

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

2011, ending

29

See separate instructions.

Your first name and initial

Last name

Your social security number

SANDER M.

LEVIN

Spouse's social security number

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

Last name

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

Apt. no.

Make sure the SSN(s) above and on line 5c are correct.

4222 EMBASSY PARK DR. NW

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

WASHINGTON DC, DC 20016

Residential Election Campaign Check now 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

X You Spouse

Filing Status

1 X 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

Check only one box.

Exemptions

6a X 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

Age 13 or younger? (4) Yes (5) No

Qualifying for child tax credit?

(6) Yes (7) No

Dependents on 6c not entered above

Add numbers on lines 6a-6c above

1

d Total number of exemptions claimed

If more than four dependents, see instructions and check here

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7

158,066.

8a Taxable interest. Attach Schedule B if required

8a

699.

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

9a

10,456.

b Qualified dividends

9b

5,705.

STMT 6

10 Taxable refunds, credits, or offsets of state and local income taxes

STMT 3

STMT 4

10

0.

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

13

14 Other gains or (losses). Attach Form 4797

14

15a IRA distributions

15a

b Taxable amount

15b

5,615.

16a Pensions and annuities

16a

b Taxable amount

16b

21,024.

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

9,299.

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits

20a

31,018.

b Taxable amount

20b

26,365.

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

231,524.

Adjusted Gross Income

23 Educator expenses

23

24 Certain tax-exempt exchanges of interests, performing artists, and fee-based government officials. Attach Form 8889 or 8889-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 8803

35

36 Add lines 23 through 35

36

37 Subtract line 36 from line 22. This is your adjusted gross income

37

231,524.

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 231,524.

39a Check You were born before January 2, 1947, Blind. Total boxes checked 39a 1
 if: Spouse was born before January 2, 1947, 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 left margin) 40 26,811.

41 Subtract line 40 from line 38 41 204,713.

42 Exemptions. Multiply \$3,700 by the number on line 6d 42 3,700.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 201,013.

44 Tax. Check if any from: a Form(s) 9814 b Form 4972 c 962 election 44 50,205.

45 Alternative minimum tax. Attach Form 6251 45 3,454.

46 Add lines 44 and 45 46 53,659.

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 53,659.

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

59a Household employment taxes from Schedule H 59a 253.

b First-time homebuyer credit repayment. Attach Form 5405 if required 59b

60 Other taxes. Enter code(s) from instructions 60

61 Add lines 55 through 60. This is your total tax 61 53,912.

Payments

62 Federal income tax withheld from Forms W-2 and 1099 62 31,078.

63 2011 estimated tax payments and amount applied from 2010 return 63 21,080.

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 2,072.

72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments 72 54,230.

Refund

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 73 318.

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

b Raging number c Type: Check Savings Account number

75 Amount of line 73 you want applied to your 2012 estimated tax 75 318.

76 76

Amount You Owe

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 **HAROLD GROSSBART** Phone **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 **MEMBER OF CONGRESS** Daytime phone number **202 225496**

Spouse's signature (if a joint return, both must sign) _____ Date _____ Signature of preparer _____ If the IRS asks you to identify this preparer, enter it here _____

Paid Preparer Use Only

Print/Type preparer's name **HAROLD GROSSBART** Preparer's signature **HAROLD GROSSBART** Date _____ Check if self-employed

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)**

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

Itemized Deductions

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

GMB No. 1648-6074

2011

Attachment
Sequence No. 07

Your social security number

[REDACTED]

SANDER M. LEVIN

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions) SEE STATEMENT 12	1	4,429.	
	2	Enter amount from Form 1040, line 38	2	231,524.	
	3	Multiply line 2 by 7.5% (.075)	3	17,364.	
	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):		5	10,401.	
	a	<input checked="" type="checkbox"/> Income taxes, or SEE STATEMENT 10			
	b	<input type="checkbox"/> General sales taxes	6	5,645.	
	6	Real estate taxes (see instructions) SEE STATEMENT 13	7		
	7	Personal property taxes	8		
	8	Other taxes. List type and amount ▶	9	16,046.	
	9	Add lines 5 through 8			
	Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10	
		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	
Note. Your mortgage interest deduction may be limited (see instructions).		12			
12		Points not reported to you on Form 1098. See instructions for special rules	13		
13		Mortgage insurance premiums (see instructions)	14		
14		Investment interest. Attach Form 4952 if required. (See instructions.)	15		
	15	Add lines 10 through 14			
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	4,915. STMT 11	
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17		
	18	Carryover from prior year	18		
	19	Add lines 16 through 18	19	4,915.	
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20		
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶ UNION AND PROFESSIONAL DUES 150.	21	150.	
	22	Tax preparation fees	22	2,700.	
	23	Other expenses - investment, safe deposit box, etc. List type and amount ▶ LIVING EXPENSES FOR MEMBER OF CONGRESS 7,630.	23	7,630.	
	24	Add lines 21 through 23	24	10,480.	
	25	Enter amount from Form 1040, line 38 [25] 231,524.	25		
	26	Multiply line 25 by 2% (.02)	26	4,630.	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter 0-	27	5,850.	
	28	Other - from list in instructions. List type and amount ▶	28		
Total Itemized Deductions	29	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	29	26,811.	
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>			

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

▶ See instructions.

OMB No. 1545-0074

2011

Attachment
Sequence No. **08**

SANDER M. LEVIN

Your social security number
[REDACTED]

**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 instructions and list this interest first. Also, show that buyer's social security number and address ▶
CONGRESSIONAL FEDERAL CREDIT UNION
WACHOVIA NOMINEE FROM [REDACTED]
FROM K-1 - VICTORIA S LEVIN SPECIAL LEGACY TR DTD
01/03/02

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

	Amount
1	646.
	33.
	20.
2	699.
3	
4	699.

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

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

**Part II
Ordinary Dividends**

5 List name of payer ▶
FROM K-1 - VICTORIA S LEVIN SPECIAL LEGACY TR DTD
01/03/02

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

	Amount
5	10,456.
6	10,456.

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

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 2011, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions. If "Yes," are you required to file Form TD F 90-22.1 to report that financial interest or signature authority? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements
- b If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the financial account is located ▶
- 8 During 2011, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions.

	Yes	No
7a		X
8		X

12/10/11
13-0011

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

2011

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

SANDER M. LEVIN

A Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)

Yes No

B If "Yes," did you or will you file all required Forms 1099?

Yes No

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

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

1	Physical address of each property—street, city, state, ZIP	Type—from list below	2	Fair Rental Days			Personal Use Days	QJV
				A	B	C		
A	600 TRAVIS SUITE, HOUSTON, TX 77002	6						
B	600 TRAVIS STE 51, HOUSTON, TX 77002	6						
C	MA	3		34		10		

Type of Property:

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

Income:

		Properties		
		A	B	C
3a	Merchant card and third party payments. For 2011, enter -0-	0.	0.	0.
b	Payments not reported to you on line 3a	1,274.	3,918.	18,071.
4	Total not including amounts on line 3a that are not income (see instructions)	1,274.	3,918.	18,071.

Expenses:

5	Advertising			524.
6	Auto and travel (see instructions)			2,837.
7	Cleaning and maintenance			3,442.
8	Commissions			
9	Insurance			7,192.
10	Legal and other professional fees			
11	Management fees			2,263.
12	Mortgage interest paid to banks, etc. (see instructions)			14,373.
13	Other interest			
14	Repairs			2,571.
15	Supplies			616.
16	Taxes			2,974.
17	Utilities			2,490.
18	Depreciation expense or depletion			
19	Other (list) ▶ STMT 14 STMT 15 STMT 16	158.	479.	63.
20	Total expenses. Add lines 5 through 19	158.	479.	39,345.
21	Subtract line 20 from line 4. If result is a (loss), see instructions to find out if you must file Form 6198	1,116.	3,439.	-21,274.
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)			21,274.

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

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

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

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

OMB No. 1545-0074

2011

Attachment
Sequence No. 13

Department of the Treasury
Internal Revenue Service (99)

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

▶ See separate instructions.

Name(s) shown on return

Your social security number

SANDER M. LEVIN

A Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)

Yes No

B If "Yes," did you or will you file all required Forms 1099?

Yes No

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

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

	1 Physical address of each property—street, city, state, ZIP	Type—from list below	2 For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions.	Fair Rental Days		Personal Use Days	QJV
				A	B	C	
A	13727 NOEL ROAD SU, DALLAS, TX 75240	6					
B	1425 S MISSIO, MT PLEASANT, MI 48858	6					
C							

Type of Property:

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

Income:

		Properties		
		A	B	C
3a	Merchant card and third party payments. For 2011, enter -0-	0.	0.	
b	Payments not reported to you on line 3a	37.	100.	
4	Total not including amounts on line 3a that are not income (see instructions)	37.	100.	

Expenses:

5	Advertising			
6	Auto and travel (see instructions)			
7	Cleaning and maintenance			
8	Commissions			
9	Insurance			
10	Legal and other professional fees			
11	Management fees			
12	Mortgage interest paid to banks, etc. (see instructions)			
13	Other interest			
14	Repairs			
15	Supplies			
16	Taxes			
17	Utilities			
18	Depreciation expense or depletion			
19	Other (list) ▶ STMT 17 STMT 18	2.	21.	
20	Total expenses. Add lines 5 through 19	2.	21.	
21	Subtract line 20 from line 4. If result is a (loss), see instructions to find out if you must file Form 6198	35.	79.	
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)			

23a	Total of all amounts reported on line 3a for all rental properties			
23b	Total of all amounts reported on line 3a for all royalty properties			
23c	Total of all amounts reported on line 4 for all rental properties		18,071.	
23d	Total of all amounts reported on line 4 for all royalty properties		5,329.	
23e	Total of all amounts reported on line 12 for all properties		14,373.	
23f	Total of all amounts reported on line 18 for all properties			
23g	Total of all amounts reported on line 20 for all properties		40,005.	

24	Income. Add positive amounts shown on line 21. Do not include any losses		4,669.	
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here		21,274.	
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		-16,605.	

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

Your social security number

SANDER M. 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 instructions.

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

Table with 5 columns: (a) Name, (b) Enter P for partnership or S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Rows include LEVINSON-LEVIN PROPERTIES, LLC and LRS COMPANY, L.L.C.

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 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. Row includes VICTORIA S LEVIN SPECIAL LEGACY TR DTD.

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 Totals and lines 35-37.

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 allocation 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

Table with 2 columns: Description, Amount. Includes lines 40-43 for rental income, total income, and reconciliations.

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

SSN/EIN [REDACTED]
TAXPAYER

ID [REDACTED]

SCHEDULE E
Name SANDER M. LEVIT
Passthrough INC COMPANY, L.L.C.
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
SCHEDULE E, PAGE 2								
OTHER PASSIVE								
Ordinary business income (loss)	427.							
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				2,369.				
Net income (loss)	427.			2,369.	2,796.			
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)	-427.			2,369.	2,796.			
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 SANDER M. LEVIN SSN/EIN [REDACTED] TAXPAYER
 Partnership LEAS COHENRY, L.P.C. ID [REDACTED]
 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								
Adjusted gain or loss								
Beneficiary's AIT 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								
Other production activities income								
Passthrough adjustment to Form 1040								
Punalty on early withdrawal of savings								
NOL								
Other taxes/capture of credits								
Credits								
Casualty and theft loss								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

SCHEDULE E
 Name SANDER M. LEVIN SSN/EIN [REDACTED] TAXPAYER
 Partnership PASSTHROUGH LEVINSON-LEVIN PROPERTIES, LLC ID [REDACTED]
 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								
SCHEDULE E, PAGE 2								
Ordinary business income (loss)								
Rental real estate income (loss)	26,508.							
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)	26,508.							26,508.
First passive other	604.							-604.
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E, page 2	25,904.							25,904.
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								
If treatment in basis 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 SANDER M. LEVIN
 SSN/EIN [REDACTED]
 TAXPAYER

ID [REDACTED]

Partthrough LEVINSON-LEVIN PROPERTIES, LLC
 PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86	30.							80.
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Duplication (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss) Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/deduction								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Qualified profits in 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

SSN/EIN [REDACTED] TAXPAYER

ID [REDACTED]

SCHEDULE E
 Name SARLER M. LEVIN
 Passthrough VICTORIA S. LEVIN SPECIAL LEGACY TRUST 01/03/02
 ESTATE OR TRUST

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)								
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/well hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)								
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)								
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								5,705.
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

SCHEDULE E
 Name SANDER M. LEVIN
 SSN/EIN [REDACTED]
 TAXPAYER

Passthrough VICTORIA S LEVIN SPECIAL LEGACY TR DTD 01/03/02
 ID [REDACTED]

ESTATE OR TRUST
 OTHER PASSIVE

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income	20.							20.
Interest from U.S. bonds								
Ordinary dividends	10,456.							10,456.
Qualified dividends	5,705.							5,705.
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AIT 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

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

OMB No. 1545-0042

Attachment
 Sequence No. **31**

Name(s) shown on return

Identifying number

SANDER M. LEVIN

Description of activity (see page 2 of the instructions)

LRS COMPANY, L.L.C.

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	-2,796.
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	
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	-2,796.

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	
10a	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):	16	
a	<input type="checkbox"/> Effective date	17	
b	<input type="checkbox"/> The end of your prior year	18	
17	Add lines 15 and 16		
18	Decreases since (check box that applies):		
a	<input type="checkbox"/> Effective date	18	
b	<input type="checkbox"/> The end of your prior year		
19a	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 19

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.

LHA For Paperwork Reduction Act Notice, see page 8 of the instructions.

Form 6198 (Rev. 11-2009)

Part III Tax Computation Using Maximum Capital Gains Rates

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

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for this line	36	206,786.
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 figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	5,705.
38	Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	0.
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 figured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	5,705.
40	Enter the smaller of line 36 or line 39	40	5,705.
41	Subtract line 40 from line 36	41	201,081.
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	52,803.
43	Enter: <ul style="list-style-type: none"> • \$69,000 if married filing jointly or qualifying widow(er), • \$34,500 if single or married filing separately, or • \$46,250 if head of household. 	43	34,500.
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	195,308.
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	0.
46	Enter the smaller of line 36 or line 37	46	5,705.
47	Enter the smaller of line 45 or line 46	47	
48	Subtract line 47 from line 46	48	5,705.
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	856.
50	Subtract line 46 from line 40	50	
51	Multiply line 50 by 25% (.25)	51	
52	Add lines 42, 49, and 51	52	53,659.
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	54,400.
54	Enter the smaller of line 52 or line 53 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	54	53,659.

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Social Security Number				
SANDER M. LEVIN		[REDACTED]				
Form Name	Description	Income	Adjustment			
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20 Other Adjustment
K1 -	LEVINSON-LEVIN PROPERTY IES, LLC * REGULAR INCOME AMT ADJUSTMENTS * AMT NET INCOME	25,904. 80. 25,984.			80. 80.	
E -	MASSACHUSETTS SUMMER H OME - MA * REGULAR INCOME * AMT NET INCOME ** TOTAL ADJ & PREF **	-21,274. -21,274.			80.	

**SCHEDULE H
(Form 1040)**

Department of the Treasury
Internal Revenue Service (991)

Household Employment Taxes

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

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

OMB No. 1545-1971

2011
Attachment
Sequence No. **44**

Name of employer

Social security number
[REDACTED]

Employer identification number
[REDACTED]

SANDER M. LEVIN

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

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

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

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

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

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

Part I Social Security, Medicare, and Federal Income Taxes

1	Total cash wages subject to social security taxes	1	1,908.		
2	Social security taxes. Multiply line 1 by 10.4% (.104)			2	198.
3	Total cash wages subject to Medicare taxes	3	1,908.		
4	Medicare taxes. Multiply line 3 by 2.9% (.029)			4	55.
5	Federal income tax withheld, if any			5	
6	Total social security, Medicare, and federal income taxes. Add lines 2, 4, and 5			6	253.

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

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

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

Schedule H (Form 1040) 2011

Part II Federal Unemployment (FUTA) Tax

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

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

Section A

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

Section B

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

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (c) by .054	(f) Multiply col. (b) by col. (e)	(g) Subtract col. (f) from col. (b). If zero or less, enter -0-	(h) Contributions paid to state unemployment fund	
		From	To						
16 Totals							16		

17 Add columns (g) and (h) of line 16	17	
18 Total cash wages subject to FUTA tax (see the line 13 instructions)		18
19 Multiply the portion of the wages on line 18 paid before July 1 by 6.2% (.062). Multiply the portion of the wages on line 18 paid after June 30 by 6.0% (.060). Enter the sum of those amounts on line 19		19
20 Multiply line 18 by 5.4% (.054)	20	
21 Enter the smaller of line 17 or line 20 (Employers in a credit reduction state must use the worksheet and check here) <input type="checkbox"/>		21
22 FUTA tax. Subtract line 21 from line 19. Enter the result here and go to line 23		22

Part III Total Household Employment Taxes

23 Enter the amount from line 6. If you checked the "Yes" box on line C of page 1, enter -0-	23	
24 Add line 14 (or line 22) and line 23	24	
25 Are you required to file Form 1040? <input type="checkbox"/> Yes. Stop. Include the amount from line 24 above on Form 1040, line 59a. Do not complete Part IV below. <input type="checkbox"/> No. You may have to complete Part IV. See instructions for details.		

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

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

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

Employer's signature _____ Date _____

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

Form **8801**

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

OMB No. 1545-1073

2011

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

SANDER M. LEVIN



Part I Net Minimum Tax on Exclusion Items

1	Combine lines 1, 6, and 10 of your 2010 Form 6251. Estates and trusts, see instructions	152,168.
2	Enter adjustments and preferences treated as exclusion items (see instructions)	53,258.
3	Minimum tax credit net operating loss deduction (see instructions)	()
4	Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II. If more than \$219,900 and you were married filing separately for 2010, see instructions	205,426.
5	Enter: \$72,450 if married filing jointly or qualifying widow(er) for 2010; \$47,450 if single or head of household for 2010; or \$36,225 if married filing separately for 2010. Estates and trusts, enter \$22,500	47,450.
6	Enter: \$150,000 if married filing jointly or qualifying widow(er) for 2010; \$112,500 if single or head of household for 2010; or \$75,000 if married filing separately for 2010. Estates and trusts, enter \$75,000	112,500.
7	Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	92,926.
8	Multiply line 7 by 25% (.25)	23,232.
9	Subtract line 8 from line 5. If zero or less, enter -0-. If under age 24 at the end of 2010, see instructions	24,218.
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	181,208.
11	<ul style="list-style-type: none"> • If for 2010 you filed Form 2555 or 2555-EZ, see instructions for the amount to enter. • If for 2010 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (lines 14a and 15, column (2), of Schedule D (Form 1041)), complete Part III of Form 8801 and enter the amount from line 47 here. Form 1040NR filers, see instructions. • All others: If line 10 is \$175,000 or less (\$87,500 or less if married filing separately for 2010), multiply line 10 by 26% (.26). Otherwise, multiply line 10 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2010) from the result. Form 1040NR filers, see instructions. 	47,238.
12	Minimum tax foreign tax credit on exclusion items (see instructions)	
13	Tentative minimum tax on exclusion items. Subtract line 12 from line 11	47,238.
14	Enter the amount from your 2010 Form 6251, line 34, or 2010 Form 1041, Schedule I, line 55	35,294.
15	Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-	11,944.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8801 (2011)

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

16	Enter the amount from your 2010 Form 6251, line 35, or 2010 Form 1041, Schedule I, line 56	16	11,969.
17	Enter the amount from line 15	17	11,944.
18	Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	25.
19	2010 credit carryforward. Enter the amount from your 2010 Form 8801, line 28	19	6,136.
20	Enter your 2010 unallowed qualified electric vehicle credit (see instructions)	20	
21	Combine lines 18 through 20. If zero or less, stop here and see the instructions	21	6,161.
22	Enter your 2011 regular income tax liability minus allowable credits (see instructions)	22	50,205.
23	Enter the amount from your 2011 Form 6251, line 33, or 2011 Form 1041, Schedule I, line 54	23	53,659.
24	Subtract line 23 from line 22. If zero or less, enter -0-	24	0.
25	Current year nonrefundable credit. Enter the smaller of line 21 or line 24. Also enter this amount on your 2011 Form 1040, line 53 (check box b); Form 1040NR, line 50 (check box b); or Form 1041, Schedule G, line 2c	25	0.
26	Estates and trusts: Skip lines 26 and 27 and go to line 28. Individuals: Did you have a minimum tax credit carryforward to 2009 (on your 2008 Form 8801, line 31)? <input type="checkbox"/> No. Leave lines 26 and 27 blank and go to line 28. <input checked="" type="checkbox"/> Yes. Complete Part IV of Form 8801 to figure the amount to enter	26	2,072.
27	Is line 26 more than line 25? <input type="checkbox"/> No. Leave line 27 blank and go to line 28. <input checked="" type="checkbox"/> Yes. Subtract line 25 from line 26. This is your current year refundable credit. Enter the result here and on your 2011 Form 1040, line 71 (check box c), or Form 1040NR, line 67 (check box c)	27	2,072.
28	Credit carryforward to 2012. Subtract the larger of line 25 or line 26 from line 21. Keep a record of this amount because you may use it in future years	28	4,089.

Part III Tax Computation Using Maximum Capital Gains Rates			
<p>Caution. If you did not complete the 2010 Qualified Dividends and Capital Gain Tax Worksheet, the 2010 Schedule D Tax Worksheet, or Part V of the 2010 Schedule D (Form 1041), see the instructions before completing this part.</p>			
29	Enter the amount from Form 8801, line 10. If you filed Form 2555 or 2555-EZ for 2010, enter the amount from line 3 of the worksheet in the instructions		29
<p>Caution. If for 2010 you filed Form 1040NR, 1041, 2555, or 2555-EZ, see the instructions before completing lines 30, 31, and 32.</p>			
30	Enter the amount from line 6 of your 2010 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2010 Schedule D Tax Worksheet, or the amount from line 22 of the 2010 Schedule D (Form 1041), whichever applies*	30	
<p>If you figured your 2010 tax using the 2010 Qualified Dividends and Capital Gain Tax Worksheet, skip line 31 and enter the amount from line 30 on line 32. Otherwise, go to line 31.</p>			
31	Enter the amount from line 19 of your 2010 Schedule D (Form 1040), or line 14b, column (2), of the 2010 Schedule D (Form 1041)	31	
32	Add lines 30 and 31, and enter the smaller of that result or the amount from line 10 of your 2010 Schedule D Tax Worksheet	32	
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 2010), multiply line 34 by 26% (.26). Otherwise, multiply line 34 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2010) from the result. Form 1040NR filers, see instructions		35
36	Enter: <ul style="list-style-type: none"> • \$68,000 if married filing jointly or qualifying widower for 2010, • \$34,000 if single or married filing separately for 2010, • \$45,550 if head of household for 2010, or • \$2,300 for an estate or trust. Form 1040NR filers, see instructions	36	
37	Enter the amount from line 7 of your 2010 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2010 Schedule D Tax Worksheet, or the amount from line 23 of the 2010 Schedule D (Form 1041), whichever applies. If you did not complete either worksheet or Part V of the 2010 Schedule D (Form 1041), enter -0-. Form 1040NR filers, see instructions	37	
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
<p>If line 31 is zero or blank, skip lines 43 and 44 and go to line 45. Otherwise, go to line 43.</p>			
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 2010), multiply line 29 by 26% (.26). Otherwise, multiply line 29 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2010) from the result. Form 1040NR filers, see instructions		46
47	Enter the smaller of line 45 or line 46 here and on line 11. If you filed Form 2555 or 2555-EZ for 2010, do not enter this amount on line 11. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet in the instructions		47

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



Part IV		Tentative Refundable Credit	
48	Enter the amount from line 21		6,161.
49	Enter the total of lines 18 and 20 from your 2009 Form 8801. If zero or less, enter -0-	49	295.
50	Enter the total of lines 18 and 20 from your 2010 Form 8801. If zero or less, enter -0-	50	1,698.
51	Enter the total of lines 18 and 20 from your 2011 Form 8801. If zero or less, enter -0-	51	25.
52	Add lines 49 through 51	52	2,018.
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	4,143.
54	Multiply line 53 by 50% (.50)	54	2,072.
55	Enter the amount from your 2010 Form 8801, line 57	55	
56	Enter the larger of line 54 or line 55	56	2,072.
57	Enter the smaller of line 53 or line 56. Enter the result here and on line 26	57	2,072.

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

Identifying number

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

Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)

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

Commercial Revitalization Deductions From Rental Real Estate Activities

2a	Commercial revitalization deductions from Worksheet 2, column (a)	2a		2c
2b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b		
c Add lines 2a and 2b				

All Other Passive Activities

3a	Activities with net income (enter the amount from Worksheet 3, column (a))	3a	25,904.	3d	4,630.
3b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	-21,274.		
3c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c			
d Combine lines 3a, 3b, and 3c					

4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4		4,630.
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- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

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

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

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

5	Enter the smaller of the loss on line 1d or the loss on line 4	5	
6	Enter \$150,000. If married filing separately, see instructions	6	
7	Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.	7	
8	Subtract line 7 from line 6	8	
9	Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions	9	
10	Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15.	10	

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

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

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

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total	15	
16	Total losses allowed from all passive activities for 2011. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

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

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

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

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR WORKSHEET 3					
Total. Enter on Form 8582, lines 3a, 3b, and 3c	25,904.	-21,274.			

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

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

Worksheet 5 - Allocation of Unallowed Losses (See instructions.)

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

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FORM 1040

PENSIONS AND ANNUITIES

STATEMENT

1

OFFICE OF PERSONNEL MANAGEMENT

AMOUNT RECEIVED THIS YEAR

21,024.

NONTAXABLE AMOUNT

CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D

21,024.

TOTAL INCLUDED IN FORM 1040, LINE 16B

21,024.

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FORM 1040

STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT

3

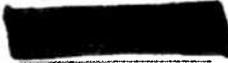
	2010	2009	2008
MARYLAND			
GROSS STATE/LOCAL INC TAX REFUNDS	25,869.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS MARYLAND	25,869.		
MICHIGAN			
GROSS STATE/LOCAL INC TAX REFUNDS	3,806.		
LESS: TAX PAID IN FOLLOWING YEAR	508.		
NET TAX REFUNDS MICHIGAN	3,298.		
TOTAL NET TAX REFUNDS	29,167.		

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FORM 1040	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT	4
	2010	2009	2008
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	29,167.		
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION	29,167.		
1 NET REFUNDS FOR RECALCULATION			
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	71,690.		
3 DEDUCTION NOT SUBJ TO PHASEOUT			
4 NET REFUNDS FROM LINE 1			
5 LINE 2 MINUS LINES 3 AND 4	71,690.		
6 MULT LN 5 BY APPL SEC. 68 PCT			
7 PRIOR YEAR AGI			
8 ITEM. DED. PHASEOUT THRESHOLD			
9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)			
10 MULT LN 9 BY APPL SEC. 68 PCT			
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)			
12 ITEM DED. NOT SUBJ TO PHASEOUT			
13A TOTAL ADJ. ITEMIZED DEDUCTIONS	71,690.		
13B PRIOR YR. STD. DED. AVAILABLE	7,100.		
14 PRIOR YR. ALLOWABLE ITEM. DED.	71,690.		
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.	71,690.		
18 PRIOR YEAR STD. DED. AVAILABLE	7,100.		
19 SUBTRACT LINE 18 FROM LINE 17	64,590.		
20 LESSER OF LINE 16 OR LINE 19			
21 PRIOR YEAR TAXABLE INCOME	148,518.		
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 2008			
TOTAL TO FORM 1040, LINE 10			0.

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FORM 1040 IRA DISTRIBUTIONS STATEMENT 5

NAME OF PAYER	GROSS DISTRIBUTION	TAXABLE AMOUNT
MERRILL LYNCH	5,615.	5,615.
TOTAL TO FORM 1040, LINE 15	5,615.	5,615.

FORM 1040 REFUNDS ATTRIBUTABLE TO EST. TAX PAID FOLLOWING YR STATEMENT 6

	2010	STATE REFUND	AMOUNT SUBTRACTED FROM TAXABLE REFUND
STATE TAX PAID IN FOLLOW YEAR	MICHIGAN 1,580.		
TOTAL STATE TAX PAID 2010	11,843.	3,806. =	508.

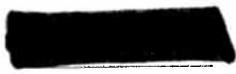
FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 7

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T HOUSE OF REP - MEMBER SERVICES	158,066.	30,330.	5,523.		4,486.	2,418.
TOTALS	158,066.	30,330.	5,523.		4,486.	2,418.

FORM 1040 QUALIFIED DIVIDENDS STATEMENT 8

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
FROM K-1 - VICTORIA S LEVIN SPECIAL LEGACY TR DTD 01/03/02	10,456.	5,705.
TOTAL INCLUDED IN FORM 1040, LINE 9B		5,705.

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FORM 1040	FEDERAL INCOME TAX WITHHELD	STATEMENT 9
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T S DESCRIPTION	AMOUNT
T HOUSE OF REP - MEMBER SERVICES	30,330.
T MERRILL LYNCH	562.
T OFFICE OF PERSONNEL MANAGEMENT	186.
TOTAL TO FORM 1040, LINE 62	31,078.

SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT 10
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DESCRIPTION	AMOUNT
HOUSE OF REP - MEMBER SERVICES	5,523.
MICHIGAN PRIOR YEAR OVERPAYMENT APPLIED	3,806.
MICHIGAN PRIOR YEAR ESTIMATE PAYMENTS	1,580.
REDUCTION OF STATE TAX DEDUCTION - STATE REFUNDS	-508.
TOTAL TO SCHEDULE A, LINE 5	10,401.

SCHEDULE A	CASH CONTRIBUTIONS	STATEMENT 11
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DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
SUBTOTALS	4,915.	
TOTAL TO SCHEDULE A, LINE 16		4,915.

SCHEDULE A	MEDICAL AND DENTAL EXPENSES	STATEMENT 12
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DESCRIPTION	AMOUNT
MEDICARE PREMIUMS WITHHELD	4,429.
TOTAL TO SCHEDULE A, LINE 1	4,429.

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SCHEDULE A REAL ESTATE TAXES STATEMENT 13

DESCRIPTION	AMOUNT
MASSACHUSETTS SUMMER HOME - MA	875.
MICHIGAN RESIDENCE	3,180.
LIONS DEN	1,590.
TOTAL TO SCHEDULE A, LINE 6	5,645.

SCHEDULE E OTHER EXPENSES STATEMENT 14

BREITBURN OPERATING LP - 600 TRAVIS SUITE, HOUSTON, TX 77002

DESCRIPTION	AMOUNT
TAXES	68.
EXPENSES	90.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19	158.

SCHEDULE E OTHER EXPENSES STATEMENT 15

LINN OPERATING, INC. - 600 TRAVIS STE 51, HOUSTON, TX 77002

DESCRIPTION	AMOUNT
PRODUCTION TAXES	196.
OTHER DEDUCTIONS	283.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19	479.

SCHEDULE E OTHER EXPENSES STATEMENT 16

MASSACHUSETTS SUMMER HOME - MA

DESCRIPTION	AMOUNT
FEDEX	63.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19	63.

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SCHEDULE E	OTHER EXPENSES	STATEMENT 17
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MERIT ENERGY COMPANY - 13727 NOEL ROAD SU, DALLAS, TX 75240

DESCRIPTION	AMOUNT
PRODUCTION TAXES	2.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19	2.

SCHEDULE E	OTHER EXPENSES	STATEMENT 18
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MUSKEGON DEVELOPMENT CO - 1425 S MISSIO, MT PLEASANT, MI 48858

DESCRIPTION	AMOUNT
SEV TAX	5.
OTHER DEDUCTIONS	16.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19	21.

FORM 6198	ALLOCATION OF ALLOWABLE LOSSES	STATEMENT 19
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LRS COMPANY, L.L.C.

DESCRIPTION	LOSS	PERCENT OF LOSS	ALLOCATION OF AT-RISK	ALLOWABLE LOSS	DISALLOWED LOSS
ORDINARY	427.	.152718169	0.	0.	427.
SCHEDULE E C/O	2,369.	.847281831	0.	0.	2,369.
TOTALS	2,796.	1.000000000	0.	0.	2,796.

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FORM 6251

PASSIVE ACTIVITIES

STATEMENT 20

NAME OF ACTIVITY	FORM	NET INCOME (LOSS)		ADJUSTMENT
		AMT	REGULAR	
LEVINSON-LEVIN PROPERTIES, LLC	SCH E	25,984.	25,904.	80.
MASSACHUSETTS SUMMER HOME - MA	SCH E	-21,274.	-21,274.	
TOTAL TO FORM 6251, LINE 19				80.



FORM 6251 EXEMPTION WORKSHEET STATEMENT 21

1	ENTER: \$48,450 IF SINGLE OR HEAD OF HOUSEHOLD; \$74,450 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$37,225 IF MARRIED FILING SEPARATELY.	48,450.
2	ENTER YOUR ALTERNATIVE MINIMUM TAXABLE INCOME (AMTI) FORM 6251, LINE 28	226,689.
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	112,500.
4	SUBTRACT LINE 3 FROM LINE 2. IF ZERO OR LESS ENTER -0-	114,189.
5	MULTIPLY LINE 4 BY 25% (.25).	28,547.
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	19,903.
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	

FORM 8582 OTHER PASSIVE ACTIVITIES - WORKSHEET 3 STATEMENT 22

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
LEVINSON-LEVIN PROPERTIES, LLC	25,904.	0.		25,904.	
MASSACHUSETTS SUMMER HOME - MA	0.	-21,274.			-21,274.
TOTALS	25,904.	-21,274.		25,904.	-21,274.

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FORM 8582 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 23

R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
LEVINSON-LEVIN PROPERTIES, LLC	SCH E	25,904.		25,904.		
MASSACHUSETTS SUMMER HOME - MA	SCH E	-21,274.		-21,274.		21,274.
TOTALS		4,630.		4,630.		21,274.
PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME						
TOTAL						21,274.