

Name, Address, and SSN

See separate instructions.

For the year Jan. 1-Dec. 31, 2010, or other tax year beginning _____, 2010, ending _____, 20

OMB No. 1545-0074

Your first name and initial: **NEWTON L.** Last name: **GINGRICH**

If a joint return, spouse's first name and initial: **CALLISTA L.** Last name: **GINGRICH**

Your social security number: [REDACTED]

Spouse's social security number: [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. [REDACTED]

City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. [REDACTED]

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 You Spouse

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. ▶

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 Qualifying widow(er) with dependent child

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

6b Spouse

6c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qual. child for child tax cr. (see page 15)
CLIENT'S COPY				

Boxes checked on 6a and 6b: **2**

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above: _____

Add numbers on lines above ▶ **2**

d Total number of exemptions claimed **2**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	450,245
8a	Taxable interest. Attach Schedule B if required	8a	26,655
b	Tax-exempt interest. Do not include on line 8a	8b	10,754
9a	Ordinary dividends. Attach Schedule B if required	9a	11,892
b	Qualified dividends	9b	5,990
10	Taxable refunds, credits, or offsets of state and local income taxes	10	33,124
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	41,625
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	-3,000
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	76,200
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	2,525,683
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	3,162,424

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	558
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 ▶ [REDACTED]	31a	19,800
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	20,358
37	Subtract line 36 from line 22. This is your adjusted gross income	37	3,142,066

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	3,142,066
39a	Check <input checked="" type="checkbox"/> You were born before January 2, 1946, <input type="checkbox"/> Blind. Total boxes checked 1 if: <input type="checkbox"/> Spouse was born before January 2, 1946, <input type="checkbox"/> Blind. 39a	39a	1
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b	39b	
40	Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	218,095
41	Subtract line 40 from line 38	41	2,923,971
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	2,916,671
44	Tax (see instr.). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	989,945
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	989,945
47	Foreign tax credit. Attach Form 1116 if required	47	243
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 <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	243
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	989,702

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	1,115
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59	a <input type="checkbox"/> Form(s) W-2, box 9 b <input checked="" type="checkbox"/> Schedule H c <input type="checkbox"/> Form 5405, line 16	59	3,891
60	Add lines 55 through 59. This is your total tax	60	994,708

Payments

61	Federal income tax withheld from Forms W-2 and 1099	61	127,290
62	2010 estimated tax payments and amount applied from 2009 return	62	485,860
63	Making work pay credit. Attach Schedule M	63	
64a	Earned income credit (EIC)	64a	
b	Nontaxable combat pay election 64b	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	367
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lines 61, 62, 63, 64a, and 65 through 71. These are your total payments	72	613,517

Refund

Direct deposit? See instructions.

73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	73	
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> 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	382,734
77	Estimated tax penalty (see instructions)	77	1,543

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 **MICHAEL J. PEARLSTEIN, CPA** Personal identification number (PIN) [Redacted] Phone no. [Redacted]

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: [Redacted] Date: [Redacted] Your occupation: **CONSULTANT** Daytime phone number: [Redacted]

Spouse's signature. If a joint return, both must sign. Date: [Redacted] Spouse's occupation: **EXECUTIVE**

Print/Type preparer's name: **MICHAEL J. PEARLSTEIN, CPA** Preparer's signature: [Redacted] Date: **03/27/11** Check self-employed PTIN [Redacted]

Preparer Firm's name: **MEDELSON & MEDELSON, CPA'S A P.C.** Firm's EIN: [Redacted]

Preparer Firm's address: **12505 PARK POTOMAC AVE STE 250 POTOMAC MD 20854-6805** Phone no.: **301-656-0001**

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2010

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040.

▶ See Instructions for Schedule A (Form 1040).

Attachment Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

NEWTON L. & CALLISTA L. GINGRICH

[REDACTED]

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	3,142,066
	3	Multiply line 2 by 7.5% (.075)	3	235,655
	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):		5	122,844
	a	<input checked="" type="checkbox"/> Income taxes, or		
	b	<input type="checkbox"/> General sales taxes		
	6	Real estate taxes (see instructions)	6	11,656
	7	New motor vehicle taxes from line 11 of the worksheet on back (for certain vehicles purchased in 2009). Skip this line if you checked box 5b	7	
	8	Other taxes. List type and amount ▶	8	2,422
	PERSONAL PROPERTY TAXES			
	9	Add lines 5 through 8	9	136,922
	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	
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	40
15		Add lines 10 through 14	15	40
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	81,133
	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	81,133
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.) ▶	21	
	22	Tax preparation fees	22	8,505
	23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23	150
	SEE STATEMENT 1			
	24	Add lines 21 through 23	24	8,655
	25	Enter amount from Form 1040, line 38	25	3,142,066
	26	Multiply line 25 by 2% (.02)	26	62,841
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	0
Other miscellaneous deductions	28	Other—from list in instructions. List type and amount ▶	28	
Total itemized deductions	29	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	29	218,095
	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)

Interest and Ordinary Dividends

OMB No. 1545-0074

2010

Attachment Sequence No. **08**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040A or 1040.

▶ See instructions on back.

Name(s) shown on return

Your social security number

NEWTON L. & CALLISTA L. GINGRICH

**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 on back and list this interest first. Also, show that buyer's social security number and address ▶

CONGRESSIONAL FEDERAL CREDIT UNION

UBS FINANCIAL SERVICES

UBS FINANCIAL SERVICES - TAX EXEMPT

WACHOVIA BANK

WACHOVIA BANK

WACHOVIA BANK

WACHOVIA BANK

WELLS FARGO

WELLS FARGO

WELLS FARGO - TAX EXEMPT

GINGRICH HOLDINGS, INC.

**** SUBTOTAL ****

TAX-EXEMPT INTEREST

Amount

2,307

7

9,657

30

746

446

2,342

8,203

4,902

1,097

7,672

37,409

-10,754

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.)

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

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

26,655

26,655

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

Part II

5 List name of payer ▶

MORGAN STANLEY SMITH BARNEY

UBS FINANCIAL SERVICES

Amount

1,369

11,523

Ordinary Dividends

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)

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

11,892

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

Part III 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.

Foreign

Accounts

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?

Yes No

X

and Trusts

See instructions on back for exceptions and filing requirements for Form TD F 90-22.1

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 instructions on back

X

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

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2010

Department of the Treasury
Internal Revenue Service (99)

Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
Attach to Form 1040, 1040NR, or 1041. See Instructions for Schedule C (Form 1040).

Attachment
Sequence No. **09**

Name of proprietor: **NEWTON L. GINGRICH** Social security number (SSN): [REDACTED]

A Principal business or profession, including product or service (see instructions): **BOARD OF DIRECTOR FEES**

B Enter code from pages C-9, 10, & 11: **541600**

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN), if any

E Business address (including suite or room no.) City, town or post office, state, and ZIP code: [REDACTED]

F Accounting method: (1) Cash (2) Accrual (3) Other (specify)

G Did you "materially participate" in the operation of this business during 2010? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2010, check here Yes No

Part I Income	
1 Gross receipts or sales. Caution. See instructions and check the box if: • This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or • You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see instructions for limit on losses.	10,000
2 Returns and allowances	
3 Subtract line 2 from line 1	10,000
4 Cost of goods sold (from line 42 on page 2)	
5 Gross profit. Subtract line 4 from line 3	10,000
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	
7 Gross income. Add lines 5 and 6	10,000

Part II Expenses. Enter expenses for business use of your home only on line 30.	
8 Advertising	18 Office expense
9 Car and truck expenses (see instructions)	19 Pension and profit-sharing plans
10 Commissions and fees	20 Rent or lease (see instructions):
11 Contract labor (see instructions)	a Vehicles, machinery, and equipment
12 Depletion	b Other business property
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	21 Repairs and maintenance
14 Employee benefit programs (other than on line 19)	22 Supplies (not included in Part III)
15 Insurance (other than health)	23 Taxes and licenses
16 Interest:	24 Travel, meals, and entertainment:
a Mortgage (paid to banks, etc.)	a Travel
b Other	b Deductible meals and entertainment (see instructions)
17 Legal and professional services	25 Utilities
28 Total expenses before expenses for business use of home. Add lines 8 through 27	26 Wages (less employment credits)
29 Tentative profit or (loss). Subtract line 28 from line 7	27 Other expenses (from line 48 on page 2)
30 Expenses for business use of your home. Attach Form 8829	
31 Net profit or (loss). Subtract line 30 from line 29.	
• If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.	
• If a loss, you must go to line 32.	
32 If you have a loss, check the box that describes your investment in this activity (see instructions).	
• If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.	32a <input type="checkbox"/> All investment is at risk.
• If you checked 32b, you must attach Form 6198. Your loss may be limited.	32b <input type="checkbox"/> Some investment is not at risk.

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2010

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
Attach to Form 1040, 1040NR, or 1041. See instructions for Schedule C (Form 1040).

Name of proprietor
NEWTON L. GINGRICH

Social security number (SSN) [REDACTED]

A Principal business or profession, including product or service (see instructions)
SPEAKING FEES

B Enter code from pages C-9, 10, & 11
541600

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN), if any

E Business address (including suite or room no.)
City, town or post office, state, and ZIP code [REDACTED]

F Accounting method: (1) Cash (2) Accrual (3) Other (specify)

G Did you "materially participate" in the operation of this business during 2010? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2010, check here

Part I Income

1	Gross receipts or sales. Caution. See instructions and check the box if: • This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or • You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see instructions for limit on losses.	<input type="checkbox"/>	1	21,625
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	21,625
4	Cost of goods sold (from line 42 on page 2)		4	
5	Gross profit. Subtract line 4 from line 3		5	21,625
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	Gross income. Add lines 5 and 6		7	21,625

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8	18	Office expense	18
9	Car and truck expenses (see instructions)	9	19	Pension and profit-sharing plans	19
10	Commissions and fees	10	20	Rent or lease (see instructions):	
11	Contract labor (see instructions)	11	a	Vehicles, machinery, and equipment	20a
12	Depletion	12	b	Other business property	20b
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21	Repairs and maintenance	21
14	Employee benefit programs (other than on line 19)	14	22	Supplies (not included in Part III)	22
15	Insurance (other than health)	15	23	Taxes and licenses	23
16	Interest:		24	Travel, meals, and entertainment:	
a	Mortgage (paid to banks, etc.)	16a	a	Travel	24a
b	Other	16b	b	Deductible meals and entertainment (see instructions)	24b
17	Legal and professional services	17	25	Utilities	25
28	Total expenses before expenses for business use of home. Add lines 8 through 27		26	Wages (less employment credits)	26
29	Tentative profit or (loss). Subtract line 28 from line 7		27	Other expenses (from line 48 on page 2)	27
30	Expenses for business use of your home. Attach Form 8829				
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.				
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.		32a	<input type="checkbox"/> All investment is at risk.	
			32b	<input type="checkbox"/> Some investment is not at risk.	

**SCHEDULE C-EZ
(Form 1040)**

Net Profit From Business

(Sole Proprietorship)

OMB No. 1545-0074

2010

Attachment
Sequence No. **09A**

► Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
► Attach to Form 1040, 1040NR, or 1041. ► See instructions on page 2.

Department of the Treasury
Internal Revenue Service (99)

Name of proprietor

CALLISTA L. GINGRICH

Social security number (SSN)

Part I General Information

You May Use
Schedule C-EZ
Instead of
Schedule C
Only If You:

- Had business expenses of \$5,000 or less.
- Use the cash method of accounting.
- Did not have an inventory at any time during the year.
- Did not have a net loss from your business.
- Had only one business as either a sole proprietor, qualified joint venture, or statutory employee.

And You:

- Had no employees during the year.
- Are not required to file Form 4562, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.
- Do not deduct expenses for business use of your home.
- Do not have prior year unallowed passive activity losses from this business.

A Principal business or profession, including product or service
BOARD OF DIRECTOR FEES

B Enter business code (see page 2)
► **541600**

C Business name. If no separate business name, leave blank.

D Enter your EIN (see page 2)

E Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.

Part II Figure Your Net Profit

1	Gross receipts. Caution. See the instructions for Schedule C, line 1, and check the box if: • This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or • You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax.	<input type="checkbox"/>	1	10,000
2	Total expenses (see page 2). If more than \$5,000, you must use Schedule C		2	
3	Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13. (If you checked the box on line 1, do not report the amount from line 3 on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3		3	10,000

Part III Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 2.

- 4 When did you place your vehicle in service for business purposes? (month, day, year) ►
- 5 Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for:
- a Business b Commuting (see page 2) c Other
- 6 Was your vehicle available for personal use during off-duty hours? Yes No
- 7 Do you (or your spouse) have another vehicle available for personal use? Yes No
- 8a Do you have evidence to support your deduction? Yes No
- b If "Yes," is the evidence written? Yes No

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule D (Form 1040).
▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2010

Attachment
Sequence No. **12**

Name(s) shown on return

NEWTON L. & CALLISTA L. GINGRICH

Your social security number

[REDACTED]

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1 CAMPBELL SOUP	02/12/10	11/10/10	4,908	4,982	-74
CELGENE CORP	05/15/09	03/19/10	7,326	4,735	2,591
AMERICAN FUNDS CAPITAL	VARIOUS	04/22/10	2,808	2,462	346
NUVEEN HIGH YIELD	VARIOUS	04/22/10	15,949	14,724	1,225
2 Enter your short-term totals, if any, from Schedule D-1, line 2		2	962		96
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)		3	31,953		
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss Carryover Worksheet on page D-7 of the instructions				6	
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)				7	4,184

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
8 MARTEK BIOSCIENCE	06/09/09	12/30/10	7,212	5,208	2,004
AMERICAN FUNDS CAPITAL	VARIOUS	04/22/10	130,244	150,584	-20,340
ISHARES TRUST S & P SMALLCAP 600	VARIOUS	04/22/10	36,907	25,352	11,555
ISHARES TRUST RUSSELL 1000 VALUE	VARIOUS	04/22/10	58,760	49,902	8,858
9 Enter your long-term totals, if any, from Schedule D-1, line 9		9	1,023,928		-35,636
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)		10	1,257,051		
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12	
13 Capital gain distributions. See page D-2 of the instructions				13	1,018
14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet on page D-7 of the instructions				14	
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on the back				15	-32,541

or Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D (Form 1040) 2010



Part III Summary

16 Combine lines 7 and 15 and enter the result 16 -28,357

- If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.
- If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
- If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.

17 Are lines 15 and 16 both gains?
 Yes. Go to line 18.
 No. Skip lines 18 through 21, and go to line 22.

18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-8 of the instructions 18

19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-9 of the instructions 19

20 Are lines 18 and 19 both zero or blank?
 Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040, line 44 (or in the Instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below.
 No. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Schedule D Tax Worksheet on page D-10 of the instructions. Do not complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:

- The loss on line 16 or
- (\$3,000), or if married filing separately, (\$1,500)

21 3,000

Note. When figuring which amount is smaller, treat both amounts as positive numbers.

2 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?

- Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040, line 44 (or in the Instructions for Form 1040NR, line 42).
- No. Complete the rest of Form 1040 or Form 1040NR.

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

NEWTON L. & CALLISTA L. GINGRICH

Your social security number

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
8 ISHARES TRUST RUSSELL 1000 GROWTH	VARIOUS	04/22/10	54,727	45,920	8,807
ISHARES TRUST RUSSELL MIDCAP	VARIOUS	04/22/10	57,883	33,515	24,368
ISHARES DJ SELECT DIVID	VARIOUS	04/22/10	52,754	63,570	-10,816
NUVEEN HIGH YIELD	VARIOUS	04/22/10	214,739	266,486	-51,747
TEMPLETON INCOME	VARIOUS	04/22/10	43,825	50,073	-6,248
BANK INDIA CD	02/17/09	02/24/10	100,000	100,000	
HOMESTREET BANK CD	02/17/09	09/20/10	100,000	100,000	
SOVEREIGN BK CD	02/17/09	02/19/10	100,000	100,000	
STERLING SVGS BK	02/17/09	05/26/10	100,000	100,000	
BANK INDIA CD	02/17/09	02/24/10	100,000	100,000	
SOVEREIGN BK CD	02/17/09	02/19/10	100,000	100,000	
Totals. Add the amounts in column (d). Also, combine the amounts in column (f). Enter here and on Schedule D, line 9			1,023,928		-35,636

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

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

OMB No. 1545-0074

2010

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

▶ See Instructions for Schedule E (Form 1040).

Name(s) shown on return

Your social security number

NEWTON L. & CALLISTA L. GINGRICH

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		
		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:	Yes	No
A	RESIDENTIAL RENTAL [REDACTED]	<ul style="list-style-type: none"> • 14 days or • 10% of the total days rented at fair rental value? (See page E-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B			<input type="checkbox"/>	<input type="checkbox"/>
C			<input type="checkbox"/>	<input type="checkbox"/>

Income:	Properties			Totals (Add columns A, B, and C.)
	A	B	C	
3 Rents received	3	6,835		3 6,835
4 Royalties received	4			4
Expenses:				
5 Advertising	5			
6 Auto and travel (see page E-5)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9	599		
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see page E-5)	12	3,463		12 3,463
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16	1,582		
17 Utilities	17			
18 Other (list) ▶ SEE STATEMENT 2	18	260		
9 Add lines 5 through 18	19	5,904		19 5,904
0 Depreciation expense or depletion (see page E-5)	20	2,806		20 2,806
1 Total expenses. Add lines 19 and 20	21	8,710		
2 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	-1,875		
3 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 8562. Real estate professionals must complete line 43 on page 2	23	0		
Income. Add positive amounts shown on line 22. Do not include any losses	24			0
Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25			
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			0

Paperwork Reduction Act Notice, see your tax return instructions.

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

Your social security number

NEWTON L. & CALLISTA L. GINGRICH

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 the box in 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? If you answered "Yes," see page E-7 before completing this section. Yes No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	LUBBERS AGENCY INC	S			
B	GINGRICH HOLDINGS, INC.	S			
C	DRAPER FISHER JURVETSON FUND VIII,	P			
D	FLC XXXII PARTNERSHIP, LP	P			

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A		0		72,274
B		0	25,130	2,478,539
C		0		
D		0		
29a	Totals			2,550,813
b	Totals		25,130	
30	Add columns (g) and (j) of line 29a		30	2,550,813
31	Add columns (f), (h), and (i) of line 29b		31	25,130
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below		32	2,525,683

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a	Totals		
b	Totals		
35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below	37	

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

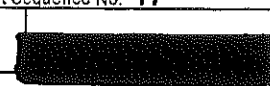
18	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see page E-8)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
9	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

0	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
1	Total income or (loss). Combine lines 26, 32, 37, 39, & 40. Enter the result here & on Form 1040, line 17, or Form 1040NR, line 18	41	2,525,683
2	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), line 14, code F (see page E-8)	42	
3	Reconciliation for real estate professionals. If you were a real estate professional (see page E-2), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Name of person with self-employment income (as shown on Form 1040)
NEWTON L. GINGRICH

Social security number of person with self-employment income ▶



Section B—Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is church employee income, see page SE-3 for specific instructions. Also see page SE-1 for the definition of church employee income.

A	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I	<input type="checkbox"/>
1a	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see page SE-5)	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code Y	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for types of income to report on this line. See page SE-4 for other income to report. Note. Skip this line if you use the nonfarm optional method (see page SE-5)	31,625
3	Combine lines 1a, 1b, and 2. Subtract from that total the amount on Form 1040, line 29, or Form 1040NR, line 29, and enter the result (see page SE-3)	31,625
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	29,206
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	
c	Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue	29,206
5a	Enter your church employee income from Form W-2. See page SE-1 for definition of church employee income	
b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	0
6	Add lines 4c and 5b	29,206
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2010	106,800
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$106,800 or more, skip lines 8b through 10, and go to line 11	106,800
b	Unreported tips subject to social security tax (from Form 4137, line 10)	
c	Wages subject to social security tax (from Form 8919, line 10)	
d	Add lines 8a, 8b, and 8c	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)	
11	Multiply line 6 by 2.9% (.029)	847
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56, or Form 1040NR, line 54	847
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	424

Part II Optional Methods To Figure Net Earnings (see page SE-4)

4	Maximum income for optional methods	4,480
5	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$4,480. Also include this amount on line 4b above	
6	Subtract line 5 from line 4	
7	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 6. Also include this amount on line 4b above	

¹ From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Name of person with self-employment income (as shown on Form 1040)
CALLISTA L. GINGRICH

Social security number of person with self-employment income ▶



Section B—Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is church employee income, see page SE-3 for specific instructions. Also see page SE-1 for the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I

1a Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see page SE-5)

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code Y

2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for types of income to report on this line. See page SE-4 for other income to report. Note. Skip this line if you use the nonfarm optional method (see page SE-5)

3 Combine lines 1a, 1b, and 2. Subtract from that total the amount on Form 1040, line 29, or Form 1040NR, line 29, and enter the result (see page SE-3)

4a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here

c Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue

5a Enter your church employee income from Form W-2. See page SE-1 for definition of church employee income

b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-

6 Add lines 4c and 5b

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2010

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$106,800 or more, skip lines 8b through 10, and go to line 11

b Unreported tips subject to social security tax (from Form 4137, line 10)

c Wages subject to social security tax (from Form 8919, line 10)

d Add lines 8a, 8b, and 8c

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11

10 Multiply the smaller of line 6 or line 9 by 12.4% (.124)

11 Multiply line 6 by 2.9% (.029)

12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56, or Form 1040NR, line 54

13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27

1a	
1b	
2	10,000
3	10,000
4a	9,235
4b	
4c	9,235
5a	
5b	0
6	9,235
7	106,800
8a	112,718
8b	
8c	
8d	
9	
10	
11	268
12	268
13	134

Part II Optional Methods To Figure Net Earnings (see page SE-4)

Farm Optional Method. You may use this method only if (a) your gross farm income¹ was not more than \$6,720, or (b) your net farm profits² were less than \$4,851.

4 Maximum income for optional methods

5 Enter the smaller of: two-thirds (2/3) of gross farm income¹ (not less than zero) or \$4,480. Also include this amount on line 4b above

Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$4,851 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five times.

6 Subtract line 15 from line 14

7 Enter the smaller of: two-thirds (2/3) of gross nonfarm income⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above

14	4,480
15	
16	
17	

¹ From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ See separate instructions.

Department of the Treasury
Internal Revenue Service (99)

Name

Identifying number as shown on page 1 of your tax return

NEWTON L. GINGRICH

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

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

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

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession ▶	VARIOUS			
1a Gross income from sources within country shown above and of the type checked above (see instructions):				
DIVIDENDS	1,472			1,472
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, & you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)				
b Other ded. ALIMONY PAID (attach stmt.)	19,800			
c Add lines 3a and 3b	19,800			
d Gross foreign source income (see instructions)	2,433			
e Gross income from all sources (see instructions)	3,258,257			
f Divide line 3d by line 3e (see instructions)	0.0007			
g Multiply line 3c by line 3f	15			
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use worksheet on page 14 of the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	15			15
7 Subtract line 6 from line 1a. Enter the result here and on line 14, page 2				1,457

Part II Foreign Taxes Paid or Accrued (see instructions)

Credit is claimed for taxes (you must check one)	Foreign taxes paid or accrued							
	In foreign currency				In U.S. dollars			
	Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
(h) <input checked="" type="checkbox"/> Paid	(k) Dividends	(l) Rents and royalties	(m) Interest		(o) Dividends	(p) Rents and royalties	(q) Interest	
(i) <input type="checkbox"/> Accrued								
(j) Date paid or accrued								
VARIOUS				234				234

Add lines A through C, column(s). Enter the total here and on line 9, page 2 ▶ **8** **234**

Paperwork Reduction Act Notice, see instructions.



Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	234	
10	Carryback or carryover (attach detailed computation) SEE STMT 3	10	9	
11	Add lines 9 and 10	11	243	
12	Reduction in foreign taxes (see instructions)	12		
13	Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit (see instructions)	13		243
14	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions)	14	1,457	
15	Adjustments to line 14 (see instructions)	15		
16	Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.)	16	1,457	
17	Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	17	2,920,548	
18	Divide line 16 by line 17. If line 16 is more than line 17, enter "1"	18		0.0005
19	Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 42. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 Caution: If you are completing line 19 for separate category e (lump-sum distributions), see instructions.	19		989,945
20	Multiply line 19 by line 18 (maximum amount of credit)	20		494
21	Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 26 and enter this amount on line 27. Otherwise, complete the appropriate line in Part IV (see instructions)	21		243

Part IV Summary of Credits From Separate Parts III (see instructions)

22	Credit for taxes on passive category income	22		
23	Credit for taxes on general category income	23		
24	Credit for taxes on certain income re-sourced by treaty	24		
25	Credit for taxes on lump-sum distributions	25		
26	Add lines 22 through 25	26		
27	Enter the smaller of line 19 or line 26	27		243
28	Reduction of credit for international boycott operations. See instructions for line 12	28		
29	Subtract line 28 from line 27. This is your foreign tax credit. Enter here and on Form 1040, line 47; Form 1040NR, line 45; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a	29		243

**ALT. MIN. TAX
Foreign Tax Credit**

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ See separate instructions.

2010

Attachment Sequence No. **19**

Department of the Treasury
Internal Revenue Service (99)

Name

Identifying number as shown on page 1 of your tax return

NEWTON L. GINGRICH

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

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

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

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession ▶	VARIOUS			
1a Gross income from sources within country shown above and of the type checked above (see instructions):				
DIVIDENDS				
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, & you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
	1,653			1,653
Deductions and losses (Caution: See instructions):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)				
b Other ded. ALIMONY PAID (attach stmt.)	19,800			
c Add lines 3a and 3b	19,800			
d Gross foreign source income (see instructions)	2,433			
e Gross income from all sources (see instructions)	3,258,257			
f Divide line 3d by line 3e (see instructions)	0.0007			
g Multiply line 3c by line 3f	15			
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use worksheet on page 14 of the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	15			15
7 Subtract line 6 from line 1a. Enter the result here and on line 14, page 2				1,638

Part II Foreign Taxes Paid or Accrued (see instructions)

Credit is claimed for taxes (you must check one)	Foreign taxes paid or accrued								
	In foreign currency				In U.S. dollars				
	Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			(s) Total foreign taxes paid or accrued (add cols. (o) through (r))	
(h) <input checked="" type="checkbox"/> Paid									
(i) <input type="checkbox"/> Accrued	(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest		(o) Dividends	(p) Rents and royalties	(q) Interest	
	VARIOUS				234				234

Add lines A through C, column(s). Enter the total here and on line 9, page 2 ▶ **8 234**

Paperwork Reduction Act Notice, see instructions.



Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	234	
10	Carryback or carryover (attach detailed computation)	10		
11	Add lines 9 and 10	11	234	
12	Reduction in foreign taxes (see instructions)	12		
13	Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit (see instructions)	13		234
14	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions)	14	1,638	
15	Adjustments to line 14 (see instructions)	15		
16	Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.)	16	1,638	
17	Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	17	3,024,347	
18	Divide line 16 by line 17. If line 16 is more than line 17, enter "1"	18		0.0005
19	Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 42. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 Caution: If you are completing line 19 for separate category e (lump-sum distributions), see instructions.	19		843,318
20	Multiply line 19 by line 18 (maximum amount of credit)	20		457
21	Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 26 and enter this amount on line 27. Otherwise, complete the appropriate line in Part IV (see instructions)	21		234

Part IV Summary of Credits From Separate Parts III (see instructions)

22	Credit for taxes on passive category income	22		
23	Credit for taxes on general category income	23		
24	Credit for taxes on certain income re-sourced by treaty	24		
25	Credit for taxes on lump-sum distributions	25		
26	Add lines 22 through 25	26		
27	Enter the smaller of line 19 or line 26	27		234
28	Reduction of credit for international boycott operations. See instructions for line 12	28		
29	Subtract line 28 from line 27. This is your foreign tax credit. Enter here and on Form 1040, line 47; Form 1040NR, line 45; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a	29		234

▶ See separate instructions.

2010

Department of the Treasury
Internal Revenue Service (89)

▶ Attach to Form 1040 or Form 1040NR.

Attachment
Sequence No. **32**

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

NEWTON L. & CALLISTA L. GINGRICH

Your social security number

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

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	2,923,971
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	136,922
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	
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	33,124
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	643
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	-1,284
19	Passive activities (difference between AMT and regular tax income or loss)	19	0
20	Loss limitations (difference between AMT and regular tax income or loss)	20	0
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 page 8 of the instructions.)	28	3,027,128

Part II Alternative Minimum Tax (AMT)

9	Exemption. (If you were under age 24 at the end of 2010, see page 8 of the 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
	If line 28 is over the amount shown above for your filing status, see page 8 of the instructions.		
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	3,027,128
31	<ul style="list-style-type: none"> 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 the back 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	843,318
32	Alternative minimum tax foreign tax credit (see page 9 of the instructions)	32	234
33	Tentative minimum tax. Subtract line 32 from line 31	33	843,084
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 Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see page 11 of the instructions)	34	989,702
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	0

Paperwork Reduction Act Notice, see your tax return instructions.

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 on page 9 of the instructions	36	3,027,128
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 page 11 of the instructions). If you are filing Form 2555 or 2555-EZ, see page 11 of the instructions for the amount to enter	37	5,990
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see page 11 of the instructions). If you are filing Form 2555 or 2555-EZ, see page 11 of the 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 page 11 of the instructions for the amount to enter	39	5,990
40	Enter the smaller of line 36 or line 39	40	5,990
41	Subtract line 40 from line 36	41	3,021,138
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	842,419
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	68,000
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0-	44	2,910,681
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	5,990
47	Enter the smaller of line 45 or line 46	47	
48	Subtract line 47 from line 46	48	5,990
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	899
50	Subtract line 46 from line 40	50	
51	Multiply line 50 by 25% (.25)	51	
52	Add lines 42, 49, and 51	52	843,318
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	844,096
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 on page 9 of the instructions	54	843,318

**SCHEDULE H
(Form 1040)**

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**

Department of the Treasury
Internal Revenue Service (99)

Name of employer

Social security number

NEWTON L. GINGRICH

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 the back. (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	14,774	
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2		1,832
3	Total cash wages subject to Medicare taxes (see page H-4)	3	14,774	
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4		428
5	Federal income tax withheld, if any	5		1,575
6	Total social security, Medicare, and federal income taxes. Add lines 2, 4, and 5	6		3,835
7	Advance earned income credit (EIC) payments, if any	7		
8	Net taxes (subtract line 7 from line 6)	8		3,835

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 the back.

Part II Federal Unemployment (FUTA) Tax

	Yes	No
10 Did you pay unemployment contributions to only one state? (If you paid contributions to a credit reduction state, see page H-5 and check "No.")	X	
11 Did you pay all state unemployment contributions for 2010 by April 18, 2011? Fiscal year filers, see page H-5	X	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	X	

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

Section A

13 Name of the state where you paid unemployment contributions	VA		
14 Contributions paid to your state unemployment fund (see page H-5)	14	14	
15 Total cash wages subject to FUTA tax (see page H-5)			7,000
16 FUTA tax. Multiply line 15 by .008. Enter the result here, skip Section B, and go to line 25			56

Section B

17 Complete all columns below that apply (if you need more space, see page H-5):

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

18 Totals						18		
19 Add columns (g) and (h) of line 18						19		
20 Total cash wages subject to FUTA tax (see the line 15 instructions on page H-5)							20	
21 Multiply line 20 by 6.2% (.062)							21	
22 Multiply line 20 by 5.4% (.054)						22		
23 Enter the smaller of line 19 or line 22 (Employers in a credit reduction state must use the worksheet on page H-5 and check here)							23	
24 FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25							24	

Part III Total Household Employment Taxes

25 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0-		25	3,835
26 Add line 16 (or line 24) and line 25 (see page H-6)		26	3,891

27 Are you required to file Form 1040?
 Yes. Stop. Include the amount from line 26 above on Form 1040, line 59, and check box b on that line. Do not complete Part IV below.
 No. You may have to complete Part IV. See page H-6 for details.

Part IV Address and Signature - Complete this part only if required. See the line 27 instructions on page H-6.

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 _____

Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	P.T.I.N.
Firm's name	Firm's EIN			
Firm's address	Phone no.			

Depreciation and Amortization
(Including Information on Listed Property)

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

Name(s) shown on return

NEWTON L. & CALLISTA L. GINGRICH

Identifying number

Business or activity to which this form relates

RESIDENTIAL RENTAL

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	2,806
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2,806
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

or Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				24b If "Yes," is the evidence written?				Yes		No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost		Yes	No	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25					
26 Property used more than 50% in a qualified business use:												
		%										
		%										
27 Property used 50% or less in a qualified business use:												
		%				S/L-						
		%				S/L-						
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28					
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29				

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
Amortization of costs that begins during your 2010 tax year (see instructions):						
WI RENTAL - REFINANCE LOAN FEES	10/12/10	2,261	0	30.0	19	
Amortization of costs that began before your 2010 tax year					43	101
Total. Add amounts in column (f). See the instructions for where to report					44	120

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

(99)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No. 1545-0172

2010

Attachment
Sequence No. **67**

Name(s) shown on return

NEWTON L. & CALLISTA L. GINGRICH

Identifying number

Business or activity to which this form relates

PASS-THROUGH EXPENSE FROM K-1

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	FROM SCHEDULE K-1 (FORM 1120S)		25,130
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	25,130
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	25,130
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	500,000
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	25,130
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

Listed property. Enter amount from line 28	21	
Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	25,130
For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

or Paperwork Reduction Act Notice, see separate instructions.

Name(s) shown on return

Identifying number

NEWTON L. & CALLISTA L. GINGRICH

Part I 2010 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 on page 2 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 on page 3 of the instructions.)

1a	Activities with net income (enter the amount from Worksheet 1, column (a))		
1b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1,875	
1c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	2,771	
1d	Combine lines 1a, 1b, and 1c		-4,646

Commercial Revitalization Deductions From Rental Real Estate Activities

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

All Other Passive Activities

3a	Activities with net income (enter the amount from Worksheet 3, column (a))		
3b	Activities with net loss (enter the amount from Worksheet 3, column (b))		
3c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))		
3d	Combine lines 3a, 3b, and 3c		

4	Combine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Do not complete Form 8582. Report the losses on the forms and schedules normally used		-4,646
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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 page 9 of the instructions for an example.

5	Enter the smaller of the loss on line 1d or the loss on line 4		4,646
6	Enter \$150,000. If married filing separately, see page 9	150,000	
7	Enter modified adjusted gross income, but not less than zero (see page 9)	3,142,624	
8	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. Subtract line 7 from line 6		
9	Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see page 9		
10	Enter the smaller of line 5 or line 9		0

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 on page 9 of the instructions.

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

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total		
16	Total losses allowed from all passive activities for 2010. Add lines 10, 14, and 15. See page 11 of the instructions to find out how to report the losses on your tax return		0

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 page 8 of the 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
RESIDENTIAL RENTAL		1,875	2,771		4,646
Total. Enter on Form 8582, lines 1a, 1b, and 1c		1,875	2,771		

Worksheet 2—For Form 8582, Lines 2a and 2b (See page 8 of the 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 page 8 of the 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
Total. Enter on Form 8582, lines 3a, 3b, and 3c					

Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See page 9 of the 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			1.00		

Worksheet 5—Allocation of Unallowed Losses (See page 10 of the instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
RESIDENTIAL RENTAL	SCH E1	4,646	1.0000	4,646
Total		4,646	1.00	4,646



Worksheet 6—Allowed Losses (See page 10 of the instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
RESIDENTIAL RENTAL	SCH E1	4,646	4,646	
Total		4,646	4,646	

Worksheet 7—Activities With Losses Reported on Two or More Forms or Schedules (See page 10 of the instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total			1.00		

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

NEWTON L. & CALLISTA L. GINGRICH

Part I 2010 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 on page 2 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 on page 3 of the instructions.)

1a	Activities with net income (enter the amount from Worksheet 1, column (a))		
1b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1,875	
1c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	2,771	
1d	Combine lines 1a, 1b, and 1c		-4,646

Commercial Revitalization Deductions From Rental Real Estate Activities

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

All Other Passive Activities

3a	Activities with net income (enter the amount from Worksheet 3, column (a))		
3b	Activities with net loss (enter the amount from Worksheet 3, column (b))		
3c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))		
3d	Combine lines 3a, 3b, and 3c		

4	Combine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Do not complete Form 8582. Report the losses on the forms and schedules normally used		-4,646
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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 page 9 of the instructions for an example.

5	Enter the smaller of the loss on line 1d or the loss on line 4		4,646
6	Enter \$150,000. If married filing separately, see page 9	150,000	
7	Enter modified adjusted gross income, but not less than zero (see page 9) 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.	3,142,624	
8	Subtract line 7 from line 6		
9	Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see page 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.		0

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 on page 9 of the instructions.

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

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total		
16	Total losses allowed from all passive activities for 2010. Add lines 10, 14, and 15. See page 11 of the instructions to find out how to report the losses on your tax return		0

Paperwork Reduction Act Notice, see page 13 of the instructions.

AMT VERSION

NEWTON L. & CALLISTA L. GINGRICH

Form 8582 (2010)

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 page 8 of the 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
RESIDENTIAL RENTAL		1,875	2,771		4,646
Total. Enter on Form 8582, lines 1a, 1b, and 1c		1,875	2,771		

Worksheet 2—For Form 8582, Lines 2a and 2b (See page 8 of the 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 page 8 of the 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
Total. Enter on Form 8582, lines 3a, 3b, and 3c					

Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See page 9 of the 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			1.00		

Worksheet 5—Allocation of Unallowed Losses (See page 10 of the instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
RESIDENTIAL RENTAL	SCH E1	4,646	1.0000	4,646
Total		4,646	1.00	4,646

NEWTON L. & CALLISTA L. GINGRICH

Form 8582 (2010)

Worksheet 6—Allowed Losses (See page 10 of the instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
RESIDENTIAL RENTAL	SCH E1	4,646	4,646	
Total		4,646	4,646	

Worksheet 7—Activities With Losses Reported on Two or More Forms or Schedules (See page 10 of the instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total			1.00		

Federal Statements

Statement 1 - Schedule A, Line 23 - Other Expenses

<u>Description</u>	<u>Amount</u>
UBS FINANCIAL SERVICES	\$ 150
MORGAN STANLEY SMITH BARNEY	
TOTAL	<u>\$ 150</u>

Federal Statements

RESIDENTIAL RENTAL

Statement 2 - Schedule E, Line 18 - Other Expenses

<u>Description</u>	<u>Gross Amount</u>	<u>Business Use Percentage</u>	<u>Net Amount</u>
AMORTIZATION	\$ 120		\$ 120
BANK CHARGES	140		140
TOTAL	<u>\$ 260</u>		<u>\$ 260</u>

Federal Statements

Passive Income

Statement 3 - Form 1116, Line 10 - Carryback or Carryover

Year	Fgn Taxes Pd/Accrued	Limit	Available to Carryover
2000			
2001			
2002			
2003			
2004			
2005			
2006			
2007			
2008			
2009			
CARRYBACK TO 2010	434	425	9
TOTAL			\$ 9

Federal Statements

Form 1040, Line 8b - Tax-exempt Interest

<u>Payer</u>	<u>Amount</u>
UBS FINANCIAL SERVICES - TAX EXEMPT	\$ 9,657
WELLS FARGO - TAX EXEMPT	1,097
TOTAL	<u>\$ 10,754</u>

Form 1040, Dividend Income

<u>Payer</u>	<u>Ordinary Dividends</u>	<u>Qualified Dividends</u>
MORGAN STANLEY SMITH BARNEY	\$ 1,369	\$ 1,369
UBS FINANCIAL SERVICES	10,523	4,621
TOTAL	<u>\$ 11,892</u>	<u>\$ 5,990</u>

Capital Gain Distributions

<u>Payer</u>	<u>Capital Gain Distribution</u>
UBS FINANCIAL SERVICES	\$ 972
WELLS FARGO	46
TOTAL	<u>\$ 1,018</u>

Federal Statements

Schedule A, Line 5 - State and Local Taxes

<u>Description</u>	<u>Amount</u>
MO TAX- K1	\$ 530
MD TAX - K1	770
IL TAX- K1	750
CA 2009 ESTIMATE	1,450
NY 2009 ESTIMATE	6,280
STATE WITHHOLDING ON W-2S	22,005
STATE TAX PAYMENTS	83,657
STATE W/H ON K-1S	6,777
OTHER STATE WITHHOLDING	625
TOTAL INCOME TAXES*	<u>122,844</u>
GENERAL SALES TAX	998
TOTAL SALES TAXES	<u>998</u>

*INCOME TAXES ARE BEING DEDUCTED

Sch A Line 5 - Allowed Sch K1 State Income Tax Withheld

<u>Description</u>	<u>Amount</u>
GINGRICH HOLDINGS, INC.	\$ 6,777
TOTAL	<u>\$ 6,777</u>

Schedule A, Line 16 - Charitable Contributions by Cash or Check

<u>Description</u>	<u>Amount</u>
BASILICA OF THE NATIONAL SHRI	\$ 9,540
MISC DONATIONS	3,100
50% CASH CONTRIB FROM K-1S	68,493
TOTAL	<u>\$ 81,133</u>

Federal Statements

Passive Income

Form 1116 line 1a - Gross Income From Sources Within Country

Description	A	B	C
FOREIGN QUALIFIED DIVIDENDS	\$	\$	\$
FOREIGN QUALIFIED DIVS TAXED AT 15%	1,681		
X ADJUSTMENT FACTOR (0.4286)	720		
OTHER FOREIGN GROSS INCOME			
1116 FOREIGN GROSS INCOME	2,433		
- 1116 FOREIGN QUALIFIED DIVIDENDS	1,681		
	752	0	0
TOTAL	1,472	0	0

Passive Income

Form 1116 line 3e - Gross Income from All Sources

Description	Amount
1040 LINES 7-11, 15B-16B, 19-20B, 21	\$ 598,116
GROSS BUSINESS INCOME, SCH C LINE 7	41,625
GROSS SCH D CAPITAL GAINS	60,868
GROSS RENTAL INCOME, SCH E LINE 3	6,835
SHARE PS/S-CORP GROSS INCOME	2,550,813
TOTAL	\$ 3,258,257

Federal Statements

Passive Income

AMT Form 1116 line 1a - Gross Income From Sources Within Country

Description	A	B	C
FOREIGN QUALIFIED DIVIDENDS	\$	\$	\$
FOREIGN QUALIFIED DIVS TAXED AT 15%	1,681		
X ADJUSTMENT FACTOR (0.5357)	901		
OTHER FOREIGN GROSS INCOME			
1116 FOREIGN GROSS INCOME	2,433		
- 1116 FOREIGN QUALIFIED DIVIDENDS	1,681		
	752	0	0
TOTAL	1,653	0	0

Passive Income

AMT Form 1116 line 3e - Gross Income from All Sources

Description	Amount
1040 LINES 7-11, 15B-16B, 19-20B, 21	\$ 598,116
GROSS BUSINESS INCOME, SCH C LINE 7	41,625
GROSS AMT SCH D CAPITAL GAINS	60,868
GROSS RENTAL INCOME, SCH E LINE 3	6,835
SHARE PS/S-CORP GROSS INCOME	2,550,813
TOTAL	\$ 3,258,257

Federal Statements

Form 6251, Line 18 - Post-1986 Depreciation Adjustment

<u>Nonpassive Activity type</u>	<u>Amount</u>
SCHEDULE K-1 (1065/1120) ACTIVITIES	\$ <u>-1,284</u>
TOTAL	\$ <u><u>-1,284</u></u>

Form 6251, Line 19 - Passive Activities

<u>Description</u>	<u>Form/ Sch</u>	<u>AMT Inc/Loss</u>	<u>Regular Inc/Loss</u>	<u>Difference Line 20</u>
RESIDENTIAL RENTAL	SCH E1	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
TOTAL		\$ <u><u>0</u></u>	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>

Federal Statements

Pass-through expense from K-1

Form 4562, Line 11 - Business Income

<u>Description</u>	<u>Amount</u>
WAGE INCOME	\$ 450,245
BUSINESS INCOME	41,625
SCHEDULE E INCOME	2,548,938
PAL SECTION 179 ADJUSTMENT	1,875
TOTAL BUSINESS INCOME	<u>3,042,683</u>

Federal Asset Report

RESIDENTIAL RENTAL

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
2	WI RENTAL - HOUSE	1/01/07	55,621			55,621	27 MMS/L	5,983	2,023
3	WI RENTAL - IMPROVEMENTS	1/01/07	21,523			21,523	27 MMS/L	2,315	783
			<u>77,144</u>			<u>77,144</u>		<u>8,298</u>	<u>2,806</u>
Other Depreciation:									
1	WI RENTAL - LAND	1/01/07	9,815			9,815	0 -- Land	0	0
	Total Other Depreciation		<u>9,815</u>			<u>9,815</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>9,815</u>			<u>9,815</u>		<u>0</u>	<u>0</u>
Amortization:									
5	WI RENTAL - REFINANCE LOAN FEES	10/12/10	2,261			2,261	30 MOAmort	0	19
4	WI RENTAL - LOAN FEES	9/08/05	508			508	10 MOAmort	407	101
			<u>2,769</u>			<u>2,769</u>		<u>407</u>	<u>120</u>
	Grand Totals		89,728			89,728		8,705	2,926
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>89,728</u>			<u>89,728</u>		<u>8,705</u>	<u>2,926</u>

Name

NEWTON L. & CALLISTA L. GINGRICH

Taxpayer Identification Number



Carryover Item	Available to 2010	2010 Amounts	Carryover to 2011
Excess section 179	_____	_____	_____
Minimum tax credit	_____	_____	_____
Investment interest	_____	_____	_____
Investment interest - AMT	_____	_____	_____
Short-term capital loss	_____	_____	_____
Short-term capital loss - AMT	_____	_____	_____
Long-term capital loss	_____	GENERATED	25,357
Long-term capital loss - AMT	_____	GENERATED	25,357
Residential energy efficient property	_____	_____	_____
D.C. first-time homebuyer credit	_____	_____	_____
Tax credit bonds	_____	_____	_____

Nonrecaptured Section 1231 Losses - Line 8, Form 4797

2005 Amounts	_____	_____
2006 Amounts	_____	_____
2007 Amounts	_____	_____
2008 Amounts	_____	_____
2009 Amounts	_____	_____
Available to 2010	_____	_____
2010 Amounts	_____	_____
Carryover to 2011	_____	_____

AMT Nonrecaptured Section 1231 Losses - Line 8, Form 4797

2005 Amounts	_____	_____
2006 Amounts	_____	_____
2007 Amounts	_____	_____
2008 Amounts	_____	_____
2009 Amounts	_____	_____
Available to 2010	_____	_____
2010 Amounts	_____	_____
Carryover to 2011	_____	_____

Name

Taxpayer Identification Number

NEWTON L. & CALLISTA L. GINGRICH



T/S	Payer	Gross Distribution	Rollover	Taxable Amount
A	<u>T</u> OFFICE OF PERONNEL MANAGEMENT	<u>76,200</u>	<u>---</u>	<u>76,200</u>
B	---	---	---	---
C	---	---	---	---
D	---	---	---	---
E	---	---	---	---
F	---	---	---	---
G	---	---	---	---
H	---	---	---	---
I	---	---	---	---
J	---	---	---	---
K	---	---	---	---
L	---	---	---	---
M	---	---	---	---
N	---	---	---	---
O	---	---	---	---
	Taxpayer	<u>76,200</u>	<u>---</u>	<u>76,200</u>
	Spouse	---	---	---
	Total	<u>76,200</u>	<u>---</u>	<u>76,200</u>

	Capital Gain Distribution	Public Safety Officer Exclusion	Federal Withholding	State Withholding	Local Withholding
A	---	---	<u>12,136</u>	---	---
B	---	---	---	---	---
C	---	---	---	---	---
D	---	---	---	---	---
E	---	---	---	---	---
F	---	---	---	---	---
G	---	---	---	---	---
H	---	---	---	---	---
I	---	---	---	---	---
J	---	---	---	---	---
K	---	---	---	---	---
L	---	---	---	---	---
M	---	---	---	---	---
N	---	---	---	---	---
O	---	---	---	---	---
Taxpayer	---	---	<u>12,136</u>	---	---
Spouse	---	---	---	---	---
Total	---	---	<u>12,136</u>	---	---

Name **NEWTON L. & CALLISTA L. GINGRICH**

Taxpayer Identification Number

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	T <u>GINGRICH HOLDINGS, INC</u>	252,500	81,036	106,800
B	S <u>NATIONAL SHRINE</u>	5,918	15	5,918
C	S <u>GINGRICH PRODUCTIONS, INC</u>	191,827	34,103	106,800
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer		252,500	81,036	106,800
Spouse		197,745	34,118	112,718
Totals		450,245	115,154	219,518

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Allocated Tips	Advanced EIC	Dep Care Ben	Other, Box 14
A	6,622	252,500	3,661				
B	367	5,918	86				
C	6,622	191,827	2,781				
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	6,622	252,500	3,661				
Spouse	6,989	197,745	2,867				
Totals	13,611	450,245	6,528				

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A	VA	252,500	12,508			
B	VA	5,918	64			
C	VA	191,827	9,433			
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer		252,500	12,508			
Spouse		197,745	9,497			
Totals		450,245	22,005			

Name

Taxpayer Identification Number

NEWTON L. & CALLISTA L. GINGRICH

T/S	Description	Federal Withholding	State Withholding	Local Withholding
T	GINGRICH HOLDINGS, INC	81,036	12,508	
S	NATIONAL SHRINE	15	64	
S	GINGRICH PRODUCTIONS, INC	34,103	9,433	
T	OFFICE OF PERONNEL MANAGEMENT	12,136		
T	GINGRICH HOLDINGS, INC.		6,777	
T	OTHER STATE WITHHOLDING		625	
	Taxpayer	93,172	19,910	
	Spouse	34,118	9,497	
	Total	127,290	29,407	