

JAMISON MONEY FARMER PC
P.O. BOX 2347
TUSCALOOSA, AL 35403

ROBERT J. BENTLEY
1142 SOUTH PERRY ST.
MONTGOMERY, AL 36104

|||||.....|||||

Two-Year Comparison Worksheet

2015

Name(s) as shown on return

Social security number

ROBERT J. BENTLEY

~~XXXXXXXXXX~~

2014 Filing Status **MARRIED FILING JOINT**

2015 Filing Status **SINGLE**

2014 Tax Bracket **28.0%**

2015 Tax Bracket **28.0%**

Description	Tax Year 2014	Tax Year 2015	Increase (Decrease)
SCHEDULE B - TAXABLE INTEREST	0.	2.	2.
TAXABLE REFUNDS OF STATE/LOCAL TAX	3,665.	0.	-3,665.
TAXABLE IRA DISTRIBUTIONS	92,000.	124,100.	32,100.
TAXABLE PENSIONS AND ANNUITIES	83,794.	0.	-83,794.
TAXABLE SOCIAL SECURITY BENEFITS	37,573.	25,772.	-11,801.
TOTAL INCOME	217,032.	149,874.	-67,158.
CERTAIN BUSINESS EXPENSES	6,705.	0.	-6,705.
ALIMONY PAID	0.	2,250.	2,250.
TOTAL ADJUSTMENTS	6,705.	2,250.	-4,455.
ADJUSTED GROSS INCOME	210,327.	147,624.	-62,703.
TAXES	10,714.	7,675.	-3,039.
INTEREST (DEDUCTIBLE)	12,111.	9,678.	-2,433.
CONTRIBUTIONS	13,513.	7,391.	-6,122.
JOB EXPENSES AND 2% MISC. DEDUCT.	0.	5,480.	5,480.
TOTAL ITEMIZED DEDUCTIONS	36,338.	30,224.	-6,114.
INCOME BEFORE EXEMPTIONS	173,989.	117,400.	-56,589.
PERSONAL EXEMPTIONS	7,900.	4,000.	-3,900.
TAXABLE INCOME	166,089.	113,400.	-52,689.
TAX	33,752.	24,823.	-8,929.
TAX BEFORE CREDITS	33,752.	24,823.	-8,929.
TAX AFTER NON-REFUNDABLE CREDITS	33,752.	24,823.	-8,929.
TOTAL TAX	33,752.	24,823.	-8,929.
FEDERAL INCOME TAX WITHHELD	35,159.	20,410.	-14,749.
TOTAL PAYMENTS	35,159.	20,410.	-14,749.
TAX OVERPAID	1,407.	0.	-1,407.
OVERPAYMENT APPLIED TO ESTIMATE	1,407.	0.	-1,407.
FORM 2210/2210F (EST. TAX PENALTY)	0.	39.	39.
BALANCE DUE (INCLUDING 2210/2210F)	0.	4,452.	4,452.
ALABAMA STATE RETURN			
TAXABLE INCOME	107,304.	68,473.	-38,831.
TAX	5,283.	3,383.	-1,900.
PAYMENTS	4,600.	3,000.	-1,600.
BALANCE DUE	687.	384.	-303.

JamisonMoneyFarmer PC
www.jmf.com
205-345-8440

Robert J. Bentley
1142 South Perry St.
Montgomery, AL 36104

Dear Governor Bentley:

Enclosed are your 2015 income tax returns.

Specific filing instructions are as follows.

FEDERAL INCOME TAX RETURN:

The IRS Self-Select PIN program has been elected for your electronically filed return. Your return will be completely paperless, therefore, do not mail the paper copy of the return to the IRS. Please sign Form 8879 in the places indicated, and return it by mail or fax (205-366-4000) to our office. Upon receipt of this form, or your authorization by phone, we will submit your electronic return to the IRS.

Your check for \$4,452, payable to the United States Treasury, must be paid by April 18, 2016. Be sure to include your payment with Form 1040-V, Form 1040 Payment Voucher. Include your social security number, daytime phone number, and the words "2015 Form 1040" on your check.

Mail to - Internal Revenue Service Center
P.O. Box 931000
Louisville, KY 40293-1000

ALABAMA INCOME TAX RETURN:

This return has been prepared for electronic filing. Please sign, date, and return Form AL8453 to our office. We will then submit your electronic return to the ADOR. Do not mail the paper copy of the return to the ADOR.

Your check for \$384, payable to Alabama Department of Revenue, must be mailed by April 18, 2016. Be sure to attach your payment to Alabama Form AL 40V, Payment Voucher. Include your social security number, daytime phone number and the words "2015 Form 40" on your check.

Mail to - Alabama Department of Revenue
P.O. Box 327467
Montgomery, AL 36132-7467

ALABAMA PRIVILEGE TAX RETURN:
ROBERT J BENTLEY LLC

Your privilege tax return must be mailed on or before April 18, 2016.

Mail to - Alabama Department of Revenue
Business Privilege Tax Section
PO Box 327320
Montgomery, AL 36132-7320

Enclose your check for \$100, payable to Alabama Department of Revenue. Include the words "2016 PPT" on your check.

You have the final responsibility for the handling and reporting of each item on your tax return and the overall correctness of your returns. Therefore, once we have prepared your tax returns, it is essential that you thoroughly review your returns before they are filed.

To protect your family and minimize estate taxes, we encourage you to have an up-to-date will and appropriate powers of attorney. Failure to do this could cause undue financial or administrative burden to your family members or other heirs. Please let us know if we can be of assistance with these matters.

For maximum benefit, we recommend that you do next year's planning early. Please let us know if you would like an appointment. We would be pleased to discuss tax planning or any of our other services with you.

You will find your copy of the tax returns in the enclosed folder. You should keep this copy with your other tax records for the current year.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

Very truly yours,

Carl T. Jamison
JamisonMoneyFarmer PC

2015 TAX RETURN FILING INSTRUCTIONS

U.S. INDIVIDUAL INCOME TAX RETURN

FOR THE YEAR ENDING

December 31, 2015

Prepared for	Robert J. Bentley 1142 South Perry St. Montgomery, AL 36104
Prepared by	Jamison Money Farmer PC P.O. Box 2347 Tuscaloosa, AL 35403
Amount of tax	Total tax \$ 24,823 Less: payments and credits \$ 20,410 Plus: interest and penalties \$ 39 Balance due \$ 4,452
Overpayment	Miscellaneous Donations \$ 0 Credited to your estimated tax \$ 0 Refunded to you \$ 0
Make check payable to	United States Treasury
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	Do not mail the paper copy of the return to the IRS. Your check for \$4,452, payable to the United States Treasury, must be paid by April 18, 2016. Be sure to include your payment with Form 1040-V, Form 1040 Payment Voucher. Include your social security number, daytime phone number, and the words "2015 Form 1040" on your check. Mail to - Internal Revenue Service Center P.O. Box 931000 Louisville, KY 40293-1000

IRS e-file Signature Authorization

2015

▶ Do not send to the IRS. This is not a tax return.

▶ Keep this form for your records.

▶ Information about Form 8879 and its instructions is at www.irs.gov/form8879.

Submission Identification Number (SID) ▶

Taxpayer's name ROBERT J. BENTLEY	Social security number [REDACTED]
Spouse's name	Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2015 (Whole Dollars Only)	
1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1 147,624.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2 24,823.
3 Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3 20,410.
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	4
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	5 4,452.

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, 2015, 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. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (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.

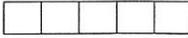
Taxpayer's PIN: check one box only

I authorize JAMISON MONEY FARMER PC to enter or generate my PIN  Enter five digits, but do not enter all zeros as my signature on my tax year 2015 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2015 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 04/05/2016

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN  Enter five digits, but do not enter all zeros as my signature on my tax year 2015 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2015 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 ▶ _____

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.  Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2015 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 ▶ _____

519995 11-06-15 **ERO Must Retain This Form - See Instructions**
Do Not Submit This Form to the IRS Unless Requested To Do So

**Tax Year 2015 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

██████████

Spouse's PIN:

Paperwork Reduction Act Notice.

We ask for the information on Form 1040-V to help us carry out the Internal Revenue laws of the United States. If you use Form 1040-V, you must provide the requested information. Your cooperation will help us ensure that we are collecting the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For the estimated averages, see the instructions for your income tax return. If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

510681
05-12-15

LHA

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

▼ DETACH HERE ▼

Form 1040-V (2015)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0074

2015

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040
- ▶ Do not staple this voucher or your payment to Form 1040
- ▶ Make your check or money order payable to the "United States Treasury."
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment ▶	Dollars	Cents
	4,452	

1019

ROBERT J. BENTLEY
1142 SOUTH PERRY ST.
MONTGOMERY, AL 36104

P.O. BOX 931000
LOUISVILLE, KY 40293-1000

For the year Jan. 1-Dec. 31, 2015, or other tax year beginning

, 2015, ending

, 20

See separate instructions.

Your first name and initial

ROBERT J.

Last name

BENTLEY

Your social security number

[Redacted]

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

[Redacted]

Home address (number and street). If you have a P.O. box, see instructions.

1142 SOUTH PERRY ST.

Apt. no.

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below.

MONTGOMERY, AL 36104

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name

Foreign province/state/country

Foreign postal code

You Spouse

Filing Status section with options 1-5 for Single, Married, Head of household, etc.

Exemptions section including 6a (Yourself), 6b (Spouse), and 6c (Dependents) table.

Income section with lines 7-22 detailing wages, interest, dividends, and total income of 149,874.

Adjusted Gross Income section with lines 23-37 detailing deductions and resulting AGI of 147,624.

Tax and Credits

38 Amount from line 37 (adjusted gross income) 147,624.
39a Check [X] You were born before January 2, 1951, [] Blind. Total boxes checked 1
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 30,224.
41 Subtract line 40 from line 38 117,400.
42 Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see inst. 4,000.
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 113,400.
44 Tax. Check if any from: a [] Form(s) 8814 b [] Form 4972 c [] 24,823.
45 Alternative minimum tax. Attach Form 6251
46 Excess advance premium tax credit repayment. Attach Form 8962
47 Add lines 44, 45, and 46 24,823.
48 Foreign tax credit. Attach Form 1116 if required
49 Credit for child and dependent care expenses. Attach Form 2441
50 Education credits from Form 8863, line 19
51 Retirement savings contributions credit. Attach Form 8880
52 Child tax credit. Attach Schedule 8812, if required
53 Residential energy credits. Attach Form 5695
54 Other credits from Form: a [] 3800 b [] 8801 c []
55 Add lines 48 through 54. These are your total credits
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-

Other Taxes

57 Self-employment tax. Attach Schedule SE
58 Unreported social security and Medicare tax from Form: a [] 4137 b [] 8919
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required
60a Household employment taxes from Schedule H
60b First-time homebuyer credit repayment. Attach Form 5405 if required
61 Health care: Individual responsibility (see instructions) Full-year coverage [X]
62 Taxes from: a [] Form 8959 b [] Form 8960 c [] Inst.; enter code(s)
63 Add lines 56 through 62. This is your total tax 24,823.

Payments

64 Federal income tax withheld from Forms W-2 and 1099 20,410.
65 2015 estimated tax payments and amount applied from 2014 return
66a Earned income credit (EIC)
66b Nontaxable combat pay election
67 Additional child tax credit. Attach Schedule 8812
68 American opportunity credit from Form 8863, line 8
69 Net premium tax credit. Attach Form 8962
70 Amount paid with request for extension to file
71 Excess social security and tier 1 RRTA tax withheld
72 Credit for federal tax on fuels. Attach Form 4136
73 Credits from Form: a [] 2439 b [] Reserved c [] 8885 d []
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 20,410.

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid
76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here
77 Amount of line 75 you want applied to your 2016 estimated tax 4,452.

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 39.
79 Estimated tax penalty (see instructions)

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: KATY B. JACKSON
Phone no: (205) 345-8440
Personal identification number (PIN): 07268

Sign Here

Your signature: Date: Your occupation: GOVERNOR/PHYSICIAN
Spouse's signature: Date: Spouse's occupation:
Daytime phone number:
If the IRS sent you an Identity Protection PIN, enter it here:

Paid Preparer Use Only

Print/Type preparer's name: CARL T. JAMISON
Preparer's signature:
Date:
Check [] if self-employed PTIN: P00138903
Firm's name: JAMISON MONEY FARMER PC
Firm's EIN:
Phone no: 205 345 8440
Firm's address: TUSCALOOSA, AL 35403

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

Department of the Treasury
Internal Revenue Service

▶ Information about Form 2210 and its separate instructions is at www.irs.gov/form2210 .

2015

Attachment
Sequence No. **06**

▶ Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

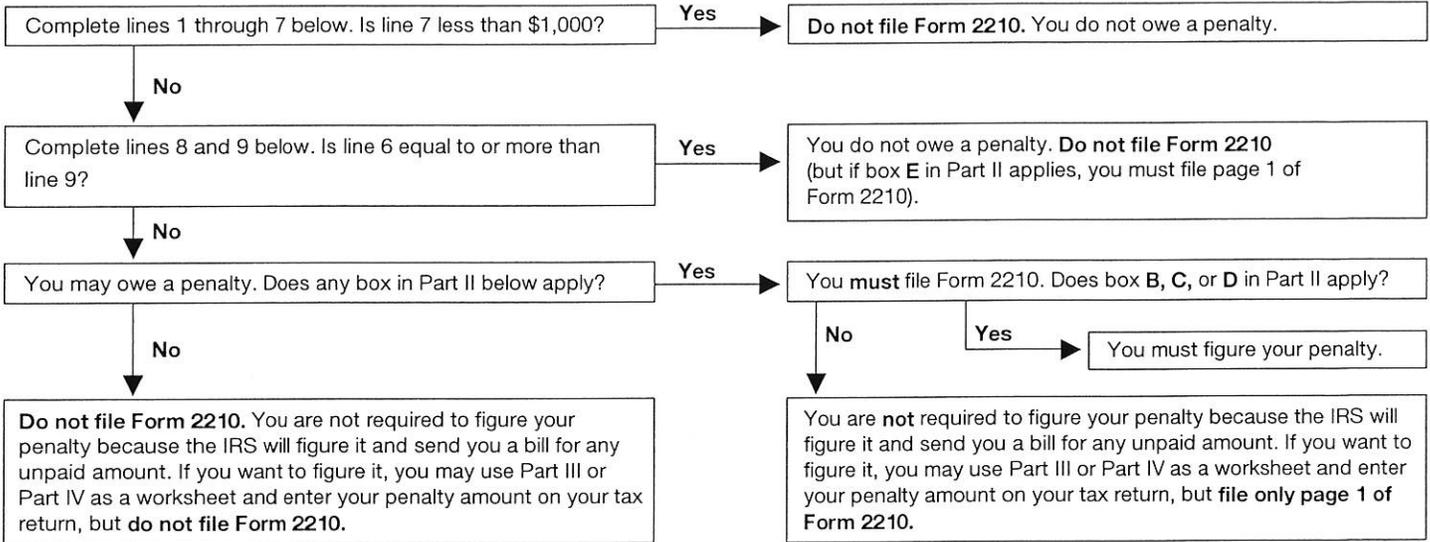
Name(s) shown on tax return

Identifying number

ROBERT J. BENTLEY



Do You Have To File Form 2210?



Part I Required Annual Payment

1	Enter your 2015 tax after credits from Form 1040, line 56 (see instructions if not filing Form 1040)	1	24,823.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	
3	Refundable credits, including the premium tax credit (see instructions)	3	()
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop ; you do not owe a penalty. Do not file Form 2210	4	24,823.
5	Multiply line 4 by 90% (.90)	5	22,341.
6	Withholding taxes. Do not include estimated tax payments (see instructions)	6	20,410.
7	Subtract line 6 from line 4. If less than \$1,000, stop ; you do not owe a penalty. Do not file Form 2210	7	4,413.
8	Maximum required annual payment based on prior year's tax (see instructions)	8	37,127.
9	Required annual payment. Enter the smaller of line 5 or line 8	9	22,341.

Next: Is line 9 more than line 6?

No. You **do not** owe a penalty. **Do not file Form 2210** unless box E below applies.

Yes. You may owe a penalty, but **do not file Form 2210** unless one or more boxes in Part II below applies.

- If box B, C, or D applies, you must figure your penalty and file Form 2210.

- If box A or E applies (but not B, C, or D) file only page 1 of Form 2210. You are **not** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but file **only page 1 of Form 2210**.

Part II Reasons for Filing. Check applicable boxes. If none apply, **do not file Form 2210**.

A You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you are not required to figure your penalty.

B You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.

C Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.

D Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.

E You filed or are filing a joint return for either 2014 or 2015, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you are **not** required to figure your penalty (unless box B, C, or D applies).

Part III Short Method

Can You Use the Short Method?

You can use the short method if:

- You made no estimated tax payments (or your only payments were withheld federal income tax), or
- You paid the same amount of estimated tax on each of the four payment due dates.

Must You Use the Regular Method?

You must use the regular method (Part IV) instead of the short method if:

- You made any estimated tax payments late,
- You checked box **C** or **D** in Part II, or
- You are filing Form 1040NR or 1040NR-EZ and you did not receive wages as an employee subject to U.S. income tax withholding.

Note. If any payment was made earlier than the due date, you can use the short method, but using it may cause you to pay a larger penalty than the regular method. If the payment was only a few days early, the difference is likely to be small.

10 Enter the amount from Form 2210, line 9		10	22,341.
11 Enter the amount, if any, from Form 2210, line 6	11		20,410.
12 Enter the total amount, if any, of estimated tax payments you made	12		
13 Add lines 11 and 12		13	20,410.
14 Total underpayment for year. Subtract line 13 from line 10. If zero or less, stop ; you do not owe a penalty. Do not file Form 2210 unless you checked box E in Part II		14	1,931.
15 Multiply line 14 by .02001		15	39.
16 • If the amount on line 14 was paid on or after 4/15/16, enter -0-. • If the amount on line 14 was paid before 4/15/16, make the following computation to find the amount to enter on line 16.			
Amount on line 14 x Number of days paid before 4/15/16 x .00008		16	0.
17 Penalty. Subtract line 16 from line 15. Enter the result here and on Form 1040, line 79; Form 1040A, line 51; Form 1040NR, line 76; Form 1040NR-EZ, line 26; or Form 1041, line 26. Do not file Form 2210 unless you checked a box in Part II		17	39.

**SCHEDULE A
(Form 1040)**

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

Itemized Deductions

Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
Attach to Form 1040.

OMB No. 1545-0074

2015
Attachment
Sequence No. **07**

Your social security number

ROBERT J. BENTLEY

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	SEE STATEMENT 7	1	4,439.	
2	Enter amount from Form 1040, line 38	2 147,624.			
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead		3	11,072.	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4		0.
Taxes You Paid		5 State and local (check only one box):			
a	<input checked="" type="checkbox"/> Income taxes, or	SEE STATEMENT 4	5	3,683.	
b	<input type="checkbox"/> General sales taxes		6	3,630.	
6	Real estate taxes (see instructions)		7	362.	
7	Personal property taxes		8		
8	Other taxes. List type and amount				
9	Add lines 5 through 8		9		7,675.
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		STMT 6	
10	Home mortgage interest and points reported to you on Form 1098		10	9,678.	
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address		11		
12	Points not reported to you on Form 1098. See instructions for special rules		12		
13	Mortgage insurance premiums (see instructions)		13		
14	Investment interest. Attach Form 4952 if required. (See instructions.)		14		
15	Add lines 10 through 14		15		9,678.
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions			
16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions		16	7,391.	STMT 5
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		17		
18	Carryover from prior year		18		
19	Add lines 16 through 18		19		7,391.
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)			
20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20		
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.)			
21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.)	FROM FORM 2106-EZ 5,932.	21	5,932.	
22	Tax preparation fees		22		
23	Other expenses - investment, safe deposit box, etc. List type and amount	TAX PLANNING LEGAL FEES 2,500.	23	2,500.	
24	Add lines 21 through 23		24	8,432.	
25	Enter amount from Form 1040, line 38	25 147,624.	25		
26	Multiply line 25 by 2% (.02)		26	2,952.	
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27		5,480.
Other Miscellaneous Deductions		28 Other - from list in instructions. List type and amount			
28	Other - from list in instructions. List type and amount		28		
Total Itemized Deductions		29 Is Form 1040, line 38, over \$154,950?			
		<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		29	30,224.
		<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
30 If you elect to itemize deductions even though they are less than your standard deduction, check here					

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

Your social security number

ROBERT J. BENTLEY

[Redacted Social Security Number]

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

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

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, 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 [X] No

Table with 5 columns: (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. Row A: BENTLEY FARMS, LLC, P, [Redacted]

Table with 5 columns: (f) Passive loss allowed, (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. Totals: 0.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B are empty.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Totals: 35, 36, 37.

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 39: Combine columns (d) and (e) only.

Part V Summary

Summary table with 2 columns: Description, Amount. Rows 40-43: Net farm rental income, Total income, Reconciliation of farming and fishing income, Reconciliation for real estate professionals.

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Form 2106 and its separate instructions is available at www.irs.gov/form2106

Your name ROBERT J. BENTLEY	Occupation in which you incurred expenses DERMATOLOGIST	Social security number ██████████
---------------------------------------	---	---

You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You **do not** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2015.

Caution: You can use the standard mileage rate for 2015 only if: (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

1 Complete Part II. Multiply line 8a by 57.5¢ (.575). Enter the result here	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment STATEMENT 8	4	5,932	
5 Meals and entertainment expenses: \$ _____ x 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	5		
6 Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	5,932	

Part II Information on Your Vehicle. Complete this part **only** if you are claiming vehicle expense on line 1.

- 7 When did you place your vehicle in service for business use? (month, day, year) ▶ ___ / ___ / ___
- 8 Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:
- a Business _____ b Commuting (see instructions) _____ c Other _____
- 9 Was your vehicle available for personal use during off-duty hours? Yes No
- 10 Do you (or your spouse) have another vehicle available for personal use? Yes No
- 11a Do you have evidence to support your deduction? Yes No
- b If "Yes," is the evidence written? Yes No



FORM 1040 IRA DISTRIBUTIONS STATEMENT 2

NAME OF PAYER	GROSS DISTRIBUTION	TAXABLE AMOUNT
FIDELITY INVESTMENTS	124,100.	124,100.
TOTAL TO FORM 1040, LINE 15	124,100.	124,100.

FORM 1040 FEDERAL INCOME TAX WITHHELD STATEMENT 3

T S DESCRIPTION	AMOUNT
T FIDELITY INVESTMENTS	20,410.
TOTAL TO FORM 1040, LINE 64	20,410.

SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 4

DESCRIPTION	AMOUNT
FIDELITY INVESTMENTS	3,000.
ALABAMA PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	683.
TOTAL TO SCHEDULE A, LINE 5	3,683.

SCHEDULE A CASH CONTRIBUTIONS STATEMENT 5

DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
FIRST BAPTIST CHURCH OF PRATTVILLE	500.	
SHELL BANKS BAPTIST CHURCH	5,000.	
UNIVERSITY OF ALABAMA	1,891.	
SUBTOTALS	7,391.	
TOTAL TO SCHEDULE A, LINE 16		7,391.



SCHEDULE A	MORTGAGE INTEREST AND POINTS REPORTED ON FORM 1098	STATEMENT	6
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DESCRIPTION	AMOUNT
REGIONS, P.O. BOX 11007, BIRMINGHAM , AL 35288	1,430.
FNB OF CENTRAL ALABAMA, P.O DRAWER 10, GORDO, AL 35466	8,248.
TOTAL TO SCHEDULE A, LINE 10	9,678.

SCHEDULE A	MEDICAL AND DENTAL EXPENSES	STATEMENT	7
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DESCRIPTION	AMOUNT
PRESCRIPTION MEDICINES AND DRUGS	25.
EYEGASSES AND CONTACTS	1,142.
MEDICARE PREMIUMS WITHHELD	3,272.
TOTAL TO SCHEDULE A, LINE 1	4,439.

FORM 2106-EZ	OTHER BUSINESS EXPENSES	STATEMENT	8
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DERMATOLOGIST

DESCRIPTION	AMOUNT
PROFESSIONAL LIABILITY INSURANCE	3,033.
MEDICAL ASSOCIATION OF ALABAMA DUES	450.
DEA REGISTRATION	731.
PRACTICAL REVIEWS	311.
BUSINESS CELL PHONE (50%)	1,407.
TOTAL TO FORM 2106-EZ, PART I, LINE 4	5,932.

2015 TAX RETURN FILING INSTRUCTIONS

ALABAMA INCOME TAX RETURN

FOR THE YEAR ENDING

December 31, 2015

Prepared for	Robert J. Bentley 1142 South Perry St. Montgomery, AL 36104
Prepared by	Jamison Money Farmer PC P.O. Box 2347 Tuscaloosa, AL 35403
Amount of tax	Total tax \$ 3,383 Less: payments and credits \$ 2,999 Plus: interest and penalties \$ 0 Balance due \$ 384
Overpayment	Miscellaneous Donations \$ 0 Credited to your estimated tax \$ 0 Refunded to you \$ 0
Make check payable to	See special instructions
Mail tax return and check (if applicable) to	This return has been prepared for electronic filing. Please sign, date, and return Form AL8453 to our office. We will submit your electronic return to the ADOR.
Return must be mailed on or before	Not applicable
Special Instructions	Do not mail the paper copy of the return to the ADOR. Your check for \$384, payable to Alabama Department of Revenue, must be mailed by April 18, 2016. Be sure to attach your payment to Alabama Form AL 40V, Payment Voucher. Mail to - Alabama Department of Revenue P.O. Box 327467 Montgomery, AL 36132-7467 Include your social security number, daytime phone number and the words "2015 Form 40" on your check.

2015 TAX RETURN FILING INSTRUCTIONS

ALABAMA PRIVILEGE TAX RETURN
ROBERT J BENTLEY LLC

FOR THE YEAR ENDING

December 31, 2015

Prepared for	Robert J. Bentley 1142 South Perry St. Montgomery, AL 36104
Prepared by	Jamison Money Farmer PC P.O. Box 2347 Tuscaloosa, AL 35403
Amount of tax	Total tax \$ 100 Less: payments and credits \$ 0 Plus: interest and penalties \$ 0 Balance due \$ 100
Overpayment	Miscellaneous Donations \$ 0 Credited to your estimated tax \$ 0 Refunded to you \$ 0
Make check payable to	Alabama Department of Revenue
Mail tax return and check (if applicable) to	Alabama Department of Revenue Business Privilege Tax Section PO Box 327320 Montgomery, AL 36132-7320
Return must be mailed on or before	April 18, 2016
Special Instructions	The return should be signed and dated by the owner of the business. Include the words "2016 PPT" on your check.

For the year January 1 - December 31, 2015

Your first name and initial ROBERT J. BENTLEY Last name

If a joint return, spouse's first name and initial Last name

Home address (number and street). If a P.O. Box, see instructions. 1142 SOUTH PERRY ST. Apt. no.

City, town or post office, state, and ZIP code MONTGOMERY, AL 36104

Your social security number, Spouse's soc. sec. no. if joint return, Telephone number (optional)

Table with 5 rows: Part I, Tax Return Information, 1 Alabama taxable income (68,473), 2 Total tax liability (3,384), 3 Total payments (3,000), 4 Refund, 5 Amount you owe (384)

Part II Refund and Payment Information: 1 Routing number, 2 Account number, 3 Type of account (Checking/Savings), 4 Type of transaction (Direct Deposit/Debit), 5 Paper Check

Part III Declaration of Taxpayer: Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator...

Sign Here: I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer. Includes signature lines for taxpayer and spouse.

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer: I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries on this form are complete and correctly represented based on all information of which I have any knowledge...

ERO's Use Only: ERO's signature, Date, Check if also paid preparer (checked), Preparer's PTIN, Firm's name (JAMISON MONEY FARMER PC), E.I. No., ZIP Code (35403)

Paid Preparer's Use Only: 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.

Preparer's signature, Date, Check if self-employed, Preparer's PTIN, Firm's name, E.I. No., ZIP Code

DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

ALABAMA DEPARTMENT OF REVENUE
INDIVIDUAL AND CORPORATE TAX DIVISION
Individual Income Tax Payment Voucher

NOTE: This payment voucher can only be used to pay the tax liability for your Alabama individual income tax return, automatic extension, or amended tax return and cannot be used for any other kind of tax payment.

When is my tax return and payment due?

Your 2015 return and payment for the full amount of tax due must be mailed by April 18, 2016. If you elected to file your 2015 return under the automatic extension rule then the full amount of tax due must be mailed by April 18, 2016.

How do I pay this amount?

Detach the payment voucher below, fill it out, and mail it along with your payment. You may pay your tax due with check, money order, credit card, E-Check, or ACH Debit.

How do I pay by credit card?

You may choose to use your Discover/Novus, Visa, Master Card, or American Express card by using either of the following companies: You can pay by calling Official Payments Corporation at 1-800-272-9829 or visit www.officialpayments.com

You can also pay by visiting Value Payment Systems at www.payaltax.com.

There is a convenience fee for this service which is paid directly to the company that you choose to use. The amount of the convenience fee is based on the amount of your payment. Do not use Form 40V when paying by credit card.

How do I pay by E-Check?

You may pay by EFT by going to www.officialpayments.com. Do not use Form 40V when paying by E-Check. Enter jurisdiction code 1100. You will need to have your bank routing number and checking account number to use this service.

How do I pay by ACH Debit?

You may pay by ACH Debit by going to www.revenue.alabama.gov/efiling.htm. Do not use Form 40V when paying by ACH Debit. You will need to have your bank routing number and checking account number to use this service.

Mail check or money order along with Form 40V to:

Table with 4 columns: Form 40, Form 40NR, Form 40A, Form E40 / Automatic Extension. Each column lists the Alabama Income Tax office address and P.O. Box.

DO NOT staple or attach your payment or Form 40V to your return or to each other.

535361
12-29-15

DETACH ALONG THIS LINE AND MAIL VOUCHER WITH YOUR FULL PAYMENT

40V 2015

Alabama Department of Revenue
Individual Income Tax Payment Voucher

PRIMARY TAXPAYER'S FIRST NAME: ROBERT J.
MAILING ADDRESS: 1142 SOUTH PERRY ST.
CITY: MONTGOMERY STATE: AL ZIP: 36104
LAST NAME: BENTLEY
DAYTIME TELEPHONE NUMBER: [blank]

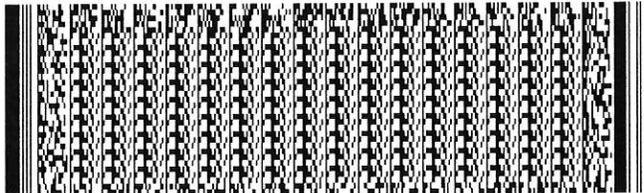
Tax Type: IIT
Tax Period: 12-31-2015

Primary Taxpayer SSN: ***-**-****

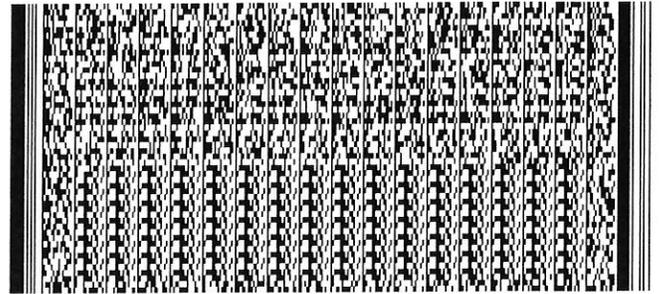
Spouse SSN: [blank]

Tax Form: [X] Return [] Amended
[] Automatic Extension Payment

Amount Due: \$ 384



DO NOT SUBMIT FORM 40V IF PAYMENT WAS MADE BY E-CHECK, CREDIT CARD, OR ACH DEBIT.



For the year Jan. 1 - Dec. 31, 2015, or other tax year:

Beginning: Ending: Spouse's SSN if joint return

• ROBERT J. BENTLEY
•
• 1142 SOUTH PERRY ST.
• MONTGOMERY, AL 36104

Check if address outside U.S. Foreign Country CHECK BOX IF AMENDED RETURN 1019

Filing Status/ Exemptions 1 • [X] \$1,500 Single 3 • \$1,500 Married filing separate. Complete Spouse SSN
2 • \$3,000 Married filing joint 4 • \$3,000 Head of Family (with qualifying person).

Table with columns: Income and Adjustments, A - Alabama tax withheld, B - Income. Rows include Wages, salaries, tips, etc.; Interest and dividend income; Other income; Total income; Total adjustments to income; Adjusted gross income.

Table for Deductions. Rows include Box a or b MUST be checked; Federal tax deduction (STATEMENT 1); Personal exemption; Dependent exemption; Total deductions.

Table for Tax. Rows include Taxable income; Income Tax due; Net tax due Alabama; Consumer Use Tax.

Table for Alabama Election Campaign Fund. Rows include Alabama Democratic Party; Alabama Republican Party; Total tax liability and voluntary contribution.

Table for Payments. Rows include Alabama income tax withheld; 2015 estimated tax payments; Amended Returns Only - Previous payments; Refundable portion of Alabama Accountability Act of 2013 Credit; Refundable portion of Adoption Credit; Total payments; Amended Returns Only - Previous refund; Adjusted Total Payments.

Table for AMOUNT YOU OWE. Rows include If line 21 is larger than line 29, subtract line 29 from line 21; Estimated tax penalty.

Table for OVERPAID. Rows include If line 29 is larger than line 21, subtract line 21 from line 29; Amount of line 32 to be applied to your 2016 estimated tax.

Table for Donations and REFUND. Rows include Total Donation Check-offs from Schedule DC; REFUNDED TO YOU; Subtract lines 33 and 34 from line 32.

For Direct Deposit, check here and complete Part V, Page 2.



PART I

1	Alimony received	1	•	00
2	Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)	2	•	00
3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3	•	00
4a	Total IRA distributions	4a	•	00
4b	Taxable amount	4b	•	124,100
5a	Total pensions and annuities	5a	•	00
5b	Taxable amount	5b	•	00
6	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	6	•	00
7	Farm income or (loss) (attach Federal Schedule F)	7	•	00
8	Other income (state nature and source - see instructions)	8	•	00
9	Total other income. Add lines 1 through 8. Enter here and also on page 1, line 7	9	•	124,100

Other Income
(See page 13)

PART II

1a	Your IRA deduction	1a	•	00
1b	Spouse's IRA deduction	1b	•	00
2	Payments to a Keogh retirement plan and self-employment SEP deduction	2	•	00
3	Penalty on early withdrawal of savings	3	•	00
4	Alimony paid. Recipient's last name <u>DIANNE J BENTL</u> SSN • [REDACTED]	4	•	2,250
5	Adoption expenses	5	•	00
6	Moving Expenses (Attach Federal Form 3903) to: City _____ State _____ ZIP _____	6	•	00
7	Self-employed health insurance deduction	7	•	00
8	Payments to Alabama College Counts 529 Fund or Alabama PACT Program	8	•	00
9	Health insurance deduction for small employer employee (see instructions)	9	•	00
10	Costs to retrofit or upgrade home to resist wind or flood damage	10	•	00
11	Deposits to a catastrophe savings account	11	•	00
12	Total adjustments. Add lines 1 through 11. Enter here and also on page 1, line 9	12	•	2,250

Adjustments to Income
(See page 16)

PART III

1a Dependents:	(1) First name	Last name	(2) Dependent's Social Security Number	(3) Dependent's Relationship to You	(4) Did you provide more than one-half dependent's support?
•					
•					
•					
•					

Do not include yourself or your spouse

(See page 17)

b Total number of dependents claimed above **1b** •

2 **Amount allowed.** (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart.)
Enter amount here and on page 1, line 14 **2** • 00

PART IV

1 **Residency** Check only one box Full Year Part Year From 2015 through 2015.

2 Did you file an Alabama income tax return for the year 2014? Yes No If no, state reason _____

3 Give name and address of present employer(s). Yours _____ Your Spouse's _____

4 Enter the Federal Adjusted Gross Income • \$ 147,624 and Federal Taxable Income • \$ 113,400 as reported on your 2015 Federal Individual Income Tax Return.

5 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)?
If yes, enter source(s) and amount(s) below: (other than state income tax refund) Yes No

Source <u>SOCIAL SECURITY AND TIER I RR BENEFITS</u>	Amount	•	25,772	00
Source _____	Amount	•		00

(See page 17)

PART V

For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 17 of instructions to see if you qualify.)

1 Routing Number: _____ 2 Type: Checking Savings 3 Account Number: _____

4 Is this refund going to or through an account that is located outside of the United States? Yes No

• I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

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	Daytime Telephone Number	Your Occupation
_____	_____	_____	GOVERNOR/PHYSICIAN
Spouse's Signature (if joint return, BOTH must sign)	Date	Daytime Telephone Number	Spouse's Occupation
_____	_____	_____	_____
Preparer's Signature	Date	Check if Self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <u>[REDACTED]</u> E.I. Number <u>[REDACTED]</u>
Firm's Name (or yours if self employed) <u>JAMISON MONEY FARMER PC</u>	Daytime Telephone No. <u>205 345 8440</u>	ZIP Code <u>35403</u>	
Address <u>P.O. BOX 2347 TUSCALOOSA, AL</u>			

WHERE TO FILE FORM 40
535011
10-21-15

If you are **not** making a payment, mail your return to: Alabama Department of Revenue, PO Box 154, Montgomery, AL 36135-0001

If you are making a payment, mail your return, Form 40V, and payment to: Alabama Department of Revenue, PO Box 2401, Montgomery, AL 36140-0001

Mail only your 2015 Form 40 to one of the above addresses. Prior year returns, amended returns, and all other correspondence should be mailed to Alabama Department of Revenue, PO Box 327464, Montgomery, AL 36132-7464.

1019

**SCHEDULES
A, B, & DC
(FORM 40)**



Alabama Department of Revenue
Schedule A - Itemized Deductions

2015

(Schedules B, and DC are on page 2)
ATTACH TO FORM 40 - SEE INSTRUCTIONS FOR SCHEDULE A

Name(s) as shown on Form 40 ROBERT J. BENTLEY	Your social security number ██████████
---	--

The itemized deductions you may claim for the year 2015 are similar to the itemized deductions claimed on your Federal return, however, the amounts may differ. Please see instructions before completing this schedule. **PART-YEAR RESIDENTS:** A resident of Alabama for only a part of the year should list below only those deductions actually paid while a resident of Alabama.

<i>CAUTION: Do not include expenses reimbursed or paid by others.</i>				
Medical and Dental Expenses	1 Medical and dental expenses STATEMENT 4	1	4,439	00
	2 Enter amount from Form 40, line 10 ... 2		121,852	00
	3 Multiply the amount on line 2 by 4% (.04). Enter the result	3	4,874	00
	4 Subtract line 3 from line 1. Enter the result. If zero or less, enter -0-	4		0 00
Taxes You Paid	5 Real estate taxes	5	3,630	00
	6 FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax ...	6		00
	7 Railroad Retirement (Tier 1 only)	7		00
	8 Other taxes. (List - include personal property taxes.) ▶ PERSONAL PROPERTY TAX	8	362	00
	9 Add the amounts on lines 5 through 8. Enter the total here	9		3,992 00
Interest You Paid	10a Home mortgage interest and points reported to you on Federal Form 1098 ...	10a	9,678	00
	b Home mortgage interest not reported to you on Federal Form 1098. (If paid to an individual, show that person's name and address.) ▶			
<i>NOTE: Personal interest is not deductible.</i>	10b			00
	11 Qualified mortgage insurance premiums	11		00
	12 Points not reported to you on Form 1098	12		00
	13 Investment interest. (Attach Form 4952A.)	13		00
	14 Add the amounts on lines 10a through 13. Enter the total here	14		9,678 00
Gifts to Charity	<i>CAUTION: If you made a charitable contribution and received a benefit in return, see page 19.</i>			
	15 Contributions by cash or check STATEMENT 3	15	7,391	00
	16 Other than cash or check. (You MUST attach Federal Form 8283 if over \$500.)	16		00
	17 Carryover from prior year	17		00
18 Add the amounts on lines 15 through 17. Enter the total here	18		7,391 00	
Casualty and Theft Loss <small>(Attach Form 4684)</small>	19a Enter the amount from Federal Form 4684, line 16	19a		00
	b Enter 10% of your Adjusted Gross Income (Form 40, line 10) ...	19b		00
	c Subtract line 19b from line 19a. If zero or less, enter -0-	19c		00
Job Expenses and Most Other Miscellaneous Deductions	20 Unreimbursed employee expenses - job travel, union dues, job education, etc. (You MUST attach Federal Form 2106 if required.) ▶ FROM FORM 2106		5,932	
		20	5,932	00
	21 Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. ▶ TAX PLANNING LEGAL FEES	21	2,500	00
	22 Add the amounts on lines 20 and 21. Enter the total	22	8,432	00
	23 Multiply the amount on Form 40, line 10 by 2% (.02). Enter the result here	23	2,437	00
24 Subtract line 23 from line 22. Enter the result. If zero or less, enter -0-	24		5,995 00	
Other Miscellaneous Deductions	25 Other. List type and amount. ▶			
		25		00
Qualified Long-Term Care Ins. Premiums	<i>CAUTION: Do not include medical premiums.</i>			
	26 Enter amount here	26		00
Total Itemized Deductions	27 Add the amounts on lines 4, 9, 14, 18, 19c, 24, 25, and 26. Enter the total here. Then enter on Form 40, page 1, line 11	27		27,056 00



Name(s) as shown on Form 40 (Do not enter name and social security number if shown on page 1)

Your social security number

ROBERT J. BENTLEY

██████████-██-██1

SCHEDULE B - Interest And Dividend Income

If you received more than \$1500 of interest and dividend income, you must complete Schedule B. See instructions on page 21.

List Payers and Amounts		A Exempt Interest		B Taxable Interest and Dividends	
I N T E R E S T	1 FIDELITY BROKERAGE SERVICES LLC		00	2	00
			00		00
			00		00
			00		00
		1	00	1	00
			00		00
			00		00
			00		00
			00		00
			00		00
D I V I D E N D S					00
					00
					00
					00
				2	00
					00
					00
					00
3	TOTAL TAXABLE INTEREST AND DIVIDENDS Enter here and on Form 40, page 1, line 6		• 3	2	00

SCHEDULE DC - Donation Check-Offs

1 You may donate all or part of your overpayment. (Enter the amount in the appropriate boxes.)

a Senior Services Trust Fund	•	00	k Alabama Breast & Cervical Cancer Program	•	00
b Alabama Arts Development Fund	•	00	l Victims of Violence Assistance	•	00
c Alabama Nongame Wildlife Fund	•	00	m Alabama Military Support Foundation	•	00
d Child Abuse Trust Fund	•	00	n Alabama Veterinary Medical Foundation		
e Alabama Veterans Program	•	00	Spay-Neuter Program	•	00
f Alabama State Historic Preservation Fund	•	00	o Cancer Research Institute	•	00
g Archives Services Fund	•	00	p Alabama Association of Rescue Squads	•	00
h Foster Care Trust Fund	•	00	q USS Alabama Battleship Commission	•	00
i Mental Health	•	00	r Children First Trust Fund	•	00
j Alabama Firefighters Annuity and Benefit Fund	•	00			

2 **Total Donations.** Add lines 1a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, and r. Enter here and on Form 40, page 1, line 34

•	00
---	----

Form **2106****Employee Business Expenses**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

2015
Attachment
Sequence No. **129**▶ Information about Form 2106 and its separate instructions is available at www.irs.gov/form2106.

Your name ROBERT J. BENTLEY	Occupation in which you incurred expenses DERMATOLOGIST	Social security number 
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Part I Employee Business Expenses and Reimbursements

Step 1 Enter Your Expenses	Column A		Column B	
	Other Than Meals and Entertainment		Meals and Entertainment	
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.) ...	1			
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 6	4	5,932.		
5 Meals and entertainment expenses (see instructions)	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	5,932.		

Note. If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.**Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1**

7 Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions)	7			
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Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8)	8	5,932.		
Note. If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.				
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	9	5,932.		
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.)	10			5,932.

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

Form 2106 (2015)

Part II Vehicle Expenses

Section A - General Information (You must complete this section if you are claiming vehicle expenses.)		(a) Vehicle	(b) Vehicle
11	Enter the date the vehicle was placed in service	11	
12	Total miles the vehicle was driven during 2015	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section B - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	
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Section C - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24 a	Vehicle rentals	24a	
b	Inclusion amount (see instructions)	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2-see instructions)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on ln 14	27	
28	Depreciation (see instructions)	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis (see instructions)	30	
31	Enter section 179 deduction and special allowance (see instructions)	31	
32	Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage (see instructions)	33	
34	Multiply line 32 by the percentage on line 33 (see instructions)	34	
35	Add lines 31 and 34	35	
36	Enter the applicable limit explained in the line 36 instructions	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38	



AL 40 FEDERAL INCOME TAX DEDUCTION WORKSHEET STATEMENT 1

1	ENTER THE TAX AS SHOWN ON LINE 56, FORM 1040, LINE 37 ON FORM 1040A, LINE 10 ON FORM 1040EZ OR LINE 53 ON FORM 1040NR	24,823
2	NET INVESTMENT INCOME TAX. ENTER THE AMOUNT FROM LINE 17, FORM 8960	
3	FEDERAL TAX. ADD LINES 1 AND 2	24,823
4A	EARNED INCOME CREDIT (EIC). ENTER THE AMOUNT FROM LINE 66A, FORM 1040, LINE 42A ON FORM 1040A OR LINE 8A ON FORM 1040EZ	
4B	ADDITIONAL CHILD TAX CREDIT. ENTER THE AMOUNT FROM LINE 67, FORM 1040, LINE 43 ON FORM 1040A, OR LINE 64 ON FORM 1040NR	
4C	AMERICAN OPPORTUNITY CREDIT. ENTER THE AMOUNT FROM LINE 68, FORM 1040 OR LINE 44 ON FORM 1040A	
4D	CREDITS FROM FORM 2439. ENTER THE AMOUNT FROM LINE 73, FORM 1040 OR LINE 69 ON FORM 1040NR	
5	ADD LINES 4A, B, C, AND D	0
6	SUBTRACT LINE 5 FROM LINE 3 AND ENTER ON LINE 12 ON FORM 40, OR LINE 4, PART IV, PAGE 2 ON FORM 40NR. IF AMOUNT IS NEGATIVE ENTER ZERO	24,823

AL 40 ALIMONY PAID STATEMENT 2

RECIPIENT'S LAST NAME ADDRESS CITY, STATE, ZIP CODE	SOCIAL SECURITY NO	AMOUNT
DIANNE J BENTLEY		2,250
TOTAL TO FORM 40, PAGE 2, PART II, LINE 4		2,250

AL SCHEDULE A CONTRIBUTIONS BY CASH OR CHECK STATEMENT 3

DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
FIRST BAPTIST CHURCH OF PRATTVILLE	500	
SHELL BANKS BAPTIST CHURCH	5,000	
UNIVERSITY OF ALABAMA	1,891	
SUBTOTALS	7,391	
TOTAL TO SCHEDULE A, LINE 15		7,391

AL SCHEDULE A MEDICAL EXPENSES STATEMENT 4

DESCRIPTION	AMOUNT
PRESCRIPTION MEDICINES AND DRUGS	25
EYEGASSES AND CONTACTS	1,142
MEDICARE PREMIUMS WITHHELD	3,272
TOTAL TO SCHEDULE A, LINE 1	4,439

AL SCHEDULE A MORTGAGE INTEREST AND POINTS REPORTED ON 1098 STATEMENT 5

NAME	ADDRESS	AMOUNT
HOME MORTGAGE INTEREST PAID TO A FINANCIAL INSTITUTION REGIONS	P.O. BOX 11007 BIRMINGHAM , AL 35288	0
FNB OF CENTRAL ALABAMA	P.O DRAWER 10 GORDO, AL 35466	1,430
TOTAL TO SCHEDULE A, LINE 10A		8,248
		9,678

DERMATOLOGIST

DESCRIPTION

AMOUNT

PROFESSIONAL LIABILITY INSURANCE	3,033.
MEDICAL ASSOCIATION OF ALABAMA DUES	450.
DEA REGISTRATION	731.
PRACTICAL REVIEWS	311.
BUSINESS CELL PHONE (50%)	1,407.
TOTAL TO FORM 2106-EZ, PART I, LINE 4	5,932.

WHERE TO FILE:

Alabama Department of Revenue
Business Privilege Tax Section
PO Box 327320
Montgomery, AL 36132-7320

535201
10-27-15

----- *DETACH ALONG THIS LINE AND MAIL VOUCHER WITH YOUR FULL PAYMENT* -----

BPT-V 2016

TAXABLE/FORM YEAR

Alabama Department of Revenue
Business Privilege Tax Payment Voucher

- Calendar Year (Taxable Year 2016 - determination period ending 12/31/2015) **Tax Type:** BPT
- Fiscal Year (Taxable Year 2016 - determination period ending _____ /2016) **Form Type:** CPT PPT BPT-IN
- BPT Initial Return (Qualification date _____ /2016 from Form BPT-IN, Line 2a) Automatic Extension Payment

FEIN:

BPT ACCOUNT NUMBER (IF NO FEIN ASSIGNED):

SECRETARY OF STATE ENTITY ID NUMBER (IF NO FEIN ASSIGNED):

• ~~XXXXXXXXXX~~

AMOUNT PAID:

\$ • 100

Full payment is due by the original due date of the return.

LEGAL NAME OF BUSINESS ENTITY

• ROBERT J BENTLEY LLC

MAILING ADDRESS

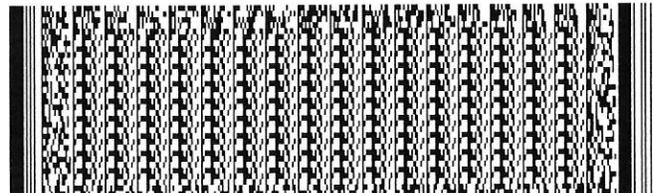
1142 SOUTH PERRY ST

CITY

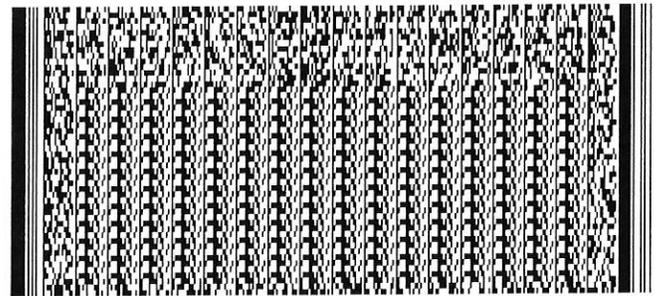
MONTGOMERY

STATE ZIP

AL 36104



FORM
PPT 2016



Alabama Department of Revenue
Alabama Business Privilege Tax Return
and Annual Report

1 • Calendar Year or Fiscal Year (Taxable/Form Year 2016 - determination period beginning _____ and ending _____ /2016)
 • Amended Return (Attach Supporting Documentation) • 52/53 Week Filer
 Type of taxpayer (check only one): 2a • S Corporation 2b • Limited Liability Entity 2c • Disregarded Entity 2d • LLE taxed as S Corporation

TAXPAYER INFORMATION

3a LEGAL NAME OF BUSINESS ENTITY • ROBERT J BENTLEY LLC
 3b FEIN ██████████ FEIN NOT REQUIRED (SEE INSTRUCTIONS)
 3c MAILING ADDRESS • 1142 SOUTH PERRY ST
 3d BPT ACCOUNT NO. (SEE INSTRUCTIONS) • ██████████
 3e CITY • MONTGOMERY 3f STATE • AL 3g ZIP CODE • 36104
 3h FEDERAL BUSINESS CODE NO. (NAICS) (SEE WWW.CENSUS.GOV) • ██████████
 3i CONTACT PERSON CONCERNING THIS FORM ROBERT J BENTLEY
 3j CONTACT PERSON'S PHONE NO. _____
 3k TAXPAYER'S E-MAIL ADDRESS • _____

4a Date of Incorporation or Organization • 05/12/2006
 4b State of Incorporation or Organization ALABAMA
 4c County of Incorporation or Organization TUSCALOOSA

COMPUTATION OF AMOUNT DUE OR REFUND DUE

		Amount Due
5 Secretary of State corporate annual report fee \$10 (corporations only)	5 • 00	
6 Less: Annual report fee previously paid for the taxable year	6 • 00	
7 Net annual report fee due (line 5 less line 6)		7 • 00
8 Privilege tax due (Page 2, Part B, line 19)	8 • 100 00	
9 Less: Privilege tax previously paid for the taxable year	9 • 00	
10 Net privilege tax due (line 8 less line 9)	10 • 100 00	
11 Penalty due (see instructions)	11 • 00	
12 Interest due (see instructions)	12 • 00	
13 Total privilege tax due (add lines 10, 11 and 12)		13 • 100 00
14 Net tax due (add lines 7 and 13)		14 • 100 00
15 Payment due with return if line 14 is positive. (Form BPT-V must be submitted if payment is made by check.) Full payment of any amount due for a taxable year is due by the original due date of the return (without consideration of any filing extensions in place)		15 • 100 00
16 Amount to be refunded if line 14 is negative	16 • 00	
17 Family LLE Election attached • <input type="checkbox"/> (Signature required below)		
18 Check here if paid electronically <input type="checkbox"/>		

• I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.
 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.

Please Sign Here
 Owner's/Officer's Signature _____ Title _____ Date _____
Paid Preparer's Use Only
 Preparer's signature _____ Date _____
 Firm's name (or yours, if self-employed) and address • JAMISON MONEY FARMER PC
 • P.O. BOX 2347 TUSCALOOSA, AL
 Phone No. 205 345 8440 Preparer's SSN/PTIN ██████████
 E.I. No. ██████████
 ZIP Code 35403

If you are **not** making a payment, mail your return to:
 Alabama Department of Revenue
 Business Privilege Tax Section
 P.O. Box 327431
 Montgomery, AL 36132-7431
 Telephone Number: (334) 353-7923

If you are making a payment, mail your return, Form BPT-V, and payment to:
 Alabama Department of Revenue
 Business Privilege Tax Section
 P.O. Box 327320
 Montgomery, AL 36132-7320
 Web site: www.revenue.alabama.gov



1a. FEIN: [REDACTED] 1b. LEGAL NAME OF BUSINESS ENTITY: **ROBERT J BENTLEY LLC** 1c. DETERMINATION PERIOD END DATE (BALANCE SHEET DATE) (MM/DD/YYYY): **12/31/2015**

PART A - NET WORTH COMPUTATION

I. S-Corporations

1	Issued capital stock and additional paid in capital (without reduction for treasury stock) but not less than zero	1	00	
2	Retained earnings, but not less than zero, including dividends payable	2	00	
3	Gross amount of related party debt exceeding the sums of line 1 and 2	3	00	
4	All payments for compensation, distributions, or similar amounts in excess of \$500,000	4	00	
5	Total net worth (add lines 1-4). Go to Part B, line 1	5	00	

II. Limited Liability Entities (LLE's)

6	Sum of the partners'/members' capital accounts, but not less than zero	6	00	
7	All compensation, distributions, or similar amounts paid to a partner/member in excess of \$500,000	7	00	
8	Gross amount of related party debt exceeding the amount on line 6	8	00	
9	Total net worth (add lines 6, 7 and 8). Go to Part B, line 1	9	00	

III. Disregarded Entities

10 Single Member Name: **ROBERT J. BENTLEY** FEIN/SSN: [REDACTED]

11 If a disregarded entity has as its single member a taxpayer that is subject to the privilege tax, then the disregarded entity pays the minimum tax. (Go to Part B, line 19.)

12	Assets minus liabilities for all disregarded entities that have as a single member an entity that is not subject to the privilege tax (supporting documentation required)	12	00	
13	Gross amount of related party debt exceeding the amount on line 12	13	00	
14	For disregarded entities, all compensation, distributions, or similar amounts paid to a member in excess of \$500,000	14	00	
15	Total net worth (sum of lines 12, 13 and 14). Go to Part B, line 1	15	00	

PART B - PRIVILEGE TAX EXCLUSIONS AND DEDUCTIONS

Exclusions (Attach supporting documentation)

1	Total net worth from Part A - line 5, 9, or 15	1	00	
2	Book value of the investments by the taxpayer in the equity of other taxpayers	2	00	
3	Unamortized portion of goodwill resulting from a direct purchase	3	00	
4	Unamortized balance of properly elected post-retirement benefits pursuant to FASB 106	4	00	
5	Total exclusions (sum of lines 2-4)	5	00	
6	Net worth subject to apportionment (line 1 less line 5)	6	00	
7	Apportionment factor (see instructions)	7	100.0000 %	
8	Total Alabama net worth (multiply line 6 by line 7)	8	00	

Deductions (Attach supporting documentation)

9	Net investment in bonds and securities issued by the State of Alabama or political subdivision thereof, when issued prior to January 1, 2000	9	00	
10	Net investment in all air, ground, or water pollution control devices in Alabama	10	00	
11	Reserves for reclamation, storage, disposal, decontamination, or retirement associated with a plant, facility, mine or site in Alabama	11	00	
12	Book value of amount invested in qualifying low income housing projects (see instructions)	12	00	
13	30 percent of federal taxable income apportioned to Alabama, but not less than zero	13	00	
14	Total deductions (add lines 9-13)	14	00	
15	Taxable Alabama net worth (line 8 less line 14)	15	00	
16a	Federal Taxable Income Apportioned to AL	16a	00	
16b	Tax rate (see instructions)	16b	.00025	
17	Gross privilege tax calculated (multiply line 15 by line 16b)	17	00	
18	Alabama enterprise zone credit (see instructions)	18	00	
19	Privilege Tax Due (line 17 less line 18) (minimum \$100, for maximum see instructions)	19	100 00	

Enter also on Form PPT, page 1, line 8, Privilege Tax Due (must be paid by the original due date of the return)

S-corporations must complete and attach an Alabama Schedule AL-CAR, and enter \$10 for the corporate annual report fee on line 5, page 1.

Other (noncorporate) pass-through entities, including Limited Liability Entities taxed as corporations, are not required to file an Alabama Schedule AL-CAR or pay the corporate annual report fee.

WORKSHEET
BPT-NWI RETURN MUST BE E-FILED.

BUSINESS PRIVILEGE
 TAX YEAR

2016

Alabama Department of Revenue
 Balance Sheet - Net Worth Computation
This form cannot be paper filed - this copy is for informational purposes only.
 (FOR DISREGARDED ENTITIES WITH INDIVIDUAL SINGLE MEMBER ONLY)

1a FEIN 000000000	1b NAME ROBERT J BENTLEY LLC	Determination Period End Date (Balance Sheet Date): 12/31/2015 (mm/dd/yyyy)
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The Worksheet BPT-NWI is available to be completed to substantiate the net worth computation for Form PPT. This worksheet is for disregarded entities that have as its single member an individual taxpayer- typically single member LLCs taxed as sole proprietorships. The balance sheet should agree with the disregarded entity's books and records. Attach a statement explaining any differences.

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash				
2a Trade Notes and Accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. Government obligations				
5 Tax exempt securities				
6 Other current assets (attach statement)				
7a Loans to members (or persons related to members)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets				
b Less accumulated depreciation				
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)				
14 Total Assets				
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)				
18 All nonrecourse loans.....				
19a Loans from members (or persons related to members)				
b Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)				
21 Total net worth (assets minus liabilities)				
22 Total Liabilities and Net Worth				