECTION 1250 GAIN STATEMENT 21

1.	IF YOU HAVE A SECTION 1250 PROPERTY IN PART III OF FORM 4797 FOR WHICH YOU MADE AN ENTRY IN PART I OF FORM 4797, ENTER THE SMALLER OF LINE 22 OR LINE 24 OF FORM 4797 FOR THAT PROPERTY. IF YOU DID NOT HAVE ANY SUCH PROPERTY, GO TO LINE 4	
2.	ENTER THE AMOUNT FROM FORM 4797, LINE 26G, FOR THE PROPERTY FOR WHICH YOU MADE AN ENTRY ON LINE 1	
3.	SUBTRACT LINE 2 FROM LINE 1	
4.	ENTER THE TOTAL UNRECAPTURED SECTION 1250 GAIN INCLUDED ON LINE 26 OR LINE 37 OF FORM(S) 6252 FROM INSTALLMENT SALES OF TRADE OR BUSINESS PROPERTY HELD MORE THAN 1 YEAR . .	
5.	ENTER THE TOTAL OF ANY AMOUNTS REPORTED TO YOU ON A SCHEDULE K-1 FROM A PARTNERSHIP OR AN S CORPORATION AS "UNRECAPTURED SECTION 1250 GAIN"	1.
6.	ADD LINES 3 THROUGH 5	1.
7.	ENTER THE SMALLER OF LINE 6 OR THE GAIN FROM FORM 4797, LINE 7	1.
8.	ENTER THE AMOUNT, IF ANY, FROM FORM 4797, LINE 8	26.
9.	SUBTRACT LINE 8 FROM LINE 7. IF ZERO OR LESS, ENTER -0-	
10.	ENTER THE AMOUNT OF ANY GAIN FROM THE SALE OR EXCHANGE OF AN INTEREST IN A PARTNERSHIP ATTRIBUTABLE TO UNRECAPTURED SECTION 1250 GAIN	
11.	ENTER THE TOTAL OF ANY AMOUNTS REPORTED TO YOU ON A SCHEDULE K-1, FORMS 1099-DIV, OR FORM 2439 AS "UNRECAPTURED SECTION 1250 GAIN" FROM AN ESTATE, TRUST, REAL ESTATE INVESTMENT TRUST, OR MUTUAL FUND (OR OTHER REGULATED INVESTMENT COMPANY)	
12.	ENTER THE TOTAL OF ANY UNRECAPTURED SECTION 1250 GAIN FROM SALES (INCLUDING INSTALLMENT SALES) OR OTHER DISPOSITIONS OF SECTION 1250 PROPERTY HELD MORE THAN 1 YEAR FOR WHICH YOU DID NOT MAKE AN ENTRY IN PART I OF FORM 4797 FOR THE YEAR OF SALE . .	
13.	ADD LINES 9 THROUGH 12	
14.	IF YOU HAD ANY SECTION 1202 GAIN OR COLLECTIBLE GAIN OR (LOSS), ENTER THE TOTAL OF LINES 1 THROUGH 4 OF THE 28% RATE GAIN WORKSHEET	15.
15.	ENTER THE (LOSS), IF ANY, FROM SCH D, LINE 7. IF SCH D, LINE 7, IS ZERO OR A GAIN ENTER -0-	-649.
16.	ENTER YOUR LONG-TERM CAPITAL LOSS CARRYOVERS FROM SCHEDULE D, LINE 14, AND SCHEDULE K-1 (FORM 1041), BOX 11, CODE C	
17.	COMBINE LINES 14 THROUGH 16. IF THE RESULT IS A (LOSS), ENTER IT AS A POSITIVE AMOUNT. IF THE RESULT IS ZERO OR A GAIN, ENTER -0-	634.
18.	SUBTRACT LINE 17 FROM LINE 13. IF ZERO OR LESS, ENTER -0-. IF MORE THAN ZERO, ENTER THE RESULT HERE AND ON SCHEDULE D, LINE 19	0.

SCHEDULE D 28% RATE GAIN WORKSHEET STATEMENT 22

1. ENTER THE TOTAL OF ALL COLLECTIBLES GAIN OR (LOSS) FROM ITEMS YOU REPORTED ON FORM 8949, LINE 3
2. ENTER AS A POSITIVE AMOUNT THE AMOUNT OF ANY SECTION 1202 EXCLUSION YOU REPORTED IN COLUMN (G) OF FORM 8949, LINE 3, WITH CODE "S" IN COLUMN (B), FOR WHICH YOU EXCLUDED 50% OF THE GAIN, PLUS 2/3 OF ANY SECTION 1202 EXCLUSION YOU REPORTED IN COLUMN (G) OF FORM 8949, LINE 3, WITH CODE "S" IN COLUMN (B), FOR WHICH YOU EXCLUDED 60% OF THE GAIN
3. ENTER THE TOTAL OF ALL COLLECTIBLES GAIN OR (LOSS) FROM FORM 4684, LINE 4 (BUT ONLY IF FORM 4684, LINE 15, IS MORE THAN ZERO); FORM 6252; FORM 6781, PART II; AND FORM 8824
4. ENTER THE TOTAL OF ANY COLLECTIBLES GAIN REPORTED TO YOU ON:
 - * FORM 1099-DIV, BOX 2D;
 - * FORM 2439, BOX 1D,; AND
 - * SCHEDULE K-1 FROM A PARTNERSHIP, S CORPORATION, 15.
ESTATE, OR TRUST
5. ENTER YOUR LONG-TERM CAPITAL LOSS CARRYOVER FROM SCHEDULE D, LINE 14 AND SCHEDULE K-1 (FORM 1041), BOX 11, CODE C. ()
6. IF SCHEDULE D, LINE 7, IS A (LOSS), ENTER THAT (LOSS) HERE. OTHERWISE, ENTER -0- (649.)
7. COMBINE LINES 1 THROUGH 6. IF ZERO OR LESS, ENTER -0-. IF MORE THAN ZERO, ALSO ENTER THIS AMOUNT ON SCHEDULE D, LINE 18

SCHEDULE E INCOME OR (LOSS) FROM PARTNERSHIPS AND S CORPS STATEMENT 23

NAME	EMPLOYER ID NO.	ANY NOT AT RISK	X IF FRN	PASSIVE LOSS	PASSIVE INCOME	NONPASSIVE LOSS	SEC. 179 DEDUCTION	NONPASSIVE INCOME
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	**_*****		P *			767.		
INVESTMENT INTEREST EXPENSE	**_*****		P *			1,463.		
SEC 59(E)(2) -	**_*****		P *			22.		
CANTOR FITZGERALD LP	**_*****		P					1,462.
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST	**_*****		P	29.		1,080.		

CHRISTOPHER J & MARY P CHRISTIE

-**-*

THE MARY PAT CHRISTIE 2010 BLIND TRUST **-*****	P	48.	1,574.	
TOTALS TO SCH. E, LN. 29		77.	4,906.	1,462.

* ENTIRE DISPOSITION OF NONPASSIVE ACTIVITY

SCHEDULE E		INCOME OR (LOSS) FROM ESTATES AND TRUSTS			STATEMENT	24
NAME	EMPLOYER ID NO.	PASSIVE LOSS	PASSIVE INCOME	NONPASSIVE LOSS	NONPASSIVE INCOME	
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST DTD	**_*****					
THE MARY PAT CHRISTIE 2010 BLIND TRUST DATED	**_*****	0.				
TOTALS TO SCHEDULE E, LINE 34		0.				

* ENTIRE DISPOSITION OF NONPASSIVE ACTIVITY

FORM 1116 SUMMARY OF FOREIGN TAXES PAID OR ACCRUED STATEMENT 25

GENERAL LIMITATION INCOME

NAME OF COUNTRY IMPOSING TAX

DATE PAID	DATE ACCRUED	AMT/FOREIGN CURRENCY	AMOUNT IN U.S. DOLLARS			
			DIVIDENDS	RENT/ROYALTY	INTEREST	OTHER
	OTHER COUNTRIES	0.				69.
	OTHER COUNTRIES	0.				101.
	OTHER COUNTRIES	0.				102.
	OTHER COUNTRIES	0.				102.
						374.
TOTAL TO FORM 1116, PART II, LINE 8						374.

PRIOR YEAR TAXES PAID IN THE CURRENT YEAR:

	FOREIGN AMT	CONV. RATE	U.S. AMT
2010			
2009			
2008			
2007			
2006			
TOTAL PRIOR YEAR TAXES PAID IN THE CURRENT YEAR			

FORM 1116 EXPENSES DIRECTLY ALLOCABLE TO FOREIGN INCOME STATEMENT 26

DESCRIPTION	COUNTRY	AMOUNT
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	OTHER COUNTRIES	142.
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUS	OTHER COUNTRIES	188.
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	OTHER COUNTRIES	141.
THE MARY PAT CHRISTIE 2010 BLIND TRUST	OTHER COUNTRIES	188.
TOTAL TO FORM 1116, PART I, LINE 2		659.

FORM 1116

WORLDWIDE CAPITAL GAINS
WORKSHEET FOR LINE 18

STATEMENT 27

1	ENTER THE AMOUNT FROM FORM 1040, LINE 41. IF YOU ARE A NONRESIDENT ALIEN, ENTER THE AMOUNT FROM FORM 1040NR, LINE 38	458,605.
2	ENTER WORLDWIDE 28% GAINS	
3	MULTIPLY LINE 2 BY 0.2000	
4	ENTER WORLDWIDE 25% GAINS	
5	MULTIPLY LINE 4 BY 0.2857	
6	ENTER WORLDWIDE 15% GAINS AND QUALIFIED DIVIDENDS	68,550.
7	MULTIPLY LINE 6 BY 0.5714	39,169.
8	ENTER WORLDWIDE 0% GAINS AND QUALIFIED DIVIDENDS	
9	ADD LINES 3, 5, 7, AND 8	39,169.
10	SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1116, LINE 18	419,436.

FORM 2441 CREDIT LIMIT WORKSHEET STATEMENT 28

- 1 ENTER THE AMOUNT FROM FORM 1040, LINE 46; FORM 1040A, LINE 28;
OR FORM 1040NR, LINE 44 136,678.
- 2 ENTER THE AMOUNT FROM FORM 1040, LINE 47, OR FORM 1040NR,
LINE 45; FORM 1040A FILERS, ENTER -0- 374.
- 3 SUBTRACT LINE 2 FROM LINE 1. ALSO ENTER THE AMOUNT ON FORM 2441,
LINE 10. BUT IF ZERO OR LESS, STOP; YOU CANNOT TAKE THE CREDIT . 136,304.

FORM 4797 PROPERTY HELD MORE THAN ONE YEAR STATEMENT 29

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST						44.
THE MARY PAT CHRISTIE 2010 BLIND TRUST						29.
						48.
TOTAL TO 4797, PART I, LINE 2						121.

FORM 4797

NONRECAPTURED NET SECTION 1231 LOSSES
FROM PRIOR YEARS

STATEMENT 30

TAX YEAR	SECTION 1231 LOSSES	SECTION 1231 LOSSES RECAPTURED	NONRECAPTURED SECTION 1231 LOSSES
2006			
2007			
2008			
2009			
2010	26.		26.
TOTAL TO FORM 4797, LINE 8	26.		26.

FORM 4797

ALTERNATIVE MINIMUM TAX
PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 31

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST						44.
THE MARY PAT CHRISTIE 2010 BLIND TRUST						29.
						48.
TOTAL TO 4797, PART I, LINE 2						121.

FORM 4797	ALTERNATIVE MINIMUM TAX NONRECAPTURED NET SECTION 1231 LOSSES FROM PRIOR YEARS	STATEMENT 32
-----------	--	--------------

TAX YEAR	SECTION 1231 LOSSES	SECTION 1231 LOSSES RECAPTURED	NONRECAPTURED SECTION 1231 LOSSES
2006			
2007			
2008			
2009			
2010	26.		26.
TOTAL TO FORM 4797, LINE 8	26.		26.

FORM 6251	PASSIVE ACTIVITIES	STATEMENT 33
-----------	--------------------	--------------

NAME OF ACTIVITY	FORM	NET INCOME (LOSS)		ADJUSTMENT
		AMT	REGULAR	
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUS	FORM 4797	29.	29.	
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST	SCH E	-29.	-29.	
THE MARY PAT CHRISTIE 2010 BLIND TRUST	FORM 4797	48.	48.	
THE MARY PAT CHRISTIE 2010 BLIND TRUST	SCH E	-48.	-48.	
TOTAL TO FORM 6251, LINE 19				

FORM 6251	DEPRECIATION ON ASSETS PLACED IN SERVICE AFTER 1986	STATEMENT 34
-----------	---	--------------

DESCRIPTION	AMOUNT
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	2.
TOTAL TO FORM 6251, LINE 18	2.

SCHEDULE H HOUSEHOLD EMPLOYERS IN A CREDIT REDUCTION STATE STATEMENT 36

1. ENTER THE SMALLER OF THE AMOUNT FROM SCHEDULE H, LINE 17 OR LINE 20 378.
2. ENTER THE TOTAL TAXABLE FUTA WAGES FROM SCHEDULE H, LINE 18 7,000.
3. CHECK THE BOX OF EVERY STATE IN WHICH YOU WERE REQUIRED TO PAY STATE UNEMPLOYMENT TAX THIS YEAR. IF THE CREDIT REDUCTION RATE FROM A STATE IS GREATER THAN ZERO, IT IS A CREDIT REDUCTION STATE. IF ALL OF THE STATES YOU CHECK HAVE A CREDIT REDUCTION RATE OF ZERO, DO NOT ENTER AN AMOUNT ON LINE 21. FOR CREDIT REDUCTION STATES, ENTER THE FUTA TAXABLE WAGES PAID IN THE STATE, MULTIPLY BY THE REDUCTION RATE, AND THEN ENTER THE CREDIT REDUCTION AMOUNT FOR THAT STATE. IF ANY STATES DO NOT APPLY TO YOU, LEAVE THEM BLANK.

X	POSTAL ABBREV.	FUTA TAXABLE WAGES	REDUCTION RATE	CREDIT REDUCTION	X	POSTAL ABBREV.	FUTA TAXABLE WAGES	REDUCTION RATE	CREDIT REDUCTION
	AK		X.000			NC		X.003	
	AL		X.000			ND		X.000	
	AR		X.003			NE		X.000	
	AZ		X.000			NH		X.000	
	CA		X.003		X	NJ	7,000.	X.003	21.
	CO		X.000			NM		X.000	
	CT		X.003			NV		X.003	
	DC		X.000			NY		X.003	
	DE		X.000			OH		X.003	
	FL		X.003			OK		X.000	
	GA		X.003			OR		X.000	
	HI		X.000			PA		X.003	
	IA		X.000			RI		X.003	
	ID		X.000			SC		X.000	
	IL		X.003			SD		X.000	
	IN		X.006			TN		X.000	
	KS		X.000			TX		X.000	
	KY		X.003			UT		X.000	
	LA		X.000			VA		X.003	
	MA		X.000			VT		X.000	
	MD		X.000			WA		X.000	
	ME		X.000			WI		X.003	
	MI		X.009			WV		X.000	
	MN		X.003			WY		X.000	
	MO		X.003			PR		X.000	
	MS		X.000			VI		X.003	
	MT		X.000						

4. TOTAL CREDIT REDUCTION 21.
5. SUBTRACT LINE 4 OF THIS WORKSHEET FROM LINE 1 OF THIS WORKSHEET AND ENTER THE RESULT HERE AND ON SCHEDULE H, LINE 21 357.

SCHEDULE H		FUTA TAX LINE 19	STATEMENT 37
TIME PERIOD	LINE 18 WAGES	PERCENTAGE	SUM
BEFORE 7/1/2011	7,000.	X .062	434.
AFTER 6/30/2011	0.	X .060	0.
SCHEDULE H, LINE 19		TOTAL	434.

FORM 4952		INVESTMENT INTEREST EXPENSE	STATEMENT 38
DESCRIPTION	CURRENT	CARRYOVER	
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	147.		
FROM K-1 - THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST	98.		
FROM K-1 - THE MARY PAT CHRISTIE 2010 BLIND TRUST	158.		
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	1,463.		
FROM K-1 - THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST	972.		
FROM K-1 - THE MARY PAT CHRISTIE 2010 BLIND TRUST	1,572.		
TOTALS TO FORM 4952, LINES 1 AND 2	4,410.		

FORM 4952		INCOME FROM PROPERTY HELD FOR INVESTMENT	STATEMENT 39
DESCRIPTION	AMOUNT		
INTEREST INCOME	6,877.		
DIVIDEND INCOME	9,648.		
MCNEIL PPC INC - ROYALTIES	22,557.		
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST	6.		
THE MARY PAT CHRISTIE 2010 BLIND TRUST	9.		
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC - ROYALTY	9.		
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	-3,290.		
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST	-108.		
THE MARY PAT CHRISTIE 2010 BLIND TRUST	-2.		
TOTAL TO FORM 4952, LINE 4A	35,706.		

FORM 4952 INVESTMENT INTEREST EXPENSE DEDUCTION SUMMARY STATEMENT 40

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	147.	0.	0.	147.
FROM K-1 - THE CHRISTO	SCH A	98.	0.	0.	98.
FROM K-1 - THE MARY PA	SCH A	158.	0.	0.	158.
FROM K-1 - GOLDMAN SAC	SCH E	1,463.	0.	0.	1,463.
FROM K-1 - THE CHRISTO	SCH E	972.	0.	0.	972.
FROM K-1 - THE MARY PA	SCH E	1,572.	0.	0.	1,572.
TOTALS		4,410.	0.	0.	4,410.

FORM 4952AMT INVESTMENT INTEREST EXPENSE STATEMENT 41

DESCRIPTION	CURRENT	CARRYOVER
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	147.	
FROM K-1 - THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST	98.	
FROM K-1 - THE MARY PAT CHRISTIE 2010 BLIND TRUST	158.	
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	1,463.	
FROM K-1 - THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST	972.	
FROM K-1 - THE MARY PAT CHRISTIE 2010 BLIND TRUST	1,572.	
TOTALS TO FORM 4952AMT, LINES 1 AND 2	4,410.	

FORM 6781 PART I - SECTION 1256 CONTRACTS MARKED TO MARKET STATEMENT 42

(A) IDENTIFICATION OF ACCOUNT	(B) (LOSS)	(C) GAIN
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC		19.
FROM K-1 - THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST		13.
FROM K-1 - THE MARY PAT CHRISTIE 2010 BLIND TRUST		20.
TOTAL TO FORM 6781, LINE 1, COLUMNS B AND C		52.

FORM 8582

OTHER PASSIVE ACTIVITIES - WORKSHEET 3

STATEMENT 43

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST	29.	-3,725.			-3,696.
THE MARY PAT CHRISTIE 2010 BLIND TRUST	48.	-2,760.			-2,712.
TOTALS	77.	-6,485.			-6,408.

FORM 8582

ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5

STATEMENT 44

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST	SCH E	3,696.	.576779026	3,696.
THE MARY PAT CHRISTIE 2010 BLIND TRUST	SCH E	2,712.	.423220974	2,712.
TOTALS		6,408.	1.000000000	6,408.

FORM 8582

ACTIVITIES WITH LOSSES REPORTED ON 2 OR
MORE DIFFERENT FORMS OR SCHEDULES - WORKSHEET 7

STATEMENT 45

GROUP NO.	NAME	FORM OR SCHEDULE NET LOSS	FORM OR SCHEDULE NET GAIN	OVERALL LOSS	RATIO	UNALLOWED LOSS	ALLOWED LOSS
1	THE CHRISTOPHER J CHRISTIE	0.	29.	0.	.000000000	0.	0.
1	THE CHRISTOPHER J CHRISTIE	3,725.	0.	3,725.	1.000000000	3,696.	29.
				3,725.	1.000000000	3,696.	29.
2	THE MARY PAT CHRISTIE 2010 BLIND	0.	48.	0.	.000000000	0.	0.
2	THE MARY PAT CHRISTIE 2010 BLIND	2,760.	0.	2,760.	1.000000000	2,712.	48.

STATEMENT(S) 43, 44, 45

2,760.	1.000000000	2,712.	48.
--------	-------------	--------	-----

FORM 8582

SUMMARY OF PASSIVE ACTIVITIES

STATEMENT 46

A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUS	JFORM 4797	29.		29.		
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST	JSCH E	-3,725.		-3,725.	3,696.	29.
THE MARY PAT CHRISTIE 2010 BLIND TRUST	FORM 4797	48.		48.		
THE MARY PAT CHRISTIE 2010 BLIND TRUST	SCH E	-2,760.		-2,760.	2,712.	48.
TOTALS		-6,408.		-6,408.	6,408.	77.
PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME						
TOTAL TO FORM 8582, LINE 16						77.

FORM 8582

ALTERNATIVE MINIMUM TAX
OTHER PASSIVE ACTIVITIES - WORKSHEET 3

STATEMENT 47

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST	29.	-3,725.			-3,696.
THE MARY PAT CHRISTIE 2010 BLIND TRUST	48.	-2,760.			-2,712.
TOTALS	77.	-6,485.			-6,408.

FORM 8582

ALTERNATIVE MINIMUM TAX
ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5

STATEMENT 48

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST	SCH E	3,696.	.576779026	3,696.
THE MARY PAT CHRISTIE 2010 BLIND TRUST	SCH E	2,712.	.423220974	2,712.
TOTALS		6,408.	1.000000000	6,408.

FORM 8582

ALTERNATIVE MINIMUM TAX
ACTIVITIES WITH LOSSES REPORTED ON 2 OR
MORE DIFFERENT FORMS OR SCHEDULES - WORKSHEET 7

STATEMENT 49

GROUP NO.	NAME	FORM OR SCHEDULE NET LOSS	FORM OR SCHEDULE NET GAIN	OVERALL LOSS	RATIO	UNALLOWED LOSS	ALLOWED LOSS
1	THE CHRISTOPHER J CHRISTIE	0.	29.	0.	.000000000	0.	0.
1	THE CHRISTOPHER J CHRISTIE	3,725.	0.	3,725.	1.000000000	3,696.	29.
				3,725.	1.000000000	3,696.	29.
2	THE MARY PAT CHRISTIE 2010 BLIND	0.	48.	0.	.000000000	0.	0.
2	THE MARY PAT CHRISTIE 2010 BLIND	2,760.	0.	2,760.	1.000000000	2,712.	48.
				2,760.	1.000000000	2,712.	48.

FORM 8582AMT

SUMMARY OF PASSIVE ACTIVITIES - AMT

STATEMENT 50

A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
THE CHRISTOPHER CHRISTIE 2010 BLIND TRUS	JFORM 4797	29.		29.		
THE CHRISTOPHER CHRISTIE 2010 BLIND TRUST	JSCH E					
THE MARY PAT CHRISTIE 2010 BLIND TRUST	FORM 4797	-3,725.		-3,725.	3,696.	29.
THE MARY PAT CHRISTIE 2010 BLIND TRUST	SCH E	48.		48.		
TOTALS		-6,408.		-6,408.	6,408.	77.
PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME						
TOTAL TO FORM 8582AMT, LINE 16						77.

FORM 1116

U.S. AND FOREIGN SOURCE INCOME SUMMARY
FOREIGN PARTNERSHIP/S-CORPORATION INCOME

STATEMENT 51

DESCRIPTION	AMOUNT
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	740.
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	739.
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST	2,197.
THE MARY PAT CHRISTIE 2010 BLIND TRUST	2,197.
TOTAL FOREIGN PARTNERSHIP/S-CORPORATION INCOME	5,873.

FORM 1116

U.S. AND FOREIGN SOURCE INCOME SUMMARY
TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS

STATEMENT 52

DESCRIPTION	INCOME	LOSS
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	25,297.	
CANTOR FITZGERALD LP	35,334.	
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST		-1,109.
THE MARY PAT CHRISTIE 2010 BLIND TRUST		-1,622.
TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS	60,631.	-2,731.

2011 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA INCOME TAX RETURN

FOR THE YEAR ENDING
DECEMBER 31, 2011

Prepared for	CHRISTOPHER J & MARY P CHRISTIE [REDACTED] MENDHAM, NJ [REDACTED]
Prepared by	HAL MODEL CPA PA [REDACTED]
Amount of tax	Total tax \$ 11 Less: payments and credits \$ 13 Plus: interest and penalties \$ 0 OVERPAYMENT \$ 2
Overpayment	Miscellaneous Donations \$ 0 Credited to your estimated tax \$ 0 Refunded to you \$ 2
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN CALIFORNIA FORM 8879 TO OUR OFFICE. WE WILL SUBMIT YOUR ELECTRONIC RETURN TO THE FTB.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	

TAXABLE YEAR **2011** **California e-file Signature Authorization for Individuals** FORM **8879**

Your name CHRISTOPHER J CHRISTIE	Your SSN or ITIN ***-**-****
Spouse's/RDP's name MARY P CHRISTIE	Spouse's/RDP's SSN or ITIN ***-**-****

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	149.00
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	2.00

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain 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, 2011, 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

I authorize HAL MODEL CPA PA to enter my PIN [REDACTED] Do not enter all zeros

ERO firm name

as my signature on my 2011 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2011 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ ******* THIS IS NOT A FILEABLE COPY ******* Date ▶ 10/04/2012

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

I authorize HAL MODEL CPA PA to enter my PIN [REDACTED] Do not enter all zeros

ERO firm name

as my signature on my 2011 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2011 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ▶ _____ Date ▶ 10/04/2012

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

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

I certify that the above numeric entry is my PIN, which is my signature for the 2011 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, 2011 e-file Handbook for Authorized e-file Providers.

ERO's signature ▶ _____ Date ▶ _____

California Nonresident or Part-Year Resident Income Tax Return 2011

Long Form

FORM 540NR C1 Side 1

-**-* CHRI ** ***-**-****
CHRISTOPHER J CHRISTIE
MARY P CHRISTIE

11

MENDHAM

NJ

Filing Status section with checkboxes for Single, Married/RDP filing jointly, Married/RDP filing separately, Head of household, and Qualifying widow(er).

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

Exemptions section including Personal, Blind, Senior, and Dependents. Total dependent exemptions: 4 x 315 = 1260. Exemption amount: 1464.

Total Taxable Income section with lines 12-19. Total taxable income: 488,542.00.

CA Taxable Income section with lines 31-42. CA taxable income: 11.00.

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

	49 Enter the amount from Side 1, line 42	49	11.00
	50 Nonrefundable Child and Dependent Care Expenses Credit (see page 18). Attach form FTB 3506	● 50	00
	51 Credit for joint custody head of household (see page 18)	● 51	00
	52 Credit for dependent parent (see page 18)	● 52	00
	53 Credit for senior head of household (see page 19)	● 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
Special Credits	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 50, line 55 and line 57 through line 61. These are your total credits	62	00
	63 Subtract line 63 from line 49. If less than zero, enter -0-	63	11.00

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	11.00

Payments	81 California income tax withheld (see page 20)	● 81	00
	82 2011 CA estimated tax and other payments (see page 20)	● 82	0.00
	83 Real estate or other withholding (see page 20)	● 83	13.00
	84 Excess SDI (or VPI) withheld (see page 21)	● 84	00
	85 Add line 81, line 82, line 83, and line 84. These are your total payments	85	13.00

Overpaid Tax/Tax Due	101 Overpaid tax. If line 85 is more than line 74, subtract line 74 from line 85	101	2.00
	102 Amount of line 101 you want applied to your 2012 estimated tax	● 102	00
	103 Overpaid tax available this year. Subtract line 102 from line 101	● 103	2.00
	104 Tax due. If line 85 is less than line 74, subtract line 85 from line 74	104	00

Your name: CHRISTOPHER J CHRISTIE

Your SSN or ITIN: *** - ** - ****

Contributions		Code	Amount	Code	Amount
California Seniors Special Fund (see page 21) ...	•	400	00	California Sea Otter Fund	• 410 00
Alzheimer's Disease/Related Disorders Fund ...	•	401	00	Municipal Shelter Spay-Neuter Fund	• 412 00
California Fund for Senior Citizens	•	402	00	California Cancer Research Fund	• 413 00
Rare and Endangered Species Preservation Program	•	403	00	ALS/Lou Gehrig's Disease Research Fund	• 414 00
State Children's Trust Fund for the Prevention of Child Abuse	•	404	00	Arts Council Fund	• 415 00
California Breast Cancer Research Fund	•	405	00	(CALPAL) Fund	• 416 00
California Firefighters' Memorial Fund	•	406	00	California Veterans Homes Fund	• 417 00
Emergency Food for Families Fund	•	407	00	Safely Surrendered Baby Fund	• 418 00
California Peace Officer Memorial Foundation Fund	•	408	00	Child Victims of Human Trafficking Fund ...	• 419 00

120 Add code 400 through code 419. This is your total contribution • 120 00

121 **AMOUNT YOU OWE.** Add line 104 and line 120 (see page 21). **Do not send cash.**
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** • 121 00
 Pay Online - Go to ftb.ca.gov and search for **web pay**.

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 0.00

124 Total amount due (see page 23). Enclose, but **do not** staple, any payment 124 00

125 **REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103.
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002** • 125 2.00

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 00
 Savings 00
 • Routing number • Type • Account number • 126 Direct deposit amount

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

Checking 00
 Savings 00
 • Routing number • Type • Account number • 127 Direct deposit amount

IMPORTANT: Attach a copy of your complete federal return.

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

Your signature _____ Spouse's/RDP's signature (if a joint tax return, both must sign) _____ Daytime phone number (optional) _____

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? (see page 23)

Your email address (optional). Enter only one email address. _____

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) HAL MODEL CPA PA _____

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

PTIN *****
 FEIN ** - *****

Do you want to allow another person to discuss this tax return with us? (see page 23) Yes No

HAL MODEL CPA _____ Telephone Number _____

Print Third Party Designee's Name _____ Telephone Number _____

2011

California Adjustments -
Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Long Form 540NR, Side 3 as a supporting California schedule.

Name(s) as shown on tax return: CHRISTOPHER J & MARY P CHRISTIE
SSN or ITIN: ****+**+****

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP.

	Yourself	Spouse/RDP
During 2011:		
1 a I was domiciled in (enter state or country)	NEW JERSEY	NEW JERSEY
b I was in the military and stationed in (enter state or country)	N/A	N/A
2 I became a California resident (enter the state of prior residence and date of move)	N/A	N/A
3 I became a nonresident (enter new state of residence and date of move)	N/A	N/A
4 I was a nonresident of California the entire year (enter state or country of residence)	NJ	NJ
5 The number of days I spent in California (for any purpose) is:	N/A	N/A
6 I owned a home/property in California (enter "Yes" or "No")	NO	NO
Before 2011:		
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	A	B	C	D	E
Section A - Income	Federal Amounts (taxable amounts from your federal tax 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)
7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C... 7	469,151.			469,151.	
8 Taxable interest. (b) 4,219. 8(a)	6,877.	2,471.	4,219.	8,625.	
9 Ordinary dividends. (b) 5,294. 9(a)	9,648.	1,939.		7,709.	12.
10 Taxable refunds, credits, or offsets of state and local income taxes 10					
11 Alimony received 11					
12 Business income or (loss) 12					
13 Capital gain or (loss) 13	63,256.	21,371.		41,885.	
14 Other gains or (losses) 14	-221.		247.	26.	
15 IRA distributions. (a) 15(b)					
16 Pensions and annuities. (a) 16(b)					
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 17	19,060.		927.	19,987.	137.
18 Farm income or (loss) 18					
19 Unemployment compensation 19					
20 Social security benefits. (a) 20(b)					
21 Other income. a California lottery winnings b Disaster loss carryover from FTB 3805V c Federal NOL (Form 1040, line 21) d NOL carryover from FTB 3805V 21 1. e NOL from FTB 3805D, FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809 f Other (describe):				21 1. 21	
22 a Total: Combine line 7 through line 21 in each column. Continue to Side 2 22a	567,772.	25,781.	5,393.	547,384.	149.

Income Adjustment Schedule		A	B	C	D	E
Section B - Adjustments to Income		Federal Amounts (taxable amounts from your federal tax 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	567,772.	25,781.	5,393.	547,384.	149.
23	Educator expenses					
24	Certain business expenses of reservists, performing artists, and fee-basis government officials					
25	Health savings account deduction					
26	Moving expenses					
27	Deductible part of self-employment tax					
28	Self-employed SEP, SIMPLE, and qualified plans					
29	Self-employed health insurance deduction					
30	Penalty on early withdrawal of savings					
31a	Alimony paid. b Enter recipient's: SSN _____ Last name _____					
32	IRA deduction					
33	Student loan interest deduction					
34	Tuition and fees					
35	Domestic production activities deduction					
36	Add line 23 through line 31a and line 32 through line 35 in each column, A through E					
37	Total. Subtract line 36 from line 22b in each column, A through E	567,772.	25,781.	5,393.	547,384.	149.

Part III Adjustments to Federal Itemized Deductions

38	Federal Itemized Deductions. Enter the amount from federal Schedule A (Form 1040), line 29 (or Schedule A (Form 1040NR), lines 1, 5, 6, 13, and 14)	38	109,167.
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign taxes only) (or Schedule A (Form 1040NR), line 1). See instructions	39	36,247.
40	Subtract line 39 from line 38	40	72,920.
41	Other adjustments including California lottery losses. See instructions. Specify _____	41	
42	Combine line 40 and line 41	42	72,920.
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 \$166,565 Head of household \$249,852 Married/RDP filing jointly or qualifying widow(er) \$333,134 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	43	LIMITED 58,842.
44	Enter the larger of the amount on line 43 or your standard deduction listed below Single or married/RDP filing separately \$3,769 Married/RDP filing jointly, head of household, or qualifying widow(er) \$7,538	44	58,842.

Part IV California Taxable Income

45	California AGI. Enter your California AGI from line 37, column E	45	149.
46	Enter your deductions from line 44	46	58,842.
47	Deduction Percentage. Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0-	47	.0003
48	California Itemized/Standard Deductions. Multiply line 46 by the percentage on line 47	48	18.
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	131.

TAXABLE YEAR

California Capital Gain or Loss Adjustment

SCHEDULE

2011

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

D (540)

Name(s) as shown on return		SSN or ITIN		
CHRISTOPHER J & MARY P CHRISTIE		***-**-****		
(a) Description of property Identify S corporation stock Example: 100 shares of "Z" (S stock)	(b) Sales price	(c) Cost or other basis	(d) Loss If (c) is more than (b), subtract (b) from (c)	(e) Gain If (b) is more than (c), subtract (c) from (b)
1a 8000 GOLDMAN SACHS LARGE CAP VALUE	8,000.	8,863.	863.	
22000 GOLDMAN SACHS STRATEGIC GROWTH	22,000.	18,950.		3,050.
20000 GOLDMAN SACHS LARGE CAP VALUE	20,000.	22,104.	2,104.	
SYBRON DENTAL SPECIALTIES	2,025.	1,900.		125.
APOGENT TECH	1,742.	1,300.		442.
APOGENT TECH	3,484.	2,601.		883.
APOGENT TECH	1,742.	1,300.		442.
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST DTD 8/25/10				143.
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST DTD 8/25/10				21,064.
THE MARY PAT CHRISTIE 2010 BLIND TRUST DATED 8/25/10			1,446.	
THE MARY PAT CHRISTIE 2010 BLIND TRUST DATED 8/25/10				24,899.
FORM 6781, PART I				9.
FORM 6781, PART I				12.
FORM 6781, PART I				14.
FORM 6781, PART I				17.
FROM SCHEDULE D-1				51.
1b				
2 Net gain or (loss) shown on California Schedule(s) K-1 (100S, 541, 565, and 568)			5,492.	
3 Capital gain distributions (federal Form 1099-DIV, box 2a minus box 2c)				2,090.00
4 Total 2011 gains from all sources. Add column (e) amounts of line 1a, line 1b, line 2, and line 3				53,241.00
5 2011 loss. Add column (d) amounts of line 1a, line 1b, and line 2			-9,905.00	
6 California capital loss carryover from 2010, if any			-1,451.00	
7 Total 2011 loss. Add line 5 and line 6			-11,356.00	
8 Combine line 4 and line 7. If a loss, go to line 9. If a gain, go to line 10				41,885.00
9 If line 8 is a loss, enter the smaller of: (a) the loss on line 8 (b) \$3,000 (\$1,500 if married or an RDP filing a separate return)				00
10 Enter the gain or (loss) from federal Form 1040, line 13				63,256.00
11 Enter the California gain from line 8 or (loss) from line 9				41,885.00
12 a If line 10 is more than line 11, enter the difference here and on Schedule CA (540), line 13, column B				21,371.00
b If line 10 is less than line 11, enter the difference here and on Schedule CA (540), line 13, column C				00

ALL SOURCES

TAXABLE YEAR

Sales of Business Property

CALIFORNIA SCHEDULE

2011

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

D-1

Complete and attach this schedule to your tax return only if your California gains or losses are different from your federal gains or losses.

Name(s) as shown on return CHRISTOPHER J & MARY P CHRISTIE	SSN, ITIN, SOS file no., California Corp. no., or FEIN ***-**-****
--	--

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty and Theft - Property Held More Than 1 Year
Use federal Form 4684, Casualties and Thefts, to report involuntary conversions from casualty and theft.

1 Enter the gross proceeds from sales or exchanges reported to you for 2011 on federal Form(s) 1099-S, Proceeds From Real Estate Transactions (or a substitute statement), that you will be including on line 2 or line 10, (column (d)), or on line 23						1	
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)	
SEE STATEMENT 7						77.	
3 Gain, if any, from federal Form 4684, Section B, Part II, line 39						3	00
4 IRC Section 1231 gain from installment sales from form FTB 3805E, line 26 or line 37						4	00
5 IRC Section 1231 gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts)						5	00
6 Gain, if any, from Part III, line 35, from other than casualty and theft						6	00
7 Combine line 2 through line 6. Enter gain or (loss) here and on the appropriate line as follows: IRC Section 179 Assets: For reporting the sale or disposition of assets for which an IRC Section 179 expense deduction was claimed in a prior year, see instructions. Partnerships or Limited Liability Companies (classified as partnerships): Enter the gain or (loss) on Schedule K (565 or 568), line 10. Skip lines 8, 9, 11, and 12 below. S corporations: If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain, continue to line 8. All others: If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain and you did not have any prior year IRC Section 1231 losses, or they were recaptured in an earlier year, enter the gain as follows: Form 540 and Long Form 540NR filers, enter the gain on Schedule D, (540 or 540NR) line 1, and skip lines 8, 9, and 12 below; Form 100 and Form 100W filers, enter the gain on Schedule D, Side 5, Part II, line 6, and skip lines 8, 9, and 12 below.						7	77.00
8 Nonrecaptured net IRC Section 1231 losses from prior years. Enter as a positive number. See instructions						8	26.00
9 Subtract line 8 from line 7. If zero or less, enter -0- S corporations: If line 9 is more than zero, enter this amount on Schedule D (100S), Side 2, Section B, Part II, line 5 and enter the amount, if any, from line 8 on line 12 below. If line 9 is zero, enter the amount from line 7 on line 12 below. All others: If line 9 is more than zero, enter the amount from line 8 on line 12 below, and enter the amount from line 9 as follows: Form 540 and Long Form 540NR filers, enter as a capital gain on Schedule D, (540 or 540NR) line 1; Form 100 and Form 100W filers, enter the gain on Schedule D, Side 5, Part II, line 6. If line 9 is zero, enter the amount from line 7 on line 12 below. See instructions.						9	51.00

Part II Section A - Ordinary Gains and Losses

10 Ordinary gains and losses not included on line 11 through line 17 (include property held 1 year or less):							
11 Loss, if any, from line 7						11	()
12 Gain, if any, from line 7, or amount from line 8, if applicable. See instructions						12	26.00
13 Gain, if any, from Part III, line 34						13	00
14 Net gain or (loss) from federal Form 4684, Section B, Part II, line 31 and line 38a (completed using California amounts)						14	00
15 Ordinary gain from installment sales from form FTB 3805E, line 25 or line 36. See instructions						15	00
16 Ordinary gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts)						16	00
17 Combine line 10 through line 16						17	26.00
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip line a and line b below. For individual returns, complete line a and line b below: see instructions.							
a If the loss on line 11 includes a loss from federal Form 4684, Section B, Part II, column (b)(ii), enter that part of the loss here. See instructions						18a	00
b Redetermine the gain or (loss) on line 17, excluding the loss, if any, on line 18a. Enter here and on line 20						18b	26.00

ALL SOURCES

139242 12-15-11

Part II Section B - Adjusting California Ordinary Gain or Loss For individual returns (Form 540 and Long Form 540NR) only.

19	Enter ordinary federal gains and losses from federal Form 1040, line 14	19	-221.00
20	Enter ordinary California gains and losses from Side 1, line 18b	20	26.00
21	Ordinary gain or loss adjustment: Compare line 19 and line 20. See instructions.		
a	If line 19 is more than line 20, enter the difference here and on Schedule CA (540 or 540NR), line 14, column B	21a	00
b	If line 20 is more than line 19, enter the difference here and on Schedule CA (540 or 540NR), line 14, column C	21b	247.00

Part III Gain from Disposition of Property Under IRC Sections 1245, 1250, 1252, 1254, and 1255

22	Description of IRC Sections, 1245, 1250, 1252, 1254, and 1255 property:	Date acquired (mo., day, yr.)	Date sold (mo., day, yr.)
A			
B			
C			
D			

23	Relate lines 22A through 22D to these columns	Property A	Property B	Property C	Property D
23	Gross sales price				
24	Cost or other basis plus expense of sale				
25	Depreciation (or depletion) allowed or allowable				
26	Adjusted basis. Subtract line 25 from line 24				
27	Total gain. Subtract line 26 from line 23				
28	If IRC Section 1245 property:				
a	Depreciation allowed or allowable	28a			
b	Enter the smaller of line 27 or line 28a	28b			
29	If IRC Section 1250 property: If straight-line depreciation was used, enter -0- on line 29g, except for a corporation subject to IRC Sec. 291:				
a	Additional depreciation after 12/31/76	29a			
b	Applicable percentage multiplied by the smaller of line 27 or line 29a	29b			
c	Subtract line 29a from line 27. If line 27 is not more than line 29a, skip line 29d and line 29e	29c			
d	Additional depreciation after 12/31/70 and before 1/1/77	29d			
e	Enter the smaller of line 29c or line 29d	29e			
f	IRC Section 291 amount (for corporations only)	29f			
g	Add line 29b, line 29e, and line 29f	29g			
30	If IRC Section 1252 property: Skip this section if you did not dispose of farm land or if this form is being completed for a partnership.				
a	Soil, water, and land clearing expenses	30a			
b	Applicable percentage multiplied by line 30a	30b			
c	Enter the smaller of line 27 or line 30b	30c			
31	If IRC Section 1254 property:				
a	Intangible drilling and development costs deducted after 12/31/76	31a			
b	Enter the smaller of line 27 or line 31a	31b			
32	If IRC Section 1255 property:				
a	Applicable percentage of payments excluded from income under IRC Section 126	32a			
b	Enter the smaller of line 27 or line 32a	32b			

Summary of Part III Gains. Complete property column A through column D for line 23 through line 32b before going to line 33.

33	Total gains for all properties. Add column A through column D of line 27	33	00
34	Add column A through column D of lines 28b, 29g, 30c, 31b, and 32b. Enter here and in Part II, line 13	34	00
35	Subtract line 34 from line 33. Enter the portion from other than casualty and theft here and on Part I, line 6. Enter the portion from casualty and theft on federal Form 4684, Section B, line 33	35	00

Part IV Recapture Amounts Under IRC Sections 179 and 280F When Business Use Drops to 50% or Less, or Under California R&TC Sections 17267.2, 17267.6, 17268, 24356.5, 24356.6, 24356.7, and 24356.8 for Property Which Ceases to be Qualified Property

	(a) Expense deductions	(b) Recovery deductions
36	Expense deductions or recovery deductions. See instructions	00
37	Depreciation or recovery deductions. See instructions	00
38	Recapture amount. Subtract line 37 from line 36. See instructions	00

Investment Interest Expense Deduction

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

-**-*

1	Investment interest expense paid or accrued in 2011. See instructions	SEE STATEMENT 8	1	2,947.00
2	Disallowed investment interest expense from 2010 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	2,947.00
4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment). See instructions	SEE STATEMENT 9	4a	42,321.00
4b	Net gain from the disposition of property held for investment. See instructions	4b 41,834.00		
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	41,834.00
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	84,155.00
5	Investment expenses. See instructions		5	00
6	Net investment income. Subtract line 5 from line 4f		6	84,155.00
7	Disallowed investment interest expense to be carried forward to 2012. 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	2,947.00
9	Enter the amount from federal Form 4952, line 8		9	4,410.00
10	California investment interest expense deduction adjustment. Enter the difference between line 8 and line 9. See instructions.		10	-1,463.00

2011 Passive Activity Loss Limitations

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. ***-**-****
--	--

Part I 2011 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	77.00	
2b Activities with net loss from Worksheet 2, column (b)	2b	-6,485.00	
2c Prior year unallowed losses from Worksheet 2, column (c)	2c	00	
2d Combine line 2a, line 2b, and line 2c	2d		-6,408.00
3 Combine line 1d and line 2d. If the result is net income or zero, see the instructions 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		-6,408.00

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		77.00
11 Total losses allowed from all passive activities for 2011. Add line 9 and line 10 See the instructions to find out how to report the losses on your tax return.	11		77.00

California Worksheets

Attach Side 2 to your California tax return.

139512 11-18-11

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

Use this worksheet to figure California income (loss) from passive activities **before** application of passive activity loss (PAL) rules.

(a) Passive Activity Enter a description of the activity	(b) Federal Sch. Enter the name of the federal form or schedule on which you reported the activity	(c) California Sch. Enter the name of the California form or schedule, if any, used to calculate the California adjustment	(d) Federal Amount Enter your current year federal net income (loss) before application of the PAL rules	(e) California Adjustment Enter any adjustment resulting from differences in federal and California law	(f) California Amount Combine column (d) and column (e)
SEE STATEMENT 11					

California Adjustment Worksheets (See General Instructions for Step 4.)

Use these worksheets to figure your California adjustments **after** application of the PAL rules.

(a) Activities Enter a description of the activity. Group activities by the federal schedules on which they were reported	(b) Passive or Nonpassive Enter the passive or nonpassive character of the activity for California purposes	(c) California Amount Enter the California net income (loss) from the activity after application of the PAL rules	(d) Federal Amount Enter the federal net income (loss) from the activity after application of the PAL rules	(e) California Adjustment Subtract the Total amount of column (d) from the Total amount of column (c) and enter the difference in column (e) below. Individuals should transfer this amount to Schedule CA (540 or 540NR) as follows:
---	---	---	---	---

(a) Schedule C Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is positive , transfer the amount to Schedule CA (540 or 540NR), line 12, column C.
				If the amount below is negative , transfer the amount to Schedule CA (540 or 540NR), (as a positive amount) line 12, column B.
Total		1(c)	1(d)*	1(e)

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

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

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

Worksheet 1 For form FTB 3801, line 1a, line 1b, and line 1c

Name of activity	Current year		Prior year	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 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		Prior year	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
THE CHRISTOPHE	29.	-3,725.			-3,696.
THE MARY PAT C	48.	-2,760.			-2,712.
Total. Enter on form FTB 3801, line 2a, line 2b, and line 2c ... ▶	77.	-6,485.	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
THE CHRISTOPHER J CHRISTIE	SCH E	3,696.	.57677903	3,696.
THE MARY PAT CHRISTIE 2010	SCH E	2,712.	.42322097	2,712.
Total	▶	6,408.	1.00	6,408.

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

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

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

Worksheet 6 Activities With Losses Reported on Two or More Different Forms or Schedules

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

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

California	Exemption Credit - AGI Limitation Worksheet	2011
Name(s) as shown on return CHRISTOPHER J & MARY P CHRISTIE		Social security number ***-**-****

- a. Enter the amount from Form 540NR, line 13, or RDP recalculated AGI a 567,772.
- b. Enter the amount for your filing status on line b:
 Single or married/RDP filing separate \$166,565
 Married/RDP filing joint or qualifying widow(er) \$333,134
 Head of household \$249,852 } b 333,134.
- c. Subtract line b from line a c 234,638.
- d. Divide line c by \$2,500 (\$1,250 if married/RDP filing separate).
Note: If the result is not a whole number, round it to the next higher whole number d 94.
- e. Multiply line d by \$6 e 564.
- f. Add the numbers from the boxes on Form 540NR, line 7, line 8 and line 9 f 2
- g. Multiply line e by line f g 1,128.
- h. Enter the total dollar amount from Form 540NR, line 7, line 8 and line 9 h 204.
- i. Subtract line g from line h. If zero or less, enter -0- i 0.
- j. Enter the number from the box on Form 540NR, line 10 j 4
- k. Multiply line e by line j k 2,256.
- l. Enter the dollar amount from Form 540NR, line 10 l 1,260.
- m. Subtract line k from line l. If zero or less, enter -0- m _____
- n. Add line i and m. Enter the result here n _____
- o. Multiply the amount on line n by the CA Exemption Credit Percentage on Form 540NR, line 38.
 Enter the result here and on Form 540NR, line 39 o _____

California	Itemized Deductions Worksheet	2011
Name(s) as shown on return CHRISTOPHER J & MARY P CHRISTIE		Social security number ***-**-****
1. Enter the amount from Schedule CA (540), line 42 or Schedule CA (540NR), line 42		72,920.
2. Using California amounts, add the amounts on federal Schedule A, line 4, line 14 and line 20 plus any gambling losses included on line 28		403.
3. Subtract line 2 from line 1		72,517.
Note: If -0-, stop. Enter the amount from line 1 on Schedule CA (540), line 43 or Schedule CA (540NR), line 43		
4. Multiply line 3 by 80% (.80)		58,014.
5. Amount from Form 540 or Form 540NR, line 13		567,772.
6. Enter amount shown below for your filing status: - Single or married/RDP filing separate, enter \$166,565 - Head of household, enter \$249,852 - Married/RDP filing joint or qualifying widow(er), enter \$333,134		333,134.
7. Subtract line 6 from line 5		234,638.
Note: If -0- or less, stop. Enter the amount from line 1 above on Schedule CA (540), line 43 or Schedule CA (540NR), line 43		
8. Multiply line 7 by 6% (.06)		14,078.
9. Compare line 4 and line 8. Enter the smaller amount here		14,078.
10. Total itemized deductions. Subtract line 9 from line 1. Enter here and on Schedule CA (540), line 43 or Schedule CA (540NR), line 43		58,842.

YEAR

2011

Nonresident Withholding Tax Statement

Part I Recipient

Name of Recipient MARY P CHRISTIE		SSN or ITIN ***-**-****	
Address (including suite, room, PO Box, or PMB no.) [REDACTED]		<input type="checkbox"/> FEIN	<input type="checkbox"/> CA Corp no.
City MENDHAM, NJ		State	ZIP Code
			Country

Part II Withholding Agent

Name of Withholding Agent (Payer/S Corporation/Partnership/LLC/Trust) CANTOR FITZGERALD LP		Withholding Agent's SSN or ITIN	
Address (including suite, room, PO Box, or PMB no.) [REDACTED]		<input checked="" type="checkbox"/> FEIN	<input type="checkbox"/> CA Corp no.
City NEW YORK, NY		State	ZIP Code
			Daytime telephone number [REDACTED]

Part III Type of Income Subject to Withholding. Check the applicable box(es).

<input type="checkbox"/> Payment to Independent Contractor (I/C)	<input type="checkbox"/> Payment to I/C Entertainer/Athletes/Speakers	<input type="checkbox"/> Rents or Royalties	<input type="checkbox"/> Estate Distributions	<input type="checkbox"/> Trust Distributions	<input type="checkbox"/> Allocations to Foreign (non U.S.) Nonresident Partners/Members	<input checked="" type="checkbox"/> Distributions to Domestic (U.S.) Nonresident S corporation Shareholders/Partners/Members/Beneficiaries	<input type="checkbox"/> Other (describe)
--	---	---	---	--	---	--	---

Part IV Tax Withheld

1 Total income subject to withholding	1	283.00
2 Total California tax withheld	2	13.00
3 Total Backup Withholding	3	00

2011 Income from Passthroughs

CA ALL-SOURCES

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

TAXABLE INCOME (LOSS) SUMMARY:

NET INCOME (LOSS) FOR ENTITY 0

ACTIVITY INFORMATION:

GOLDMAN SACHS HEDGE FUND PARTNERS, LLC

SEC 59(E)(2) -

0

TOTAL NONPASSIVE GAIN (LOSS)

0

2011 Income from Passthroughs

CA ALL-SOURCES

CANTOR FITZGERALD LP

I.D. NUMBER: [REDACTED]

TAXABLE INCOME (LOSS) SUMMARY:

NONPASSIVE GAIN	137
NET INCOME (LOSS) FOR ENTITY	<u>137</u>

ACTIVITY INFORMATION:

CANTOR FITZGERALD LP

ORDINARY INCOME (LOSS)	137	
	0	
TOTAL NONPASSIVE GAIN (LOSS)	<u>137</u>	<u>137</u>

2011 Income from Passthroughs

CA ALL-SOURCES

THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST
I.D. NUMBER: [REDACTED]

TAXABLE INCOME (LOSS) SUMMARY:

PASSIVE LOSS ALLOWED	-29
NONPASSIVE LOSS ALLOWED	-1,080
NET INCOME (LOSS) FOR ENTITY	<u>-1,109</u>

ACTIVITY INFORMATION:

THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST

OTHER PORTFOLIO INCOME (LOSS)	-108
INVESTMENT INTEREST	-972
TOTAL NONPASSIVE GAIN (LOSS)	<u>-1,080</u>
ORDINARY INCOME (LOSS)	-164
RENTAL REAL ESTATE INCOME (LOSS)	-3,561
SCHEDULE E ACTIVITY INCOME (LOSS)	-3,725
DISALLOWED LOSS FROM FORM 3801	3,696
TOTAL PASSIVE ACTIVITY GAIN (LOSS)	<u>-29</u>

2011 Income from Passthroughs

CA ALL-SOURCES

THE MARY PAT CHRISTIE 2010 BLIND TRUST
I.D. NUMBER: [REDACTED]

TAXABLE INCOME (LOSS) SUMMARY:

PASSIVE LOSS ALLOWED	-48
NONPASSIVE LOSS ALLOWED	-1,574
	<hr/>
NET INCOME (LOSS) FOR ENTITY	<u>-1,622</u>

ACTIVITY INFORMATION:

THE MARY PAT CHRISTIE 2010 BLIND TRUST

OTHER PORTFOLIO INCOME (LOSS)	-2
INVESTMENT INTEREST	-1,572
	<hr/>
TOTAL NONPASSIVE GAIN (LOSS)	<u>-1,574</u>
RENTAL REAL ESTATE INCOME (LOSS)	-2,760
	<hr/>
SCHEDULE E ACTIVITY INCOME (LOSS)	-2,760
DISALLOWED LOSS FROM FORM 3801	2,712
	<hr/>
TOTAL PASSIVE ACTIVITY GAIN (LOSS)	<u>-48</u>

CA 540NR DEPENDENTS STATEMENT 1

NAME	RELATIONSHIP
CHRISTIE	SON
CHRISTIE	DAUGHTER
CHRISTIE	SON
CHRISTIE	DAUGHTER

CA SCHEDULE CA RENTS, ROYALTIES, PARTNERSHIPS, ETC... STATEMENT 2

DESCRIPTION	CALIFORNIA AMOUNT	FEDERAL AMOUNT	ADJUSTMENT
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	0.	-2,252.	2,252.
CANTOR FITZGERALD LP	137.	1,462.	-1,325.
TOTAL TO SCHEDULE CA(540NR), LINE 17C			927.

CA SCHEDULE CA CA SOURCE RENTS, ROYALTIES, ETC... STATEMENT 3

DESCRIPTION	CA SOURCE AMOUNT
CANTOR FITZGERALD LP	137.
TOTAL TO SCHEDULE CA (540NR), LINE 17E	137.

CA SCHEDULE CA TAXABLE INTEREST INCOME - SUBTRACTION STATEMENT 4

DESCRIPTION	CALIFORNIA AMOUNT	FEDERAL AMOUNT	ADJUSTMENT
THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST	0.	214.	-214.
THE MARY PAT CHRISTIE 2010 BLIND TRUST	0.	346.	-346.
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS, STATE OF NJ	0.	322.	-322.
THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST	1,642.	1,642.	0.
THE MARY PAT CHRISTIE 2010 BLIND TRUST	1,058.	1,058.	0.
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	1,706.	1,706.	0.
	0.	1,588.	-1,588.

CHRISTOPHER J & MARY P CHRISTIE

-**-*

CANTOR FITZGERALD LP	0.	1.	-1.
TOTAL TO SCHEDULE CA (540NR), LINE 8B			-2,471.

CA SCHEDULE CA TAXABLE INTEREST INCOME - ADDITION STATEMENT 5

DESCRIPTION	CALIFORNIA AMOUNT	FEDERAL AMOUNT	ADJUSTMENT
GOLDMAN SACHS THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST	1,313.	0.	1,313.
THE MARY PAT CHRISTIE 2010 BLIND TRUST	1,519.	0.	1,519.
FROM K-1 - GOLDMAN SACHS HEDGE FUND PARTNERS,	1,379.	0.	1,379.
	8.	0.	8.
TOTAL TO SCHEDULE CA (540NR), LINE 8C			4,219.

CA SCHEDULE CA ORDINARY DIVIDENDS - SUBTRACTION STATEMENT 6

DESCRIPTION	CALIFORNIA AMOUNT	FEDERAL AMOUNT	ADJUSTMENT
GOLDMAN SACHS THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST	447.	447.	0.
THE MARY PAT CHRISTIE 2010 BLIND TRUST	4,435.	4,435.	0.
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	2,815.	2,815.	0.
CANTOR FITZGERALD LP	0.	1,833.	-1,833.
	12.	118.	-106.
TOTAL TO SCHEDULE CA (540NR), LINE 9B			-1,939.

CA SCHEDULE D-1 SALES OF BUSINESS PROPERTY PROPERTY HELD MORE THAN ONE YEAR ALL SOURCES STATEMENT 7

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR ALLOWED	COST OR BASIS	GAIN OR (LOSS)
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST						29.
THE MARY PAT CHRISTIE 2010 BLIND TRUST						48.
TOTAL TO SCH D-1, PART I, LINE 2						77.

CHRISTOPHER J & MARY P CHRISTIE

-**-*

THE MARY PAT CHRISTIE 2010 BLIND TRUST	SCH E				
		-2,760.	-2,760.	2,712.	48.
TOTALS		-6,408.	-6,408.	6,408.	77.

CA 3801 WORKSHEET FOR STEP 1 STATEMENT 11

NAME OF ACTIVITY	FEDERAL SCHEDULE	FEDERAL AMOUNT	CALIFORNIA ADJUSTMENT	CALIFORNIA AMOUNT
THE CHRISTOPHER J CHRI	FORM 4797	29.	0.	29.
THE CHRISTOPHER J CHRI	SCH E	-3,725.	0.	-3,725.
THE MARY PAT CHRISTIE	FORM 4797	48.	0.	48.
THE MARY PAT CHRISTIE	SCH E	-2,760.	0.	-2,760.

CA 3801 WORKSHEET FOR STEP 4 SCHEDULE E ACTIVITIES STATEMENT 12

NAME OF ACTIVITY	PASSIVE OR NONPASSIVE	CALIFORNIA AMOUNT	FEDERAL AMOUNT
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	NONPASSIVE	0.	-2,252.
CANTOR FITZGERALD LP	NONPASSIVE	137.	1,462.
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUS	PASSIVE	0.	0.
THE MARY PAT CHRISTIE 2010 BLIND TRUST DAT	PASSIVE	0.	0.
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUS	PASSIVE	-1,109.	-1,109.
THE MARY PAT CHRISTIE 2010 BLIND TRUST	PASSIVE	-1,622.	-1,622.
MCNEIL PPC INC - ROYALTIES	NONPASSIVE	22,557.	22,557.
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST	NONPASSIVE	6.	6.
THE MARY PAT CHRISTIE 2010 BLIND TRUST	NONPASSIVE	9.	9.
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC - ROYALTY	NONPASSIVE	9.	9.
TOTAL TO STEP 4 WORKSHEET, LINE 2		19,987.	19,060.

ALT. MIN. TAX CALCULATION
ALL SOURCES

TAXABLE YEAR

CALIFORNIA FORM

2011 Passive Activity Loss Limitations

139511
11-18-11

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. ***-**-****
--	---

Part I 2011 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	77.00	
2b Activities with net loss from Worksheet 2, column (b)	2b	-6,485.00	
2c Prior year unallowed losses from Worksheet 2, column (c)	2c	00	
2d Combine line 2a, line 2b, and line 2c	2d	-6,408.00	
3 Combine line 1d and line 2d. If the result is net income or zero, see the instructions 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	-6,408.00	

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	77.00	
11 Total losses allowed from all passive activities for 2011. Add line 9 and line 10 See the instructions to find out how to report the losses on your tax return.	11	77.00	

Worksheet 1 For form FTB 3801, line 1a, line 1b, and line 1c

Name of activity	Current year		Prior year	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 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		Prior year	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
THE CHRISTOPHE	29.	-3,725.			-3,696.
THE MARY PAT C	48.	-2,760.			-2,712.
Total. Enter on form FTB 3801, line 2a, line 2b, and line 2c ... ▶	77.	-6,485.	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
THE CHRISTOPHER J CHRISTIE	SCH E	3,696.	.57677903	3,696.
THE MARY PAT CHRISTIE 2010	SCH E	2,712.	.42322097	2,712.
Total	▶	6,408.	1.00	6,408.

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

139514 11-18-11

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

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

Worksheet 6 Activities With Losses Reported on Two or More Different Forms or Schedules

139514 11-18-11

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

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

CA 3801

SUMMARY OF PASSIVE ACTIVITIES - AMT

STATEMENT 13

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

2011 TAX RETURN FILING INSTRUCTIONS

CONNECTICUT INCOME TAX RETURN

FOR THE YEAR ENDING
DECEMBER 31, 2011

Prepared for	CHRISTOPHER J & MARY P CHRISTIE [REDACTED] MENDHAM, NJ [REDACTED]
Prepared by	HAL MODEL CPA PA [REDACTED]
Amount of tax	Total tax \$ 8 Less: payments and credits \$ 11 Plus: interest and penalties \$ 0 OVERPAYMENT \$ 3
Overpayment	Miscellaneous Donations \$ 0 Credited to your estimated tax \$ 0 Refunded to you \$ 3
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. WE WILL SUBMIT YOUR ELECTRONIC RETURN TO THE CTDRS.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	YOUR REFUND MAY BE PROVIDED TO YOU IN THE FORM OF A DEBIT CARD INSTEAD OF A CHECK.

Form CT-1040NR/PY-2011, Page 1 of 4
 Connecticut Nonresident and Part-Year Resident Income Tax Return

Other taxable year, beginning: 2011 and ending:

N S Y FJFC N FJC N FSFC N FSC N HH N QW
 *** - ** - ***** *** - ** - *****

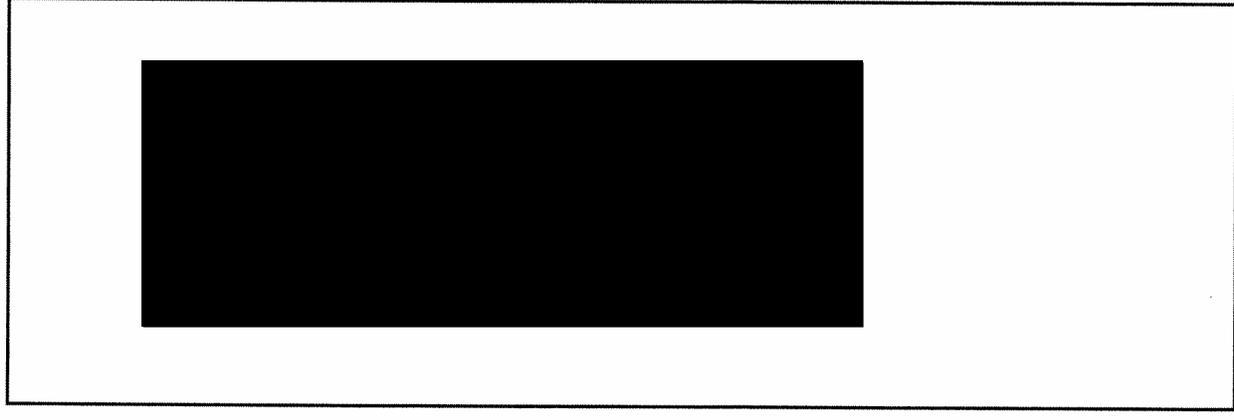
CHRISTOPHER J CHRISTIE N Dec. N P
 MARY P CHRISTIE N Dec. Y N

Y No forms N CT-2210
 N CT-8379 N CT-1040CRC

MENDHAM NJ -

1. Federal adjusted gross income (from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4)	1.	567772
2. Additions to federal adjusted gross income (from Schedule 1, Line 41)	2.	0
3. Add Line 1 and Line 2	3.	567772
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 52)	4.	882
5. Connecticut adjusted gross income: Line 4 subtracted from Line 3.	5.	566890
6. Income from Connecticut sources (from Schedule CT-SI, Line 30)	6.	165
7. Greater of Line 5 or Line 6. If less than zero, "0" is entered on Line 12.	7.	566890
8. Income tax	8.	36032
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.	7
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.	7
13. Connecticut alternative minimum tax (from Form CT-6251)	13.	1
14. Add Line 12 and Line 13.	14.	8
15. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11)	15.	0
16. Connecticut income tax: Line 15 subtracted from Line 14. If less than zero, "0" is entered.	16.	8
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.	8

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



19. Amount from Line 18

19. 8

W-2, W-2G, and 1099 Information

Col. A - Employer's Federal ID # Col. B - CT Wages, Tips, etc. Sch. CT K-1 Col. C - CT Income Tax Withheld

20a.		•	0	•	X		11
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.	11
21. All 2011 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.	11
24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23.						24.	3
25. Amount of Line 24 you want applied to your 2012 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.	3
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.						30.	0
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		Date	Daytime telephone number		
	Spouse's signature (if joint return)		Date	Daytime telephone number		
	Paid preparer's signature <i>Hal Model</i>		Date 10-4-12	Telephone number	Preparer's SSN or PTIN	
	Firm's name, address, and ZIP code HAL MODEL CPA PA					FEIN *****

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name	Telephone number	Personal identification number (PIN)
• HAL MODEL CPA	• [REDACTED]	• [REDACTED]

Schedule 1 - Modifications to Federal Adjusted Gross Income

33. Interest on state and local government obligations other than Connecticut	33.	0
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	34.	0
35. <i>Reserved for future use</i>	35.	
36. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	36.	0
37. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if greater than zero.	37.	0
38. Loss on sale of Connecticut state and local government bonds	38.	0
39. Domestic production activities (from federal Form 1040, Line 35)	39.	0
40. Other - specify • SEE STATEMENT 1	40.	0
41. Total additions: Add Lines 33 through 40.	41.	0
42. Interest on U.S. government obligations	42.	882
43. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	43.	0
44. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	44.	0
45. Refunds of state and local income taxes	45.	0
46. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	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.	882

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
56. Line 55 divided by Line 53. May not exceed 1.0000.	56.	0.0000
57. Apportioned income tax	57.	0
58. Line 56 multiplied by Line 57	58.	0
59. Income tax paid to a qualifying jurisdiction	59.	0
60. Lesser of Line 58 or Line 59	60.	0
61. Total credit: Add Line 60, all columns.	61.	0

Schedule 3 - Individual Use Tax

62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	62a.	0
62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	62b.	0
62c. Use tax at 7% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	62c.	0
62d. Use tax at 6% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)	62d.	0
62. Individual use tax: Add Lines 62a, 62b, 62c, and 62d.	62. •	0

Schedule 4 - Contributions to Designated Charities

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

Form CT-1040NR/PY

Checklist for filing your Connecticut income tax return:

1. Do not send this sheet with your return. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Verify that the address lines on the return are correct and proper abbreviations are used.
3. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 20a through 20g, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
4. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
5. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
6. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
7. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at **www.ct.gov/TSC** using the Taxpayer Service Center.)
8. Do not attach or send copies of forms W-2 or 1099.
9. Send **all** four pages of your completed return and any supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2011 Form CT-1040NR/PY" on your check.
12. To mail your return, use the following addresses:
 - For all tax returns with payment:
 - Department of Revenue Services
 - PO Box 2922
 - Hartford CT 06104-2922
 - For refunds and tax returns without payment:
 - Department of Revenue Services
 - PO Box 2988
 - Hartford CT 06104-2988
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.

Form CT-6251

Connecticut Alternative Minimum Tax Return - Individuals

You must attach this form to the back of Form CT-1040 or Form CT-1040NR/PY. Complete in blue or black ink only.

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

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

1. Federal alternative minimum taxable income: See instructions. ▶	1.	532,460	00
2. Additions to federal alternative minimum taxable income: See instructions. ▶	2.		00
3. Add Line 1 and Line 2.	3.	532,460	00
4. Subtractions from federal alternative minimum taxable income: See instructions. ▶	4.	882	00
5. Adjusted federal alternative minimum taxable income: Subtract Line 4 from Line 3. If filing separately and Line 5 is more than \$223,900, see instructions. ▶	5.	531,578	00
6. Enter \$74,450 if filing jointly or qualifying widow(er); \$48,450 if single or head of household; or \$37,225 if filing separately.	6.	74,450	00
7. Enter \$150,000 if filing jointly or qualifying widow(er); \$112,500 if single or head of household; or \$75,000 if filing separately.	7.	150,000	00
8. Subtract Line 7 from Line 5. If zero or less, enter "0" here and on Line 9.	8.	381,578	00
9. Multiply Line 8 by 25% (.25).	9.	95,395	00
10. Exemption: Subtract Line 9 from Line 6. If zero or less, enter "0." If you were under age 24 at the end of 2011, see instructions. ▶	10.	0	00
11. Subtract Line 10 from Line 5. If more than zero, go to Line 12. If zero or less, enter "0" here and on Line 23 and skip Lines 12 through 22.	11.	531,578	00
12. If Lines 2 and 4 above are zero, enter the amount from federal Form 6251, Line 31, here. If you entered an amount on Lines 2 or 4 above and : <ul style="list-style-type: none"> You filed federal Form 2555 or Form 2555-EZ, see the Line 12 instructions for the amount to enter. You completed Part III of federal Form 6251, complete Part II of this form and enter the amount from Line 42 here. All others: If Line 11 is \$175,000 or less (\$87,500 or less if filing separately), multiply Line 11 by 26% (.26). Otherwise, multiply Line 11 by 28% (.28) and subtract \$3,500 (\$1,750 if filing separately) from the result. ▶	12.	136,431	00
13. Alternative minimum tax foreign tax credit from federal Form 6251, Line 32. ▶	13.	374	00
14. Adjusted federal tentative minimum tax: Subtract Line 13 from Line 12.	14.	136,057	00
15. Multiply Line 14 by 19% (.19).	15.	25,851	00
16. Multiply Line 5 by 5.5% (.055).	16.	29,237	00
17. Connecticut minimum tax: Enter the lesser of Line 15 or Line 16.	17.	25,851	00
18. Apportionment factor: Residents , enter 1.0000; nonresidents and part-year residents , see instructions. ▶	18.	.0003	
19. Apportioned Connecticut minimum tax: Multiply Line 17 by Line 18.	19.	8	00
20. Connecticut income tax from Form CT-1040, Line 6, or Form CT-1040NR/PY, Line 10. ▶	20.	7	00
21. Net Connecticut minimum tax: Subtract Line 20 from Line 19. If zero or less, enter "0."	21.	1	00
22. Credit for alternative minimum tax paid to qualifying jurisdictions: Residents and part-year residents only from Schedule A, Line 51. ▶	22.		00
23. Subtract Line 22 from Line 21. Enter the amount here and on Form CT-1040, Line 9, or Form CT-1040NR/PY, Line 13. ▶	23.	1	00

Part II

Complete Part II of this form only if you are required to complete Part III of federal Form 6251

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 <i>Connecticut Foreign Earned Income Tax Worksheet</i> on Page 4.	24.	531,578	00
25. Enter the amount from federal Form 6251, Line 37. See instructions.	25.	68,550	00
26. Enter the amount from federal Form 6251, Line 38. See instructions.	26.		00
27. Enter the amount from federal Form 6251, Line 39. See instructions.	27.	68,550	00
28. Enter the smaller of Line 24 or Line 27.	28.	68,550	00
29. Subtract Line 28 from Line 24.	29.	463,028	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.	126,148	00
31. Enter: • \$69,000, if filing jointly or qualifying widow(er); • \$34,500, if single or filing separately; or • \$46,250, if head of household.	31.	69,000	00
32. Enter the amount from federal Form 6251, Line 44. See instructions.	32.	367,855	00
33. Subtract Line 32 from Line 31. If zero or less, enter "0."	33.	0	00
34. Enter the smaller of Line 24 or Line 25.	34.	68,550	00
35. Enter the smaller of Line 33 or Line 34.	35.		00
36. Subtract Line 35 from Line 34.	36.	68,550	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.	10,283	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.	136,431	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.	145,342	00
42. Enter the smaller of Line 40 or Line 41 here and on Line 12. If you are filing federal Form 2555 or Form 2555-EZ, do not enter this amount on Line 12. Enter it on Line 4 of the <i>Connecticut Foreign Earned Income Worksheet</i> on Page 4 of the instructions.	42.	136,431	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:

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

	Column A		Column B	
	Name	Code	Name	Code
44.				
45.		00		00
46.				
47.		00		00
48.		00		00
49.		00		00
50.		00		00
51.				00

Schedule CT-SI

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

2011

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

Your first name and middle initial CHRISTOPHER J CHRISTIE	Last name CHRISTIE	Your Social Security Number ***-**-****
If joint return, spouse's first name and middle initial MARY P CHRISTIE	Last name CHRISTIE	Spouse's Social Security Number ***-**-****

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	12	
4. Alimony received	4		
5. Business income or (loss)	5		
6. Capital gain or (loss)	6		
7. Other gains or (losses)	7		
8. Taxable amount of IRA distributions	8		
9. Taxable amount of pensions and annuities	9		
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc. SEE STATEMENT 2	10	153	
11. Farm income or (loss)	11		
12. Unemployment compensation	12		
13. Taxable amount of social security benefits	13		
14. Other income: See instructions	14		
15. Gross income from Connecticut sources: Add Lines 1 through 14.	15	165	00

Part 2 - Adjustments to Connecticut Income - Enter adjustments **directly** related to income 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. Deductible part of self-employment tax	20		
21. Self-employed SEP, SIMPLE, and qualified plans	21		
22. Self-employed health insurance deduction	22		
23. Penalty on early withdrawal of savings	23		
24. Alimony paid. Recipient's last name ▶ _____ SSN ▶ _____	24		
25. IRA deduction	25		
26. Student loan interest deduction	26		
27. Tuition and fees	27		
28. <i>Reserved for future use</i>	28		
29. Total adjustments: Add Lines 16 through 28.	29		
30. Income from Connecticut sources: Subtract Line 29 from Line 15. Enter the amount here and on Form CT-1040NR/PY , Line 6.	30	165	00

This reflects the information on the federal 1040 as of the print date. Check the DRS website at www.ct.gov/DRS for an updated Schedule CT-SI.

Employee Apportionment Worksheet - Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not complete Lines A through G if you know the exact amount of your Connecticut-sourced income.** See instructions, Page 31.

A. Working days (or other basis) outside Connecticut	A		
B. Working days (or other basis) inside Connecticut	B		
C. Total working days: Add Line A and Line B.	C		
D. Nonworking days (Holidays, weekends, etc.)	D		
E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places.	E		
F. Total income being apportioned	F		
G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1. Basis, if other than working days: _____	G		

CT-1040NR/PY	ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME	STATEMENT	1
--------------	--	-----------	---

DESCRIPTION	AMOUNT
UBT ADDBACK FROM FLOWTHROUGHS	
DEPRECIATION ADDBACK FROM FLOWTHROUGHS	
TOTAL TO FORM CT-1040NR/PY, SCHEDULE 1, LINE 40	

CT SCH CT-SI	RENTAL REAL ESTATE, ROYALTIES, PARTNERSHIPS, S CORPORATIONS, TRUSTS, ETC.	STATEMENT	2
--------------	--	-----------	---

DESCRIPTION	AMOUNT
CANTOR FITZGERALD LP	153.
TOTAL TO SCH CT-SI, LINE 10	153.

2011 TAX RETURN FILING INSTRUCTIONS

NEW JERSEY INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2011

Prepared for	CHRISTOPHER J & MARY P CHRISTIE [REDACTED] MENDHAM, NJ [REDACTED]
Prepared by	HAL MODEL CPA PA [REDACTED]
Amount of tax	Total tax \$ 32,770 Less: payments and credits \$ 37,734 Plus: interest and penalties \$ 0 OVERPAYMENT \$ 4,964
Overpayment	Miscellaneous Donations \$ 0 Credited to your estimated tax \$ 4,964 Refunded to you \$ 0
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING AND THE PRACTITIONER PIN PROGRAM HAS BEEN ELECTED. YOUR RETURN WILL BE COMPLETELY PAPERLESS, THEREFORE, DO NOT MAIL THE PAPER COPY OF THE RETURN TO NJDOR.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	

2011 NJ-630 APPLICATION FOR EXTENSION OF TIME TO FILE

PAYMENT BY CREDIT CARD

You may pay your 2011 New Jersey income taxes or make payment of estimated tax for 2012 by credit card. Pay by phone (1-800-2PAYTAX, toll free) or over the Internet (www.state.nj.us/treasury/taxation) and use a Visa, American Express, MasterCard or Discover/Novus credit card. **Do not use the payment voucher if you pay your taxes by credit card. There is a convenience fee of 2.49% paid directly to Official Payments Corp. based on the amount of your tax payment.**

PAYMENT BY E-CHECK

You may pay your 2011 New Jersey income taxes or make payment of estimated tax for 2012 by e-check. This option is available on the Division's website at:

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

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

PAYMENT BY CHECK

If you are paying your 2011 New Jersey income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 282, Trenton, NJ 08646-0282.

166181
11-03-11

Cut along dotted line.

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

-**-* CHRI ***-**-****
CHRISTIE CHRISTOPHER J & CHRIST
MENDHAM, NJ

I hereby request an extension of months, until 10/15/12
to file the return as indicated below.

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

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

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

R	<input checked="" type="checkbox"/>	NJ-1040	N	<input type="checkbox"/>	NJ-1080-C	F	<input type="checkbox"/>	NJ-1041
		6 Month Ext.			6 Month Ext.			5 Month Ext.

Enter amount of payment here:

\$ 5000.00



STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

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

Beginning _____, 2011 Month Ending _____,
On-line Federal Extension Confirmation # _____

CHRISTIE CHRISTOPHER J & CHRISTIE MARY P



MENDHAM

NJ



166031 11-03-11 1019

Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Pay amount on line 55 in full. Write Social Security # on check or money order and make payable to: STATE OF NEW JERSEY - TGI

If you have an amount due, enclose your check and NJ-1040-V payment 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

Your Signature _____ Date _____

Spouse/CU Partner's Signature (if filing jointly, BOTH must sign) _____

Paid Preparer's Signature *Hal Model*

10-4-11

Federal Identification Number

Firm's Name HAL MODEL CPA PA

Federal Employer Identification No. ** _ * * * * *

CHRISTIE CHRISTOPHER J & CHRISTIE MARY P

001	12	014	489082	040	51	SS#	
EXT	6	15a	5248	40a	00	SP#	
FS	2	15b	3929	042	0	SS1	
DP	0	016	7697	044	0	BY1	
006	2	017	0	045	0	SS2	
007	0	018	48725	046	32719	BY2	
008	0	019	0	047	26642	SS3	
009	4	020	0	048	0	BY3	
010	0	021	0	049	11041	SS4	
011	0	022	22572	050	0	BY4	
12a	2	023	0	50b	0	DDI	
12b	4	024	0	50c	0	AT	
RSF	010111	025	0	051	0	FOR	
RST	123111	026	573324	052	0	RN	
GEF	0	27a	0	053	0	PID	
HCa	0	27b	0	054	37683	FID	
HCb	0	27c	0	055	0		
HCC	0	029	8000	056	4964		
HCD	0	030	0	057	4964		
22c	0	031	0	058	0		
VC	1019	032	0	059	0		
CTY	1418	033	0	060	0		
PDR	0	36a	37585	061	0		
DNM	1	36b	0	062	0		
PA	1	36c	10000	063	0		
CDV	9617	037	555324	63c	00		
		038	32770	064	4964		
				065	0		

Name CHRISTIE CHRISTOPHER J & CHRISTIE MARY P	Social Security Number ***-**-****
---	--

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. Married/CU Couple, filing joint return 3. Married/CU Partner, filing separate return 4. Head of Household 5. Qualifying Widow(er)/Surviving CU Partner

Domestic Partner Ind

EXEMPTIONS

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

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

If the dependent does not have health insurance including NJ Family Care/Medicaid, Medicare, private or other, check the box.

LAST NAME, FIRST NAME, MIDDLE INITIAL	SOCIAL SECURITY #	BIRTH YEAR
a. CHRISTIE [REDACTED]	***-**-****	[REDACTED]
b. CHRISTIE [REDACTED]	***-**-****	[REDACTED]
c. CHRISTIE [REDACTED]	***-**-****	[REDACTED]
d. CHRISTIE [REDACTED]	***-**-****	[REDACTED]

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) <small>Be sure to use State wages from Box 16 of your W-2(s)(see Inst.)</small>	14	489,082.
15a. Taxable interest income (See instructions) (Enclose Fed Sch B if over \$1,500) SEE STATEMENT 1	15a	5,248.
15b. Tax exempt interest income. DO NOT include on Line 15a STMT 2	15b	3,929.
16. Dividends SEE STATEMENT 4	16	7,697.
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	48,725.
19. Pensions, Annuities, and IRA Withdrawals (See instruction page 24)	19	
20. Distributive Share of Partnership Income (See instruction page 27) SEE STATEMENT 3	20	0.
21. Net pro rata share of S Corporation Income (See instruction page 27) (Enclose Schedule)	21	
22. Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3)	22	22,572.
23. Net Gambling Winnings (See instructions page 27)	23	
24. Alimony and separate maintenance payments received	24	
25. Other (Enclose Schedule) (See instruction page 28)	25	
26. Total income (Add Lines 14, 15a, 16 through 25)	26	573,324.
27a. Pension Exclusion (See instruction page 28)	27a	
27b. Other Retirement Income Exclusion (See Worksheet and instr. page 30)	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 30.	28	573,324.
29. Total Exemption Amount - See instruction page 30 (Part Year Residents see instruction page 9.)	29	8,000.
30. Medical Expenses (See Worksheet and instr. page 31)	30	
31. Alimony and Separate Maintenance Payments	31	
32. Qualified Conservation Contribution	32	
33. Health Enterprise Zone Deduction	33	
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	565,324.
36a. Total Property Taxes Paid	36a	37,585.
36b. Check this box if you were a New Jersey homeowner on October 1, 2011 <input type="checkbox"/>		
36c. Property Tax Deduction (See instruction page 35) STMT 5	36c	10,000.
37. NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY	37	555,324.
38. Tax (From Tax Tables, page 53)	38	32,770.
39. THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS		
40. Credit For Income Taxes Paid to Other Jurisdictions. Enter other jurisdiction code (See instructions) 00	40	51.
41. Balance of Tax (Subtract Line 40 from Line 38)	41	32,719.
42. Sheltered Workshop Tax Credit	42	
43. Balance of Tax after Credit (Subtract Line 42 from 41)	43	32,719.
44. Use Tax Due on Out-of-State Purchases (See instruction page 38) If no Use Tax, enter ZERO	44	0.
45. Penalty for Underpayment of Estimated Tax Check if Form 2210 enclosed. <input type="checkbox"/>	45	
46. Total Tax and Penalty (Add Lines 43, 44 and 45)	46	32,719.

Name CHRISTIE CHRISTOPHER J & CHRISTIE MARY P		Social Security Number ***-**-****	
47	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099)	47	26,642.
48	Property Tax Credit (See instructions)	48	
49	New Jersey Estimated Tax Payments/Credit from 2010 tax return.	49	11,041.
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. <input type="checkbox"/>		
	Fill in box if you are a CU couple claiming the NJ Earned Income Tax Credit. <input type="checkbox"/>		
51	EXCESS New Jersey UI/SF/SWF Withheld (See instructions) (Enclose Form NJ-2450)	51	
52	EXCESS New Jersey Disability Insurance Withheld (See instructions) (Enclose Form NJ-2450)	52	
53	EXCESS New Jersey Family Leave Withheld (See instructions) (Enclose Form NJ-2450)	53	
54	Total Payments/Credits (Add Lines 47 through 53)	54	37,683.
55	If Line 54 is LESS THAN Line 46, enter AMOUNT YOU OWE.	55	
If you owe tax, you may make a donation by entering an amount on Lines 58, 59, 60, 61, 62 and/or 63 and adding this to your payment amount.			
56	If Line 54 is MORE THAN Line 46, enter OVERPAYMENT	56	4,964.
Deductions from Overpayment on Line 56 which you elect to credit to:			
57	Your 2012 tax	57	4,964.
58	N.J. Endangered Wildlife Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	58	
59	N.J. Children's Trust Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	59	
60	N.J. Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	60	
61	N.J. Breast Cancer Research Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	61	
62	U.S.S. New Jersey Educational Museum Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	62	
63	Other Designated Contribution (See instructions) <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other <input type="checkbox"/>	63	
64	Total Deductions from Overpayment (Add Lines 57 through 63)	64	4,964.
65	REFUND (Amount to be sent to you. Subtract Line 64 from Line 56)	65	

DIRECT DEPOSIT INFORMATION

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

Check Routing Number Account Number

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

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

Name(s) as shown on Form NJ-1040: **CHRISTIE CHRISTOPHER J & CHRISTIE MARY P**
 Your Social Security Number: ***** | ** | ******

Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION
 If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 42.

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

1.	Income actually taxed by other jurisdiction during tax year (indicate name <u>CALIFORNIA</u>) (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.	149
2.	Income subject to tax by New Jersey (From Line 28, Form NJ-1040)	2.	573,324
3.	Maximum Allowable Credit Percentage $\frac{1}{2} = \frac{149}{573,324}$ (Divide Line 2 into Line 1)	3.	.0260 %
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.	565,324
5.	Property Tax and Deduction Enter in Box 5a the amount from Worksheet F line 1. See instructions page 37. 5a. 37,585 Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions page 37.	5.	10,000
6.	New Jersey Taxable Income (Line 4 minus Line 5)	6.	555,324
7.	Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7.	32,770
8.	Allowable Credit (Line 3 times Line 7)	8.	9
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. 11 Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 38).	9.	9

- If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 40, Form NJ-1040. Make no entry on Lines 36c or 48, Form NJ-1040.
- If you are eligible for a property tax benefit, you must complete Worksheet H on page 45 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

Schedule B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY
 List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

1. a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adjusted (see instructions) and expense of sale	f. Gain or (loss) (d less e)
SEE STATEMENT 6					46,635
2. Capital Gains Distributions					2,090
3. Other Net Gains					
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)					48,725

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		22,572.		
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)				22,572.

Name(s) as shown on Form NJ-1040		Your Social Security Number				
CHRISTIE CHRISTOPHER J & CHRISTIE MARY P		*** ** ****				
Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION		If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 42.				
A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS						
1.	Income actually taxed by other jurisdiction during tax year (indicate name <u>CONNECTICUT</u>) (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.	165			
2.	Income subject to tax by New Jersey (From Line 28, Form NJ-1040)	2.	573,324			
3.	Maximum Allowable Credit Percentage 1 <u>165.</u> (Divide Line 2 into Line 1) 2 <u>573,324.</u>	3.	.0288	%		
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.	565,324	4.		
5.	Property Tax and Deduction Enter in Box 5a the amount from Worksheet F line 1. See instructions page 37.	5a.	37,585			
	Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions page 37.	5.	10,000	5.		
6.	New Jersey Taxable Income (Line 4 minus Line 5)	6.	555,324	6.		
7.	Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7.	32,770	7.		
8.	Allowable Credit (Line 3 times Line 7)	8.	9	8.		
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.	7			
	Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 38).	9.	7	9.		
<ul style="list-style-type: none"> If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 40, Form NJ-1040. Make no entry on Lines 36c or 48, Form NJ-1040. If you are eligible for a property tax benefit, you must complete Worksheet H on page 45 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit. 						
Schedule B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY		List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.				
1.	a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adjusted (see instructions) and expense of sale	f. Gain or (loss) (d less e)
2.	Capital Gains Distributions					2.
3.	Other Net Gains					3.
4.	Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here and make no entry on Line 18)					4.
Schedule C NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your Federal Income Tax Return. If you have passive losses for Federal purposes, see instructions.				
1.	a. Kind of Property	b. Net Rental Income (Loss)	c. Net Income From Royalties	d. Net Income From Patents	e. Net Income From Copyrights	
2.	Totals	b.	c.	d.	e.	
3.	Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 22. If loss enter ZERO here and make no entry on Line 22)					3.

Name(s) as shown on Form NJ-1040

Your Social Security Number

CHRISTIE CHRISTOPHER J & CHRISTIE MARY P

*** | ** | ****

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

If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 42.

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

1. Income actually taxed by other jurisdiction during tax year (indicate name NEW YORK)
2. Income subject to tax by New Jersey (From Line 28, Form NJ-1040)
3. Maximum Allowable Credit Percentage 1 619. (Divide Line 2 into Line 1) 2 573,324.
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
5. Property Tax and Deduction Enter in Box 5a the amount from Worksheet F line 1. See instructions page 37. 5a. 37,585
Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions page 37.
6. New Jersey Taxable Income (Line 4 minus Line 5)
7. Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)
8. Allowable Credit (Line 3 times Line 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. 52
Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 38).

- 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,
If you are eligible for a property tax benefit, you must complete Worksheet H on page 45 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

Schedule B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY

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

Table with 6 columns: 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). Includes rows for Capital Gains Distributions, Other Net Gains, and Net Gains.

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.

Table with 5 columns: a. Kind of Property, b. Net Rental Income (Loss), c. Net Income From Royalties, d. Net Income From Patents, e. Net Income From Copyrights. Includes rows for Totals and Net Income (Combine Columns b, c, d, and e).

NJ-1040 TAXABLE INTEREST INCOME STATEMENT 1

NAME OF FINANCIAL INSTITUTION	AMOUNT
STATE OF NJ	1,642.
THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST	1,549.
THE MARY PAT CHRISTIE 2010 BLIND TRUST	2,057.
TOTAL TO NJ-1040, PAGE 3, LINE 15A	5,248.

NJ-1040 TAX EXEMPT INTEREST INCOME STATEMENT 2

NAME OF FINANCIAL INSTITUTION	AMOUNT
GOLDMAN SACHS	1,313.
THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST	1,242.
THE MARY PAT CHRISTIE 2010 BLIND TRUST	1,374.
TOTAL TO NJ-1040, PAGE 3, LINE 15B	3,929.

NJ-1040 DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME STATEMENT 3

NAME OF ENTITY	I.D. NUMBER	AMOUNT
CANTOR FITZGERALD LP	**_*****	1,581.
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	**_*****	17,859.
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUS	**_*****	-12,832.
THE MARY PAT CHRISTIE 2010 BLIND TRUST	**_*****	-7,077.
TOTAL TO NJ-1040, PAGE 3, LINE 20		-469.

NJ-1040 DIVIDEND INCOME STATEMENT 4

NAME OF PAYER	AMOUNT
GOLDMAN SACHS	447.
THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST	4,435.
THE MARY PAT CHRISTIE 2010 BLIND TRUST	2,815.
TOTAL TO NJ-1040, PAGE 3, LINE 16	7,697.

NJ 1040

WORKSHEET H
WHICH PROPERTY TAX BENEFIT TO USE

STATEMENT 5

	COLUMN A	COLUMN B
1 TAX. ENTER AMOUNTS FROM LINE 7 SCHEDULE A, COLUMNS A AND B HERE.	32,770.	33,667.
2 CREDIT FOR TAXES PAID TO OTHER JURISDICTIONS. ENTER AMOUNTS FROM LINE 9, SCHEDULE A, COLUMNS A AND B HERE. IF YOU COMPLETED MORE THEN ONE SCHEDULE A, ENTER THE TOTAL OF ALL LINE 9 AMOUNTS IN THE CORRESPONDING COLUMN. .	51.	52.
3 BALANCE OF TAX DUE. SUBTRACT LINE 2 FROM 1 . .	32,719.	33,615.
4 SUBTRACT LINE 3, COLUMN A, FROM LINE 3, COLUMN B AND ENTER THE RESULT HERE		896.
5 IS THE LINE 4 AMOUNT \$50 OR MORE (\$25 IF FILING STATUS IS MARRIED, FILING SEPARATE RETURN AND YOU MAINTAIN THE SAME RESIDENCE AS YOUR SPOUSE)?		

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

FORM NJ-1040	ENTER AMOUNT FROM:
LINE 36C	LINE 5, COLUMN A SCHEDULE A
LINE 37	LINE 6, COLUMN A, SCHEDULE A
LINE 38 AND 39	LINE 7, COLUMN A, SCHEDULE A
LINE 40	LINE 2, COLUMN A, WORKSHEET H
LINE 48	MAKE NO ENTRY

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

FORM NJ-1040	ENTER AMOUNT FROM:
LINE 36C	MAKE NO ENTRY
LINE 37	LINE 6, COLUMN B, SCHEDULE A
LINE 38 AND 39	LINE 7, COLUMN B, SCHEDULE A
LINE 40	LINE 2, COLUMN B, WORKSHEET H
LINE 48	\$50 (\$25 IF FILING MFS AND YOU MAINTAIN THE SAME RESIDENCE AS YOUR SPOUSE)

NJ SCHEDULE B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY STATEMENT 6

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	COST OR ADJ. BASIS	GAIN OR (LOSS)
8000 GOLDMAN SACHS LARGE CAP VALUE	08/03/05	01/27/11	8,000.	8,863.	-863.
22000 GOLDMAN SACHS STRATEGIC GROWTH	08/03/05	01/27/11	22,000.	18,950.	3,050.
20000 GOLDMAN SACHS LARGE CAP VALUE	08/03/05	02/04/11	20,000.	22,104.	-2,104.
SYBRON DENTAL SPECIALTIES		05/04/11	2,025.	1,900.	125.
APOGENT TECH		05/04/11	1,742.	1,300.	442.
APOGENT TECH		05/04/11	3,484.	2,601.	883.
APOGENT TECH		05/04/11	1,742.	1,300.	442.
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST DTD 8/25/10				0.	143.
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST DTD 8/25/10				0.	21,064.
THE MARY PAT CHRISTIE 2010 BLIND TRUST DATED 8/25/10				1,446.	-1,446.
THE MARY PAT CHRISTIE 2010 BLIND TRUST DATED 8/25/10				0.	24,899.
TOTAL TO NJ SCHEDULE B, LINE 1					46,635.

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

A KIND OF PROPERTY	B NET RENTAL INCOME(LOSS)	C NET INCOME ROYALTIES	D NET INCOME PATENTS	E NET INCOME COPYRIGHTS
MCNEIL PPC INC - ROYALTIES		22,557.		
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST		6.		
THE MARY PAT CHRISTIE 2010 BLIND TRUST		9.		
TOTALS TO NJ SCH C, LN 2		22,572.		

2011 TAX RETURN FILING INSTRUCTIONS

NEW YORK INCOME TAX RETURN

FOR THE YEAR ENDING
DECEMBER 31, 2011

Prepared for	CHRISTOPHER J & MARY P CHRISTIE [REDACTED] MENDHAM, NJ [REDACTED]
Prepared by	HAL MODEL CPA PA [REDACTED]
Amount of tax	Total tax \$ 52 Less: payments and credits \$ 95 Plus: interest and penalties \$ 0 OVERPAYMENT \$ 43
Overpayment	Miscellaneous Donations \$ 0 Credited to your estimated tax \$ 0 Refunded to you \$ 43
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FORM TR-579-IT TO OUR OFFICE. WE WILL SUBMIT YOUR ELECTRONIC RETURN TO THE NY TAX DEPT.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	

**New York State E-File Signature Authorization for Tax Year 2011
For Forms IT-201 and IT-203**

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

Taxpayer's name: CHRISTOPHER J CHRISTIE

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.

ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*. Go to our Web site at www.tax.ny.gov to view this document.

General instructions

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

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.

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

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2011 Form IT-370*.

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

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the

Part A - Tax return information		
1 Federal adjusted gross income (from Form IT-201, line 18, or IT-203, line 18)	1.	<u>586</u>
2 Refund (from Form IT-201, line 78, or IT-203, line 68)	2.	<u>43</u>
3 Amount you owe (from Form IT-201, line 80, or IT-203, line 70)	3.	_____

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

Under penalty of perjury, I declare that I have examined the information on my 2011 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 2011 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 2011 electronic return, and I authorize my financial institution to withdraw the amount from my account.

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

Taxpayer's signature: _____ Date: _____

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

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

Under penalty of perjury, I declare that the information contained in this 2011 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 2011 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2011 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 2011 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

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

2011

IT-203

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

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

Your first name and middle initial: **CHRISTOPHER**
 Your last name (for a joint return, enter spouse's name on line below): **J CHRISTIE**
 Your date of birth (MMDDYYYY): **09-06-1962** ▼ Your social security number: *****-**-******

Spouse's first name and middle initial: **MARY**
 Spouse's last name: **P CHRISTIE**
 Spouse's date of birth (MMDDYYYY): **09-15-1963** ▼ Spouse's social security number: *****-**-******

Mailing address (see instructions, page 13) (number and street or rural route): **[REDACTED]**
 Apartment number: **[REDACTED]**
 New York State county of residence: **NR**

City, village, or post office: **MENDHAM** State: **NJ** ZIP code: **[REDACTED]** Country (if not United States): **[REDACTED]**
 School district name: **NR**

Permanent home address (see instr., pg 13) (no. and street or rural route): **[REDACTED]** Apartment number: **[REDACTED]** City, village, or post office: **[REDACTED]** School district code number: **[REDACTED]**

State: **[REDACTED]** ZIP code: **[REDACTED]** Country (if not United States): **[REDACTED]** Taxpayer's date of death: **[REDACTED]** Spouse's date of death: **[REDACTED]**

Decedent information: **[REDACTED]**

(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 2011 federal income tax return? Yes No

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

(D) E-file this return. Most taxpayers must now e-file (see page 12).

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

(1) Number of months you lived in NY City in 2011 **[REDACTED]**

(2) Number of months your spouse lived in NY City in 2011 **[REDACTED]**

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

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

Federal income and adjustments		Federal amount	New York State amount
Enter federal amounts in the left column and NYS amounts in the right column. See instructions, page 17. Part-year residents: complete page 18 worksheet first.		Dollars	Dollars
1	Wages, salaries, tips, etc.	469,151.	1.
2	Taxable interest income	6,877.	2.
3	Ordinary dividends	9,648.	3. 44.
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)		4.
5	Alimony received		5.
6	Business income or loss (attach a copy of federal Sch. C or C-EZ, Form 1040)		6.
7	Capital gain or loss (if required, attach a copy of federal Sch. D, Form 1040)	63,256.	7.
8	Other gains or losses (attach a copy of federal Form 4797)	-221.	8.
9	Taxable amount of IRA distributions. Beneficiaries: mark X in box		9.
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box		10.
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach a copy of federal Schedule E, Form 1040)	19,060.	11. 542.
12	Farm income or loss (attach a copy of federal Sch. F, Form 1040)		12.
13	Unemployment compensation		13.
14	Taxable amount of social security benefits (also enter on line 26)		14.
15	Other income (see page 23) Identify: SEE STATEMENT 1	1.	15.
16	Add lines 1 through 15	567,772.	16. 586.
17	Total federal adjustments to income (see page 23) Identify:		17.
18	Federal adjusted gross income (subtract line 17 from line 16)	567,772.	18. 586.

▼ Enter your social security number
 *** _ ** _ ** **

	Federal amount Dollars	New York State amount Dollars
19 Federal adjusted gross income (from line 18 on page 1)	567,772.	586.
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	857.	316.
23 Add lines 19 through 22	568,629.	902.
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	882.	27.
28 Pension and annuity income exclusion	28.	28.
29 Other (see page 31) Identify: SEE STATEMENT 4	768.	283.
30 Add lines 24 through 29	1,650.	283.
31 New York adjusted gross income (subtract line 30 from line 23)	566,979.	619.
32 Enter the amount from line 31, Federal amount column	32.	566,979.
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.	36,460.
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34.	530,519.
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.	526,519.

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

◀ or ▶

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. 73,832.
c Interest you paid (federal Schedule A, line 15)	c. 9,111.
d Gifts to charity (federal Schedule A, line 19)	d. 26,224.
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. 109,167.
i State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see pg 36)	i. 36,247.
j Subtract line i from line h	j. 72,920.
k College tuition itemized deduction (see page 37)	k.
l Addition adjustments (see page 37)	l.
m Add lines j, k, and l	m. 72,920.
n Itemized deduction adjustment (see page 38)	n. 36,460.
o New York State itemized deduction (subtract line n from m; enter on line 33 above)	o. 36,460.



CHRISTOPHER J & MARY P CHRISTIE

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

	Dollars
37 New York taxable income (from line 36 on page 2)	526,519.
38 New York State tax on line 37 amount (see page 39 and Tax computation on pages 72 and 73)	47,229.
39 New York State household credit (from table 1, 2, or 3 on page 39)	
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	47,229.
41 New York State child and dependent care credit (attach Form IT-216; see page 40)	40.
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	47,189.
43 New York State earned income credit (attach Form IT-215; see page 40)	
44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	47,189.

45 Income percentage (see page 40)	New York State amount from line 31	Federal amount from line 31	Round result to 4 decimal places
	619.	566,979.	.0011
46 Allocated New York State tax (multiply line 44 by the decimal on line 45)			52.
47 New York State nonrefundable credits (from Form IT-203-ATT, line 8; attach form)			
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)			52.
49 Net other New York State taxes (from Form IT-203-ATT, line 33; attach form)			
50 Total New York State taxes (add lines 48 and 49)			52.

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.	
57h Volunteer Firefighting & EMS Recruitment Fund	57h.	
57 Total voluntary contributions (add lines 57a through 57h)	57.	
58 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 50, 55, 56, and 57)	58.	52.



▼ Enter your social security number

-**-*

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. 52.

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

If applicable, complete Forms IT-2, IT-1099-R, and/or IT-1099-UI and attach them 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.

95. 66. 95.

Refund/amount overpaid

- 67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66) 67.
68 Amount of line 67 to be refunded Mark one refund choice: direct deposit (fill in line 72) -OR- debit card -OR- X paper check 68.
69 Amount of line 67 that you want applied to your 2012 estimated tax. (see instruction.) 69.

43. 43.

See page 74 for information about your three refund choices.

Amount you owe

- 70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59) To pay by electronic funds withdrawal, mark this box and fill in line 72 70.
71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 46) 71.

Account information

72 Account information for direct deposit or electronic funds withdrawal (see page 47). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 47)

72a Routing number Electronic funds withdrawal effective date
72b Account number 72c Account type Checking Savings

Additional information

73 Part-year residents only: If you were a NYS resident for only part of the year, enter date of last move (mm-dd-yyyy) Mark an X in the box that describes your situation on the last day of the tax year:
73a Moved into New York State
73b Moved out of New York State; received income from NYS sources during nonresident period
73c Moved out of New York State; received no income from NYS sources during nonresident period

73a. 73b. 73c.
Yes No X

74 Nonresidents: Did you or your spouse maintain living quarters in NYS in 2011? (If Yes, complete Form IT-203-B, Schedule B, and attach form.)

Third-party designee? (see instr.) Print designee's name HAL MODEL CPA Designee's phone number Personal identification number (PIN)
Yes X No E-mail:

Paid preparer must complete (see instructions)

Preparer's signature Date 10-11-11 Preparer's NYTPRIN Preparer's PTIN or SSN: Employer identification number ***-**-****

Taxpayer(s) must sign here

Your signature Your occupation GOVERNOR Spouse's signature and occupation (if joint return)

Address

E-mail:

SALES Date E-mail: Daytime phone number

See instructions for where to mail your return.

168024 12-01-11

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

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

Taxpayer's first name and middle initial Taxpayer's last name
CHRISTOPHER **J CHRISTIE**
 Spouse's first name and middle initial Spouse's last name
MARY **P CHRISTIE**

▼ Your social security number
 *** - ** - ****
 ▼ Spouse's social security number
 *** - ** - ****

W-2		Box c Employer's name and full address (including ZIP code)			
Record 1		CANTOR FITZGERALD		NEW YORK	NY
Box b Employer identification number (EIN)	*** - **** - ****	Box 12a Amount	810.	▼ Code	Box 15 State
This W-2 record is for		Box 12b Amount	6,399.	▼ Code	Box 16 State wages, tips, etc. (for NYS)
(mark an X in one box):		Box 12c Amount		▼ Code	Box 17 New York State income tax withheld
Taxpayer		Box 12d Amount		▼ Code	Box 18 Local wages, tips, etc.
Spouse	<input checked="" type="checkbox"/>				Box 19 Local income tax withheld
Box 1 Wages, tips, other compensation	307,372.				Box 20 Locality name
Box 8 Allocated tips		Box 13 Statutory employee		▼ Description	Locality a
		Box 14a Amount		▼ Description	Locality b
Box 10 Dependent care benefits	5,000.	Box 14b Amount		▼ Description	Locality a
Box 11 Nonqualified plans		Box 14c Amount		▼ Description	Locality b
					Corrected (W-2c)

Do not detach.		Box c Employer's name and full address (including ZIP code)			
W-2		STATE OF NEW JERSEY		TRENTON	NJ
Record 2		Box 12a Amount	381.	▼ Code	Box 15 State
Box b Employer identification number (EIN)	*** - **** - ****	Box 12b Amount		▼ Code	Box 16 State wages, tips, etc. (for NYS)
This W-2 record is for		Box 12c Amount		▼ Code	Box 17 New York State income tax withheld
(mark an X in one box):		Box 12d Amount		▼ Code	Box 18 Local wages, tips, etc.
Taxpayer					Box 19 Local income tax withheld
Spouse	<input checked="" type="checkbox"/>				Box 20 Locality name
Box 1 Wages, tips, other compensation	161,779.	Box 13 Statutory employee		▼ Description	Locality a
Box 8 Allocated tips		Box 14a Amount	9,588.	▼ Description	Locality b
		Box 14b Amount	414H	▼ Description	
Box 10 Dependent care benefits		Box 14c Amount	3,344.	▼ Description	
Box 11 Nonqualified plans			SEC125		
					Corrected (W-2c)



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

2011

IT-216

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

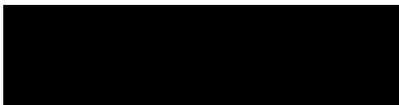
Name(s) as shown on return

CHRISTOPHER J & MARY P CHRISTIE

▼ Your social security number
-**-*

- 1 Have you already filed your 2011 New York State income tax return? Yes No **X**
If Yes, you must file an amended New York State return and attach Form IT-216 to claim this credit.

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

A - Care provider's first name, middle initial, and last name	B - Address	C - Identifying number (SSN or EIN)	D - Amount paid (see instructions)
DEBORAH RISK		• ***-**-**** •	19,830.
		•	•

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

A - First name and middle initial	B - Last name	C - Qualified expenses paid in 2011	D - Person with disability (see instr.)	E - Social security number	F - Year of birth
	CHRISTIE	9,915.	•	• ***-**-**** •	• 2000
	CHRISTIE	9,915.	•	• ***-**-**** •	• 2003
		•	•	•	•
		•	•	•	•

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any **3a.** 19,830.

4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheets? Yes **X** No
Note: On line 5, if you are claiming expenses paid for a dependent child born in 1998, enter that child's birth month here. Include as qualified expenses only those paid from January 1, 2011, through the day preceding the child's 13th birthday.

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

6 Enter your earned income (see instructions) **6.** 161,779.

7 If your filing status is **(2) Married filing joint return**, enter your spouse's earned income; all others, enter the amount from line 6 (see instructions) **7.** 307,372.

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

9 Enter the amount from: federal Form 1040A, line 22, or federal Form 1040, line 38 **9.** 567,772.

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

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



IT-216 (2011)		Dollars	
12	Amount from line 11	12.	200.
13	Enter your New York adjusted gross income (Form IT-201 filers, line 33; Form IT-203 filers, line 32)		566,979.
	Use the <i>New York State child and dependent care credit limitation table</i> in the instructions to determine the decimal to be entered on this line	13.	.200
14	Multiply line 12 by the decimal amount on line 13. This is your New York State child and dependent care credit (see <i>instructions</i>)	14.	40.

Part-year New York State residents

15	Enter the amount from Form IT-203, line 40 If line 15 is equal to or more than line 14, stop. You do not have excess credit. If line 15 is less than line 14, continue on line 16 below.	15.	
16	Subtract line 15 from line 14. This is your excess child and dependent care credit	16.	
17	Enter the amount from Form IT-203-ATT, line 29 (if you are not required to file Form IT-203-ATT, leave blank and continue on line 18 below.) If line 17 is equal to or more than line 16, stop. Do not continue with this worksheet. Enter the line 16 amount on Form IT-203-ATT, line 30. If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 30, and continue on line 18 below.	17.	
18	Subtract line 17 from line 16. This is your remaining excess child and dependent care credit	18.	
19	Enter the amount from line 18, Column D, of the <i>Part-year resident income allocation worksheet</i> in the instructions for Form IT-203	19.	
20	Enter the amount from line 18, Column A, of the <i>Part-year resident income allocation worksheet</i> in the instructions for Form IT-203	20.	
21	Divide line 19 by line 20 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000)	21.	
22	Multiply line 18 by line 21. Enter the result here and on Form IT-203-ATT, line 9. This is the refundable portion of your New York State part-year resident child and dependent care credit.	22.	

New York City child and dependent care credit

If you were a resident of New York City at any time during 2011 **and** your federal adjusted gross income is \$30,000 or less (see *Note under New York City credit* on page 1 of the instructions) **and** you listed a child under 4 years old as of December 31, 2011, on line 3, complete line 23 and see page 4 of the instructions.

23	Enter the portion of the total expenses from line 3a that was paid for children under 4 years old IT-201 filers:	23.	
24	Refundable New York City child and dependent care credit (from <i>Worksheet 1, line 7 or line 13</i>)	24.	
25	Add lines 14 and 24; also enter this amount on Form IT-201, line 64	25.	
26	Part-year New York City resident nonrefundable New York City child and dependent care credit (from <i>Worksheet 1, line 8</i>); also enter this amount on Form IT-201-ATT, line 9a	26.	

IT-203 filers:

27	Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit (from <i>Worksheet 1, line 8</i>); also enter this amount on Form IT-203, line 52b	27.	
28	Refundable portion of your part-year New York City resident New York City child and dependent care credit (from <i>Worksheet 1, line 13</i>); also enter this amount on Form IT-203-ATT, line 9a	28.	
Part-year New York City resident filers only:			
29	Enter the amount from <i>Worksheet 1, line 10</i>	29.	
30	Enter the amount from <i>Worksheet 1, line 11</i>	30.	



NY IT-203	OTHER INCOME	STATEMENT	1
DESCRIPTION	FEDERAL AMOUNT	NEW YORK AMOUNT	
CANCELLATION OF DEBT - GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	1.		
TOTAL TO FORM IT-203, LINE 15	1.		

NY IT-203	NY PASSTHROUGH DETAIL	STATEMENT	2
DESCRIPTION	FD AMOUNT	NY AMOUNT	
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	-2,252.		
CANTOR FITZGERALD LP	1,462.	542.	
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST	-1,109.		
THE MARY PAT CHRISTIE 2010 BLIND TRUST	-1,622.		
MCNEIL PPC INC - ROYALTIES	22,557.		
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST	6.		
THE MARY PAT CHRISTIE 2010 BLIND TRUST	9.		
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC - ROYA	9.		
TOTAL TO FORM IT-203, LINE 11	19,060.	542.	

NY IT-203	OTHER NEW YORK ADDITIONS	STATEMENT	3
DESCRIPTION	FEDERAL AMOUNT	NEW YORK AMOUNT	
CANTOR FITZGERALD UBT	40.	15.	
CANTOR FITZGERALD GOVT INTEREST TAXABLE	817.	301.	
TOTAL TO FORM IT-203, LINE 22	857.	316.	

NY IT-203	OTHER NEW YORK SUBTRACTIONS	STATEMENT	4
DESCRIPTION	FEDERAL AMOUNT	NEW YORK AMOUNT	
CANTOR FITZGERALD US GOVT INTEREST	768.	283.	
TOTAL TO FORM IT-203, LINE 29	768.	283.	

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

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

OMB No. 1545-0074

2011
Attachment
Sequence No. 12

Name(s) shown on return

Your social security number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

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

Complete Form 8949 before completing line 1, 2, or 3. This form may be easier to complete if you round off cents to whole dollars.	(e) Sales price from Form(s) 8949, line 2, column (e)	(f) Cost or other basis from Form(s) 8949, line 2, column (f)	(g) Adjustments to gain or loss from Form(s) 8949, line 2, column (g)	(h) Gain or (loss) Combine columns (e), (f), and (g)
1 Short-term totals from all Forms 8949 with box A checked in Part I		()		
2 Short-term totals from all Forms 8949 with box B checked in Part I		()	<1,303.>	<1,303.>
3 Short-term totals from all Forms 8949 with box C checked in Part I		()		
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 STMT 7			4	21.
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 SEE STATEMENT 9			5	633.
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	()
7 Net short-term capital gain or (loss) . Combine lines 1 through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2			7	<649.>

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

Complete Form 8949 before completing line 8, 9, or 10. This form may be easier to complete if you round off cents to whole dollars.	(e) Sales price from Form(s) 8949, line 4, column (e)	(f) Cost or other basis from Form(s) 8949, line 4, column (f)	(g) Adjustments to gain or loss from Form(s) 8949, line 4, column (g)	(h) Gain or (loss) Combine columns (e), (f), and (g)
8 Long-term totals from all Forms 8949 with box A checked in Part II		()		
9 Long-term totals from all Forms 8949 with box B checked in Part II	58,993.	(57,018.)	45,963.	47,938.
10 Long-term totals from all Forms 8949 with box C checked in Part II		()		
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 SEE STATEMENT 8 SEE STATEMENT 10			11	126.
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	13,751.
13 Capital gain distributions SEE STATEMENT 11			13	2,090.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	()
15 Net long-term capital gain or (loss) . Combine lines 8 through 14 in column (h). Then go to Part III on page 2			15	63,905.

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

Schedule D (Form 1040) 2011

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 	16	63,256.
<p>17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> <p style="text-align: center;">SEE STATEMENT 13</p>		
<p>18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions ▶</p>	18	
<p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions ▶</p> <p style="text-align: center;">SEE STATEMENT 12</p>	19	
<p>20 Are lines 18 and 19 both zero or blank? <input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note. When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	()
<p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p>		

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.

Name(s) shown on return: **CHRISTOPHER J & MARY P CHRISTIE** Identifying number: *****-**-******

1 Enter the gross proceeds from sales or exchanges reported to you for 2011 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)

(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)
2 SEE STATEMENT 14						121.
3 Gain, if any, from Form 4684, line 39						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: 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.						7 121.
8 Nonrecaptured net section 1231 losses from prior years (see instructions) STATEMENT 15						8 26.
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 95.

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						-247.

11 Loss, if any, from line 7						11
12 Gain, if any, from line 7 or amount from line 8, if applicable						12 26.
13 Gain, if any, from line 31						13
14 Net gain or (loss) from Form 4684, lines 31 and 38a						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 -221.
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 35, 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 -221.

LHA For Paperwork Reduction Act Notice, see separate instructions.

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
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 33. 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 separate instructions.

OMB No. 1545-0074

2011

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

A Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions) Yes No

B If "Yes," did you or will you file all required Forms 1099? Yes No

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

Caution. For each rental property listed on line 1, check the box in the last column only if you owned that property as a member of a qualified joint venture (QJV) reporting income not subject to self-employment tax.

1	Physical address of each property—street, city, state, ZIP	Type—from list below	2	For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions.	Fair Rental Days			Personal Use Days			QJV
					A	B	C	A	B	C	
A		6									
B		6									
C		6									

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		Properties		
		A	B	C
3a	Merchant card and third party payments. For 2011, enter -0-	0.	0.	0.
b	Payments not reported to you on line 3a	22,557.	6.	9.
4	Total not including amounts on line 3a that are not income (see instructions)	22,557.	6.	9.

Expenses:

5	Advertising	5			
6	Auto and travel (see instructions)	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 instructions)	12			
13	Other interest	13			
14	Repairs	14			
15	Supplies	15			
16	Taxes	16			
17	Utilities	17			
18	Depreciation expense or depletion	18			
19	Other (list) ▶	19			
20	Total expenses. Add lines 5 through 19	20			
21	Subtract line 20 from line 4. If result is a (loss), see instructions to find out if you must file Form 6198	21	22,557.	6.	9.
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22			

23a	Total of all amounts reported on line 3a for all rental properties	23a			
b	Total of all amounts reported on line 3a for all royalty properties	23b			
c	Total of all amounts reported on line 4 for all rental properties	23c			
d	Total of all amounts reported on line 4 for all royalty properties	23d			
e	Total of all amounts reported on line 12 for all properties	23e			
f	Total of all amounts reported on line 18 for all properties	23f			
g	Total of all amounts reported on line 20 for all properties	23g			

24	Income. Add positive amounts shown on line 21. Do not include any losses	24			
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

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

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

▶ See separate instructions.

OMB No. 1545-0074

2011

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

A Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)

Yes No

B If "Yes," did you or will you file all required Forms 1099?

Yes No

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

Caution. For each rental property listed on line 1, check the box in the last column only if you owned that property as a member of a qualified joint venture (QJV) reporting income not subject to self-employment tax.

1	Physical address of each property—street, city, state, ZIP	Type—from list below	2	For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions.	Fair Rental Days			Personal Use Days		QJV
					A	B	C	A	B	
A	GOLDMAN SACHS HEDGE FUND PARTNERS, L	6								
B										
C										

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income:

		Properties		
		A	B	C
3a	Merchant card and third party payments. For 2011, enter -0-	0.		
b	Payments not reported to you on line 3a	9.		
4	Total not including amounts on line 3a that are not income (see instructions)	9.		

Expenses:

5	Advertising			
6	Auto and travel (see instructions)			
7	Cleaning and maintenance			
8	Commissions			
9	Insurance			
10	Legal and other professional fees			
11	Management fees			
12	Mortgage interest paid to banks, etc. (see instructions)			
13	Other interest			
14	Repairs			
15	Supplies			
16	Taxes			
17	Utilities			
18	Depreciation expense or depletion			
19	Other (list) ▶			
20	Total expenses. Add lines 5 through 19			
21	Subtract line 20 from line 4. If result is a (loss), see instructions to find out if you must file Form 6198	9.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)			

23a	Total of all amounts reported on line 3a for all rental properties			
23b	Total of all amounts reported on line 3a for all royalty properties			
23c	Total of all amounts reported on line 4 for all rental properties			
23d	Total of all amounts reported on line 4 for all royalty properties	22,581.		
23e	Total of all amounts reported on line 12 for all properties			
23f	Total of all amounts reported on line 18 for all properties			
23g	Total of all amounts reported on line 20 for all properties			

24	Income. Add positive amounts shown on line 21. Do not include any losses		22,581.
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2		22,581.

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

Your social security number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

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

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 instructions.

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 instructions 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	SEE STATEMENT 16				
B					
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A				
B				
C				
D				
29a	Totals			1,462.
b	Totals	77.	4,906.	
30	Add columns (g) and (j) of line 29a			30 1,462.
31	Add columns (f), (h), and (i) of line 29b			31 (4,983.)
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 -3,521.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A	SEE STATEMENT 17	
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 (see instructions)	(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 * ENTIRE DISPOSITION OF NONPASSIVE ACTIVITY

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	19,060.
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 instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

SCHEDULE D	NET SHORT-TERM GAIN OR LOSS FROM FORMS 6252, 4684, 6781 AND 8824	STATEMENT 7
------------	---	-------------

DESCRIPTION OF PROPERTY	GAIN OR LOSS
FORM 6781, PART I	21.
TOTAL TO SCHEDULE D, PART I, LINE 4	21.

SCHEDULE D	NET LONG-TERM GAIN OR LOSS FROM FORMS 4797, 2439, 6252, 4684, 6781 AND 8824	STATEMENT 8
------------	--	-------------

DESCRIPTION OF PROPERTY	GAIN OR LOSS	28% GAIN
FORM 6781, PART I	31.	
FORM 4797	95.	
TOTAL TO SCHEDULE D, PART II, LINE 11	126.	

SCHEDULE D	NET SHORT-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES	STATEMENT 9
------------	---	-------------

DESCRIPTION OF ACTIVITY	GAIN OR LOSS
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	3,480.
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST	-2,935.
THE MARY PAT CHRISTIE 2010 BLIND TRUST	88.
TOTAL TO SCHEDULE D, PART I, LINE 5	633.

SCHEDULE D	NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES	STATEMENT 10
------------	--	--------------

DESCRIPTION OF ACTIVITY	GAIN OR LOSS	28% GAIN
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC	16,396.	5.
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST	-3,051.	4.
THE MARY PAT CHRISTIE 2010 BLIND TRUST	406.	6.
TOTAL TO SCHEDULE D, PART II, LINE 12	13,751.	15.

SCHEDULE D

CAPITAL GAIN DISTRIBUTIONS

STATEMENT 11

NAME OF PAYER

TOTAL
CAPITAL GAIN 28% GAIN

THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST

2,090.

TOTALS TO SCHEDULE D, LINE 13

2,090.

SCHEDULE D UNRECAPTURED SECTION 1250 GAIN STATEMENT 12

Table with 18 rows of tax instructions and numerical results. Includes instructions like 'IF YOU HAVE A SECTION 1250 PROPERTY IN PART III OF FORM 4797...' and results such as 1.0, 1.0, 15.0, -649.0, 634.0, and 0.0.

SCHEDULE D 28% RATE GAIN WORKSHEET STATEMENT 13

1. ENTER THE TOTAL OF ALL COLLECTIBLES GAIN OR (LOSS) FROM ITEMS YOU REPORTED ON FORM 8949, LINE 3
2. ENTER AS A POSITIVE AMOUNT THE AMOUNT OF ANY SECTION 1202 EXCLUSION YOU REPORTED IN COLUMN (G) OF FORM 8949, LINE 3, WITH CODE "S" IN COLUMN (B), FOR WHICH YOU EXCLUDED 50% OF THE GAIN, PLUS 2/3 OF ANY SECTION 1202 EXCLUSION YOU REPORTED IN COLUMN (G) OF FORM 8949, LINE 3, WITH CODE "S" IN COLUMN (B), FOR WHICH YOU EXCLUDED 60% OF THE GAIN . . .
3. ENTER THE TOTAL OF ALL COLLECTIBLES GAIN OR (LOSS) FROM FORM 4684, LINE 4 (BUT ONLY IF FORM 4684, LINE 15, IS MORE THAN ZERO); FORM 6252; FORM 6781, PART II; AND FORM 8824
4. ENTER THE TOTAL OF ANY COLLECTIBLES GAIN REPORTED TO YOU ON:
 - * FORM 1099-DIV, BOX 2D;
 - * FORM 2439, BOX 1D,; AND
 - * SCHEDULE K-1 FROM A PARTNERSHIP, S CORPORATION, 15.
 - ESTATE, OR TRUST
5. ENTER YOUR LONG-TERM CAPITAL LOSS CARRYOVER FROM SCHEDULE D, LINE 14 AND SCHEDULE K-1 (FORM 1041), BOX 11, CODE C. ()
6. IF SCHEDULE D, LINE 7, IS A (LOSS), ENTER THAT (LOSS) HERE. OTHERWISE, ENTER -0- (649.)
7. COMBINE LINES 1 THROUGH 6. IF ZERO OR LESS, ENTER -0-. IF MORE THAN ZERO, ALSO ENTER THIS AMOUNT ON SCHEDULE D, LINE 18

FORM 4797 PROPERTY HELD MORE THAN ONE YEAR STATEMENT 14

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST						44.
THE MARY PAT CHRISTIE 2010 BLIND TRUST						29.
						48.
TOTAL TO 4797, PART I, LINE 2						121.

FORM 4797 NONRECAPTURED NET SECTION 1231 LOSSES STATEMENT 15
FROM PRIOR YEARS

TAX YEAR	SECTION 1231 LOSSES	SECTION 1231 LOSSES RECAPTURED	NONRECAPTURED SECTION 1231 LOSSES
2006			
2007			
2008			
2009			
2010	26.		26.
TOTAL TO FORM 4797, LINE 8	26.		26.

SCHEDULE E INCOME OR (LOSS) FROM PARTNERSHIPS AND S CORPS STATEMENT 16

NAME	ANY NOT X	EMPLOYER ID NO.	AT RISK	IF FRN	PASSIVE LOSS	PASSIVE INCOME	NONPASSIVE LOSS	SEC. 179 DEDUCTION	NONPASSIVE INCOME
GOLDMAN SACHS HEDGE FUND PARTNERS, LLC		**_*****		P *			767.		
INVESTMENT INTEREST EXPENSE		**_*****		P *			1,463.		
SEC 59(E)(2) -		**_*****		P *			22.		
CANTOR FITZGERALD LP		**_*****		P					1,462.
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST		**_*****		P	29.		1,080.		
THE MARY PAT CHRISTIE 2010 BLIND TRUST		**_*****		P	48.		1,574.		
TOTALS TO SCH. E, LN. 29					77.		4,906.		1,462.

* ENTIRE DISPOSITION OF NONPASSIVE ACTIVITY

SCHEDULE E		INCOME OR (LOSS) FROM ESTATES AND TRUSTS			STATEMENT	17
NAME	EMPLOYER ID NO.	PASSIVE LOSS	PASSIVE INCOME	NONPASSIVE LOSS	NONPASSIVE INCOME	
THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST DTD	**_*****					
THE MARY PAT CHRISTIE 2010 BLIND TRUST DATED	**_*****	0.				
TOTALS TO SCHEDULE E, LINE 34		0.				

* ENTIRE DISPOSITION OF NONPASSIVE ACTIVITY