

For the year Jan. 1-Dec. 31, 2011, or other tax year beginning , 2011, ending , 20 See separate instructions.

Your first name and initial JOHN R. Last name KASICH Your social security number [REDACTED]

If a joint return, spouse's first name and initial KAREN Last name KASICH Spouse's social security number [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. [REDACTED] Apt. no. [REDACTED] Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. WESTERVILLE, OH 43082 Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/county Foreign postal code [REDACTED] [REDACTED] [REDACTED] You [X] Spouse

Filing Status 1 [] Single 4 [] Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. 2 [X] Married filing jointly (even if only one had income) 3 [] Married filing separately. Enter spouse's SSN above and full name here. 5 [] Qualifying widow(er) with dependent child

Exemptions 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a 6b [X] Spouse Boxes checked on 6a and 6b 2 No. of children on 6c who: 2 • 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 4

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 DCB 7 120,400. 8a Taxable interest. Attach Schedule B if required 8a 10,892. b Tax-exempt interest. Do not include on line 8a 8b 92,767. 9a Ordinary dividends. Attach Schedule B if required 9a 87,962. b Qualified dividends 9b 49,627. STMT 7 10 Taxable refunds, credits, or offsets of state and local income taxes STMT 3 STMT 4 10 54. 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 138,862. 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here [] 13 7,643. 14 Other gains or (losses). Attach Form 4797 14 -3. 15a IRA distributions 15a b Taxable amount 15b 279,017. 16a Pensions and annuities 16a b Taxable amount 16b 1,307. 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 2,974. 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 22 649,108.

Adjusted Gross Income 23 Educator expenses 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 Deductible part of self-employment tax. Attach Schedule SE 27 8,480. 28 Self-employed SEP, SIMPLE, and qualified plans 28 26,076. 29 Self-employed health insurance deduction 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction 32 33 Student loan interest deduction 33 34 Tuition and fees. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35 36 34,556. 37 Subtract line 36 from line 22. This is your adjusted gross income 37 614,552.

Tax and Credits

Table with 2 columns: Line number and Amount. Rows include 38 (614,552), 39a (Total boxes checked), 40 (89,050), 41 (525,502), 42 (14,800), 43 (510,702), 44 (138,692), 45 (19,045), 46 (157,737), 47 (2,479), 48, 49, 50, 51, 52, 53, 54 (2,479), 55 (155,258).

Standard Deduction for - People who check any box on line 39a or 39b or who can be claimed as a dependent.

All others: Single or Married filing separately, \$5,800; Married filing jointly or Qualifying widow(er), \$11,600; Head of household, \$8,500.

Other Taxes

Table with 2 columns: Line number and Amount. Rows include 56 (14,826), 57, 58, 59a, 59b, 60, 61 (170,084).

Payments

Table with 2 columns: Line number and Amount. Rows include 62 (26,870), 63 (164,150), 64a, 64b, 65, 66, 67, 68 (39,000), 69, 70, 71, 72 (230,020).

If you have a qualifying child, attach Schedule EIC.

Refund

Table with 2 columns: Line number and Amount. Rows include 73 (59,936), 74a, 75 (59,501).

Amount You Owe

Table with 2 columns: Line number and Amount. Rows include 76, 77 (435).

Third Party Designee

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

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.

Form section for Preparer's information including Print/Type preparer's name, Preparer's signature, Date, Check self-employed, and Firm's name.