

Name, Address, and SSN

PRINT CLEARLY

For the year Jan. 1-Dec. 31, 2010, or other tax year beginning 2010, ending 2010. Your first name and initial: CARL M., Last name: LEVIN. If a joint return, spouse's first name and initial: BARBARA, Last name: LEVIN. Home address (number and street), if you have a P.O. box, see instructions. City, town or post office, state, and ZIP code.

OMB No. 1545-0074. Your social security number. Spouse's social security number. Make sure the SSN(s) above and on line 6c are correct. Checking a box below will not change your tax or refund.

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. [X] You [X] Spouse

Filing Status

1 [] Single, 2 [X] 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 [X] Yourself. If someone can claim you as a dependent, do not check box 6a. 6b [X] 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. d Total number of exemptions claimed: 2

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2: 146,418. 8a Taxable interest: 67. 9a Ordinary dividends: 0. 10 Taxable refunds, credits, or offsets of state and local income taxes: STMT 2 STMT 3. 11 Alimony received: STMT 5. 15a IRA distributions: 15a, 15b Taxable amount: 9,011. 16a Pensions and annuities: 16a, 16b Taxable amount: 19,472. 20a Social security benefits: 20a 42,343, 20b Taxable amount: 35,992. 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income: 210,960.

Adjusted Gross Income

23 Educator expenses. 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 25 Health savings account deduction. Attach Form 8889. 26 Moving expenses. Attach Form 3903. 27 One-half of self-employment tax. Attach Schedule SE. 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 Recipient's SSN. 32 IRA deduction. 33 Student loan interest deduction. 34 Tuition and fees. Attach Form 8917. 35 Domestic production activities deduction. Attach Form 8903. 36 Add lines 23 through 31a and 32 through 35. 37 Subtract line 36 from line 22. This is your adjusted gross income: 210,960.

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 210,960.

39a Check You were born before January 2, 1946, Blind. Total boxes checked ... 39a 2
 if: Spouse was born before January 2, 1946, Blind. 39b

b If your spouse itemizes on a separate return or you were a dual-status alien, check here

40 Itemized deductions (from Schedule A) or your standard deduction (see instructions) 40 45,901.

41 Subtract line 40 from line 38 41 165,059.

42 Exemptions. Multiply \$3,650 by the number on line 6d 42 7,300.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 157,759.

44 Tax. Check if any tax is from: a Form(s) 8814 b Form 4972 44 32,416.

45 Alternative minimum tax. Attach Form 6251 45 70.

46 Add lines 44 and 45 46 32,486.

47 Foreign tax credit. Attach Form 1116 if required 47

48 Credit for child and dependent care expenses. Attach Form 2441 48

49 Education credits from Form 8863, line 23 49

50 Retirement savings contributions credit. Attach Form 8880 50

51 Child tax credit (see instructions) 51

52 Residential energy credits. Attach Form 5695 52

53 Other credits from Form: a 3800 b 8801 c 53

54 Add lines 47 through 53. These are your total credits 54

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 32,486.

Other Taxes

56 Self-employment tax. Attach Schedule SE 56

57 Unreported social security and Medicare tax from Form: a 4137 b 8919 57

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58

59 a Form(s) W-2, box 9 b Schedule H c Form 5405, line 16 59 796.

60 Add lines 55 through 59. This is your total tax 60 33,282.

Payments

61 Federal income tax withheld from Forms W-2 and 1099 61 44,089.

62 2010 estimated tax payments and amount applied from 2009 return 62

63 Making work pay credit. Attach Schedule M 63

64a Earned income credit (EIC) 64a

b Nontaxable combat pay election 64b

65 Additional child tax credit. Attach Form 8812 65

66 American opportunity credit from Form 8863, line 14 66

67 First-time homebuyer credit from Form 5405, line 10 67

68 Amount paid with request for extension to file 68

69 Excess social security and tier 1 RRTA tax withheld 69

70 Credit for federal tax on fuels. Attach Form 4136 70

71 Credits from Form: a 2439 b 8839 c 8801 d 8885 71 38.

72 Add lines 61, 62, 63, 64a, and 65 through 71. These are your total payments 72 44,127.

Refund

73 If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid 73 10,845.

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here 74a 10,845.

b Routing number c Type: Checking Savings d Account number

75 Amount of line 73 you want applied to your 2011 estimated tax 75

Amount You Owe

76 Amount you owe. Subtract line 72 from line 60. For details on how to pay, see instructions 76

77 Estimated tax penalty (see instructions) 77

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Designee's name **ROBERT KLEIMAN** Phone no. **248-372-7300** Personal identification number (PIN)

Sign Here

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

Your signature	Date	Your occupation	Daytime phone number
ROBERT KLEIMAN		SENATOR	<input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
		RETIRED	

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN

ROBERT KLEIMAN **ROBERT KLEIMAN** **05/16/11**

Firm's name **BAKER TILLY VIRCHOW KRAUSE, LLP** Firm's EIN

ONE TOWNE SQUARE, SUITE 600 Phone no. **248-372-7300**

Firm's address **SOUTHFIELD, MI 48076**

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2010

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security number

CARL M. & BARBARA LEVIN

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions)	1		
2	Enter amount from Form 1040, line 38	2		
3	Multiply line 2 by 7.5% (.075)	3		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		
Taxes You Paid		5 State and local (check only one box):		
a	<input checked="" type="checkbox"/> Income taxes, or	5	11,181.	
b	<input type="checkbox"/> General sales taxes	6	7,407.	
6	Real estate taxes (see instructions) SEE STATEMENT 9	6		
7	New motor vehicle taxes from line 11 of the worksheet on page 2 (for certain vehicles purchased in 2009). Skip this line if you checked box 5b	7		
8	Other taxes. List type and amount <u>PERSONAL PROPERTY TAXES</u>	8		
9	Add lines 5 through 8	9		18,588.
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		
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	10		
Note. Your mortgage interest deduction may be limited (see instructions).		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		
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	16	23,101.	STMT 8
18	Carryover from prior year	17		
19	Add lines 16 through 18	18		23,101.
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		
20		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.)		
	▶ UNION AND PROFESSIONAL DUES 262.	21	262.	
22	Tax preparation fees	22	950.	
23	Other expenses - investment, safe deposit box, etc. List type and amount ▶ EXPENSES FOR MEMBER OF CONGRESS 7,219.	23	7,219.	
24	Add lines 21 through 23	24	8,431.	
25	Enter amount from Form 1040, line 38	25	210,960.	
26	Multiply line 25 by 2% (.02)	26	4,219.	
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27		4,212.
Other Miscellaneous Deductions		28 Other - from list in instructions. List type and amount		
28		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		
29		29		45,901.
30	If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>	30		

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

Use this worksheet to figure the amount to enter on line 7. (Attach to Form 1040.)	1 Enter the state or local sales or excise taxes you paid in 2010 for the purchase of any new motor vehicle(s) after February 16, 2009, and before January 1, 2010 (see instructions)	1		3
	2 Enter the purchase price (before taxes) of the new motor vehicle(s)	2		
	3 Is the amount on line 2 more than \$49,500? <input type="checkbox"/> No. Enter the amount from line 1. <input type="checkbox"/> Yes. Figure the portion of the tax from line 1 that is attributable to the first \$49,500 of the purchase price of each new motor vehicle and enter it here (see instructions).			
	4 Enter the amount from Form 1040, line 38	4		
	5 Enter the total of any - • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15, and • Exclusion of income from Puerto Rico	5		
	6 Add lines 4 and 5	6		
	7 Enter \$125,000 (\$250,000 if married filing jointly)	7		
	8 Is the amount on line 6 more than the amount on line 7? <input type="checkbox"/> No. Enter the amount from line 3 above on Schedule A, line 7. Do not complete the rest of this worksheet. <input type="checkbox"/> Yes. Subtract line 7 from line 6	8		
	9 Divide the amount on line 8 by \$10,000. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	9		
	10 Multiply line 3 by line 9		10	
	11 Deduction for new motor vehicle taxes. Subtract line 10 from line 3. Enter the result here and on Schedule A, line 7		11	

SCHEDULE B
(Form 1040A or 1040)

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

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

▶ See instructions.

OMB No. 1545-0074

2010
Attachment
Sequence No. 08

Your social security number

CARL M. & BARBARA LEVIN

**Part I
Interest**

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

NATIONAL CAPITAL BANK

U.S. SENATE FEDERAL CREDIT UNION

FROM K-1 - LRS COMPANY

Amount

18.

48.

1.

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 **2** 67.
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 **3**
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶ **4** 67.

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

**Part II
Ordinary Dividends**

5 List name of payer ▶

Amount

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.

6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶ **6**

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

**Part III
Foreign Accounts and Trusts**

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

7a At any time during 2010, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1 **X**

b If "Yes," enter the name of the foreign country ▶

8 During 2010, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2 **X**

Yes	No
	X
	X

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

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

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

▶ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

2010

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

CARL M. & BARBARA LEVIN

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

1	List the type and address of each rental real estate property:	2		Yes	No
		For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:			
A	RENTAL PORTION OF RESIDENCE [REDACTED]	• 14 days or	• 10% of the total days rented at fair rental value?		X
B					
C					

Income:	Properties			Totals	
	A	B	C	(Add columns A, B, and C.)	
3 Rents received	3 15,100.			3	15,100.
4 Royalties received	4			4	
Expenses:					
5 Advertising	5				
6 Auto and travel (see page E-5)	6				
7 Cleaning and maintenance	7 225.				
8 Commissions	8				
9 Insurance	9 664.				
10 Legal and other professional fees	10				
11 Management fees	11				
12 Mortgage interest paid to banks, etc. (see page E-5)	12			12	
13 Other interest	13				
14 Repairs	14 746.				
15 Supplies	15				
16 Taxes	16 2,012.				
17 Utilities	17 1,248.				
18 Other (list) ▶ SEE STATEMENT 10	18 1,247.				
19 Add lines 5 through 18	19 6,142.			19	6,142.
20 Depreciation expense or depletion (see page E-5)	20 438.			20	438.
21 Total expenses. Add lines 19 and 20	21 6,580.				
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-6 to find out if you must file Form 6198	22 8,520.				
23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-6 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2	23				
24 Income. Add positive amounts shown on line 22. Do not include any losses				24	8,520.
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here				25	()
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2				26	8,520.

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

Your social security number

CARL M. & BARBARA LEVIN

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

Part II Income or Loss From Partnerships and S Corporations Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See page E-2.

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? [X] Yes [] 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. Rows include LRS COMPANY, AT RISK CARRYOVER, and LEVINSON-LEVIN PROPERTIES, LLC.

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. Includes sub-totals and line 32 Total partnership and S corporation income or (loss).

Part III Income or Loss From Estates and Trusts

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

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. Includes sub-totals and line 37 Total estate and trust income or (loss).

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. Includes line 39 Combine columns (d) and (e) only.

Part V Summary

Summary table with 2 columns: Description, Amount. Includes lines 40 Net farm rental income or (loss), 41 Total income or (loss), 42 Reconciliation of farming and fishing income, and 43 Reconciliation for real estate professionals.

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

SCHEDULE E

Name CARL M. LEVIN
 Passthrough IRS COMPANY
 PARTNERSHIP

SSN/EIN

TAXPAYER

ID

	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)	-446.							
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)	-446.			3,359.	3,804.			-1.
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)	-446.			3,359.	3,804.			-1.
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 CARL M. LEVIN
 Passthrough LRS COMPANY
 PARTNERSHIP

SSN/EIN [REDACTED]

TAXPAYER

ID [REDACTED]

	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	1.							1.
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 CARL M. LEVIN

SSN/EIN

Partnership LEVINSON-LEVIN PROPERTIES, LLC

ID

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)	21,574.							
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)	21,574.							21,574.
First passive other	-10,621.							-10,621.
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	10,953.							10,953.
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 CARL M. LEVIN ID [REDACTED] SSN/EIN [REDACTED] TAXPAYER [REDACTED]
 Passthrough LEVINSON-LEVIN PROPERTIES, LLC
 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
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	7.							7.
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								

At-Risk Limitations

OMB No. 1545-0712

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

Attachment
 Sequence No. **31**

Name(s) shown on return

Identifying number

CARL M. LEVIN

Description of activity (see page 2 of the instructions)

LRS COMPANY

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	-3,805.
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	1.
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	()
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	-3,804.

Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	0.
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	
9	Decreases for the tax year (see page 4 of the instructions)	9	
10 a	Subtract line 9 from line 8	10a	
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	

Part III Detailed Computation of Amount At Risk.

If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	<input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.	15	
b	<input type="checkbox"/> From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.		
16	Increases since (check box that applies):		
a	<input type="checkbox"/> Effective date	16	
b	<input type="checkbox"/> The end of your prior year	17	
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	<input type="checkbox"/> Effective date	18	
b	<input type="checkbox"/> The end of your prior year	19	
19 a	Subtract line 18 from line 17	19a	
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

Part IV Deductible Loss

20	Amount at risk. Enter the larger of line 10b or line 19b	20	0.
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover	21	(0)

SEE STATEMENT 12

Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or the Instructions for Form 8810, Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.

Alternative Minimum Tax - Individuals

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

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

Your social security number

CARL M. & BARBARA LEVIN

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 6. (If less than zero, enter as a negative amount.)	1	165,059.
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), lines 5, 6, and 8	3	18,588.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	4,212.
6	If filing Schedule L (Form 1040A or 1040), enter as a negative amount the sum of lines 6 and 17 from that schedule	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	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 13	19	59.
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	
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	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$219,900, see instructions.)	28	187,918.

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2010, 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 \$47,450 Married filing jointly or qualifying widow(er) 150,000 72,450 Married filing separately 75,000 36,225 } STMT 14	29	62,970.
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 33 and 35 and skip the rest of Part II	30	124,948.
31	• If you are filing Form 2555 or 2555-EZ, see page 9 of the instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 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	32,486.
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	32,486.
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	32,416.
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	70.

Part III Tax Computation Using Maximum Capital Gains Rates

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		36
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 the instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	
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	
40	Enter the smaller of line 36 or line 39		40
41	Subtract line 40 from line 36		41
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
43	Enter: <ul style="list-style-type: none"> • \$68,000 if married filing jointly or qualifying widow(er), • \$34,000 if single or married filing separately, or • \$45,550 if head of household. 	43	
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	
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	
46	Enter the smaller of line 36 or line 37	46	
47	Enter the smaller of line 45 or line 46	47	
48	Subtract line 47 from line 46	48	
49	Multiply line 48 by 15% (.15) If line 38 is zero or blank, skip lines 50 and 51 and go to line 52. Otherwise, go to line 50.		49
50	Subtract line 46 from line 40	50	
51	Multiply line 50 by 25% (.25)		51
52	Add lines 42, 49, and 51		52
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
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		54

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
CARL M. & BARBARA LEVIN							
E-	RENTAL PORTION OF RESIDENCE - [REDACTED]						
*	REGULAR INCOME	8,520.					
*	AMT DEPR ADJ	52.			52.		
*	AMT NET INCOME	8,572.			52.		
K1-	LRS COMPANY						
*	REGULAR INCOME	-1.					
*	AMT NET INCOME	-1.					
K1-	LEVINSON-LEVIN PROPERTIES, LLC						
*	REGULAR INCOME	10,953.			7.		
*	AMT ADJUSTMENTS	7.			7.		
*	AMT NET INCOME	10,960.					
**	TOTAL ADJ & PREF **				59.		

**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

2010
Attachment
Sequence No. **44**

Name of employer

BARBARA LEVIN

Social security number

Employer identification number

A Did you pay **any one** household employee cash wages of \$1,700 or more in 2010? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page H-4 before you answer this question.)

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

B Did you withhold federal income tax during 2010 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 2009 or 2010 to **all** household employees? (Do not count cash wages paid in 2009 or 2010 to your spouse, your child under age 21, or your parent.)

- No.** Stop. Do not file this schedule.
- Yes.** Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no household employees in 2010 do not have to complete this form for 2010.)

Part I Social Security, Medicare, and Federal Income Taxes

1 Total cash wages subject to social security taxes (see page H-4)	1	4,940.	
2 Social security taxes. Multiply line 1 by 12.4% (.124)	2		613.
3 Total cash wages subject to Medicare taxes (see page H-4)	3	4,940.	
4 Medicare taxes. Multiply line 3 by 2.9% (.029)	4		143.
5 Federal income tax withheld, if any	5		
6 Total social security, Medicare, and federal income taxes. Add lines 2, 4, and 5	6		756.
7 Advance earned income credit (EIC) payments, if any	7		
8 Net taxes (subtract line 7 from line 6)	8		756.

9 Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2009 or 2010 to **all** household employees? (Do not count cash wages paid in 2009 or 2010 to your spouse, your child under age 21, or your parent.)

- No.** Stop. Include the amount from line 8 above on Form 1040, line 59, and check box **b** on that line. If you are not required to file Form 1040, see the line 9 instructions on page H-4.
- Yes.** Go to line 10 on page 2.

Form **8801**

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

OMB No. 1545-1073

2010

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. 74

Name(s) shown on return

Identifying number

CARL M. & BARBARA LEVIN

Part I Net Minimum Tax on Exclusion Items

1 Combine lines 1, 6, 7, and 11 of your 2009 Form 6251. Estates and trusts, see instructions	1	161,679.
2 Enter adjustments and preferences treated as exclusion items (see instructions)	2	23,307.
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 \$216,900 and you were married filing separately for 2009, see instructions	4	184,986.
5 Enter: \$70,950 if married filing jointly or qualifying widow(er) for 2009; \$46,700 if single or head of household for 2009; or \$35,475 if married filing separately for 2009. Estates and trusts, enter \$22,500	5	70,950.
6 Enter: \$150,000 if married filing jointly or qualifying widow(er) for 2009; \$112,500 if single or head of household for 2009; or \$75,000 if married filing separately for 2009. 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	34,986.
8 Multiply line 7 by 25% (.25)	8	8,747.
9 Subtract line 8 from line 5. If zero or less, enter -0-. If under age 24 at the end of 2009, see instructions	9	62,203.
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	122,783.
11 • If for 2009 you filed Form 2555 or 2555-EZ, see page 2 of the instructions for the amount to enter. • If for 2009 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 2009), multiply line 10 by 26% (.26). Otherwise, multiply line 10 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2009) from the result. Form 1040NR filers, see instructions.	11	31,924.
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	31,924.
14 Enter the amount from your 2009 Form 6251, line 35, or 2009 Form 1041, Schedule I, line 55	14	31,632.
15 Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-	15	292.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8801 (2010)

Part II Current Year Nonrefundable and Refundable Credits and Carryforward to 2011

16	Enter the amount from your 2009 Form 6251, line 36, or 2009 Form 1041, Schedule I, line 56	16	327.
17	Enter the amount from line 15	17	292.
18	Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	35.
19	2009 credit carryforward. Enter the amount from your 2009 Form 8801, line 30	19	127.
20	Enter your 2009 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	162.
22	Enter your 2010 regular income tax liability minus allowable credits (see instructions)	22	32,416.
23	Enter the amount from your 2010 Form 6251, line 33, or 2010 Form 1041, Schedule I, line 54	23	32,486.
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 2010 Form 1040, line 53 (check box b); Form 1040NR, line 50 (check box b); or Form 1041, Schedule G, line 2c	25	0.
26	<ul style="list-style-type: none"> • Estates and trusts: Leave lines 26 and 27 blank and go to line 28. • Individuals: Did you have a minimum tax credit carryforward to 2008 (on your 2007 Form 8801, line 28)? <p><input type="checkbox"/> No. Leave lines 26 and 27 blank and go to line 28.</p> <p><input checked="" type="checkbox"/> Yes. Complete Part IV of Form 8801 to figure the amount to enter</p>	26	38.
27	<p>Is line 26 more than line 25?</p> <p><input type="checkbox"/> No. Leave line 27 blank and go to line 28.</p> <p><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 2010 Form 1040, line 71 (check box c), or Form 1040NR, line 66 (check box c)</p>	27	38.
28	Credit carryforward to 2011. 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	124.

Part III Tax Computation Using Maximum Capital Gains Rates

Caution. If you did not complete the 2009 Qualified Dividends and Capital Gain Tax Worksheet, the 2009 Schedule D Tax Worksheet, or Part V of the 2009 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 2009, enter the amount from line 3 of the worksheet on page 2 of the instructions	29
	Caution. If for 2009 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 2009 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2009 Schedule D Tax Worksheet, or the amount from line 22 of the 2009 Schedule D (Form 1041), whichever applies*	30
	If you figured your 2009 tax using the 2009 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 2009 Schedule D (Form 1040), or line 14b, column (2), of the 2009 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 2009 Schedule D Tax Worksheet	32
33	Enter the smaller of line 29 or line 32	33
34	Subtract line 33 from line 29	34
35	If line 34 is \$175,000 or less (\$87,500 or less if married filing separately for 2009), multiply line 34 by 26% (.26). Otherwise, multiply line 34 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2009) from the result. Form 1040NR filers, see instructions	35
36	Enter: <ul style="list-style-type: none"> • \$67,900 if married filing jointly or qualifying widow(er) for 2009, • \$33,950 if single or married filing separately for 2009, • \$45,500 if head of household for 2009, or • \$2,300 for an estate or trust. Form 1040NR filers, see instructions	36
37	Enter the amount from line 7 of your 2009 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2009 Schedule D Tax Worksheet, or the amount from line 23 of the 2009 Schedule D (Form 1041), whichever applies. If you did not complete either worksheet or Part V of the 2009 Schedule D (Form 1041), enter -0-. Form 1040NR filers, see instructions	37
38	Subtract line 37 from line 36. If zero or less, enter -0-	38
39	Enter the smaller of line 29 or line 30	39
40	Enter the smaller of line 38 or line 39	40
41	Subtract line 40 from line 39	41
42	Multiply line 41 by 15% (.15)	42
	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
46	If line 29 is \$175,000 or less (\$87,500 or less if married filing separately for 2009), multiply line 29 by 26% (.26). Otherwise, multiply line 29 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2009) from the result. Form 1040NR filers, see instructions	46
47	Enter the smaller of line 45 or line 46 here and on line 11. If you filed Form 2555 or 2555-EZ for 2009, do not enter this amount on line 11. Instead, enter it on line 4 of the worksheet on page 2 of the instructions	47

* The 2009 Qualified Dividends and Capital Gain Tax Worksheet is on page 39 of the 2009 Instructions for Form 1040. The 2009 Schedule D Tax Worksheet is on page D-10 of the 2009 Instructions for Schedule D (Form 1040) (page 8 of the 2009 Instructions for Schedule D (Form 1041)).

Part IV		Tentative Refundable Credit	
48	Enter the amount from line 21	48	162.
49	Enter the total of lines 18 and 20 from your 2008 Form 8801. If zero or less, enter -0-	49	7.
50	Enter the total of lines 18 and 20 from your 2009 Form 8801. If zero or less, enter -0-	50	45.
51	Enter the total of lines 18 and 20 from your 2010 Form 8801. If zero or less, enter -0-	51	35.
52	Add lines 49 through 51	52	87.
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	75.
54	Multiply line 53 by 50% (.50)	54	38.
55	Enter the amount from your 2009 Form 8801, line 59	55	17.
56	Enter the larger of line 54 or line 55	56	38.
57	Enter the smaller of line 53 or line 56. Enter the result here and on line 26	57	38.

▼ DETACH HERE ▼

Form **4868**

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

1019

2010

Department of the Treasury
Internal Revenue Service (99) For calendar year 2010, or other tax year beginning

, 2010, ending

Part I Identification		Part II Individual Income Tax	
1 Your name(s) CARL M. LEVIN & BARBARA LEVIN [REDACTED]		4 Estimate of total tax liability for 2010	\$ 33,282.
2 Your social security number [REDACTED]		5 Total 2010 payments	44,127.
3 Spouse's social security number [REDACTED]		6 Balance due. Subtract line 5 from line 4	0.
		7 Amount you are paying	0.
		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"/>



	2009	2008	2007
	MICHIGAN		
GROSS STATE/LOCAL INC TAX REFUNDS	1,019.		
LESS: TAX PAID IN FOLLOWING YEAR	51.		
NET TAX REFUNDS MICHIGAN	968.		
	MICHIGAN		
GROSS STATE/LOCAL INC TAX REFUNDS	251.		
LESS: TAX PAID IN FOLLOWING YEAR	63.		
NET TAX REFUNDS MICHIGAN	188.		
TOTAL NET TAX REFUNDS	1,156.		



FORM 1040	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT	3
	2009	2008	2007
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	1,156.		
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION	1,156.		
1 NET REFUNDS FOR RECALCULATION			
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	56,036.		
3 DEDUCTION NOT SUBJ TO PHASEOUT			
4 NET REFUNDS FROM LINE 1			
5 LINE 2 MINUS LINES 3 AND 4	56,036.		
6 MULT LN 5 BY APPL SEC. 68 PCT	14,943.		
7 PRIOR YEAR AGI	217,715.		
8 ITEM. DED. PHASEOUT THRESHOLD	166,800.		
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)	50,915.		
10 MULT LN 9 BY APPL SEC. 68 PCT	509.		
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)	55,527.		
12 ITEM DED. NOT SUBJ TO PHASEOUT			
13A TOTAL ADJ. ITEMIZED DEDUCTIONS	55,527.		
13B PRIOR YR. STD. DED. AVAILABLE	14,600.		
14 PRIOR YR. ALLOWABLE ITEM. DED.	55,527.		
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.	55,527.		
18 PRIOR YEAR STD. DED. AVAILABLE	14,600.		
19 SUBTRACT LINE 18 FROM LINE 17	40,927.		
20 LESSER OF LINE 16 OR LINE 19			
21 PRIOR YEAR TAXABLE INCOME	154,888.		
22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10			
* IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20			0.
* IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21			0.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2007			
TOTAL TO FORM 1040, LINE 10			0.

CARL M. & BARBARA LEVIN



FORM 1040 IRA DISTRIBUTIONS STATEMENT 4

NAME OF PAYER	GROSS DISTRIBUTION	TAXABLE AMOUNT
FIDELITY INVESTMENTS	9,011.	9,011.
TOTAL TO FORM 1040, LINE 15	9,011.	9,011.

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

	2009	STATE REFUND	AMOUNT SUBTRACTED FROM TAXABLE REFUND
	MICHIGAN		
STATE TAX PAID IN FOLLOW YEAR	350.		
TOTAL STATE TAX PAID 2009	7,011.	1,019. =	51.
STATE TAX PAID IN FOLLOW YEAR	1,130.		
TOTAL STATE TAX PAID 2009	4,520.	251. =	63.

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
T UNITED STATES SENATE	146,418.	30,963.	5,586.		6,622.	2,442.
TOTALS	146,418.	30,963.	5,586.		6,622.	2,442.



SCHEDULE E OTHER EXPENSES STATEMENT 10

RENTAL PORTION OF RESIDENCE -

DESCRIPTION	AMOUNT
YARD MAINTENANCE	829.
PEST CONTROL	243.
PLUMBING	175.
TOTAL TO SCHEDULE E, PAGE 1, LINE 18	1,247.

FORM 6198 ALLOCATION OF INCOME AND AMOUNT AT-RISK STATEMENT 11

LRS COMPANY

DESCRIPTION	INCOME	LOSS	PERCENT OF LOSS	ALLOCATION OF INCOME	ALLOCATION OF AMOUNT AT-RISK
ORDINARY SCHEDULE E C/O INTEREST	1.	446. 3,359.	.117214192 .882785808	0. 1.	0. 0.
TOTALS	1.	3,805.	1.000000000	1.	

FORM 6198 ALLOCATION OF ALLOWABLE LOSSES STATEMENT 12

LRS COMPANY

DESCRIPTION	LOSS	ALLOCATION OF INCOME	ALLOCATION OF AT-RISK	ALLOWABLE LOSS	DISALLOWED LOSS
ORDINARY SCHEDULE E C/O	446. 3,359.	0. 1.	0. 0.	0. 1.	446. 3,358.
TOTALS	3,805.	1.	0.	1.	3,804.



FORM 6251

PASSIVE ACTIVITIES

STATEMENT 13

NAME OF ACTIVITY	FORM	NET INCOME (LOSS)		ADJUSTMENT
		AMT	REGULAR	
LRS COMPANY	SCH E	-1.	-1.	
LEVINSON-LEVIN PROPERTIES, LLC	SCH E			
RENTAL PORTION OF RESIDENCE -	SCH E	10,960.	10,953.	7.
		8,572.	8,520.	52.
TOTAL TO FORM 6251, LINE 19				59.



1	ENTER: \$47,450 IF SINGLE OR HEAD OF HOUSEHOLD; \$72,450 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$36,225 IF MARRIED FILING SEPARATELY.	72,450.
2	ENTER YOUR ALTERNATIVE MINIMUM TAXABLE INCOME (AMTI) FORM 6251, LINE 28	187,918.
3	ENTER: \$112,500 IF SINGLE OR HEAD OF HOUSEHOLD; \$150,000 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$75,000 IF MARRIED FILING SEPARATELY	150,000.
4	SUBTRACT LINE 3 FROM LINE 2. IF ZERO OR LESS ENTER -0-	37,918.
5	MULTIPLY LINE 4 BY 25% (.25).	9,480.
6	SUBTRACT LINE 5 FROM LINE 1. IF ZERO OR LESS, ENTER -0-. IF ANY OF THE THREE CONDITIONS UNDER CERTAIN CHILDREN UNDER AGE 24 APPLY TO YOU, COMPLETE LINES 7 THROUGH 10. OTHERWISE, STOP HERE AND ENTER THIS AMOUNT ON FORM 6251, LINE 29, AND GO TO FORM 6251, LINE 30	62,970.
7	MINIMUM EXEMPTION AMOUNT FOR CERTAIN CHILDREN UNDER AGE 24. .	
8	ENTER YOUR EARNED INCOME, IF ANY.	
9	ADD LINES 7 AND 8	
10	ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM 6251, LINE 29, AND GO TO FORM 6251, LINE 30	