

For the year Jan. 1-Dec. 31, 2011, or other tax year beginning

, 2011, ending

, 20

See separate instructions.

Your first name and initial
LISA A

Last name
BULLOCK

Your social security number
[REDACTED]

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

Last name
BULLOCK

Spouse's social security number
[REDACTED]

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

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.

HELENA, MT 59601

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/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. ▶
4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 Qualifying widow(er) with dependent child

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
CAROLINE G BULLOCK [REDACTED] DAUGHTER X
ALEXANDRIA F BULLOCK [REDACTED] DAUGHTER X
CAMERON S BULLOCK [REDACTED] SON X
d Total number of exemptions claimed 5

Income
7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 175,235.
8a Taxable interest. Attach Schedule B if required 8a 3.
b Tax-exempt interest. Do not include on line 8a 8b
9a Ordinary dividends. Attach Schedule B if required 9a 661.
b Qualified dividends 9b 441.
10 Taxable refunds, credits, or offsets of state and local income taxes STMT 2 STMT 3 10 77.
11 Alimony received 11
12 Business income or (loss). Attach Schedule C or C-EZ 12 -15.
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ 13 -3,000.
14 Other gains or (losses). Attach Form 4797 14
15a IRA distributions 15a b Taxable amount 15b
16a Pensions and annuities 16a 151,720. b Taxable amount 16b 0.
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 0.
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 21
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 172,961.

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 ▶ 37 172,961.

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), \$11,800 Head of household, \$8,500

Table with 3 columns: Line number, Description, and Amount. Rows include: 38 Amount from line 37 (adjusted gross income) 172,961; 39a Check boxes for birth date and blindness; 40 Itemized deductions 34,748; 41 Subtract line 40 from line 38 138,213; 42 Exemptions 18,500; 43 Taxable income 119,713; 44 Tax check boxes 22,134; 45 Alternative minimum tax; 46 Add lines 44 and 45 22,134; 47 Foreign tax credit 12; 48 Credit for child and dependent care expenses 200; 49 Education credits; 50 Retirement savings contributions credit; 51 Child tax credit; 52 Residential energy credits; 53 Other credits; 54 Add lines 47 through 53 212; 55 Subtract line 54 from line 46 21,922.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Rows include: 56 Self-employment tax; 57 Unreported social security and Medicare tax; 58 Additional tax on IRAs; 59a Household employment taxes; 59b First-time homebuyer credit repayment; 60 Other taxes; 61 Add lines 55 through 60 21,922.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Rows include: 62 Federal income tax withheld 24,197; 63 2011 estimated tax payments; 64a Earned income credit; 64b Nontaxable combat pay election; 65 Additional child tax credit; 66 American opportunity credit; 67 First-time homebuyer credit; 68 Amount paid with request for extension; 69 Excess social security and tier 1 RRTA tax withheld; 70 Credit for federal tax on fuels; 71 Credits from Form; 72 Add lines 62, 63, 64a, and 65 through 71 24,197.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Rows include: 73 If line 72 is more than line 61, subtract line 61 from line 72 2,275; 74a Amount of line 73 you want refunded to you 2,275; 75 Amount of line 73 you want applied to your 2012 estimated tax.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Rows include: 76 Amount you owe; 77 Estimated tax penalty.

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: JUSTIN L. MOSNESS, CPA. Phone no: [redacted]. Personal identification number (PIN): [redacted].

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. Taxpayer signature: [redacted]. Date: [redacted]. Your occupation: IT PROGRAM MANAGER. Daytime phone number: [redacted]. Spouse's signature: [redacted]. Date: [redacted]. Spouse's occupation: ATTORNEY GENERAL. If the IRS sent you an Identity Protection PIN, enter it here: [redacted].

Preparer information section including: Paid Preparer Name: JUSTIN L. MOSNESS, CPA; Preparer's signature; Date: 03/19/12; Check self-employed; PTIN; Use Only: Firm's name: GALUSHA, HIGGINS & GALUSHA, P.C.; Firm's address: HELENA, MT 59624-1699; Firm's EIN; Phone no.