					Dedu	ictions					nildcare Costs			T	Cre	dits		1			axable ncome	Т	otal Tax		Post Ta	ax Ga	in	i	Post-ta ncome hildca
	Total Income*^		rtgage erest**	Stude Loan Intere	ent est***	Retiren Savings		Othe	er			стс		Addi	tl CTC	Chilo	dcare	EITC											
Top 10 Married																													
No Kids	\$ 140,241	\$	16,000	\$	1,397	\$	2,000	\$	1,160		N/A		N/A		N/A		N/A		N/A	\$	111,884	\$	19,817						
Top 10 Married 2 Kids	\$ 140,241	¢	16,000	ć	1,397	ć .	2,000	\$	1,160	\$	29,640	\$	650		N/A	¢	1,200		N/A	\$	104,084	\$	16,017	\$	(16,017)	¢	124,224	ć	94
Fop 10 Married	\$ 140,241	ç	10,000	Ļ	1,397	Ļ.	2,000	Ļ	1,100	Ļ	29,040	ç	050		N/A	Ļ	1,200		N/A	Ļ	104,084	ç	10,017	ç	(10,017)	Ļ	124,224	ç	9.
2 Kids Sole																													
Earner Fop 10 Married	\$ 78,018	\$	16,000	\$	2,500		N/A	\$	1,160		N/A	\$	2,000		N/A		N/A		N/A	\$	42,758	\$	3,501	\$	(3,501)	\$	74,517		
3 Kids Sole																													
Earner	\$ 78,018	\$	16,000	\$	2,500		N/A	\$	1,160		N/A	\$	3,000		N/A		N/A		N/A	\$	38,858	\$	1,916	\$	(1,916)	\$	76,102		
																												1	
Vid 50 Married																													
No Kids	\$ 50,742	\$	6,800	\$	1,000		N/A	\$	400		N/A		N/A		N/A		N/A		N/A	\$	29,742	\$	3,566						
Vid 50 Married 2 Kids	¢ 50.742	\$	C 900	ć	1 000		NI / A	ć	400	ć	17 200	÷	1 100	ć	904	ć	1 200		NI/A	ć	21 042		0 (2224)	ć	804	ć		ć	2
Vid 50 Married	\$ 50,742	Ş	6,800	Ş	1,000		N/A	Ş	400	\$	17,290	\$	1,196	\$	804	Ş	1,200		N/A	\$	21,942		0 (2234)	\$	804	\$	51,546	\$	34
2 Kids Sole																													
Earner Mid 50 Married	\$ 28,190	\$	6,800	\$	1,000		N/A	\$	400		N/A		N/A	\$	2,000		N/A	\$	4,255		N/A	\$	(6,255)	\$	6,255	\$	34,445		
3 Kids Sole																													
Earner	\$ 28,190	\$	6,800	\$	1,000		N/A	\$	400		N/A		N/A	\$	3,000		N/A	\$	4,926		N/A	\$	(7,926)	\$	7,926	\$	36,116		
ow 10 Married																													
No Kids	\$ 23,748		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A	\$	3,748	\$	373						
ow 10 Married	¢ 22.740									<i>.</i>	7 440			~	2 000			<u>,</u>	5 400			ć	(7,426)	~	7 402	~	20.040	4	
2 Kids Low 10 Married	\$ 23,748		N/A		N/A		N/A		N/A	\$	7,410		N/A	Ş	2,000		N/A	Ş	5,192		N/A	\$	(7,426)	Ş	7,192	Ş	30,940	\$	23
2 Kids Sole		1																										1	
Earner	\$ 13,193		N/A		N/A		N/A		N/A		N/A		N/A	\$	1,529		N/A	\$	5,270		N/A	\$	(6,799)	\$	6,799	\$	19,992		
ow 10 Married Kids Sole		1																										1	
2 NIUS 2016	\$ 13,193		N/A		N/A		N/A		N/A		N/A		N/A	\$	1,529		N/A	\$	5,929		N/A	\$	(7,458)	\$	7,458	\$	20,651		

							Ch	ildcare										т	axable								ost-tax ncome-
			Dedu	ctions			(	Costs					Credits					1	ncome	Тс	otal Tax		Post T	ax G	ain	cł	nildcare
	Total	Mortgage	Student Loan	Retirement																							
	Income*	Interest**	Interest***	Savings***	* Otl	her			стс		Addtl CTC	C	hildcare	Save	ers	EITC											
Top 10 Single																											
No Kids	\$ 45,124	\$ 6,800	\$ 1,000	\$ 2,00	0\$	400		N/A		N/A	N/.	A	N/A		N/A		N/A	\$	31,024	\$	4,193						
Top 10 Single 2																											
Kids	\$ 45,124	\$ 6,800	\$ 1,000	\$ 50	0\$	400	\$	17,290	\$2,	000	N/.	\$ ۱	1,200		N/A		N/A	\$	24,724	\$	48	\$	(48)	\$	45,077	\$	27,787
Top 10 Single 2																											
Kids Head																											
Household	\$ 45,124	\$ 6,800	\$ 1,000	\$ 50	0\$	400	\$	17,290	\$1,	544	\$ 45	5\$	1,200	\$	50		N/A	\$	22,974		N/A	\$	456	\$	45,580	\$	28,290
Mid 50 Single																											
No Kids	\$ 37,791	\$ 5,100	\$ 500	\$ 2,00	0\$	350		N/A		N/A	N/.	4	N/A		N/A		N/A	\$	25,291	\$	3,345						
Mid 50 Single 2																											
Kids	\$ 37,791	\$ 5,100	\$ 500	\$ 50	0\$	350	\$	12,350	\$	960	\$ 1,04	) Ş	1,440		N/A	Ş	1,108	Ş	18,991		0 (2200)	Ş	2,148	Ş	39,939	Ş	27,589
Mid 50 Single 2 Kids Head																											
Household	\$ 37,791	\$ 5,100	\$ 500	ć FO	0\$	350	ć	12,350	\$	201	\$ 1,70	. ć	1,440	ć	50	ć	1,108	÷	16,141		0(2869)	\$	2,817	÷	40,608	÷	28,258
Tiousenoid	\$ 57,791	Ş 5,100	\$ 500	3 30	υş	550	Ş	12,550	Ş	291	\$ 1,70	<i>,</i>	1,440	Ş	50	Ş	1,108	Ş	10,141		0(2809)	Ş	2,017	Ş	40,008	Ş	20,230
Low 10 Single																											
No Kids	\$ 10,555	N/A	N/A	N/	Δ	N/A		N/A		N/A	N/	7	N/A		N/A	Ś	288	\$	555	Ś	56	Ś	284	Ś	10,839		
Low 10 Single 2	÷ 10,000	1.77	14//1	,		,,,		14,71		,		•	14/74		,,,	Ŷ	200	Ŷ	555	Ŷ	50	Ŷ	204	Ŷ	10,000		
Kids	\$ 10,555	N/A	N/A	N/	A	N/A	\$	1,040		N/A	\$ 1,13	3	N/A		N/A	\$	4,230		N/A	\$	(5,363)	\$	5,363	\$	15,918	\$	14,878
Low 10 Single 2		,	,	,		,					. , -		,		,				,			·			,		,
Kids Head																											
Household	\$ 10,555	N/A	N/A	N/	A	N/A	\$	1,040		N/A	\$ 1,13	3	N/A		N/A	\$	4,230		N/A	\$	(5,363)	\$	5,363	\$	15,918	\$	14,878

\* Investment income of 125 for Top 10 added

\*\*Assuming 5% interest; Top 10 mortgage of 100,000, 2,000 taxes/year; Mid 50 mortgage of 75,000, 1,500 taxes/year; Low 10 N/A

\*\*\*Assuming interest payments of Top 10 1000; Mid 50 500; Low 10 N/A/not itemizing deductions

\*\*\*\* Top 10: 2,000 IRA; Mid 50: 500 IRA; Low 10: N/A

IRS Use Only-Do not write or staple in this space.

Your social security number 123-46-5678

See separate instructions.

If a joint return, spo	use's firs	st name and initial	Last name				Spouse's	social security	number
Top10Marr	ied	F	NoKids				234	-56-7890	
Home address (nur 123 Main	nber and	l street). If you have a P.0	D. box, see instructi	ons.		Apt. no.		sure the SSN(s on line 6c are c	
City, town or post o	ffice, sta	te, and ZIP code. If you h	ave a foreign addre	ess, also complete spa	ces below (see in	structions).		ntial Election Ca	
Anywhere			GA 300	)33			Check here i jointly, want	if you, or your spou \$3 to go to this fund	se if filing d. Checking
Foreign country nar	me		Foreign p	province/state/county		Foreign postal code	a box below or refund	will not change you	ur tax Spouse
Filing Status	1 [ 2 ]>	Single	(even if only one	a had income)	<sup>−</sup> <sup>└</sup> qualifyin	household (with q g person is a child ame here.			
Check only one	3	Married filing separ	( J	,		ante nere.			
box.	ິ	and full name here							
		•			5 Qualifyii	ng widow(er) with o	dependent cl	nild	
Exemptions	6a	X Yourself. If sor	neone can claim	you as a dependen	t, <b>do not</b> check	box 6a		oxes checked n 6a and 6b	2
•	b	X Spouse					N	lo. of children	
		Dependents:		(2) Dependent's	(3) Depende	nt's (4) √if child u	nder age 17	n 6c who: lived with you	
	(1) First	name Last nam	9	social security number	relátionship to	qualifying for ch (see instru	ctions)	did not live with	
If more than four							ó	ou due to divorce r separation	
dependents, see								ee instructions)	
instructions and								ependents on 6c ot entered above	
check here ►							A	dd numbers on	2
	d	Total number of exer	nptions claimed					nes above	
Income	7	Wages, salaries, tips		• •			· · · · · ⊢		0,001
	8a	Taxable interest. Atta						8a	0
Attach Form(s)	b	Tax-exempt interest					Ű		240
W-2 here. Also	9a b	Ordinary dividends. A Qualified dividends					120	9a	240
attach Forms		Taxable refunds, cre						10	0
W-2G and	10 11	,	,					10	0
1099-R if tax	12	Business income or						12	0
was withheld.	13	Capital gain or (loss)	,					13	0
If you did not	14	Other gains or (loss)						14	
If you did not get a W-2,	15a	IRA distributions	,			<b>o</b> Taxable amoun		5b	0
see instructions.	16a			16a		<ul> <li>Taxable amount</li> </ul>	-	6b	0

(99)

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, 2013, ending

OMB No. 1545-0074

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Department of the Treasury-Internal Revenue Service

**U.S. Individual Income Tax Return** 

Last name

NoKids

Top10Married

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning Your first name and initial

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

М

		•		5		vidow(er) with	uepenuen		
Exemptions	6a b	X Yourself. If someone can clair X Spouse	n you as a depe				}	Boxes che on 6a and No. of ch	6b∠ ildren
	C (1) First	Dependents:	(2) Depende social security		(3) Dependent's relationship to you	(4) √if child qualifying for c (see instr	nild tax credit	<ul> <li>on 6c wh</li> <li>lived wit</li> <li>did not li you due to</li> </ul>	h you ive with divorce
If more than four dependents, see								or separati (see instru Dependent	ctions)
instructions and check here ►								not entered	above
	d	Total number of exemptions claimed						lines above	· • -
Income	7	Wages, salaries, tips, etc. Attach Fo	orm(s) W-2 .					7	140,00
	8a	Taxable interest. Attach Schedule B	•					8a	
• <i>••</i> • • • • • •	b	Tax-exempt interest. Do not include					0		
Attach Form(s) W-2 here. Also	9a	Ordinary dividends. Attach Schedule						9a	24
attach Forms						I	120		
N-2G and	10	Taxable refunds, credits, or offsets of						10	
1099-R if tax	11	Alimony received						11	
was withheld.	12	Business income or (loss). Attach S						12	
	13	Capital gain or (loss). Attach Schedule D						13	
f you did not	14	Other gains or (losses). Attach Form						14	
et a W-2, see instructions.	15a	IRA distributions				axable amour		15b 16b	
see manuchona.	16a	Pensions and annuities				axable amour		17	
	17	Rental real estate, royalties, partner						17	
	18	Farm income or (loss). Attach Sched						10	
	19 20a		20a			mount		20b	
	20a 21							200	
	21	Other income. List type and amount Combine the amounts in the far righ	t column for line			our total inco		22	140,24
	23	Educator expenses				23			
Adjusted Gross	24	Certain business expenses of reservices fee-basis government officials. Attac	vists, performing	g artists, an	d	24	C	-	
ncome	25	Health savings account deduction. A				25	С		
	26	Moving expenses. Attach Form 390				26	С		
	27	Deductible part of self-employment					С		
	28	Self-employed SEP, SIMPLE, and g					С		
	29	Self-employed health insurance ded	•			29	С		
	30	Penalty on early withdrawal of savin				30	С		
	31a	Alimony paid <b>b</b> Recipient's SSN	• •			31a			
	32	IRA deduction				32	2,000		
	33	Student loan interest deduction				33	1,397		
	34	Tuition and fees. Attach Form 8917.				34			
	35	Domestic production activities dedu	ction. Attach Fo	rm 8903 .		35	С		
	36	Add lines 23 through 35						36	3,39
	37	Subtract line 36 from line 22. This is					•	37	136,84

Form 1040 (2013	۲ س	op10Married M NoKids	123-46-	-5678	320 Page <b>2</b>
101111040 (2013		-			136,844
Tax and	38	Amount from line 37 (adjusted gross income)	· · · · · · · · · · · ·	38	100,011
Credits	39a		<b>39a</b>		
	b	if: <b>Spouse</b> was born before January 2, 1949, <b>Blind. Checked</b> ► If your spouse itemizes on a separate return or you were a dual-status alien, check here			
Standard Deduction	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	17,160
for—	40			41	119,684
<ul> <li>People who check any</li> </ul>	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see		42	7,800
box on line 39a or 39b <b>or</b>	43	<b>Taxable income</b> . Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	111,884
who can be claimed as a		Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c		44	19,817
dependent,	44			45	. 0
see instructions.	45	Alternative minimum tax (see instructions). Attach Form 6251		46	19,817
All others:	46	Add lines 44 and 45	0	40	10,01,
Single or Married filing	47				
separately, \$6,100	48				
Married filing	49		0		
jointly or Qualifying	50				
widow(er),	51				
\$12,200 Head of	52		0		
household, \$8,950	53			54	0
\$0,950	) 54 55	Add lines 47 through 53. These are your <b>total credits</b>		54	19,817
		Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-		55 56	0
Other	56	Self-employment tax. Attach Schedule SE		57	0
Taxes	57	Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919		58	0
	58 59 a	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required Household employment taxes from Schedule H		50 59a	0
	59a b			59b	0
	60	Taxes from: <b>a</b> Form 8959 <b>b</b> Form 8960 <b>c</b> Instructions; enter code(s)		60	0
	61	Add lines 55 through 60. This is your total tax		61	19,817
	62	Federal income tax withheld from Forms W-2 and 1099	15,574		
Payments	63	2013 estimated tax payments and amount applied from 2012 return 63	0		
If you have a	64a	Earned income credit (EIC)			
qualifying	b	Nontaxable combat pay election   64b			
child, attach	65	Additional child tax credit. Attach Schedule 8812			
Schedule EIC.	66	American opportunity credit from Form 8863, line 8			
	67	Reserved			
	68	Amount paid with request for extension to file			
	69	Excess social security and tier 1 RRTA tax withheld	0		
	70	Credit for federal tax on fuels. Attach Form 4136			
	71	Credits from Form:			
		a 2439 b Reserved c 8885 d 71	0		
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	🕨	72	15 <b>,</b> 574
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overp	aid <u></u>	73	
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	►	74a	
Direct deposit?	▶ b		vings		
See instructions.	▶ d	Account number XXXXXXXXXXXXXXXXXX			
	75	Amount of line 73 you want applied to your 2014 estimated tax <b>&gt;</b> 75			
Amount	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instruction	ns 🕨	76	4,243
You Owe	77	Estimated tax penalty (see instructions)			
Third Party	-		Yes. Complete		XNO
Designee	Desigi name		Personal indent number (PIN)		
Sign		penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the I			f,
Here		e true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer signature   Date  Your occupation		ge. e phone nui	mher
Joint return? See	rour c		Dayam	e priorie riu	
instructions. Keep a copy for	Spous	se's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation			Identity Protection
your records.	·		PIN, en here (se	e inst.)	
Paid	Print/T	ype preparer's name         Preparer's signature         Date	Check		IN
Preparer	Cincols	name  Firm's EIN		nployed	
Use Only	Firm's	address Phone no			
	1 1111 5	Phone no	·		

SCHE	DUL	ΕA
(Form	104	0)

Internal Revenue Service

Department of the Treasury

### **Itemized Deductions**

Attach to Form 1040.

Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

OMB No. 1545-0074 Attachmen Sequence No. 07

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321

### Name(s) shown on Form 1040 Your social security number Top10Married M NoKids 123-46-5678 Medical Caution. Do not include expenses reimbursed or paid by others. and Medical and dental expenses (see instructions) . . . . 0 1 1 Dental 136,844 Enter amount from Form 1040, line 38 . . . 2 2 Expenses Multiply line 2 by 10% (.10). But if either you or your spouse was 3 born before January 2, 1949, multiply line 2 by 7.5% (.075) instead 13,684 3 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-4 4 Taxes You 5 State and local (check only one box): Paid Income taxes or a. 0 5 b. General sales taxes 4,000 6 Real estate taxes (see instructions) 6 660 7 7 Personal property taxes . . . . . . . . . . . . . Other taxes. List type and amount 8 0 8 4,660 Add lines 5 through 8 . . . . . . . 9 9 Interest 12,000 10 Home mortgage interest and points reported to you on Form 1098 . . . . . . . . . 10 You Paid 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 **>** Note. Your mortgage interest 0 11 deduction may 12 Points not reported to you on Form 1098. See instructions for be limited (see 0 12 instructions). 0 13 13 Mortgage insurance premiums (see instructions) 14 Investment interest. Attach Form 4952 if required. (See instructions) 14 15 Add lines 10 through 14 12,000 15 . . . . . . . . Gifts to 16 Gifts by cash or check. If you made any gift of \$250 or more, 500 16 Charity see instructions 17 Other than by cash or check. If any gift of \$250 or more, see If you made a 0 17 instructions. You must attach Form 8283 if over \$500 . . . . . gift and got a 0 benefit for it, 18 18 Carryover from prior year see instructions. 500 19 Add lines 16 through 18 19 Casualty and 0 Casualty or theft loss(es). Attach Form 4684. (See instructions.) 20 20 Theft Losses Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. Job Expenses <sup>21</sup> and Certain (See instructions.) Miscellaneous 0 **Deductions** 21 22 **22** Tax preparation fees Other expenses-investment, safe deposit box, etc. List type 23 and amount 0 23 0 24 136,844 25 Enter amount from Form 1040, line 38 . . . 25 2,737 26 26 0 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-27 Other 28 Other-from list in instructions. List type and amount > Miscellaneous **Deductions** 28 0 29 Is Form 1040, line 38, over \$150,000? Total No. Your deduction is not limited. Add the amounts in the far right column [X | Itemized 17,160 for lines 4 through 28. Also, enter this amount on Form 1040, line 40. 29 **Deductions** Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. 30 If you elect to itemize deductions even though they are less than your standard deduction, check here

IRS Use Only-Do not write or staple in this space.

Your social security number

123-46-5678

See separate instructions.

Gross	fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
Income 25	Health savings account deduction. Attach Form 8889		0	
26	Moving expenses. Attach Form 3903	26	0	
27	Deductible part of self-employment tax. Attach Schedule SE	27	0	
28	Self-employed SEP, SIMPLE, and qualified plans	28	0	
29	Self-employed health insurance deduction		0	
30	Penalty on early withdrawal of savings	30	0	
31a	Alimony paid <b>b</b> Recipient's SSN ▶	31a		
32	IRA deduction	32 2,0	00	
33	Student loan interest deduction	<b>33</b> 1,3	97	
34	Tuition and fees. Attach Form 8917.	34		
35	Domestic production activities deduction. Attach Form 8903	35	0	
36	Add lines 23 through 35		. 36	;
37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b>		▶ 37	, 1
KIA For Disclosur	e, Privacy Act, and Paperwork Reduction Act Notice, see separate instru	ctions.	<u> </u>	Form 1

If a joint return, spo Top10Marr:		st name and initial F	Last name 2Kids						<b>'s social</b> 34-56-	-	number
Home address (num 123 Main	nber and	d street). If you have a P.O.	box, see instruction	ons.			Apt. no.		ike sure th nd on line		
	ffice, sta	te, and ZIP code. If you hav	e a foreign addre	ss, also complete spac	es below (see	instruction	s).		lential Ele		
Anywhere			GA 300	33					re if you, or ant \$3 to go		
Foreign country nar	me		Foreign p	rovince/state/county		Foreign	postal code		ow will not o	change you	r tax
											Spouse
Filing Status	1	Single					old (with qua				
5	2	Married filing jointly (	even if only one	e had income)		name he	n is a child b re.	ut not yt	ui uepei	ident, ei	
Check only one	3	Married filing separat		,	•						
box.	J [	and full name here.				المعادية الم			مامناط		
		►			5 Qualify	/ing wido	w(er) with de	penden	child		
Exemptions	6a	X Yourself. If some	one can claim	you as a dependent,	do not chec	k box 6a		]	Boxes ch on 6a and		2
•	b	X Spouse						ł	No. of c		
	C	Dependents:	<u></u>	(2) Dependent's	(3) Depend	lont'o	(4) √if child unde		on 6c w		2
	(1) First			social security number	relationship		qualifying for child t (see instructio	ax credit	<ul> <li>lived w</li> <li>did not</li> </ul>	-	
	Chi	ld 2Kids		345-67-8901	Son		X		you due t or separa	o divorce	
If more than four	Chi	ld2 2Kids		456-78-9012	Daughte:	r	Х		(see instr		
dependents, see instructions and									Depender		
check here ►									not enter		
	d	Total number of exemp	tions claimed						Add num lines abo		4
Incomo	7	Wages, salaries, tips, e	etc Attach Forr	m(s) W-2					7	140	,001
Income	8a	Taxable interest. Attac		()					8a		0
	b						b	0			
Attach Form(s)	9a	Ordinary dividends. Att				-	-		9a		240
W-2 here. Also	b	,						120			
attach Forms	10	Taxable refunds, credit	ts, or offsets of	state and local incor	ne taxes				10		0
W-2G and 1099-R if tax	11	Alimony received	<i>.</i>						11		
was withheld.	12	Business income or (lo	ss). Attach Sch	edule C or C-EZ					12		0
Nuo Milliola.	13	Capital gain or (loss). A	ttach Schedule D if	required. If not required, ch	eck here			▶ 🗌	13		0
lf you did not	14	Other gains or (losses)	. Attach Form 4	797					14		
get a W-2,	15a	IRA distributions		15a		<b>b</b> Taxa	ble amount		15b		0
see instructions.	16a	Pensions and annuities	<b>3</b>	16a		<b>b</b> Taxa	ble amount		16b		0
	17	Rental real estate, roya	alties, partnersh	ips, S corporations,	trusts, etc. At	tach Sch	edule E		17		
	18	Farm income or (loss).	Attach Schedu	le F					18		0
	19	Unemployment compe	nsation						19		
	20a	Social security benefits	3 20	a	<b>b</b> Taxal	ble amou	nt		20b		
	21	Other income. List type	and amount						21		0
	22	Combine the amounts	in the far right o	column for lines 7 thr	ough 21. This	s is your l	total income		22	140	,241
Adjusted	23	Educator expenses				2	3	0			
Adjusted Gross	24	Certain business exper						0			
Income		fee-basis government				-		0	-		
meome	25	Health savings accoun				-		0	-		
	26	Moving expenses. Atta						0			
	27	Deductible part of self-						0			
	28	Self-employed SEP, SI						0			
	29	Self-employed health in						0			
	30 21 c	Penalty on early withdr	-					0			
	31a 32	Alimony paid <b>b</b> Reci	•					2,000			
								1,397			
	33 34	Student loan interest d Tuition and fees. Attack				3	-	-, 557			
					2	-		0			
	35	Domestic production a				· · · L	-	0		<u>م</u>	207
	36	Add lines 23 through 3							36		,397
KIA For Dis	37	Subtract line 36 from line						🟴	37	orm <b>104</b>	<b>,</b> 844
	sciosul	re, Privacy Act, and Pa	perwork Reau	LUON ACLINUTICE, SE	e separate l	ເກລເກີນCTIC	///5.		FC	лп 104	

(99)

2013

, 2013, ending

OMB No. 1545-0074

,20

Department of the Treasury-Internal Revenue Service

U.S. Individual Income Tax Return

Last name

2Kids

łU

Top10Married

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning Your first name and initial

М

Form 1040 (2013)	۰ ۳	op10Married M 2Kids	123-46-	-5678	323
101111040 (2013)		<u><u></u></u>			Page <b>2</b> 136,844
Tax and	38	Amount from line 37 (adjusted gross income)	· · · · · · · · · · ·	38	100,011
Credits	39a	Check You were born before January 2, 1949, Blind. Total boxes	0		
	· •	if: <b>Spouse</b> was born before January 2, 1949, <b>Blind</b> . <b>Spouse</b> was born before January 2, 1949, <b>Blind</b> . <b>Spouse</b> was born before January 2, 1949, <b>Spouse</b> Blind. <b>Spouse</b> was born before January 2, 1949, <b>Spouse</b> Blind. <b>Spouse</b> was born before January 2, 1949, <b>Spouse</b> Blind. <b>Spouse</b> was born before January 2, 1949, <b>Spouse</b> Blind. <b>Spouse</b> was born before January 2, 1949, <b>Spouse</b> Blind. <b>Spouse</b> was born before January 2, 1949, <b>Spouse</b> Blind. <b>Spouse</b>	39a		
Standard Deduction	<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here		40	17,160
for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	119,684
<ul> <li>People who check any</li> </ul>	41	Subtract line 40 from line 38		42	15,600
box on line 39a or 39b <b>or</b>	42	• • • • • • • • • • • • • • • • • • • •		43	104,084
who can be	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0		_	17,867
claimed as a dependent.	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	<u> </u>	44	
see instructions.	45	Alternative minimum tax (see instructions). Attach Form 6251	🕨	45	0
All others:	46	Add lines 44 and 45		46	17,867
Single or	47	Foreign tax credit. Attach Form 1116 if required	0		
Married filing separately,	48	Credit for child and dependent care expenses. Attach Form 2441	1,200		
\$6,100	49	Education credits from Form 8863, line 19			
Married filing jointly or	50	Retirement savings contributions credit. Attach Form 8880	0		
Qualifying widow(er),	51	Child tax credit. Attach Schedule 8812, if required	650		
\$12,200	52	Residential energy credits_Attach Form 5695 52			
Head of household,	53	Other credits from Form: <b>a</b> 3800 <b>b</b> 8801 <b>c</b> 53	0		
\$8,950	54	Add lines 47 through 53. These are your total credits		54	1,850
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-		55	16,017
Other	56	Self-employment tax. Attach Schedule SE		56	0
Taxes	57	Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919 .		57	0
Iuxoo	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		58	0
	59 a	Household employment taxes from Schedule H		59a	0
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		59b	0
	60	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)		60	16,017
	61	Add lines 55 through 60. This is your total tax	► 14,404	61	10,017
Payments	62 63	Federal income tax withheld from Forms W-2 and 1099       62         2013 estimated tax payments and amount applied from 2012 return       63	0		
If you have a	64a	Earned income credit (EIC)			
qualifying	b	Nontaxable combat pay election   64b			
child, attach	65	Additional child tax credit. Attach Schedule 8812			
Schedule EIC.	66	American opportunity credit from Form 8863, line 8			
	67	Reserved			
	68	Amount paid with request for extension to file			
	69	Excess social security and tier 1 RRTA tax withheld	0		
	70	Credit for federal tax on fuels. Attach Form 4136			
	71	Credits from Form:			
		a 2439 b Reserved c 8885 d 71	0		
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments		72	14,404
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overp	aid	73	
	74a	Amount of line 73 you want <b>refunded to you.</b> If Form 8888 is attached, check here	· · · •	74a	
Direct deposit? See	► <sup>b</sup> .		vings		
instructions.	•d				
	75	Amount of line 73 you want applied to your 2014 estimated tax  75 75	<b>_</b>	70	1,613
Amount You Owe	76 77	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instruction Estimated tax penalty (see instructions)	ns 🕨	76	1,013
			Yes. Complete	l a helow	X No
Third Party Designee	Desigi	nee's Phone I	Personal indent		
	name		number (PIN)		f
Sign		e true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer			,
Here Joint return? See	Your s	signature Date Your occupation	Daytim	e phone nu	mber
instructions.	8 mm	e's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation	If the IF	S sent you ar	Identity Protection
Keep a copy for your records.	Spous	e's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation	PIN, en here (se	ter it	
Paid	Print/T	Type preparer's name         Preparer's signature         Date	Check	PT	IN
Palo Preparer			self-en	nployed	
Use Only	Firm's	-			
-	⊢ırm's	address Phone no			

SCHE	DULE A
(Form	1040)

## **Itemized Deductions**

OMB No. 1545-0074 20

324

· · · ·		Information about Schedule A and its separate instructions is at	www.	irs.gov/schedulea	.	2013
Department of the Treasu Internal Revenue Service		Attach to Form 1040.				Attachment Sequence No. 07
Name(s) shown on Fo Top10Ma		40 ad M 2Kids				social security number $23 - 46 - 5678$
Medical		Caution. Do not include expenses reimbursed or paid by others.				
and		Medical and dental expenses (see instructions)	1	0		
Dental Expenses		Enter amount from Form 1040, line 38   2   136, 844				
Lybenses	3	Multiply line 2 by 10% (.10). But if either you or your spouse was		12 (04		
		born before January 2, 1949, multiply line 2 by 7.5% (.075) instead	3	13,684		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	0
Taxes You	5	State and local (check only one box):				
Paid		a. Income taxes or	5	0		
		b. General sales taxes $\int$				
	6	Real estate taxes (see instructions)	6	4,000		
	7	Personal property taxes	7	660		
	8	Other taxes. List type and amount				
			8	0		
	9	Add lines 5 through 8			9	4,660
Interest		Home mortgage interest and points reported to you on Form 1098	10	12,000		
You Paid		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 ►				
Note.						
Your mortgage						
interest			11	0		
deduction may be limited (see	12	Points not reported to you on Form 1098. See instructions for		0		
instructions).		special rules	12	0		
		Mortgage insurance premiums (see instructions)	13	0		
		Investment interest. Attach Form 4952 if required. (See instructions)	14			10.000
0:55-1-		Add lines 10 through 14			15	12,000
Gifts to Charity		Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	500		
If you made a		Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500	17	0		
gift and got a benefit for it,		Carryover from prior year	18	0		
see instructions.		Add lines 16 through 18			19	500
Casualty and		v.				
Theft Losses					20	0
Job Expenses	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required.				
and Certain		(See instructions.) $\blacktriangleright$				
Miscellaneous	•			0		
Deductions			21	0		
		Tax preparation fees	22			
		Other expenses—investment, safe deposit box, etc. List type and amount				
			23	0		
	24		24	0		
	25	Add lines 21 through 23         10000         1000         1000         1				
	26	Multiply line 25 by 2% (.02)	26	2,737		
		Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27	0
Other		Other—from list in instructions. List type and amount ►				1
Miscellaneous Deductions	-				20	0
Total	29	Is Form 1040, line 38, over \$150,000?			28	
Itemized		No. Your deduction is not limited. Add the amounts in the far right colum	n	ר		17 100
Deductions		<ul> <li>for lines 4 through 28. Also, enter this amount on Form 1040, line 40.</li> <li>Yes. Your deduction may be limited. See the Itemized Deductions</li> </ul>		<b>}</b>	29	17,160
	20	└─┘ Worksheet in the instructions to figure the amount to enter.		J		
		If you elect to itemize deductions even though they are less than your standa deduction, check here				
KIA For Pap	erwor	k Reduction Act Notice, see Form 1040 instructions.		Sch	nedul	e A (Form 1040) 2013

<b>2441</b>	Child	and Depen	dent Care Exp	enses 🔽	040A	C	325 MB No. 1545-0074
orm <b>Z4+4+</b> I	_	-			1040 040NR		<u>ົ</u> ∩ <b>1</b> 2
			form 1040A, or Form 1040		2441		2013
partment of the Treasury ernal Revenue Service (99)			41 and its separate instru w.irs.gov/form2441.	ictions is at	2441		ttachment seguence No. <b>21</b>
me(s) shown on return			-		Ye	our social sec	
p10Married M 2						123-46	-5678
			rovided the Care—Ye		ete this par	t.	
(a) Care provider's name		(number, s	<b>(b)</b> Address street, apt. no., city, state, and	ZIP code)		ing number or EIN)	(d) Amount paid (see instructions)
Daycare		1000 Mai	n St		67-89	01234	15,600
				·			
Г	Did yo	ou receive	No	Complete only	y Part II belo	ow.	
-	-	care benefits?		Complete Par			
ution. If the care was	s provided in	n your home, you n	nay owe employment tax	tes. If you do, yoι	u cannot file	Form 1040	A. For details,
e the instructions for			· · · · · · · · · · · · · · · · · · ·				
		nd Dependent C	•			notru oti ·	
Information about		ying person(s). If ying person's name	you have more than two			1	ed expenses you
First	(a) Quain	ying person's name	Last	(b) Qualifying pers security nu		incurred and	paid in 2013 for the sted in column (a)
Child		2Kids		345-67-	8901	porcerrin	7,800
Child2		2Kids		456-78-	9012		7,800
person or \$6,000 f			enter more than \$3,000 t completed Part III, enter		2		6,000
from line 31 Enter vour <b>earned</b>					3		77,778
Enter your earned					· · ·   -		
			d income (if you or your others, enter the amou		5		62 <b>,</b> 223
Enter the <b>smalles</b>					6		6,000
Enter the amount	from Form 1	040, line 38; Form		136,844			
			that applies to the amou	Int on line 7			
If line 7 is:			If line 7 is:			-	
		Decimal	But not	Decimal			
<u> </u>							
Over o	ver	amount is	Over over	amount is		-	
Over o \$0—1	5,000	.35	\$29,000—31,000	.27			
Over c \$0—1 15,000—1	5,000 7,000	.35 .34	\$29,000—31,000 31,000—33,000	.27 .26	8		× 0.20
Over \$0-1 15,000-1 17,000-1	5,000 7,000 9,000	.35 .34 .33	\$29,000—31,000 31,000—33,000 33,000—35,000	.27 .26 .25	8		× 0.20
Over \$0-1 15,000-1 17,000-1 19,000-2	5,000 7,000 9,000 1,000	.35 .34	\$29,000—31,000 31,000—33,000	.27 .26	8		<b>x</b> 0.20
Over \$0-1 15,000-1 17,000-1	5,000 7,000 9,000 1,000 3,000	.35 .34 .33 .32	\$29,000—31,000 31,000—33,000 33,000—35,000 35,000—37,000	.27 .26 .25 .24	8		× 0.20
Over \$0-1: 15,000-1 17,000-1 19,000-2 21,000-2	5,000 7,000 9,000 1,000 3,000 5,000	.35 .34 .33 .32 .31	\$29,000—31,000 31,000—33,000 33,000—35,000 35,000—37,000 37,000—39,000	.27 .26 .25 .24 .23	8		× 0.20
Over \$01 15,0001 17,0001 19,0002 21,0002 23,0002	5,000 7,000 9,000 1,000 3,000 5,000 7,000	.35 .34 .33 .32 .31 .30	\$29,000—31,000 31,000—33,000 33,000—35,000 35,000—37,000 37,000—39,000 39,000—41,000	.27 .26 .25 .24 .23 .22 .21	8		× 0.20
Over         c           \$0—1:         15,000—1           17,000—1:         19,000—2           21,000—2         23,000—2           25,000—2         27,000—2           27,000—2         Multiply line 6 by t	5,000 7,000 9,000 1,000 3,000 5,000 7,000 9,000 he decimal	.35 .34 .33 .32 .31 .30 .29 .28 amount on line 8. If	\$29,000—31,000 31,000—33,000 33,000—35,000 35,000—37,000 37,000—39,000 39,000—41,000 41,000—43,000 43,000—No limit you paid 2012 expense	.27 .26 .25 .24 .23 .22 .21 .20 s in 2013, see	8		× 0.20
Over         c           \$0-1         \$0-1           15,000-1         17,000-1           19,000-2         21,000-2           23,000-2         23,000-2           25,000-2         27,000-2           Wultiply line 6 by the instructions         .	5,000 7,000 9,000 1,000 3,000 5,000 7,000 9,000 he decimal 5	.35 .34 .33 .32 .31 .30 .29 .28 amount on line 8. If	\$29,000—31,000 31,000—33,000 33,000—35,000 35,000—37,000 37,000—39,000 39,000—41,000 41,000—43,000 43,000—No limit you paid 2012 expense	.27 .26 .25 .24 .23 .22 .21 .20 s in 2013, see			
Over         c           \$0-1         \$0-1           15,000-1         17,000-1           19,000-2         21,000-2           23,000-2         25,000-2           27,000-2         27,000-2           0         Multiply line 6 by t           the instructions         .           Tax liability limit. E	5,000 7,000 9,000 1,000 3,000 5,000 7,000 9,000 he decimal 5  Enter the am	.35 .34 .33 .32 .31 .30 .29 .28 amount on line 8. If	\$29,000—31,000 31,000—33,000 33,000—35,000 35,000—37,000 37,000—39,000 39,000—41,000 41,000—43,000 43,000—No limit you paid 2012 expense	.27 .26 .25 .24 .23 .22 .21 .20 s in 2013, see			
Over         c           \$0-1:         \$0-1:           15,000-1:         17,000-1:           19,000-2         21,000-2           23,000-2         23,000-2           27,000-2         27,000-2           0         Multiply line 6 by t           the instructions         .           Tax liability limit. E         Limit Worksheet ir	over           5,000           7,000           9,000           1,000           3,000           5,000           7,000           9,000           he decimal and an experimental and a second	.35 .34 .33 .32 .31 .30 .29 .28 amount on line 8. If 	\$29,000—31,000 31,000—33,000 33,000—35,000 35,000—37,000 37,000—39,000 39,000—41,000 41,000—43,000 43,000—No limit you paid 2012 expense	.27 .26 .25 .24 .23 .22 .21 .20 s in 2013, see 			

Form	2441 (2013) Top10Married M 2Kids		123-46-5678	326 Page <b>2</b>
Pa				i ugo <b>_</b>
12	Enter the total amount of <b>dependent care benefits</b> you received in 2013. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Do not</b> include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	. 12		0
13	Enter the amount, if any, you carried over from 2012 and used in 2013 during the grace period. See instructions	13		
14	Enter the amount, if any, you forfeited or carried forward to 2014. See instructions	14	(	0)
15	Combine lines 12 through 14. See instructions	15		0
16	Enter the total amount of qualified expenses incurred			
	in 2013 for the care of the qualifying person(s) 16 15,600	-		
17		-		
18		-		
19	<ul> <li>Enter the amount shown below that applies to you.</li> <li>If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5).</li> </ul>			
	If married filing separately, see instructions.			
~~	• All others, enter the amount from line 18. J Enter the smallest of line 17, 18, or 19, 20, 0			
20		-		
21	Enter \$5,000 (\$2,500 if married filing separately <b>and</b> you were required to enter your spouse's earned			
	income on line 19)			
22	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.)			
	X No. Enter -0			
	Yes. Enter the amount here	22		0
23	Subtract line 22 from line 15			
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on			0
	the appropriate line(s) of your return. See instructions	24		0
25	<b>Excluded benefits. Form 1040 and 1040NR filers:</b> If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0 Form 1040A filers: Enter the smaller of line 20 or line 21	25		0
26	<b>Taxable benefits. Form 1040 and 1040NR filers:</b> Subtract line 25 from line 23. If zero or less, enter -0 Also, include this amount on Form 1040, line 7; or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7; or Form 1040NR, line 8, enter "DCB." <b>Form 1040A filers:</b> Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB"	26		0
	To claim the child and dependent care credit, complete lines 27 through 31 below.			
27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	6	,000
28	Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25	28		0
29	Subtract line 28 from line 27. If zero or less, <b>stop.</b> You cannot take the credit. <b>Exception.</b> If you paid 2012 expenses in 2013, see the instructions for line 9	29	6	,000
30	Complete line 2 on page 1 of this form. <b>Do not</b> include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30	15	,600
31	Enter the <b>smaller</b> of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	6	,000

Form 2441 (2013)

KIA

IRS Use Only-Do not write or staple in this space.

See separate instructions.

OMB No. 1545-0074

,20

, 2013, ending

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2013)

		М								ecurity nur	
Top10Marr.		M	2KidsOne	Earner						6-5678	
If a joint return, spo Top10Marr		st name and initial F	Last name 2Kids							ial security 6-7890	
				iono			Antina	<u>∠</u> .	54-5	6-7890	)
123 Main	nber and	street). If you have a P.O.	dox, see instruct	ions.			Apt. no.			e the SSN( ine 6c are o	
City, town or post o	ffice, sta	te, and ZIP code. If you hav	e a foreign addre	ess, also complete spac	es below (see in	nstruction	s).			Election C	
Anywhere			GA 300	)33						, or your spo go to this fur	
Foreign country nar	me		Foreign p	province/state/county		Foreign	postal code	a box bel or refund		ot change yo	our tax
Filing Status	1 [ 2 ]>	Single	even if only on		⁻ └── qualifyi		old (with qua n is a child b				
Check only one	 3 [	Married filing separat	,	,							
box.	•	and full name here. ►			5 Qualify	ring wido	w(er) with de	ependent	t child		
Exemptions	6a	X Yourself. If some	one can claim	you as a dependent,	do not check	k box 6a		· · · ]		checked and 6b	2
	b	X Spouse						∫		f children	
	С	Dependents:		(2) Dependent's	(3) Depende	ent's	(4) vif child und qualifying for child	ler age 17 tax credit		: who: d with you	2
	(1) First			social security number	relationship t	to you	(see instructions)		• did vou du	not live with	
If more than four	Chil Chil			345-67-8901 456-78-9012			X		or sep	aration structions)	-
dependents, see				456-78-9012	Daughter	-	Δ		•	idents on 6c	
instructions and										tered above	
check here ►	d	Total number of exemp	tions claimed		l 				Add n lines a	umbers on bove	4
Income	7	Wages, salaries, tips, e	tc. Attach For	m(s) W-2					7	7	7,778
	8a	Taxable interest. Attacl	h Schedule B i	frequired					8a		0
• • • • • • • •	b	Tax-exempt interest. D					b	0			
Attach Form(s) W-2 here. Also	9a	Ordinary dividends. Atta		•					9a		240
attach Forms	b	Qualified dividends .						120			0
W-2G and	10	Taxable refunds, credit							10		0
1099-R if tax	11	Alimony received							11		0
was withheld.	12	Business income or (lo	,						12		0
	13	Capital gain or (loss). A							13 14		0
If you did not	14	Other gains or (losses)							14 15b		0
get a W-2, see instructions.	15a	IRA distributions Pensions and annuities					ble amount		16b		0
	16a 17	Rental real estate, roya					ble amount		17		0
	17	Farm income or (loss).							18		0
	10	Unemployment compe							19		
	20a	Social security benefits	1.00	)a					20b		
	20a 21	Other income. List type			4				21		0
	21	Combine the amounts i			rough 21 This	s is vour f	total income	 e ▶	22	7	8,018
	23							0			
Adjusted Gross	24	Certain business exper fee-basis government of	nses of reservi	sts, performing artists	s, and		-	0	-		
Income	25	Health savings account						0			
	26	Moving expenses. Atta					6	0			
	27	Deductible part of self-				-	7	0			
	28	Self-employed SEP, SI					8	0			
	29	Self-employed health ir					9	0			
	30	Penalty on early withdr						0			
	31a		-				а				
	32	IRA deduction				3		0			
	33	Student loan interest de	eduction			3	3	2,500			
	34	Tuition and fees. Attack	n Form 8917.			3					
	35	Domestic production ad	ctivities deduct	ion. Attach Form 890	)3		5	0			
	36	Add lines 23 through 3	5						36		2,500
	37	Subtract line 36 from lin							37	7	5,518

Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return 2013

040

KIA

For the year Jan. 1-Dec. 31, 2013, or other tax year beginning

Form 1040 (2013	) ጥ	op10Married M 2KidsOneEarner	123-46-	-5678	328
101111040 (2013		<u> </u>			Page <b>2</b> 75,518
Tax and	38	Amount from line 37 (adjusted gross income)	· · · · · · · · · · ·	38	, 3, 310
Credits	39a		<b>39a</b> 0		
	) <b>h</b>	if: <b>Spouse</b> was born before January 2, 1949, <b>Blind. Checked</b> ► If your spouse itemizes on a separate return or you were a dual-status alien, check here			
Standard Deduction	b			40	17,160
for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin) Subtract line 40 from line 38		41	58,358
<ul> <li>People who check any</li> </ul>	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see		42	15,600
box on line 39a or 39b <b>or</b>	43	<b>Taxable income</b> . Subtract line 42 from line 41. If line 42 is more than line 41, enter -0		43	42,758
who can be				44	5,501
claimed as a dependent,	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c			0
see instructions.	45	Alternative minimum tax (see instructions). Attach Form 6251		45	5,501
All others:	46	Add lines 44 and 45	0	46	5,501
Single or	47	Foreign tax credit. Attach Form 1116 if required	0		
Married filing separately,	48	Credit for child and dependent care expenses. Attach Form 2441 48			
\$6,100 Married filing	49	Education credits from Form 8863, line 19	0		
jointly or	50	Retirement savings contributions credit. Attach Form 8880	2,000		
Qualifying widow(er),	51	Child tax credit. Attach Schedule 8812, if required	2,000		
\$12,200	52	Residential energy credits. Attach Form 5695   52     Other anglite form Form 2   3900	0		
Head of household,	53	Other credits from Form: a 3800 b 8801 c 53			0 000
\$8,950	54	Add lines 47 through 53. These are your total credits		54	2,000
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	🕨	55	3,501
Other	56	Self-employment tax. Attach Schedule SE		56	0
Taxes	57	Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919 .		57	0
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		58	0
	59 a	Household employment taxes from Schedule H		59a	0
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		59b	0
	60	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)		60	0
	61	Add lines 55 through 60. This is your total tax		61	3,501
Payments	62 62	Federal income tax withheld from Forms W-2 and 1099       62         2013 estimated tax payments and amount applied from 2012 return       63	5,434		
	63		0		
If you have a qualifying	64a	Earned income credit (EIC)			
child, attach	b	Nontaxable combat pay election     64b       Additional child tax credit. Attach Schedule 8812     65			
Schedule EIC.	65				
	/ 66 67	American opportunity credit from Form 8863, line 8         66           Reserved         67			
	68	Amount paid with request for extension to file			
	69	Excess social security and tier 1 RRTA tax withheld	0		
	70	Credit for federal tax on fuels. Attach Form 4136			
	71	Credits from Form:			
		a 2439 b Reserved c 8885 d 71	0		
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments		72	5,434
	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you <b>overp</b>		73	1,933
Refund	74a	Amount of line 73 you want <b>refunded to you.</b> If Form 8888 is attached, check here		74a	1,933
Direct deposit?	b		vings		
See	d				
instructions.	75	Amount of line 73 you want applied to your 2014 estimated tax  75	0		
Amount	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instruction	ns 🕨	76	
You Owe	77	Estimated tax penalty (see instructions)			
Third Party	Do yo	ou want to allow another person to discuss this return with the IRS (see instructions)?	Yes. Complete	e below	X No
Designee	Desigi		Personal indent	ification	
	name Under i	▶ no. ► no penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the I	number (PIN) best of my knowle	dae and helia	ef.
Sign		e true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer			.,
Here	Your s	signature Date Your occupation	Daytim	e phone nu	mber
Joint return? See instructions.	S	ala ajanatura. If a jaint ratura, hath must airan	If the IF	S sent vou a	n Identity Protection
Keep a copy for your records.	Spous	e's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation	PIN, en	ter it	Jenny Protocion
	Print/T	ype preparer's name Preparer's signature Date	here (se	P	TIN
Paid Proparor			Check self-en	nployed	
Preparer Use Only	Firm's	name Firm's EIN	1		
Job Only	Firm's	address > Phone no	•		

SCHE	DULE A
(Form	1040)

# **Itemized Deductions**

OMB No. 1545-0074

329

Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.						
Department of the Treasu Internal Revenue Service		► Attach to Form 1040.		-		Attachment Sequence No. 07
Name(s) shown on Fo	orm 104	40 ed M 2KidsOneEarner				social security number 23-46-5678
Medical		Caution. Do not include expenses reimbursed or paid by others.				
and	1	Medical and dental expenses (see instructions)	1	0		
Dental Expenses		Enter amount from Form 1040, line 38 2 75, 518				
Expenses	3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1949, multiply line 2 by 7.5% (.075) instead		7,552		
			3	1,332		
		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	· · · ·		4	0
Taxes You	5	State and local (check only one box):				
Paid		a. Income taxes or	5	0		
		b. General sales taxes		4 000		
	6	Real estate taxes (see instructions)	6	4,000		
		Personal property taxes	7	660		
	8	Other taxes. List type and amount				
			8	0		
	9	Add lines 5 through 8			9	4,660
Interest		Home mortgage interest and points reported to you on Form 1098	10	12,000		
You Paid		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				
Note.						
Your mortgage						
interest deduction may			11	0		
be limited (see		Points not reported to you on Form 1098. See instructions for	12	0		
instructions).		special rules	12	0		
		Mortgage insurance premiums (see instructions)		0		
		Investment interest. Attach Form 4952 if required. (See instructions)	·		4-	12,000
Gifts to		Add lines 10 through 14			15	12,000
Charity			16	500		
If you made a	17	Other than by cash or check. If any gift of \$250 or more, see		0		
gift and got a		instructions. You must attach Form 8283 if over \$500	17	0		
benefit for it,		Carryover from prior year	18	0		
see instructions.	19	Add lines 16 through 18			19	500
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20	0
Job Expenses	21	Unreimbursed employee expenses—job travel, union dues,			20	
and Certain		job education, etc. Attach Form 2106 or 2106-EZ if required.				
Miscellaneous	;	(See instructions.) ►				
Deductions			21	0		
	22	Tax preparation fees	22			
		Other expenses—investment, safe deposit box, etc. List type				
		and amount		0		
			23	0		
	24	Add lines 21 through 23	24	0		
			26	1,510		
		Multiply line 25 by 2% (.02)			27	0
Other		Other—from list in instructions. List type and amount				
Miscellaneous						
Deductions					28	0
Total	29	Is Form 1040, line 38, over \$150,000?	-			
Itemized		No. Your deduction is not limited. Add the amounts in the far right colum for lines 4 through 28. Also, enter this amount on Form 1040, line 40.	11	<b>L</b>	29	17 <b>,</b> 160
Deductions		Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		J		
		If you elect to itemize deductions even though they are less than your standa		. —		
KIA For Pap	0040-	deduction, check here		<b>&gt;</b>	hodule	A (Form 1040) 2013
ing in Pap	01400			30	ult	2013

IRS Use Only—Do not write or staple in this space.

Your social security number

123-46-5678

Spouse's social security number

See separate instructions.

Top10Marr	ied	F 2Kids					2	34-50	6-7890	
Home address (nur 123 Main	mber and	d street). If you have a P.O. box, see instru	uctions.			Apt. no.			the SSN(s) te 6c are co	
City, town or post o	office, sta	te, and ZIP code. If you have a foreign ad	dress, also complete space	es below (see in	nstructions	).	Presic	lential E	Election Ca	mpaign
Anywhere		GA 3	0033						or your spous	
Foreign country na	me	Foreig	n province/state/county		Foreign p	ostal code	a box bel	ow will no	go to this fund ot chan <u>ge yo</u> u	
							or refund		You S	Spouse
Filing Status	1	Single				old (with qua				
i ning Status	2		ana had incoma)			n is a child b	ut not yo	our dep	endent, er	nter this
Charle and an	-	Married filing separately. Enter sp	,	child S f	name her	e.				
Check only one box.	3	and full name here.	ouse's SSIN above							
box.		►		5 Qualifyi	ing widov	v(er) with de	pendent	t child		
Exemptions	6a	X Yourself. If someone can clai	m vou as a dependent	do not check	box 6a		٦		checked	2
Exemptions							•••	on 6a a No of	nd 6b children	
	b		<u> </u>					on 6c	who:	2
	C (1) First	Dependents: name Last name	(2) Dependent's social security number	(3) Depender relationship to	5111.5	qualifying for child t (see instructio	tax credit		with you	3
	Chi		345-67-8901	Son	-	(see instructio	115)	you du	ot live with e to divorce	
If more than four	Chi		456-78-9012			X		or sepa (see ins	iration structions)	
dependents, see		Child 2Kids	897-54-2134	-		X			lents on 6c	
instructions and check here ►	510.		007 01 2101	0011		21		not ent	ered above	
	b	Total number of exemptions claime	d					Add nu lines at	mbers on	5
								7		,778
Income	7 89	Wages, salaries, tips, etc. Attach F <b>Taxable</b> interest. Attach Schedule						8a	, ,	0
		Tax-exempt interest. Do not include			i i	1	0			
Attach Form(s)		Ordinary dividends. Attach Schedul						9a		240
W-2 here. Also		Qualified dividends					120	Ja		
attach Forms	10	Taxable refunds, credits, or offsets						10		0
W-2G and	11	Alimony received						11		
1099-R if tax was withheld.	12	Business income or (loss). Attach S						12		0
was withineit.	13	Capital gain or (loss). Attach Schedule						13		0
lf you did not	14	Other gains or (losses). Attach For						14		
get a W-2,	15a	IRA distributions				le amount		15b		0
see instructions.	16a	Pensions and annuities			<b>b</b> Taxab	le amount		16b		0
	17	Rental real estate, royalties, partne	rships, S corporations,	trusts, etc. Att	ach Sche	edule E .		17		
	18	Farm income or (loss). Attach Sche	dule F					18		0
	19	Unemployment compensation						19		
	20a	Social security benefits	20a	<b>b</b> Taxab	le amour	nt		20b		
	21	Other income. List type and amoun	t					21		0
	22	Combine the amounts in the far rig	ht column for lines 7 th	rough 21. This	is your t	otal income		22	78	,018
Adjusted	23	Educator expenses			23	3	0			
Gross	24	Certain business expenses of rese	• •				0			
Income		fee-basis government officials. Atta					0			
meome	25	Health savings account deduction.					0			
	26	Moving expenses. Attach Form 390					0			
	27	Deductible part of self-employment					0			
	28	Self-employed SEP, SIMPLE, and					0			
	29	Self-employed health insurance de					0			
	30	Penalty on early withdrawal of savi	-				0			
	31a 32	Alimony paid <b>b</b> Recipient's SSN IRA deduction	▶				Ω			
							2,500			
	33 34	Student loan interest deduction Tuition and fees. Attach Form 8917			33		_, 000			
				22			0			
	35	Domestic production activities dedu			· · ·		•		0	E 0 0
	36	Add lines 23 through 35						36	2	,500

(99)

3

, 2013, ending

OMB No. 1545-0074

,20

Department of the Treasury-Internal Revenue Service

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning Your first name and initial

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

37

KIA

М

Top10Married

**U.S. Individual Income Tax Return** 

Last name

Last name

2KidsOneEarner

► 37 75,518

Form 1040 (2013)	۰ ۳	op10Married M 2KidsOneEarner 12	23-46-56	<b>331</b>
101111040 (2013)		1		75 510
Tax and	38	Amount from line 37 (adjusted gross income)		<b>, , , , , , , , , ,</b>
Credits	39a		<b>a</b> 0	
	) b	if: <b>Spouse</b> was born before January 2, 1949, <b>Blind. Checked</b> ► <b>39</b> If your spouse itemizes on a separate return or you were a dual-status alien, check here ►	39b	
Standard Deduction	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		17,160
for—	41	Subtract line 40 from line 38		50.050
<ul> <li>People who check any</li> </ul>	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instru		19,500
box on line 39a or 39b <b>or</b>	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0		38,858
who can be claimed as a	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44	4,916
dependent, see	44	Alternative minimum tax (see instructions). Attach Form 6251	· · · · ·	0
instructions.	45	Add lines 44 and 45		1 01 6
All others:	-		0	, , , , , , , , , , , , , , , , , , , ,
Single or Married filing	47		0	
separately, \$6,100	48			
Married filing	49		0	
jointly or Qualifying	50		3,000	
widow(er), \$12,200	51 52	Child tax credit. Attach Schedule 8812, if required		
Head of	52	Other credits from Form: a         3800         b         8801         c         53	0	
household, \$8,950	54	Add lines 47 through 53. These are your total credits		3,000
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-		1 01 0
	56	Self-employment tax. Attach Schedule SE		
Other	57	Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919		
Taxes	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		
	50 59 a	Household employment taxes from Schedule H		
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		<b>b</b> 0
	60	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	60	0
	61	Add lines 55 through 60. This is your total tax		1,916
Payments	62		5,434	
	63	2013 estimated tax payments and amount applied from 2012 return 63	0	
If you have a	64a	Earned income credit (EIC)		
qualifying child, attach	b	Nontaxable combat pay election 64b		
Schedule EIC.	65	Additional child tax credit. Attach Schedule 8812		
	66	American opportunity credit from Form 8863, line 8   66		
	67	Reserved		
	68	Amount paid with request for extension to file	0	
	69	Excess social security and tier 1 RRTA tax withheld		
	70 71	Credit for federal tax on fuels. Attach Form 4136		
	11		0	
	72	a     2439     b     Reserved     c     8885     d     71       Add lines     62     63     64a     and 65     through 71     Those are your total payments	► 72	5,434
	73	Add lines 62, 63, 64a, and 65 through 71. These are your <b>total payments</b>	73	
Refund	73 74a	Amount of line 73 you want <b>refunded to you.</b> If Form 8888 is attached, check here	▶ 74	2 510
Direct deposit?	/4a	Routing number XXXXXXXXX ► C Type: X Checking Savings		
See	d	Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	,	
instructions.	▶	Amount of line 73 you want applied to your 2014 estimated tax  75	0	
Amount	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	▶ 76	;
You Owe	77	Estimated tax penalty (see instructions)		
Third Party			Complete be	low X No
Designee	Desig		onal indentificat	
	name	▶ no. ► numb penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best o	er (PIN) f my knowledge a	nd belief
Sign		e true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has a		
Here Joint return? See	Your s	signature Date Your occupation	Daytime ph	one number
instructions.	Spour	e's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation	If the IRS ser	nt you an Identity Protection
Keep a copy for your records.	Spous	e's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation	PIN, enter it here (see ins	
	Print/T	ype preparer's name Preparer's signature Date		if PTIN
Paid Preparer			Check self-employ	
Use Only	Firm's			
	Firm's	address Phone no.		

SCHEI	DULE A
(Form	1040)

# **Itemized Deductions**

OMB No. 1545-0074

332

20

( ,		Information about Schedule A and its separate instructions is at	www.	irs.gov/schedulea	.	2013
Department of the Treasu Internal Revenue Service		Attach to Form 1040.				Attachment Sequence No. 07
Name(s) shown on Fo Top10Ma	orm 104 rrie	40 ed M 2KidsOneEarner				social security number 23-46-5678
Medical		Caution. Do not include expenses reimbursed or paid by others.				
and		Medical and dental expenses (see instructions)	1	0		
Dental Expenses		Enter amount from Form 1040, line 38 2 75, 518				
_Aponoco	3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1949, multiply line 2 by 7.5% (.075) instead	3	7,552		
			3	,,002		0
<b>—</b>		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	0
Taxes You Paid	5	State and local (check only one box):				
		a. Income taxes or	5	0		
	•	b. General sales taxes	c	4,000		
		Real estate taxes (see instructions)	6	660		
		Personal property taxes	7	000		
	8	Other taxes. List type and amount	•	0		
	٥	Add lines E through 9	8	-	•	4,660
Interest		Add lines 5 through 8	10	12,000	9	1,000
You Paid		Home mortgage interest not reported to you on Form 1098. If paid	10			
		to the person from whom you bought the home, see instructions				
		and show that person's name, identifying no., and address 🕨				
Note. Your mortgage						
interest			11	0		
deduction may be limited (see	12	Points not reported to you on Form 1098. See instructions for		0		
instructions).		special rules	12	0		
		Mortgage insurance premiums (see instructions)	13	0		
		Investment interest. Attach Form 4952 if required. (See instructions)	· · · ·			12,000
Gifts to		Add lines 10 through 14			15	12,000
Charity		see instructions	16	500		
If you made a	17	Other than by cash or check. If any gift of \$250 or more, see		0		
gift and got a		instructions. You <b>must</b> attach Form 8283 if over \$500	17	0		
benefit for it, see instructions.		Carryover from prior year			40	500
Casualty and	19	Add lines 16 through 18			19	500
Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20	0
Job Expenses	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required.				
and Certain		(See instructions.) $\blacktriangleright$				
Miscellaneous	•					
Deductions			21	0		
		Tax preparation fees	22			
		Other expenses—investment, safe deposit box, etc. List type and amount				
			23	0		
	24	Add lines 21 through 23	24	0		
	25	Enter amount from Form 1040, line 38 25 75, 518		1 510		
		Multiply line 25 by 2% (.02)	26	1,510		0
Other		Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- Other—from list in instructions. List type and amount ►		<u></u>	27	0
Miscellaneous						1
Deductions	-				28	0
Total	29	Is Form 1040, line 38, over \$150,000?		5		
Itemized		No. Your deduction is not limited. Add the amounts in the far right colum for lines 4 through 28. Also, enter this amount on Form 1040, line 40.	1	<b>I</b>	29	17,160
Deductions		Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		J		
		If you elect to itemize deductions even though they are less than your standa				
KIA For Pap	erwor	deduction, check here		►	nedula	e A (Form 1040) 2013
				501		,

For the year Jan. 1–De	ec. 31, 20 <sup>.</sup>	. Individual In 13, or other tax year beginnin		1	, 2013, ending		5-0074 IRS U 20			e or staple in structions.	
Your first name and	d initial	, , , , , , , , , , , , , , , , , , , ,	Last name				·	Your se	ocial se	curity num	ıber
Mid50Marr		М	NoKids					1	23-46	6-5678	
If a joint return, spo			Last name							al security	
Mid50Marr		F	NoKids					2	34-56	6-7890	-
Home address (nur 123 Main	mber and	d street). If you have a P.	O. box, see instructio	ons.			Apt. no.		ake sure and on lir	the SSN(s ne 6c are c	) above orrect.
City, town or post o	office, sta	te, and ZIP code. If you h	nave a foreign addres	ss, also complete sp	aces below (see	e instructio	ns).	Presid	dential E	Election Ca	ampaign
Anywhere			GA 300	33						or your spou go to this fun	
Foreign country na	me		Foreign pr	ovince/state/county		Foreign	postal code		low will no	ot change you	
Filing Status	1	Single	·				hold (with qu on is a child				
	2	Married filing jointly	y (even if only one	had income)		s name h		j		, -	
Check only one	3	Married filing sepa and full name here		se's SSN above	▶_						
box.					5 🗌 Qual	ifying wide	ow(er) with d	ependen	t child		
Exemptions	6a	X Yourself. If sor	meone can claim y	ou as a depende	nt, <b>do not</b> che	eck box 6a	a	l	Boxes on 6a a	checked Ind 6b	2
	b	X Spouse						]		children	
	С	Dependents:		(2) Dependent's	(3) Depe		(4) √ if child un qualifying for child	der age 17 I tax credit	on 6c • lived	wno: with you	
	(1) First	name Last nam	e	social security number	r relationshi	ip to you	(see instruct			ot live with e to divorce	
If more than four									or sepa		
dependents, see										dents on 6c	
instructions and check here ►									not ent	ered above	
	d	Total number of exer	nptions claimed						Add nu lines at	mbers on	2
Income	7	Wages, salaries, tips	, etc. Attach Form	ו(s) W-2					7	50	) <b>,</b> 742
meenie	8a	Taxable interest. Att		. ,					8a		0
	b	Tax-exempt interest	. Do not include o	n line 8a 🛛			8b	0			
Attach Form(s) W-2 here. Also	9a	Ordinary dividends.						0	9a		0
attach Forms		Qualified dividends					9b	Ű			0
W-2G and	10	Taxable refunds, cre	dits, or offsets of s						10		0
1099-R if tax	11 12	Alimony received . Business income or	(loss) Attach Sch						11		0
was withheld.	13	Capital gain or (loss)	· · ·						13		0
lf you did not	14	Other gains or (losse							14		
get a W-2,	15a	IRA distributions	· · · · · · · · · · ·	15a		<b>b</b> Tax	able amount		15b		0
see instructions.	16a	Pensions and annuit	ies	16a		<b>b</b> Tax	able amount		16b		0
	17	Rental real estate, ro							17		
	18	Farm income or (los							18		0
	19	Unemployment com		1					19 20b		
	20a	Social security bene					unt		200		0
	21 22	Other income. List ty Combine the amoun	ts in the far right o	olumn for lines 7	hrough 21 Th		total incom		22	5(	0,742
	23	Educator expenses				1	23	0			<u>·</u>
Adjusted	24	Certain business exp									
Gross		fee-basis governmer					24	0			
Income	25	Health savings acco					25	0			
	26	Moving expenses. A				–	26	0			
	27	Deductible part of se				· · · · –	27 28	0			
	28 29	Self-employed SEP, Self-employed health					28	0			
	29 30	Penalty on early with					30	0			
	30 31a	Alimony paid <b>b</b> Re	-			· · · · –	1a	-			
	32	IRA deduction					32	0			
	33	Student loan interest					33	1,000			
	34	Tuition and fees. Atta					34				
	35	Domestic production	activities deduction	on. Attach Form 8	903		35	0			
	36	Add lines 23 through	35						36		1,000
	37	Subtract line 36 from	line 22. This is yo	our adjusted area	e incomo			►	37	4 0	9,742

			100 46		334
Form 1040 (2013)	M:	id50Married M NoKids	123-46	-5678	Page 2
Tax and	38	Amount from line 37 (adjusted gross income)		38	49,742
Credits	39a	Check Vou were born before January 2, 1949, Blind. Total boxes	0		
Cieulis		if: <b>Spouse</b> was born before January 2, 1949, Blind.		-	
Standard Deduction	b	If your spouse itemizes on a separate return or you were a dual-status alien, check her		40	12,200
for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin	,	40	37,542
<ul> <li>People who check any</li> </ul>	41	Subtract line 40 from line 38		41	7,800
box on line 39a or 39b <b>or</b>	42 43	<b>Exemptions.</b> If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, s <b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	29,742
who can be				44	3,566
claimed as a dependent,	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	<u> </u>		0
see instructions.	45	Alternative minimum tax (see instructions). Attach Form 6251		45	3,566
All others:	46	Add lines 44 and 45	0	46	5,500
Single or Married filing	47	Foreign tax credit. Attach Form 1116 if required	0	-	
separately,	48	Credit for child and dependent care expenses. Attach Form 2441 48		-	
\$6,100 Married filing	49	Education credits from Form 8863, line 19	0	-	
jointly or	50	Retirement savings contributions credit. Attach Form 8880       50         Child tax credit. Attach Schedule 8912 if required       51		-	
Qualifying widow(er),	51			-	
\$12,200 Head of	52		0	-	
household,	53				0
\$8,950	54	Add lines 47 through 53. These are your <b>total credits</b>		54	3,566
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-		55 56	0
Other	56	Self-employment tax. Attach Schedule SE		57	0
Taxes	57	Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919		57	0
	58 59 a	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if require Household employment taxes from Schedule H		50 59a	0
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		59b	0
	60	Taxes from: <b>a</b> Form 8959 <b>b</b> Form 8960 <b>c</b> Instructions; enter code(s)		60	0
	61	Add lines 55 through 60. This is your total tax	•	61	3,566
	62	Federal income tax withheld from Forms W-2 and 1099	2,652		
Payments	63	2013 estimated tax payments and amount applied from 2012 return 63	0		
If you have a	64a	Earned income credit (EIC)			
qualifying	b	Nontaxable combat pay election 64b			
child, attach Schedule EIC.	65	Additional child tax credit. Attach Schedule 8812			
Schedule LIC.	66	American opportunity credit from Form 8863, line 8			
	67	Reserved			
	68	Amount paid with request for extension to file			
	69	Excess social security and tier 1 RRTA tax withheld	0		
	70	Credit for federal tax on fuels. Attach Form 4136		-	
	71	Credits from Form:	0		
		a 2439 b Reserved c 8885 d 71	0		
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	<u></u>	72	2,652
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you <b>ove</b>	rpaid	73	
	74a	Amount of line 73 you want <b>refunded to you.</b> If Form 8888 is attached, check here	···· ►	74a	
Direct deposit? See	► b		Savings		
instructions.	► d	Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
<b>A</b>	75 76	Amount of line 73 you want applied to your 2014 estimated tax  75	tions	76	914
Amount You Owe	77	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instruct Estimated tax penalty (see instructions)		76	511
		Estimated tax penalty (see instructions)	Yes. Comple	te helow	X No
Third Party Designee	Desigi		Personal inder		
	name		number (PIN)	► [	
Sign	Under   they are	penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to I e true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepa	the best of my knowle arer has any knowled	edge and belie lge.	if,
Here	Your s	signature Date Your occupation	Daytin	ne phone nu	mber
Joint return? See instructions.			If the T	25 cont vou -	Identity Protection
Keep a copy for your records.	Spous	e's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation	PIN, er	nter it	n Identity Protection
-	Print/T	ype preparer's name Preparer's signature Date		ee inst.)	ÎN
Paid Proparor			Check self-e	mployed	
Preparer Use Only	Firm's	name Firm's	EIN		
Job Only	Firm's	address Phone	no.		

IRS Use Only-Do not write or staple in this space.

		<ol><li>or other tax year beginnin</li></ol>		, 2	2013, ending	,20			rate instructi	
Your first name and		М	Last name						ial security	
Mid50Marr		M target and initial	2Kids						3-46-56	
lf a joint return, spo Mid50Marr		t name and initial	Last name 2Kids					•	<b>social sec</b> 4-56-78	urity number เดก
				220			Antinc	-		
Home address (nur 123 Main	nuer and	street). If you have a P.	U. DUX, SEE INSTRUCTION	JII5.			Apt. no.		e sure the St I on line 6c a	
City, town or post o	ffice, stat	te, and ZIP code. If you h	nave a foreign addre	ss, also complete spac	es below (see ins	tructions	·			n Campaign
Anywhere			GA 300	33			l	Check here iointly, want	if you, or your \$3 to go to thi	spouse if filing s fund. Checkir
Foreign country nar	me		Foreign p	rovince/state/county	F	oreign p	ostal code	a box below	will not chang	
								or refund	You	Spouse
Filing Status	1	Single					old (with quali			
9	2 🛛	Married filing joint	y (even if only one	had income)	child's na		n is a child bu e.	t not you	i depender	it, enter this
Check only one	3	Married filing sepa		se's SSN above	►					
box.	L	I and full name here	9.		5 Qualifyin	a widov	v(er) with dep	endent c	hild	
		<u> </u>				-	. , .	- 0	Boxes checke	d .
Exemptions	6a		meone can claim y	ou as a dependent,	do not check b	oox 6a			on 6a and 6b	a2
	b	X Spouse							lo. of childi on 6c who:	en
	с	Dependents:		(2) Dependent's	(3) Dependen	1.5	(4) √ if child under qualifying for child tax	age 17 👗	lived with y	<b>bu</b> 2
	(1) First r			social security number	relationship to	you	(see instructions	s) •	did not live	with
If more than four			02Kids	345-67-8901			Х	ō	ou due to div	
dependents, see	2nd	Child Mid5	02Kids	567-89-0123	Daughter		Х		see instructio	
instructions and									Dependents o lot entered at	
check here ►								A	dd numbers	on 4
	d	Total number of exer						li	ines above	
Income	7	Wages, salaries, tips							7	50,742
		Taxable interest. Att		•			1		8a	0
Attach Farm(a)		Tax-exempt interest						0		0
Attach Form(s) W-2 here. Also		Ordinary dividends.		•					9a	0
attach Forms		Qualified dividends							10	0
W-2G and	10	Taxable refunds, cre							10	0
1099-R if tax	11	Alimony received							11	0
was withheld.	12 13	Business income or	· · ·						12 13	0
		Capital gain or (loss)							13	0
If you did not	14 15a	Other gains or (losse						· · · ⊢	15b	0
get a W-2, see instructions.	15a 16a	IRA distributions					ble amount .	· · · ⊢	16b	0
	10a 17	Rental real estate, ro						· · · ⊢	17	0
	18	Farm income or (los						· · · ⊢	18	0
	10	Unemployment com							19	
	20a	Social security bene		a					20b	
	21	Other income. List ty						· · · ⊢	21	0
	22	Combine the amoun	its in the far right of	olumn for lines 7 th	rough 21. This is	s your to	otal income	L	22	50,742
	23	Educator expenses			-			0		
Adjusted	24	Certain business exp								
Gross		fee-basis governme						0		
Income	25	Health savings acco	unt deduction. Atta	ach Form 8889				0		
	26	Moving expenses. A	ttach Form 3903					0		
	27	Deductible part of se	elf-employment tax	. Attach Schedule S	E			0		
	28	Self-employed SEP,						0		
	29	Self-employed healt	h insurance deduc	tion				0		
	30	Penalty on early with	0					0		
	31a	Alimony paid <b>b</b> Re								
	32	IRA deduction					1	0		
	33	Student loan interes					-	,000		
	34	Tuition and fees. Att				34				
	35	Domestic production						0		
	36	Add lines 23 through							36	1,000
	37	Subtract line 36 from	n line 22. This is yo	our adjusted gross	income			►	37	49,742

<sup>5</sup>/<sub>m</sub> 1040 <sup>Department of the Treasury—Internal Revenue Service</sup> <sup>(99)</sup> 2013 <sub>OMB No. 1545-0074</sub>

					336
Form 1040 (2013)	M:	id50Married M 2Kids	123-46	-5678	Page <b>2</b>
Tax and	38	Amount from line 37 (adjusted gross income)	<u></u>	38	49,742
	39a	Check Vou were born before January 2, 1949, Blind. Total boxe	s <sub>0</sub>		
Credits		if: <b>Spouse</b> was born before January 2, 1949, Blind. <b>Checked</b> ►	▶ 39a 🖵	-	
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, check he	re 🕨 39b 🔄		10 000
Deduction for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin	)	40	12,200
<ul> <li>People who</li> </ul>	41	Subtract line 40 from line 38		41	15,600
check any box on line	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, s		42	21,942
39a or 39b or who can be	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0		43	
claimed as a dependent,	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c		44	2,396
see	45	Alternative minimum tax (see instructions). Attach Form 6251		45	0
<ul><li>instructions.</li><li>All others:</li></ul>	46	Add lines 44 and 45		46	2,396
Single or	47	Foreign tax credit. Attach Form 1116 if required	0		
Married filing	48	Credit for child and dependent care expenses. Attach Form 2441 48	1,200		
separately, \$6,100	49	Education credits from Form 8863, line 19			
Married filing	50	Retirement savings contributions credit. Attach Form 8880	0		
jointly or Qualifying	51	Child tax credit. Attach Schedule 8812, if required	1,196		
widow(er), \$12,200	52	Residential energy credits. Attach Form 5695			
Head of	53	Other credits from Form: a 3800 b 8801 c 53	0		
household, \$8,950	54	Add lines 47 through 53. These are your total credits		54	2,396
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-		55	. 0
	56	Self-employment tax. Attach Schedule SE		56	0
Other	50 57	Unreported social security and Medicare tax from Form: $\mathbf{a} = 4137$ $\mathbf{b} = 8919$		57	0
Taxes				58	0
	58 59 a	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if require Household employment taxes from Schedule H		59a	0
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		59b	0
	60	Taxes from: <b>a</b> Form 8959 <b>b</b> Form 8960 <b>c</b> Instructions; enter code(s)		60	0
	61	Add lines 55 through 60. This is your total tax		61	0
	62	Federal income tax withheld from Forms W-2 and 1099	1,430		
Payments	63	2013 estimated tax payments and amount applied from 2012 return 63	0	-	
If you have a	64a	Earned income credit (EIC)		-	
qualifying	b	Nontaxable combat pay election   64b			
child, attach	65	Additional child tax credit. Attach Schedule 8812	804		
Schedule EIC.	66	American opportunity credit from Form 8863, line 8		-	
	67	Reserved		-	
	68	Amount paid with request for extension to file		-	
	69	Excess social security and tier 1 RRTA tax withheld	0	-	
	70	Credit for federal tax on fuels. Attach Form 4136			
	71	Credits from Form:		-	
		a 2439 b Reserved c 8885 d 71	0		
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments		72	2,234
	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you <b>ove</b>		73	2,234
Refund	73 74a	Amount of line 73 you want <b>refunded to you.</b> If Form 8888 is attached, check here		74a	2,234
Direct deposit?	, <del>4</del> a		Savings		
See	► ~	Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
instructions.	► <sup>4</sup> 75	Amount of line 73 you want applied to your 2014 estimated tax  75	0		
<b>A</b>	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instruct	-	76	
Amount You Owe	77			10	
		Estimated tax penalty (see instructions)	Yes. Complet	te below	X No
Third Party	Desigi		Personal inden		
Designee	name	► no. ►	number (PIN)		
Sign	Under   they ar	penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to e true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepa	the best of my knowle arer has any knowled	edge and belie lae.	ef,
Here		signature   Date  Your occupation		ne phone nu	Imber
Joint return? See					
instructions. Keep a copy for	Spous	e's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation	If the IF PIN, er		n Identity Protection
your records.	<b>D</b> · · · ·			ee inst.)	
Paid	Print/T	ype preparer's name         Preparer's signature         Date	Check	< 🛄 it 📔	ΓIN
Preparer	Firm's	name  Firm's		mployed	
Use Only		address Phone			
	1 1111 5	Phone Phone	10.		

2444	Child	and Depen	ndent Care Exp	enses	1040A		337 OMB No. 1545-0074	
<b>∞ 2441</b>		-			1040 1040NR		2013	
			Form 1040A, or Form 104 441 and its separate instr		2441			
partment of the Treasury ernal Revenue Service (99)	,		vw.irs.gov/form2441.				Attachment Sequence No. <b>21</b>	
me(s) shown on return	TZ - al a					Your social se 123-46		
d50Married M 2 Part I Persons		vizationa Wha D	rovided the Care—Y		nloto thio n		5-5678	
			oviders, see the instru		ipiete tris pa	art.		
(a) Care provider's name		(number,	(b) Address street, apt. no., city, state, and		c) Identifying number (SSN or EIN) (see inst			
Daycare		1000 Mai	n St	89-0	123456	9,100		
٦		ou receive	No	- Complete	only Part II be	low.	•	
L	dependent	care benefits?	—— Yes ———	- Complete	Part III on the	next page r	iext.	
			nay owe employment ta	xes. If you do,	you cannot fil	e Form 1040	0A. For details,	
e the instructions for								
		nd Dependent C	are Expenses		cone coo the	instructions		
	• • •	ying person's name	you have more than two	1		-	fied expenses you	
First	(1)	,	Last	person's social / number	incurred an	d paid in 2013 for the isted in column (a)		
1st Child		Mid50	2Kids	345-6	7-8901	4,550		
2nd Child		Mid50	Mid502Kids 567-89-				4,550	
Add the amounts i	n column (c	) of line 2. Do not	enter more than \$3,000	for one qualify	ing			
	or two or mo	ore persons. If you	completed Part III, ente	r the amount	3		6,000	
from line 31	incomo S	· · · · · · · · · · · ·					28,190	
Enter your earned			d income (if you or your		· · · · ·   -		,	
			l others, enter the amo		5		22 <b>,</b> 552	
Enter the smalles		-			6		6,000	
Enter the amount	rom Form 1	040, line 38; Form	7	49,7	42			
			that applies to the amo	unt on line 7				
If line 7 is:			If line 7 is:					
<u> </u>		Decimal	But not					
		amount is	Over over	amount i	<u>s</u>			
\$0—1 15,000—1		.35 .34	\$29,000—31,000 31,000—33,000	.27 .26				
17,000—1		.33	33,000—35,000	.25	8		× 0.20	
19,000—2	-	.32	35,000—37,000	.23				
21,000-2		.31	37,000—39,000	.23				
23,000—2		.30	39,000-41,000	.22				
25,000—2		.29	41,000—43,000	.21				
27,000—2		.28	43,000—No limi					
Multiply line 6 by t	he decimal a	amount on line 8. I	f you paid 2012 expense					
•••••					9		1,200	
Tax liability limit. E			40	2,39	6			
Limit Worksheet ir								
			n i ntortho <b>omolio</b> r of l					
Credit for child a			ne 29; or Form 1040NR,				1,200	

Form	2441 (2013) Mid50Married M 2Kids				<b>338</b> 123-46-5678	Page <b>2</b>
	t III Dependent Care Benefits				220 10 0070	r age 🗖
12	Enter the total amount of <b>dependent care benefits</b> you re received as an employee should be shown in box 10 of yo amounts reported as wages in box 1 of Form(s) W-2. If yo partner, include amounts you received under a dependent	our Forn u were care a	n(s) W-2. <b>Do not</b> include self-employed or a	12	0	
13	Enter the amount, if any, you carried over from 2012 and in period. See instructions		• •	13	/	
14	Enter the amount, if any, you forfeited or carried forward to	o 2014.	See instructions	14	( 0	)
15	Combine lines 12 through 14. See instructions			15	0	
16	Enter the total amount of <b>qualified expenses</b> incurred in 2013 for the care of the <b>qualifying person(s)</b>	16	9,100			
17	Enter the <b>smaller</b> of line 15 or 16	17	0			
18 19	<ul> <li>Enter your earned income. See instructions</li> <li>Enter the amount shown below that applies to you.</li> <li>If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled,</li> </ul>	18	28,190			
	<ul> <li>see the instructions for line 5).</li> <li>If married filing separately, see instructions.</li> </ul>	19	22,552			
	• All others, enter the amount from line 18.					
20	Enter the <b>smallest</b> of line 17, 18, or 19	20	0			
21	Enter \$5,000 (\$2,500 if married filing separately <b>and</b> you were required to enter your spouse's earned income on line 19)	21	5,000			
22	Is any amount on line 12 from your sole proprietorship or p go to line 25.)	partners	ship? (Form 1040A filers			
				22	0	
~~	Yes. Enter the amount here         Subtract line 22 from line 15         Subtract line 22 from line 15	23		22		
23	Subtract line 22 from line 15					
24				24	0	
25	<b>Excluded benefits. Form 1040 and 1040NR filers:</b> If you the smaller of line 20 or 21. Otherwise, subtract line 24 fro 21. If zero or less, enter -0 Form 1040A filers: Enter the	u check m the s	ed "No" on line 22, enter maller of line 20 or line	25	0	
26	<b>Taxable benefits. Form 1040 and 1040NR filers:</b> Subtra less, enter -0 Also, include this amount on Form 1040, lint the dotted line next to Form 1040, line 7; or Form 1040NR <b>Form 1040A filers:</b> Subtract line 25 from line 15. Also, include 7. In the space to the left of line 7, enter "DCB"	Form 1040NR, line 8. On enter "DCB."	26	0		
	To claim the child credit, complete I		ependent care ' through 31 below.			
27	Enter \$3,000 (\$6,000 if two or more qualifying persons)			27	6,000	
28	Form 1040 and 1040NR filers: Add lines 24 and 25. For from line 25	m 1040	A filers: Enter the amount	28	0	
29	Subtract line 28 from line 27. If zero or less, <b>stop.</b> You ca <b>Exception.</b> If you paid 2012 expenses in 2013, see the in			29	6,000	
30	Complete line 2 on page 1 of this form. <b>Do not</b> include in on line 28 above. Then, add the amounts in column (c) an	column	(c) any benefits shown	30	9,100	
31	Enter the <b>smaller</b> of line 29 or 30. Also, enter this amount and complete lines 4 through 11	3 on page 1 of this form	31	6,000		

KIA

Form 2441 (2013)

-	HEDULE 8812 m 1040A or 1040)	Child Tax Credit		339 OMB No. 154	5-0074
	ment of the Treasury	<ul> <li>Attach to Form 1040, Form 1040A or Form 1040NR.</li> <li>Information about Schedule 8812 and its separate instructions is at www.irs.gov/schedule8812.</li> </ul>		201 Attachment Sequence No.	<b>3</b>
Name	(s) shown on return			cial security nu	mber
	150Married M			23-46-5678	
Pa		no Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Id			ber)
CAUT	If your dopor	s part only for each dependent who has an ITIN and for whom you are claiming the child tax dent does not qualify for the credit, you cannot include that dependent in the calculation of t		t.	
an IT		estions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 10400 ayer Identification Number) and that you indicated qualified for the child tax credit by check			
Α	the substantial pr	ndent identified with an ITIN and listed as a qualifying child for the child tax credit, did esence test? See separate instructions.	1 this ch	ild meet	
		es No			
В	the substantial pr	ependent identified with an ITIN and listed as a qualifying child for the child tax credit esence test? See separate instructions.	, did this	s child meet	
	Y	es No			
С		ndent identified with an ITIN and listed as a qualifying child for the child tax credit, di esence test? See separate instructions.	d this ch	nild meet	
	Y	es No			
D		endent identified with an ITIN and listed as a qualifying child for the child tax credit, esence test? See separate instructions.	did this o	child meet	
	Y	es No			
No	te: If you have mo	re that four dependents identified with an ITIN and listed as a qualifying child for the	child tax	credit.	
		nd check here.			
Dai	rt II Additiona	I Child Tax Credit Filers			
1	1040 filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the			
1	1040 mers.	Instructions for Form 1040, line 51).			
	1040A filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the			
		Instructions for Form 1040A, line 33).	1	2	,000
	1040NR filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).			
	If you used Pub. 97	2, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.			
2	Enter the amount fr	om Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48	. 2	1	,196
3		h line 1. If zero, stop; you cannot take this credit $\dots \dots \dots$	· 3		804
<b>4</b> a					
b		pay (see separate instructions) 4b 0			
5		the 4a more than \$3,000?			
		ne 5 blank and enter -0- on line 6. \$3,000 from the amount on line 4a. Enter the result	2		
6		to n line 5 by $15\%$ (.15) and enter the result	6	7	<b>,</b> 161
v		three or more qualifying children?			
	X No. If line 6	is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the <b>smaller</b> of line 6 on line 13.			
		s equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. e, go to line 7.			
KIA	For Paperwork	Reduction Act Notice, see your tax return instructions. Schedu	le 8812 (F	Form 1040A or 1	040) 2013

Sche	dule 8812 (Form 1040	0A or 1040) 2013 Mid50Married M 2Kids			123-46-5	678	Page 2
Pa	t III Certain	Filers Who Have Three or More Qualifying C	nildren				
7	Form(s) W-2, boxe amounts with yours	curity, Medicare, and Additional Medicare taxes from s 4 and 6. If married filing jointly, include your spouse's s. If your employer withheld or paid Additional er I RRTA taxes, see separate instructions		7			
8	1040 filers: 1040A filers: 1040NR filers:	Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on line 60. Enter -0 Enter the total of the amounts from Form 1040NR, line		8			
9 10	Add lines 7 and 8 1040 filers:	<ul> <li>27 and 55, plus any taxes that you identified using code</li> <li>"UT" and entered on line 59.</li> <li></li></ul>	] 	9		_	
	1040A filers:	Enter the total of the amount from Form 1040A, line 38a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 41 (see separate instructions).	}	10			
11 12	Enter the larger of Next, enter the sn	Enter the amount from Form 1040NR, line 65. from line 9. If zero or less, enter -0				11 12	
		onal Child Tax Credit				13	804
13	This is your add	itional child tax credit			1040 1040A 1040A	]	Enter this amount on Form 1040, line 65, Form 1040A, line 39, or Form 1040NR, line 63

			(***)			
F	1010	Department of the Treasury—Internal Revenue Service	(99)	0049		
r	1040	Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax	Return	2013	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space

		3, or other tax year beginning			. 20	)13, ending		,20	14 11(0 03	- <u> </u>		nstructions.	
Your first name and		-, -: -:::	Last name		,	,		,		· · · ·		curity nun	
Mid50Marr:	ied	М	2KidsOneE	Earner						12	23-4	6-5678	1
If a joint return, spo	use's firs	t name and initial	Last name							Spouse	's soci	al security	number
Mid50Marr		F	2Kids									6-7890	
Home address (num 123 Main	nber and	street). If you have a P.O.	box, see instructio	ons.				Å	pt. no.	Make sure the SSN(s) above and on line 6c are correct.			
	ffice stat	te, and ZIP code. If you ha	ve a foreign addres	ss also comple	te snace	s helow (s	see instri	uctions)				Election C	
Anywhere	1100, 510		GA 300		ie space	5 DCIOW (C		200013).		Check he	re if you,	or your spou	use if filing
Foreign country nar	20			ovince/state/co	untv		Fo	roign nor	stal code			go to this fur ot change yo	
r oreign country nar	ne		i oreigit pi	ovince/state/co	unty		10	reigir po.		or refund		You	Spouse
	4	Single			4	Hea	ad of ho	usehol	d (with qua	alifvina p	erson)	(See ins	tr.) If the
Filing Status	1	Single			4				s a child b				
	2					chil	ld's nam	ne here.					
Check only one 3 Married filing separately. Enter spouse's SSN above and full name here.													
box. 5 Qualifying widow(er) with dependent								child					
<b>F</b> (1)	<u> </u>	X Yourself. If some					h a a l i h a				Boxes	checked	2
Exemptions	6a		eone can claim y	ou as a depe	ndent, i		neck bo	ix oa		•••	on 6a a		
	b	X Spouse			<u> </u>			· · · ·	<u></u>	J	NO. OI ON 6C	f children who:	
	C	Dependents:		(2) Dependent social security n		(3) De relation	pendent's		if child unde	tax credit		l with you	2
	(1) First r	name Last name Child Mid502	2Kids	345-67-8					(see instructio	ons)	you du	not live with e to divorce	
If more than four		Child Mid502		567-89-0			tor		X		or sepa	aration structions)	
dependents, see	2110			507 05 0	125	Daugii			21		Depen	dents on 6c	
instructions and											not en	tered above	
check here ►	h	Total number of exemp	ntions claimed								Add nu lines a	Imbers on	4
	7										7		8,190
Income	, 8a	Wages, salaries, tips, <b>Taxable</b> interest. Attac		( )							7 8a		0
		Tax-exempt interest. I		•					· · · · ·	0	Jua		
Attach Form(s)	9a	Ordinary dividends. At								-	9a		0
W-2 here. Also	b	·								0	54		-
attach Forms	10	Taxable refunds, credi									10		0
W-2G and	11										11		
1099-R if tax was withheld.	12	•	come or (loss). Attach Schedule C or C-EZ								12		0
was withineit.	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here									13		0
If you did not	14	Other gains or (losses									14		
get a W-2,	15a	IRA distributions	, 	15a			b	Taxable	e amount		15b		0
see instructions.	16a	Pensions and annuitie	s	<b>16</b> a			b	Taxable	e amount		16b		0
	17	Rental real estate, roy	alties, partnershi	ips, S corpora	itions, t	rusts, etc	c. Attach	n Sched	ule E		17		
	18	Farm income or (loss)	. Attach Schedul	eF							18		0
	19	Unemployment compe	1								19		
	20a	Social security benefit		_		b Ta	axable a	amount			20b		
	21	Other income. List typ									21	2	0
	22	Combine the amounts							al income		22	Z	8,190
Adjusted	23							. 23		0			
Gross	24	Certain business expe fee-basis government						24		0			
Income	25	Health savings accour								0			
	26	Moving expenses. Atta								0			
	27	Deductible part of self-								0			
	28	Self-employed SEP, S								0			
	29	Self-employed health i								0			
	30	Penalty on early withd								0			
	31a	Alimony paid <b>b</b> Rec						31a					
	32	IRA deduction						. 32		0			
	33	Student loan interest of	leduction					. 33		1,000			
	34	Tuition and fees. Attac	h Form 8917.					34					
	35	Domestic production a	ctivities deduction	on. Attach For	m 8903	3		35		0			
	36	Add lines 23 through 3									36		1,000
	37	Subtract line 36 from I	ine 22. This is yo	our adjusted	gross i	ncome	<u> </u>	<u></u>	<u></u> .	<u></u>	37	2	7,190

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

					342
Form 1040 (2013)	) M:	id50Married M 2KidsOneEarner	123-46-	-5678	Page 2
Tax and	38	Amount from line 37 (adjusted gross income)	<u></u>	38	27,190
	39a	Check You were born before January 2, 1949, Blind. Total boxes	0		
Credits		if: <b>Spouse</b> was born before January 2, 1949, <b>Blind</b> . <b>Checked</b> ►	39a 🖵	-	
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here	► 39b		10 000
Deduction for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	12,200
People who	41	Subtract line 40 from line 38		41	14,990
check any box on line	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see		42	13,000
39a or 39b or who can be	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0		43	°,
claimed as a dependent,	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c		44	0
see	45	Alternative minimum tax (see instructions). Attach Form 6251		45	0
<ul><li>instructions.</li><li>All others:</li></ul>	46	Add lines 44 and 45		46	0
Single or	47	Foreign tax credit. Attach Form 1116 if required	0		
Married filing	48	Credit for child and dependent care expenses. Attach Form 2441 48	0		
separately, \$6,100	49	Education credits from Form 8863, line 19			
Married filing	50	Retirement savings contributions credit. Attach Form 8880	0		
jointly or Qualifying	51	Child tax credit. Attach Schedule 8812, if required			
widow(er), \$12,200	52	Residential energy credits. Attach Form 5695			
Head of	53	Other credits from Form: a 3800 b 8801 c 53	0		
household, \$8,950	54	Add lines 47 through 53. These are your total credits		54	0
\$0,000	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-		55	0
				55	0
Other	56	Self-employment tax. Attach Schedule SE		57	0
Taxes	57	Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919 .			0
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if require		58	0
	59 a	Household employment taxes from Schedule H		59a	0
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		59b	0
	60	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)		60	0
	61	Add lines 55 through 60. This is your total tax	<u></u> ▶	61	0
Payments	62	Federal income tax withheld from Forms W-2 and 1099     62	0	-	
	63	2013 estimated tax payments and amount applied from 2012 return 63	4,255	-	
If you have a qualifying	<u>64</u> a	Earned income credit (EIC)	4,200	-	
child, attach	b	Nontaxable combat pay election 64b 0	0 000		
Schedule EIC.	65	Additional child tax credit. Attach Schedule 8812	2,000	-	
	66	American opportunity credit from Form 8863, line 8			
	67	Reserved			
	68	Amount paid with request for extension to file		-	
	69	Excess social security and tier 1 RRTA tax withheld	0	-	
	70	Credit for federal tax on fuels. Attach Form 4136		-	
	71	Credits from Form:			
		a 2439 b Reserved c 8885 d 71	0		
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	►	72	6,255
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you over	paid <u></u>	73	6,255
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	►	74a	6,255
Direct deposit?	▶ b	Routing number XXXXXXXXX ► c Type: X Checking Sa	avings		
See instructions.	d	Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
instructions.	75	Amount of line 73 you want applied to your 2014 estimated tax <b>&gt;</b> 75	0		
Amount	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instruction	ons 🕨	76	
You Owe	77	Estimated tax penalty (see instructions)			
Third Party	Do yo	ou want to allow another person to discuss this return with the IRS (see instructions)?	Yes. Complet	e below	X No
Designee	Desigi		Personal inden	tification	
	name	▶ no. ► penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the	number (PIN)		f
Sign	they ar	e true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	r has any knowled	ge.	1,
Here	Your s	signature Date Your occupation	Daytim	e phone nu	mber
Joint return? See instructions.			12.45 - 17	P oort ver	Identify Drote -
Keep a copy for	Spous	e's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation	PIN, en	ter it	Identity Protection
your records.	Drint/T	vpe preparer's name Preparer's signature Date	here (se	ee inst.)	
Paid		ype preparer's name Preparer's signature Date	Check self-er	nployed	11.1
Preparer	Firm's	name  Firm's El		100,001	
Use Only		address > Phone n			

SCHE	DULE	EIC
(Form 1	040A c	or 1040)

Department of the Treasury

Internal Revenue Service

## **Earned Income Credit**

**Qualifying Child Information** 

Complete and attach to Form 1040A or 1040 only if you have a qualifying child

2KidsOneEarner

▶ Information about Schedule EIC (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleeic.

	343 OMB No. 1545-0074
	20 <b>13</b>
C	Attachment Sequence No. <b>43</b>
You	r social security number
	123-46-5678

Name(s) shown on return Mid50Married M

Before you begin:

(99)

• See the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.

• Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

1040A

1040

EI

• If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.

CAUTION

• It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Q	ualifying Child Information	С	hild 1	Ch	nild 2	Child 3		
1	Child's name	First name	Last name	First name	Last name	First name	Last name	
	If you have more than three qualifying children, you only have to list three to get the maximum credit.	lst Chil Mid502Ki		2nd Chil Mid502Ki				
2	<b>Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2013. If your child was born and died in 2013 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	345-67-8901 567-89-0123						
3	Child's year of birth	Year 2010 If born after 1994 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.		Year 2013 If born after 1994 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.		Year If born after 1994 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.		
4a	Was the child under age 24 at the end of 2013, a student, and younger than you (or your spouse, if filing jointly)?	Go to line 5.	<b>No.</b> Go to line 4b.	Go to line 5.	<b>No.</b> Go to line 4b.	Go to line 5.	<b>No.</b> Go to line 4b.	
t	• Was the child permanently and totally disabled during any part of 2013?	Go to line 5.	<b>No.</b> The child is not a qualifying child.	Go to line 5.	<b>No.</b> The child is not a qualifying child.	Go to line 5.	<b>No.</b> The child is not a qualifying child.	
5	<b>Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	Son		Daugł	nter			
6	Number of months child lived with you in the United States during 2013 • If the child lived with you for more than half of 2013 but less than 7 months, enter "7." • If the child was born or died in 2013 and your home was the child's home for more than half the time he or she was alive during 2013, enter "12."	months.	$\frac{12}{12}$ months more than 12	Do not enter months.	$\frac{12}{more than 12}$	months.	months <i>r more than 12</i>	

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

Schedule EIC (Form 1040A or 1040) 2013

0.01				344					
-	IEDULE 8812 n 1040A or 1040)	Child Tax Credit		OMB No. 1545-0074					
Depart	ment of the Treasury I Revenue Service (99)	<ul> <li>Attach to Form 1040, Form 1040A or Form 1040NR.</li> <li>Information about Schedule 8812 and its separate instructions is at www.irs.gov/schedule8812.</li> </ul>		2013 Attachment Sequence No. 47					
	(s) shown on return			cial security number					
_		2KidsOneEarner		3-46-5678					
Pa		no Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Id		ation Number)					
	Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit. If your dependent does not qualify for the credit, you cannot include that dependent in the calculation of this credit.								
an IT		estions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040N bayer Identification Number) and that you indicated qualified for the child tax credit by checki							
Α		ndent identified with an ITIN and listed as a qualifying child for the child tax credit, did resence test? See separate instructions.	this ch	ild meet					
	Y	es No							
В	For the second de the substantial pr	ependent identified with an ITIN and listed as a qualifying child for the child tax credit, resence test? See separate instructions.	did this	s child meet					
	Y	′es 🗌 No							
С		endent identified with an ITIN and listed as a qualifying child for the child tax credit, dic resence test? See separate instructions.	I this ch	nild meet					
	Y	es No							
D		pendent identified with an ITIN and listed as a qualifying child for the child tax credit, d resence test? See separate instructions.	id this	child meet					
		/es No							
		re that four dependents identified with an ITIN and listed as a qualifying child for the c nd check here.		credit, ►					
Par	t II Additiona	I Child Tax Credit Filers							
1	1040 filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the							
		Instructions for Form 1040, line 51).							
	1040A filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the		2 000					
		Instructions for Form 1040A, line 33).	1	2,000					
	1040NR filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the							
		Instructions for Form 1040NR, line 48).							
	If you used Pub 9	72, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.							
	-	•	2	0					
2		rom Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48	2	2,000					
3		n line 1. If zero, <b>stop</b> ; you cannot take this credit		27000					
4a		e separate instructions)	-						
b 5		t pay (see separate instructions)							
5		ne 5 blank and enter -0- on line 6.							
		t \$3,000 from the amount on line 4a. Enter the result 5 25,190	(						
6		at on line 5 by 15% (.15) and enter the result	6	3,779					
~		three or more qualifying children?							
	X No. If line 6	is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the <b>smaller</b> of line 6 on line 13.							
		s equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. e, go to line 7.							
KIA	For Paperwork	Reduction Act Notice, see your tax return instructions. Schedul	e 8812 (F	orm 1040A or 1040) 2013					

Ра	rt III Certain	Filers Who Have Three or More Qualifying Chi	ldren					
7	Form(s) W-2, boxes amounts with yours	urity, Medicare, and Additional Medicare taxes from s 4 and 6. If married filing jointly, include your spouse's . If your employer withheld or paid Additional r I RRTA taxes, see separate instructions		7				
8	1040 filers: 1040A filers: 1040NR filers:	Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on line 60. Enter -0 Enter the total of the amounts from Form 1040NR, lines 27 and 55, plus any taxes that you identified using code		8				
9 10	Add lines 7 and 8 <b>1040 filers:</b>	"UT" and entered on line 59. Enter the total of the amounts from Form 1040, lines 64a and 69.	ر 	9		-		
	1040A filers:	Enter the total of the amount from Form 1040A, line 38a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 41 (see separate instructions).	}	10		-		
11	<b>1040NR filers:</b> Subtract line 10 fr	Enter the amount from Form 1040NR, line 65. rom line 9. If zero or less, enter -0-	]			1	11	
12	Enter the larger o Next, enter the sm	f line 6 or line 11					12	
<u>Ра</u> 13		nal Child Tax Credit tional child tax credit				1040 1040A	F F	2,000 Inter this amount on Form 1040, line 65, Form 1040A, line 39, or Form 1040NR, line 63
KIA					S	1040NR chedule 881	•	rm 1040A or 1040) 201

IRS Use Only—Do not write or staple in this space.

Your social security number

123-46-5678

See separate instructions.

						al security 6-7890	number					
		I street). If you have a P.O.		ons.				Apt. no.	 ▲ Ma	ake sure	the SSN(s)	
City, town or post of	ffice, sta	te, and ZIP code. If you ha	ve a foreign addres	ss, also com	plete spac	es below (see	instruction	s).	Presid	dential E	Election Ca	mpaign
Anywhere		· ·	GA 300	33		,			Check he	ere if you,	or your spous	se if filing
Foreign country nar	Foreign country name Foreign province/state/county Foreign postal code a box below							low <u>will n</u> o	ot chang <u>e yo</u> u	r tax		
									or refund		You	Spouse
Filing Status	1	Single						old (with qua				
Thing Status	2 2	Married filing jointly (	even if only one	had incom	ne)	ualify	ing perso name he	n is a child b	out not ye	our dep	endent, er	nter this
Chaok only one		Married filing separa	•		,		name ne	ie.				
Check only one box.	3	and full name here.	tery. Enter spous	55 3 3 N a								
		•				5 Qualify	ying wido	w(er) with de	ependen	t child		
Exemptions	6a	X Yourself. If some	eone can claim y	ou as a de	ependent.	do not chec	k box 6a		J		checked	2
Exemptione			-						ł	on 6a a No. of	children	
	b		<u></u>					(4) $$ if child und		on 6c	who:	3
	C (1) First I	Dependents: name Last name		(2) Depe social secur	ndent's rity number	(3) Depend relationship	to you	qualifying for child (see instruction	tax credit		l with you not live with	
		Child Mid502	2Kids	345-67	7-8901	Son		X			e to divorce	
If more than four	2nd	Child Mid502	2Kids	567-89	9-0123	Daughte	r	Х			structions)	
dependents, see instructions and	3rd0	Child Mid502	2Kids	147-58		-		Х			dents on 6c	
check here ►											ered above	
	d	Total number of exemp	otions claimed							Add nu lines al	Imbers on bove	5
Income	7	Wages, salaries, tips, e	etc. Attach Form	n(s) W-2						7	28	3,190
Income		Taxable interest. Attac		( )						8a		0
	b	Tax-exempt interest.	<b>Do not</b> include o	n line 8a			8	b	0			
Attach Form(s)	9a	Ordinary dividends. At	tach Schedule B	if required	1					9a		0
W-2 here. Also	b	Qualified dividends .						b	0			
attach Forms W-2G and	10	Taxable refunds, credi	ts, or offsets of s	state and lo	ocal incon	ne taxes				10		0
1099-R if tax	11	Alimony received							11			
was withheld.	12	Business income or (loss). Attach Schedule C or C-EZ							12		0	
	13	Capital gain or (loss).								13		0
lf you did not	14	Other gains or (losses	). Attach Form 4	797						14		
get a W-2,	15a	IRA distributions						ble amount		15b		0
see instructions.	16a	Pensions and annuitie						ble amount		16b		0
	17	Rental real estate, roy				-				17		0
	18	Farm income or (loss)								18 19		
	19 20a	Unemployment compe Social security benefits	1							20b		
	20a			•		<b>D</b> laxa	Die amou	nt		200		0
	21 22	Other income. List type Combine the amounts	-	olumn for l				total income		22	28	3,190
	23	Educator expenses				0		3	0			
Adjusted	24	Certain business expe						-	-			
Gross		fee-basis government			0		2	4	0			
Income	25	Health savings accour					-	5	0			
	26	Moving expenses. Atta	ach Form 3903				2	6	0			
	27	Deductible part of self-	employment tax	. Attach So	chedule S	Ε	2	7	0			
	28	Self-employed SEP, S		•				8	0			
	29	Self-employed health i							0			
	30	Penalty on early withd	-						0	-		
	31a	Alimony paid <b>b</b> Rec	•									
	32	IRA deduction						2				
	33	Student loan interest d						-	1,000			
	34	Tuition and fees. Attac			_			4	0			
	35	Domestic production a					· · · _	5			-	0.0.0
	36	Add lines 23 through 3								36		,000
	37	Subtract line 36 from li	ine 22. This is yo	our adjuste	ed gross	income .			🕨	37	27	<b>,</b> 190

(99)

3

, 2013, ending

OMB No. 1545-0074

,20

U

KIA

Department of the Treasury-Internal Revenue Service

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning Your first name and initial

М

Mid50Married

**U.S. Individual Income Tax Return** 

Last name

2KidsOneEarner

Form 1040 (2013)	N M·	id50Married M 2KidsOneEarner	123-46-	-5678	347 Page <b>2</b>
101111040 (2013)					27,190
Tax and	38	Amount from line 37 (adjusted gross income)	· · · · · · · · · ·	38	21,1200
Credits	39a		<b>39a</b> 0		
	b	if: <b>Spouse</b> was born before January 2, 1949, <b>Blind. Checked</b> ► If your spouse itemizes on a separate return or you were a dual-status alien, check here			
Standard Deduction	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin).		40	12,200
for—	41	Subtract line 40 from line 38		41	14,990
<ul> <li>People who check any</li> </ul>	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see i		42	19 <b>,</b> 500
box on line 39a or 39b <b>or</b>	43	<b>Taxable income</b> . Subtract line 42 from line 41. If line 42 is more than line 41, enter -0		43	0
who can be claimed as a	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c		44	0
dependent, see		Alternative minimum tax (see instructions). Attach Form 6251		45	0
instructions.	45 46	Add lines 44 and 45		46	0
All others:	-		0	40	-
Single or Married filing	47		0	-	
separately, \$6,100	48			-	
Married filing	49		0		
jointly or Qualifying	50			-	
widow(er), \$12,200	51 52	Child tax credit. Attach Schedule 8812, if required       51         Residential energy credits. Attach Form 5695       52			
Head of	52	Other credits from Form:         a         3800         b         8801         c         53	0		
household, \$8,950	54	Add lines 47 through 53. These are your total credits		54	0
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-		55	0
	56	Self-employment tax. Attach Schedule SE		56	0
Other	57	Unreported social security and Medicare tax from Form: $\mathbf{a} = 4137$ $\mathbf{b} = 8919$		57	0
Taxes	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		58	0
	50 59 a	Household employment taxes from Schedule H		59a	0
	b			59b	0
	60	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)		60	0
	61	Add lines 55 through 60. This is your total tax		61	0
Payments	62	Federal income tax withheld from Forms W-2 and 1099 62	0		
	63	2013 estimated tax payments and amount applied from 2012 return 63	0		
If you have a	64a	Earned income credit (EIC)	4,926		
qualifying child, attach	b	Nontaxable combat pay election 64b 0			
Schedule EIC.	65	Additional child tax credit. Attach Schedule 8812	3,000		
	66	American opportunity credit from Form 8863, line 8       66			
	67	Reserved			
	68	Amount paid with request for extension to file	0		
	69	Excess social security and tier 1 RRTA tax withheld	0	-	
	70 71	Credit for federal tax on fuels. Attach Form 4136		-	
	<i>.</i> .		0		
	72			72	7,926
	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you <b>overp</b>		72	7,926
Refund	73 74a	Amount of line 73 you want <b>refunded to you.</b> If Form 8888 is attached, check here		74a	7,926
Direct deposit?	, -a ⊾ b		/ings		
See	d	Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
instructions.	75	Amount of line 73 you want applied to your 2014 estimated tax  75	0		
Amount	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instruction	ns 🕨	76	
You Owe	77	Estimated tax penalty (see instructions)			
Third Party	Do yo	bu want to allow another person to discuss this return with the IRS (see instructions)? $[]\gamma$	es. Complet	e below	X No
Designee	Desig		Personal indent	ification	
	name Under i	▶ no. ► r penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the b	number (PIN)	dge and helie	
Sign Here	they ar	e true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	has any knowled	ge.	
Joint return? See	Your s	signature Date Your occupation	e phone nu	mber	
instructions.	Snous	se's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation	If the IF	S sent you ar	Identity Protection
Keep a copy for your records.			PIN, en here (se	ter it	
Paid	Print/T	ype preparer's name         Preparer's signature         Date	Check	PT	IN
Preparer			self-en	nployed	
Use Only	Firm's	-			
	⊦irm's	address Phone no.	÷		

SCHE	EDUL	E EIC
(Form	1040A	or 1040)

Department of the Treasury

Internal Revenue Service

## **Earned Income Credit**

**Qualifying Child Information** 

Complete and attach to Form 1040A or 1040 only if you have a qualifying child

▶ Information about Schedule EIC (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleeic.



Name(s) shown on return Mid50Married M

(99)

2KidsOneEarner • See the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, to make

Before you begin: sure that (a) you can take the EIC, and (b) you have a qualifying child.

• Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

1040A

1040

• If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.

CAUTION

• It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Q	ualifying Child Information	Child 1	Child 2	Child 3			
1	<b>Child's name</b> If you have more than three qualifying children, you only have to list three to get the maximum credit.	First name Last name 1st Child Mid502Kids	First name Last name 2nd Child Mid502Kids	First name Last name 3rdChild Mid502Kids			
2	<b>Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2013. If your child was born and died in 2013 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	345-67-8901	567-89-0123	147-58-9765			
3	Child's year of birth	Year 2010 If born after 1994 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	Year 2013 If born after 1994 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	Year 2013 If born after 1994 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.			
4a	Was the child under age 24 at the end of 2013, a student, and younger than you (or your spouse, if filing jointly)?	Yes.       No.         Go to line 5.       Go to line 4b.	Yes.       No.         Go to line 5.       Go to line 4b.	Yes.       No.         Go to line 5.       Go to line 4b.			
t	• Was the child permanently and totally disabled during any part of 2013?	<b>Go to</b> The child is not a	<b>Yes.</b> No.	<b>Yes.</b> No. Go to The child is not a			
_		<i>line 5.</i> qualifying child.	<i>line 5.</i> qualifying child.	<i>line 5.</i> qualifying child.			
5	Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	Son	Daughter	Son			
6	<ul> <li>Number of months child lived with you in the United States during 2013</li> <li>If the child lived with you for more than half of 2013 but less than 7 months, enter "7."</li> <li>If the child was born or died in 2013 and your home was the child's home for more than half the time he or she was alive during 2013, enter "12."</li> </ul>	<u>12</u> months Do not enter more than 12 months.	<u>12</u> months Do not enter more than 12 months.	<u>12</u> months Do not enter more than 12 months.			
KI/	For Paperwork Reduction Act Not	ice, see your	Scł	hedule EIC (Form 1040A or 1040) 2013			

perwork Reduction Act Notice, see your tax return instructions

SCI	HEDULE 8812			349 OMB No. 1545-0074					
	m 1040A or 1040)	Child Tax Credit		01010 110. 1343-0074					
Depart	ment of the Treasury I Revenue Service (99)	<ul> <li>Attach to Form 1040, Form 1040A or Form 1040NR.</li> <li>Information about Schedule 8812 and its separate instructions is at www.irs.gov/schedule8812.</li> </ul>		2013 Attachment Sequence No. 47					
Name	(s) shown on return			ocial security number					
		2KidsOneEarner		23-46-5678					
Pa	rt i Filers Wr	no Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Id	entitic	ation Number)					
	Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit. If your dependent does not qualify for the credit, you cannot include that dependent in the calculation of this credit.								
an IT		estions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040N bayer Identification Number) and that you indicated qualified for the child tax credit by checking							
Α		ndent identified with an ITIN and listed as a qualifying child for the child tax credit, did esence test? See separate instructions.	this ch	ild meet					
	Y	es 🗌 No							
в	For the second de the substantial pr	ependent identified with an ITIN and listed as a qualifying child for the child tax credit, esence test? See separate instructions.	did this	s child meet					
	Y	es No							
С		endent identified with an ITIN and listed as a qualifying child for the child tax credit, did esence test? See separate instructions.	d this cl	nild meet					
	Υ	es No							
D		bendent identified with an ITIN and listed as a qualifying child for the child tax credit, d resence test? See separate instructions.	lid this	child meet					
		re that four dependents identified with an ITIN and listed as a qualifying child for the c nd check here		credit, ►					
Pa		I Child Tax Credit Filers							
1	1040 filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the							
	10404 61	Instructions for Form 1040, line 51).							
	1040A filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).	1	3,000					
	1040NR filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the							
	10401 (K mer 3.	Instructions for Form 1040NR, line 48).							
	If you used Pub. 97	$^{2}$ , enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. $^{-1}$							
2	Enter the amount fr	om Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48	2	0					
3	Subtract line 2 from	n line 1. If zero, <b>stop</b> ; you cannot take this credit	3	3,000					
<b>4</b> a		e separate instructions)							
b		t pay (see separate instructions) 4b 0							
5		ne 4a more than \$3,000?							
	=	ne 5 blank and enter -0- on line 6. 5 25,190	)						
(		3,000 from the amount on fine 4a. Enter the result	6	3,779					
6		at on line 5 by 15% (.15) and enter the result							
	<b>No.</b> If line 6	is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the <b>smaller</b> of line 6 on line 13.							
	X Yes. If line 6 i	s equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. e, go to line 7.							
KIA	For Paperwork	Reduction Act Notice, see your tax return instructions. Schedul	e 8812 (I	Form 1040A or 1040) 2013					

Ра	rt III Certain	Filers Who Have Three or More Qualifying Chi	ildren				
7	Form(s) W-2, boxes amounts with yours	urity, Medicare, and Additional Medicare taxes from s 4 and 6. If married filing jointly, include your spouse's . If your employer withheld or paid Additional r I RRTA taxes, see separate instructions		7			
8	1040 filers: 1040A filers: 1040NR filers:	Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on line 60. Enter -0 Enter the total of the amounts from Form 1040NR, lines 27 and 55, plus any taxes that you identified using code		8			
9 10	Add lines 7 and 8 <b>1040 filers:</b>	"UT" and entered on line 59. Enter the total of the amounts from Form 1040, lines 64a and 69.	ן 	9			
	1040A filers:	Enter the total of the amount from Form 1040A, line 38a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 41 (see separate instructions).	}	10			
11	<b>1040NR filers:</b> Subtract line 10 fr	Enter the amount from Form 1040NR, line 65. om line 9. If zero or less, enter -0-	] 		 	11	
12	0	f line 6 or line 11			 	12	
Pa		nal Child Tax Credit					
13		tional child tax credit			 1040 1040A 1040NR		3,000 Enter this amount on Form 1040, line 65, Form 1040A, line 39, or Form 1040NR, line 63
KIA					Schedule 8	8812 (F	Form 1040A or 1040) 2013

Department of the Treasury—Internal Revenue Service	(99)	C
II S. Individual Incomo Tay Po	turn	

<b>1040</b>		ment of the Treasury—Internal F		(99) Return	20	13		B No. 1545-	0074	IRS Lise (	)nlv—D	o not writ	e or staple ir	this snace
For the year Jan. 1–De		13, or other tax year beginning			, 2	013, end		,2					nstructions.	
Your first name and	l initial		Last name							Y			curity nur	
Low10Marr:		М	NoKids								1	23-4	6-5678	3
If a joint return, spo			Last name							s	•		al security	•
Low10Marr:		F	NoKids								2	34-5	6-7890	)
Home address (num 123 Main	nber and	d street). If you have a P.O.	box, see instruction	ons.					Apt. r	10.			e the SSN(s ne 6c are c	
City, town or post of	ffice, sta	ate, and ZIP code. If you have	ve a foreign addre	ss, also compl	ete spac	es belo	w (see i	nstructions	6).		Presid	dential	Election C	ampaign
Anywhere			GA 300										, or your spo go to this fur	
Foreign country nar	me		Foreign p	rovince/state/c	ounty			Foreign p	oostal o	code a		low <u>will n</u>	ot change yo	
	1	Single				4	Head o	f househ	old (w	ith qualif	ying p	person)	. (See ins	tr.) If the
Filing Status		Married filing jointly (	even if only one	had income			qualifyi		n is a				pendent, e	
Check only one 3 Married filing separately. Enter spouse's SSN above														
box.	• [	and full name here.			:	5	Qualify	ring widow	w(er) \	with depe	enden	t child		
Exemptions	6a	X Yourself. If some	eone can claim y	vou as a dep	endent,	do no	t check	k box 6a			. l	Boxes on 6a a	checked and 6b	2
	b	X Spouse									. ∫		f children	
	c	Dependents:		(2) Depend		(3	) Depend	ent's		f child under a		on 6c liver	who: I with you	
	(1) First	name Last name		social security	number	rela	átionship f	to you		g for child tax e instructions)	credit	• did i	not live with	
If more than four												or sep	e to divorce aration	9
dependents, see													structions)	
instructions and													dents on 6c tered above	
check here ►												Add nu	umbers on	2
	d	Total number of exemp										lines a	-	
Income	7	Wages, salaries, tips, e		( )								7	2	3,748
	8a			•								8a		0
Attach Form(s)	-	Tax-exempt interest.							-		0	_		0
W-2 here. Also	9a b	· · · <b>,</b> · · · · ·									0	9a		0
attach Forms	10	Taxable refunds, credi							-		-	10		0
W-2G and	11	Alimony received										11		-
1099-R if tax was withheld.	12	Business income or (Ic	oss). Attach Sch	edule C or C								12		0
was withineid.	13	Capital gain or (loss).	Attach Schedule D if r	equired. If not re	quired, ch	eck here				►		13		0
If you did not	14	Other gains or (losses	). Attach Form 4	797								14		
get a W-2,	15a	IRA distributions		15a	a			<b>b</b> Taxal	ble an	nount		15b		0
see instructions.	16a	Pensions and annuitie	s	16	a			<b>b</b> Taxal	ble an	nount		16b		0
	17	Rental real estate, roy	alties, partnersh	ips, S corpor	rations,	trusts,	etc. At	tach Sch	edule	Е		17		
	18	Farm income or (loss).										18		0
	19	Unemployment compe	1	 . l								19		
	20a	Social security benefits					Taxab	ole amoui	nt		• •	20b		0
	21	Other income. List type	e and amount _									21 22	2	3,748
	22 23	Combine the amounts Educator expenses						2:		ncome	0		2	57/10
Adjusted	23 24	Certain business expe							-					
Gross		fee-basis government		•	-			24	4		0			
Income	25	Health savings accour						-	5		0			
	26	Moving expenses. Atta	ach Form 3903					20	6		0			
	27	Deductible part of self-	employment tax	. Attach Sch	edule S	Ε		2	7		0			
	28	Self-employed SEP, S									0			
	29	Self-employed health i									0			
	30	Penalty on early withd	-								0	4		
	31a	Alimony paid <b>b</b> Reci	•								0			
	32	IRA deduction									0	4		
	33	Student loan interest d												
	34	Tuition and fees. Attac		• · · ·		_		34			0			
	35	Domestic production a							-		0			~
	36	Add lines 23 through 3										36		0
	37	Subtract line 36 from li		-	-						🖻	37		3,748
KIA For Dis	sciosui	re, Privacy Act, and Pa	perwork Reduc	cion Act No	tice, se	e sepa	arate ir	nstructio	ns.				+orm 104	<b>40</b> (2013)

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2013	) T.(	ow10Married M NoKids	123-46-	-5678	352 Page <b>2</b>
101111040 (2013)	,				23,748
Tax and	38	Amount from line 37 (adjusted gross income)	· · · · · · · · ·	38	207710
Credits	39a		<b>39a</b> 0		
	) <b>h</b>				
Standard Deduction	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here		40	12,200
for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin) Subtract line 40 from line 38		41	11,548
<ul> <li>People who check any</li> </ul>	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see		42	7,800
box on line 39a or 39b <b>or</b>	43	<b>Taxable income</b> . Subtract line 42 from line 41. If line 42 is more than line 41, enter -0		43	3,748
who can be				44	373
claimed as a dependent,	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c			0
see instructions.	45	Alternative minimum tax (see instructions). Attach Form 6251	-	45	373
All others:	46	Add lines 44 and 45	0	46	373
Single or	47	Foreign tax credit. Attach Form 1116 if required	0	-	
Married filing separately,	48	Credit for child and dependent care expenses. Attach Form 2441 48		-	
\$6,100	49	Education credits from Form 8863, line 19	0	-	
Married filing jointly or	50	Retirement savings contributions credit. Attach Form 8880	0	-	
Qualifying widow(er),	51	Child tax credit. Attach Schedule 8812, if required		-	
\$12,200	52	Residential energy credits. Attach Form 5695		-	
Head of household,	53	Other credits from Form: a 3800 b 8801 c 53	0	-	
\$8,950	54	Add lines 47 through 53. These are your total credits		54	0
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-		55	373
Other	56	Self-employment tax. Attach Schedule SE		56	0
	57	Unreported social security and Medicare tax from Form: $\mathbf{a} = 4137$ $\mathbf{b} = 8919$ .		57	0
Taxes	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		58	0
	50 59 a	Household employment taxes from Schedule H		59a	0
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		59b	0
	60	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)		60	0
	61	Add lines 55 through 60. This is your total tax		61	373
	62	Federal income tax withheld from Forms W-2 and 1099	234	01	
Payments	63	2013 estimated tax payments and amount applied from 2012 return 63	0		
If you have a	64a	Earned income credit (EIC)			
qualifying	b	Nontaxable combat pay election   64b		-	
child, attach	65	Additional child tax credit. Attach Schedule 8812			
Schedule EIC.	66	American opportunity credit from Form 8863, line 8		-	
	67	Reserved         67		-	
	68	Amount paid with request for extension to file			
	69	Excess social security and tier 1 RRTA tax withheld	0	-	
	70	Credit for federal tax on fuels. Attach Form 4136		-	
	70	Credits from Form:		-	
			0		
	72			72	234
		Add lines 62, 63, 64a, and 65 through 71. These are your <b>total payments</b>		72	204
Refund	73 740		aiu	73 74a	
Direct dens:40	74a	Amount of line 73 you want <b>refunded to you.</b> If Form 8888 is attached, check here	··· <b>F</b>	144	
Direct deposit? See	► b		vings		
instructions.	▶ <sup>d</sup>	Account number XXXXXXXXXXXXXXXXX			
	75	Amount of line 73 you want applied to your 2014 estimated tax        75			139
Amount	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instruction	ns 🕨	76	139
You Owe	77 Dovr	Estimated tax penalty (see instructions)			V.
Third Party			Yes. Complet		X No
Designee	Desigi name		Personal indent number (PIN)		
Sign		penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the	best of my knowle		f,
Here	•	e true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer		-	mhor
Joint return? See	TOULS	ignature Date Your occupation	e phone nu	IIIDEI	
instructions.	Spous	e's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation			Identity Protection
Keep a copy for your records.	1		PIN, en here (se		
Paid	Print/T	ype preparer's name Preparer's signature Date	Check	PT	IN
Preparer			self-er	nployed	
Use Only	Firm's		1►		
200 Only	Firm's	address Phone no			

		3, or other tax year beginning			, 2	013, ending		,20	See sep	parate instru	uctions.	
Your first name and			Last name						1	cial secur	-	ber
Low10Marr		М	2Kids						12	23-46-	5678	
If a joint return, spo			Last name						1 .	's social s	-	number
Low10Marr		F	2Kids						23	34-56-	/890	
Home address (nur 123 Main	mber and	street). If you have a P.O.	. box, see instruction	ons.				Apt. no.		ke sure the		
City, town or post o	ffice, sta	te, and ZIP code. If you ha	ve a foreign addre	ss, also complet	te space	es below (see	e instructi	ons).		ential Elec		
Anywhere			GA 300	33						re if you, or y int \$3 to go to		
Foreign country nar	me		Foreign p	rovince/state/cou	unty		Foreig	gn postal code	a box bel	ow will not ch		
									or refund	Yo		Spouse
Filing Status	1	Single						ehold (with qua son is a child b				
	2 2	Married filing jointly	(even if only one	e had income)			s name		,		,	
Check only one	3	Married filing separa	ately. Enter spou	se's SSN abov	/e	►						
box.	L	and full name here.			1	5 Quali	fvina wi	dow(er) with de	pendent	child		
		-						. ,	·		-1	
Exemptions	6a	X Yourself. If some	eone can claim y	/ou as a depei	ndent,	do not che	ck box 6	Sa	· · ]	Boxes che on 6a and 6		2
	b	X Spouse							]	No. of chi on 6c wh		
	С	Dependents:		(2) Depender		(3) Deper		(4) √ if child und qualifying for child	er age 17 tax credit	<ul> <li>lived wit</li> </ul>		2
	(1) First r			social security n		relationshi	p to you	(see instruction		<ul> <li>did not li you due to</li> </ul>		
If more than four			Married	679-01-4				X		or separati	on	
dependents, see	2ndC	Child Low10	Married	890-45-6	o'/89	Daughte	er	X		(see instru		
instructions and										Dependent not entered		
check here ►										Add numbe	ers on	4
	d	Total number of exem	ptions claimed							lines above	• 🕨	
Income	7	Wages, salaries, tips,	etc. Attach Forn	n(s) W-2						7	23	,748
		Taxable interest. Attac								8a		0
• • • • • • •		Tax-exempt interest.							0			
Attach Form(s) W-2 here, Also		Ordinary dividends. At		•						9a		0
attach Forms	b						L		0			0
W-2G and	10	Taxable refunds, cred	-							10		0
1099-R if tax	11	•								11		
was withheld.	12	Business income or (le	,							12		0
	13	Capital gain or (loss).								13		0
If you did not	14	Other gains or (losses	,							14 15b		0
get a W-2, see instructions.	15a	IRA distributions					-	xable amount		16b		0
366 mailuctions.	16a	Pensions and annuitie					_	xable amount		17		0
	17	Rental real estate, roy								17		0
	18 10	Farm income or (loss)								10		
	19 20a	Unemployment compe Social security benefit						ount		20b		
	20a 21	,								200		0
	21	Other income. List typ Combine the amounts	in the far right o	olumn for line	s 7 thr			Ir total income	 > ►	22	23	,748
	23	Educator expenses						23	0			
Adjusted	24	Certain business expe					••••		-			
Gross	-7	fee-basis government						24	0			
Income	25	Health savings accourt						25	0			
	26	Moving expenses. Atta						26	0			
	27	Deductible part of self						27	0			
	28	Self-employed SEP, S						28	0			
	29	Self-employed health	•	•				29	0			
	30	Penalty on early withd	Irawal of savings					30	0			
	31a	Alimony paid <b>b</b> Rec	-					31a				
	32	IRA deduction					[	32	0			
	33	Student loan interest of	deduction				[	33				
	34	Tuition and fees. Attac	ch Form 8917.				ſ	34				
	35	Domestic production a	activities deduction	on. Attach For	m 890	3	[	35	0			
	36	Add lines 23 through 3								36		0
	37	Subtract line 36 from I									23	,748
	37	Subtract line 36 from I	ine 22. This is yo	our <b>adjusted g</b>	gross	income .			🕨	37	23	,748

(99)

20

3

OMB No. 1545-0074

KIA

Department of the Treasury-Internal Revenue Service

U.S. Individual Income Tax Return

Form **1040** (2013)

					354
Form 1040 (2013)	Lo	ow10Married M 2Kids	123-46-	-5678	Page <b>2</b>
Tax and	38	Amount from line 37 (adjusted gross income)	<u></u>	38	23,748
	39a	Check <b>You</b> were born before January 2, 1949, Blind. <b>Total boxes</b>	0		
Credits		if: <b>Spouse</b> was born before January 2, 1949, <b>Blind</b> . <b>Spouse</b> was born before January 2, 1949, <b>Blind</b> . <b>Spouse</b> was born before January 2, 1949, <b>Spouse</b> Blind.	39a 🖵		
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here	▶ 39b		10 000
Deduction for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	12,200
People who	41	Subtract line 40 from line 38		41	11,548
check any box on line	42	$\textbf{Exemptions.} \ \text{If line 38 is $150,000 or less, multiply $3,900 by the number on line 6d. Otherwise, see}$	instructions .	42	15,600
39a or 39b <b>or</b>	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0		43	0
who can be claimed as a	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c		44	0
dependent, see	45	Alternative minimum tax (see instructions). Attach Form 6251	_ 、	45	0
instructions.	46	Add lines 44 and 45	-	46	0
All others:	-	Foreign tax credit. Attach Form 1116 if required	0		
Single or Married filing	47 48	Credit for child and dependent care expenses. Attach Form 2441	0		
separately, \$6,100					
Married filing	49		0		
jointly or Qualifying	50				
widow(er),	51				
\$12,200 Head of	52		0		
household,	53				0
\$8,950	54	Add lines 47 through 53. These are your <b>total credits</b>		54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	🕨	55	0
Other	56	Self-employment tax. Attach Schedule SE		56	0
Taxes	57	Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919 .		57	0
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		58	0
	59 a			59a	0
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		59b	0
	60	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)		60	0
	61	Add lines 55 through 60. This is your total tax	<b></b>	61	0
Payments	62	Federal income tax withheld from Forms W-2 and 1099    62	234		
	63	2013 estimated tax payments and amount applied from 2012 return 63	0	-	
If you have a	<u>64</u> a	Earned income credit (EIC)	5,192	-	
qualifying child, attach	b	Nontaxable combat pay election 64b 0			
Schedule EIC.	65	Additional child tax credit. Attach Schedule 8812	2,000		
$\square$	66	American opportunity credit from Form 8863, line 8       66			
	67	Reserved			
	68	Amount paid with request for extension to file		-	
	69	Excess social security and tier 1 RRTA tax withheld	0		
	70	Credit for federal tax on fuels. Attach Form 4136			
	71	Credits from Form:			
		a 2439 b Reserved c 8885 d 71	0		
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	🕨	72	7,426
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overp	aid <u></u>	73	7,426
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	▶	74a	7,426
Direct deposit?	▶ b	Routing number XXXXXXXX ► c Type: X Checking Sav	vings		
See instructions.	d	Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	7		
Instructions.	75	Amount of line 73 you want applied to your 2014 estimated tax > 75	0		
Amount	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instruction	ns 🕨	76	
You Owe	77	Estimated tax penalty (see instructions)			
Third Party	Do yo	ou want to allow another person to discuss this return with the IRS (see instructions)?	Yes. Complete	e below	X No
Designee	Desig		Personal indent	ification	
	name Under i	▶ no. ► no penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the I	number (PIN) best of my knowle	dge and belie	f.
Sign	they ar	e true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	has any knowledg	ge.	•,
Here Joint return? See	Yours	signature Date Your occupation	Daytim	e phone nu	mber
instructions.	0.000	polo signaturo. If a joint raturo, hath must size.	If the IF	S sent you ar	Identity Protection
Keep a copy for your records.	Spous	se's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation	PIN, en	ter it	
-	Print/T	ype preparer's name Preparer's signature Date	here (se	I PT	
Paid			Check self-en	nployed	
Preparer	Firm's	name  Firm's EIN			
Use Only	Firm's	address Phone no			

SCHE	EDUL	E EIC
(Form	1040A	or 1040)

CAUTION

# **Earned Income Credit**

Qualifying Child Information

1040 Complete and attach to Form 1040A or 1040 only if you have a qualifying child EIC Department of the Treasury ▶ Information about Schedule EIC (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleeic. Attachment Sequence No. 43 (99) Internal Revenue Service Your social security number Name(s) shown on return Low10Married M 2Kids 123-46-5678 • See the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, to make Before you begin: sure that (a) you can take the EIC, and (b) you have a qualifying child. • Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card.

 Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security car Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

• If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.

• It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Q	ualifying Child Information	С	hild 1	Ch	ild 2	Child 3		
1	<b>Child's name</b> If you have more than three qualifying children, you only have to list three to get the maximum credit.	First name 1stChild Low10Mar		First name 2ndChild Low10Mar		First name	Last name	
2	<b>Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2013. If your child was born and died in 2013 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	679-	01-4578	890-4	15-6789			
3	Child's year of birth	If born after 19 younger than y	010 994 <b>and</b> the child was You (or your spouse, if skip lines 4a and 4b;	Year 2012 If born after 1994 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.		Year If born after 1994 and the child w younger than you (or your spouse filing jointly), skip lines 4a and 4u go to line 5.		
4a	Was the child under age 24 at the end of 2013, a student, and younger than you (or your spouse, if filing jointly)?	Go to line 5.	<b>No.</b> Go to line 4b.	Go to line 5.	<b>No.</b> Go to line 4b.	Go to line 5.	<b>No.</b> Go to line 4b.	
t	• Was the child permanently and totally disabled during any part of 2013?	Go to line 5.	<b>No.</b> The child is not a qualifying child.	Go to line 5.	<b>No.</b> The child is not a qualifying child.	Go to line 5.	<b>No.</b> The child is not a qualifying child.	
5	<b>Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	Son		Daugł	nter			
6	<ul> <li>Number of months child lived with you in the United States during 2013</li> <li>If the child lived with you for more than half of 2013 but less than 7 months, enter "7."</li> <li>If the child was born or died in 2013 and your home was the child's home for more than half the time he or she was alive during 2013, enter "12."</li> </ul>	Do not enter months.	$\frac{12}{12}$ months more than 12	Do not enter months.	$\frac{12}{more than 12}$	Do not ente months.	months r more than 12	

KIA For Paperwork Reduction Act Notice, see your tax return instructions Schedule EIC (Form 1040A or 1040) 2013

355 OMB No. 1545-0074

1040A

-	HEDULE 8812	Child Tax Credit		356 OMB No. 1545-0074
Depart	m 1040A or 1040) ment of the Treasury I Revenue Service (99)	<ul> <li>Attach to Form 1040, Form 1040A or Form 1040NR.</li> <li>Information about Schedule 8812 and its separate instructions is at www.irs.gov/schedule8812.</li> </ul>		2013 Attachment Sequence No. 47
	e(s) shown on return 10Married M	2Kids		cial security number
		o Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Id		
CAUT	Complete this	s part only for each dependent who has an ITIN and for whom you are claiming the child tax dent does not qualify for the credit, you cannot include that dependent in the calculation of the	credit.	
an IT		estions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040I ayer Identification Number) and that you indicated qualified for the child tax credit by check		
Α	the substantial pr	ndent identified with an ITIN and listed as a qualifying child for the child tax credit, did esence test? See separate instructions. es No	d this ch	ild meet
В	For the second de the substantial pr	es Line with an ITIN and listed as a qualifying child for the child tax credit esence test? See separate instructions.	, did this	s child meet
С	For the third depe	ndent identified with an ITIN and listed as a qualifying child for the child tax credit, di esence test? See separate instructions.	d this cl	nild meet
D	the substantial pr	endent identified with an ITIN and listed as a qualifying child for the child tax credit, or esence test? See separate instructions.	did this	child meet
	e the instructions a	e that four dependents identified with an ITIN and listed as a qualifying child for the one of the one one of the one of the one of		
Pa	rt II Additiona	I Child Tax Credit Filers		1
1	1040 filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the		
	1040A filers:	Instructions for Form 1040, line 51). Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).	1	2,000
	1040NR filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).		
	If you used Pub. 97	2, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.		
2	Enter the amount fr	om Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48	. 2	0
3	Subtract line 2 from	line 1. If zero, <b>stop</b> ; you cannot take this credit	. 3	2,000
4a	Earned income (see	separate instructions)	8	
b	Nontaxable combat	pay (see separate instructions) 4b 0		
5	Is the amount on lir			
		ne 5 blank and enter -0- on line 6. \$2 000 from the amount on line 4. Enter the result 5 20,74	8	
(		33,000 from the amount on fine 4a. Enter the result	6	3,112
6		t on line 5 by 15% (.15) and enter the result		
	X No. If line 6	is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the <b>smaller</b> of line 6 on line 13.		
		s equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. e, go to line 7.		
KIA	For Paperwork	Reduction Act Notice, see your tax return instructions. Schedu	le 8812 (F	Form 1040A or 1040) 2013

Pa	rt III Certain F	Filers Who Have Three or More Qualifying Chi	ildren					
7	Form(s) W-2, boxes amounts with yours.	rrity, Medicare, and Additional Medicare taxes from 4 and 6. If married filing jointly, include your spouse's If your employer withheld or paid Additional I RRTA taxes, see separate instructions		7				
8	1040 filers: 1040A filers:	Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on line 60. Enter -0		8				
	1040NR filers:	Enter -0 Enter the total of the amounts from Form 1040NR, lines 27 and 55, plus any taxes that you identified using code "UT" and entered on line 59.						
)	Add lines 7 and 8	· · · · · · · · · · · · · · · · · · ·		9			_	
)	1040 filers:	Enter the total of the amounts from Form 1040, lines 64a and 69.	ן					
	1040A filers:	Enter the total of the amount from Form 1040A, line 38a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 41 (see separate instructions).		10			+	
	1040NR filers:	Enter the amount from Form 1040NR, line 65.	J					
	Subtract line 10 fro	om line 9. If zero or less, enter -0-					11	
) )	Next, enter the sm	f line 6 or line 11					12	
							13	2,000
3	i ilis is your addit	ional child tax credit			· · · · ·	10 10		Enter this amount on Form 1040, line 65, Form 1040A, line 39, or Form 1040NR, line 63

· 1040		nent of the Treasury—Internal F		$\operatorname{Return}^{(99)} 20$	)13 。	MB No. 1545-00	74 IRS Use	Only—D	o not write	e or staple in t	this space.
	ec. 31, 20 <sup>-</sup>	13, or other tax year beginning		•	2013, ending	,20				structions.	
Your first name and			Last name							curity num	ber
Low10Marr		M	2KidsSole	eEarner						5-5678	
If a joint return, spo			Last name					•		al security	number
Low10Marr		F	2Kids					2	34-56	5-7890	
Home address (nu 123 Main	mber and	l street). If you have a P.O.	box, see instruction	ons.		A	Apt. no.			the SSN(s) ie 6c are co	
City, town or post of	office, sta	te, and ZIP code. If you ha	•		aces below (see	e instructions).				lection Ca	• •
Anywhere			GA 300	33						or your spous to this fund	
Foreign country na	me		Foreign p	rovince/state/county		Foreign pos		a box be or refund		t change you You	r tax <b>Spouse</b>
Filing Status	1	Single				of household					
	2		-		child's	s name here.					
Check only one	3	Married filing separa and full name here.	tely. Enter spous	se's SSN above	▶_						
box.					5 🗌 Quali	ifying widow(	er) with dep	enden	t child		
Exemptions	6a	X Yourself. If some	eone can claim v	you as a dependen	t <b>do not</b> che	ck box 6a		٦		checked	2
		V						•••	on 6a ai No of	nd 6b children	
	b	Spouse	<u></u>						on 6c v	who:	C
	C (1) First	Dependents: name Last name		(2) Dependent's social security number	(3) Deper relationshi		alifying for child ta: (see instruction	x credit		with you	2
			Married	679-01-457			(see instruction	3)	you due	ot live with to divorce	
If more than four			Married	890-45-678		er	X		or sepa (see ins	ration structions)	
dependents, see instructions and			-							ents on 6c	
check here ►										ered above	
	d	Total number of exemp	otions claimed						Add nur lines ab	mbers on love	4
Income	7	Wages, salaries, tips,	etc. Attach Forn	n(s) W-2					7	13	,193
income	8a	Taxable interest. Attac							8a		0
	b	Tax-exempt interest. I	<b>Do not</b> include o	on line 8a		8b		0			
Attach Form(s)	9a	Ordinary dividends. At	tach Schedule B	B if required					9a		0
W-2 here. Also attach Forms	b	Qualified dividends .				<b>9b</b>		0			
W-2G and	10	Taxable refunds, credi	ts, or offsets of	state and local inco	ome taxes .				10		0
1099-R if tax	11	Alimony received							11		
was withheld.	12	Business income or (lo							12		0
	13	Capital gain or (loss).		•					13		0
If you did not	14	Other gains or (losses	<b>,</b>						14		0
get a W-2, see instructions.	15a	IRA distributions				-	e amount .		15b 16b		0
see instructions.	16a	Pensions and annuitie		<b>16a</b>		<b>b</b> Taxable		• • •	160		0
	17 10	Rental real estate, roy							18		0
	18 19	Farm income or (loss) Unemployment compe		юг					10		0
	20a	Social security benefit	1			able amount			20b		
	21	Other income. List typ	-						21		0
	22	Combine the amounts				nis is your tot	al income	▶	22	13	,193
	23	Educator expenses						C			
Adjusted	24	Certain business expe	nses of reservis	ts, performing artis	sts, and						
Gross		fee-basis government						0			
Income	25	Health savings accour	nt deduction. Atta	ach Form 8889				0			
	26	Moving expenses. Atta	ach Form 3903					C			
	27	Deductible part of self-						0			
	28	Self-employed SEP, S						0			
	29	Self-employed health i									
	30	Penalty on early withd						L	<u></u>		
	31a	Alimony paid <b>b</b> Rec						C			
	32	IRA deduction						C	í l		
	33	Student loan interest of									
	34	Tuition and fees. Attac				34 35		C			
	35	Domestic production a						-			^
	36	Add lines 23 through 3							36	1 7	U
	37	Subtract line 36 from I	ine 22. This is yo	our acjusted gros	s income .			🖻	37	13	,193

Form 1040 (2013	) T.(	ow10Married M 2KidsSoleEarner	123-46-	-5678	359 Page <b>2</b>
	38			38	13,193
Tax and		Amount from line 37 (adjusted gross income)	· · · · <u>· · ·</u>	30	10,100
Credits	39a	if: Spouse was born before January 2, 1949, Blind. Checked ►	<b>39a</b> 0		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here			
Standard Deduction	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin).		40	12,200
for—	41	Subtract line 40 from line 38		41	993
<ul> <li>People who check any</li> </ul>	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see i		42	15,600
box on line 39a or 39b <b>or</b>	43	<b>Taxable income</b> . Subtract line 42 from line 41. If line 42 is more than line 41, enter -0		43	0
who can be claimed as a	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c		44	0
dependent, see				45	0
instructions.	45	Alternative minimum tax (see instructions). Attach Form 6251	-	46	0
All others:	46	Add lines 44 and 45	0	40	
Single or Married filing	47		0		
separately, \$6,100	48				
Married filing	49		0		
jointly or Qualifying	50				
widow(er),	51				
\$12,200 Head of	52		0		
household,	53				0
\$8,950	54	Add lines 47 through 53. These are your <b>total credits</b>		54	0
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-		55 56	0
Other	56	Self-employment tax. Attach Schedule SE		57	0
Taxes	57	Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919		57	0
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		50 59a	0
	59a b	Household employment taxes from Schedule H		59a 59b	0
	60	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)		60	0
				61	0
	<u>61</u> 62	Add lines 55 through 60. This is your total tax	0	01	
Payments	63	2013 estimated tax payments and amount applied from 2012 return 63	0		
If you have a	64a	Earned income credit (EIC) 64a	5,270		
qualifying	b	Nontaxable combat pay election   64b   0			
child, attach	65	Additional child tax credit. Attach Schedule 8812	1,529		
Schedule EIC.	66	American opportunity credit from Form 8863, line 8			
	67	Reserved			
	68	Amount paid with request for extension to file			
	69	Excess social security and tier 1 RRTA tax withheld	0		
	70	Credit for federal tax on fuels. Attach Form 4136			
	71	Credits from Form:			
		a 2439 b Reserved c 8885 d 71	0		
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	►	72	6,799
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpa	aid <u></u>	73	6,799
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	►	74a	6,799
Direct deposit?	▶ b	Routing number       XXXXXXXXX       ► c Type:       X       Checking       Sav	vings		
See instructions.	► d	Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
	75	Amount of line 73 you want applied to your 2014 estimated tax <b>&gt;</b> 75	0		
Amount	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instruction	ns 🕨	76	
You Owe		Estimated tax penalty (see instructions)			[]
Third Party	-		es. Complete		X No
Designee	Desigi name		Personal indent number (PIN)	ification	
Sign	Under	penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the b	est of my knowle		ef,
Here		e true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer l			mbor
Joint return? See	rours	ignature Date Your occupation	Dayum	e phone nu	Inibel
instructions. Keep a copy for	Spous	e's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation			n Identity Protection
your records.			PIN, en here (se		
Paid	Print/T	ype preparer's name         Preparer's signature         Date	Check	P1	ſIN
Preparer			self-en	nployed	
Use Only	Firm's		•		
-	⊢ırm's	address ► Phone no.			

SCHE	EDUL	E EIC
(Form	1040A	or 1040)

Department of the Treasury

Internal Revenue Service Name(s) shown on return

CAUTION

## **Earned Income Credit**

**Qualifying Child Information** 

Complete and attach to Form 1040A or 1040 only if you have a qualifying child

2KidsSoleEarner

▶ Information about Schedule EIC (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleeic.

		360 OMB No. 1545-0074
~		20 <b>13</b>
С		Attachment Sequence No. <b>43</b>
	You	r social security number
		123-46-5678

1040A

1040

EI

Low10Married M

Before you begin:

(99)

• See the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.

• Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's

social security card is not correct, call the Social Security Administration at 1-800-772-1213.

• If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.

• It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Q	ualifying Child Information	С	hild 1	Ch	nild 2	Child 3		
1	Child's name	First name	Last name	First name	Last name	First name	Last name	
•	If you have more than three qualifying	1stChild	1	2ndChild	l			
	children, you only have to list three to get the maximum credit.	Low10Mar	ried	Low10Mar	Low10Married			
2	<b>Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2013. If your child was born and died in 2013 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death	679-	01-4578	890-45-6789				
3	certificate, or hospital medical records. Child's year of birth	Year 2010 If born after 1994 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.		Year 2012 If born after 1994 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.		Year If born after 1994 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.		
4a	Was the child under age 24 at the end of 2013, a student, and younger than you (or your spouse, if filing jointly)?	Go to line 5.	<b>No.</b> Go to line 4b.	Go to line 5.	<b>No.</b> Go to line 4b.	Yes.	<b>No.</b> Go to line 4b.	
ł	• Was the child permanently and totally disabled during any part of 2013?	Go to line 5.	<b>No.</b> The child is not a qualifying child.	Go to line 5.	<b>No.</b> The child is not a qualifying child.	Go to line 5.	<b>No.</b> The child is not a qualifying child.	
5	<b>Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	Son		Daugł	nter			
6	<ul> <li>Number of months child lived with you in the United States during 2013</li> <li>If the child lived with you for more than half of 2013 but less than 7 months, enter "7."</li> <li>If the child was born or died in 2013 and your home was the child's home for more than half the time he or she was alive during 2013, enter "12."</li> </ul>	months.	$\frac{12}{12}$ months more than 12	Do not enter months.	$\frac{12}{more than 12}$ months	months.	months more than 12	

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

Schedule EIC (Form 1040A or 1040) 2013

804	EDULE 8812			361					
-	n 1040A or 1040)	Child Tax Credit		OMB No. 1545-0074					
Depart	ment of the Treasury I Revenue Service (99)	<ul> <li>Attach to Form 1040, Form 1040A or Form 1040NR.</li> <li>Information about Schedule 8812 and its separate instructions is at www.irs.gov/schedule8812.</li> </ul>		2013 Attachment Sequence No. 47					
Name	(s) shown on return			ocial security number					
		2KidsSoleEarner		23-46-5678					
Pa		no Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Id		cation Number)					
	If your dopor	s part only for each dependent who has an ITIN and for whom you are claiming the child tax ident does not qualify for the credit, you cannot include that dependent in the calculation of th		t					
an IT	Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an ITIN (Individual Taxpayer Identification Number) and that you indicated qualified for the child tax credit by checking column (4) for that dependent.								
Α		ndent identified with an ITIN and listed as a qualifying child for the child tax credit, did esence test? See separate instructions.	l this ch	ild meet					
	Y	es No							
В	For the second de the substantial pr	ependent identified with an ITIN and listed as a qualifying child for the child tax credit, esence test? See separate instructions.	did this	s child meet					
	Y	es No							
С	For the third depe the substantial pr	d this cl	nild meet						
	Y	es No							
D		bendent identified with an ITIN and listed as a qualifying child for the child tax credit, or esence test? See separate instructions.	did this	child meet					
		es No							
NI				1:4					
		re that four dependents identified with an ITIN and listed as a qualifying child for the c nd check here.		<pre>C credit,  ▶</pre>					
Par		I Child Tax Credit Filers							
1	1040 filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the							
	1040A filers:	Instructions for Form 1040, line 51).							
	1040A mers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).	1	2,000					
	1040NR filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the							
		Instructions for Form 1040NR, line 48).							
	If you used Pub. 97	<sup>2</sup> 2, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.							
2	Enter the amount fr	rom Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48	. 2	0					
3	Subtract line 2 from	n line 1. If zero, <b>stop</b> ; you cannot take this credit	3	2,000					
4a	Earned income (see	e separate instructions)	3						
b	Nontaxable comba								
5									
	No. Leave line 5 blank and enter -0- on line 6.								
		3,000 from the amount on fine 4a. Enter the result	6	1,529					
6 Multiply the amount on line 5 by 15% (.15) and enter the result									
	X No. If line 6	is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the <b>smaller</b> of line 6 on line 13.							
	<ul> <li>Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.</li> </ul>								
KIA	For Paperwork	Reduction Act Notice, see your tax return instructions. Schedul	le 8812 (l	Form 1040A or 1040) 2013					

02		
	Page	2

Pa	rt III Certain	Filers Who Have Three or More Qualifying Chil	ldren				
7	Form(s) W-2, boxes amounts with yours	urity, Medicare, and Additional Medicare taxes from 4 and 6. If married filing jointly, include your spouse's If your employer withheld or paid Additional r I RRTA taxes, see separate instructions		7			
8	1040 filers:	Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on line 60.					
	1040A filers:	Enter -0	}	8		-	
	1040NR filers:	Enter the total of the amounts from Form 1040NR, lines 27 and 55, plus any taxes that you identified using code "UT" and entered on line 59.					
9	Add lines 7 and 8			9		-	
10	1040 filers:	Enter the total of the amounts from Form 1040, lines 64a and 69.	]				
	1040A filers:	Enter the total of the amount from Form 1040A, line 38a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 41 (see separate instructions).		10			
	1040NR filers:	Enter the amount from Form 1040NR, line 65.	J				
11	Subtract line 10 fr	om line 9. If zero or less, enter -0-				11	
12	Enter the larger o	f line 6 or line 11				12	
	, =, =	naller of line 3 or line 12 on line 13.					
Pa	rt IV Additio	nal Child Tax Credit				_	
13	This is your addi	tional child tax credit				13	<i>Enter this amount on</i>
					1040 1040A		Form 1040, line 65, Form 1040A, line 39, or Form 1040NR, line 63
					1040N		
KIA					Schedule	8812 (	Form 1040A or 1040) 201

IRS Use Only-Do not write or staple in this space. See separate instructions.

Your first name and			Last name						cial securit	-
Low10Marr		М	2KidsSole	Earner				12	23-46-5	678
If a joint return, spo			Last name							curity numbe
Low10Marr		F	2Kids					23	34-56-7	890
Home address (nur 123 Main	nber and	I street). If you hav	ve a P.O. box, see instructio	ns.			Apt. no.			SSN(s) above c are correct.
City, town or post o	ffice, sta	te, and ZIP code.	If you have a foreign addres	s, also complete spac	es below (see ins	struction	s).	Presid	ential Elect	ion Campaig
Anywhere			GA 300	33				Check her	re if you, or yo	our spouse if filing this fund. Checki
Foreign country na	ne		Foreign pr	ovince/state/county		Foreign	postal code		w will not cha	inge your tax
Filing Status	1 [ 2 ]>	Single	j jointly (even if only one			g perso	old (with qua n is a child b			
Check only one	3		separately. Enter spous			anne ne	ie.			
box.	3	and full name			5 Qualifyir	ng wido	w(er) with de	pendent	child	
Exemptions	6a	X Yourself.	If someone can claim y	ou as a dependent,	do not check	box 6a		]	Boxes check on 6a and 6b	
•	b	X Spouse						<u>}</u>	No. of chile on 6c who	dren
	С	Dependents:		(2) Dependent's	(3) Depender	nt's	(4) √ if child under qualifying for child	er age 17 tax credit	<ul> <li>lived with</li> </ul>	· · · ·
	$\frac{(1) \text{ First}}{1 \text{ of }}$		ast name	social security number $670 - 01 - 4579$	relationship to	you	(see instructio		• did not liv you due to d	
If more than four			ow10Married	679-01-4578			X		or separatio	n
dependents, see		-	ow10Married	890-45-6789	2		X		Dependents	
instructions and	3rd(	Child L	low10Married	789-45-6723	son		Х		not entered	
check here ►	d	Total number of	of exemptions claimed						Add number lines above	
	7		es, tips, etc. Attach Form						7	13,193
Income	, 8a	0 /	st. Attach Schedule B if	( )					8a	(
			iterest. Do not include o				b	0	Ua	
Attach Form(s)	9a	•	ends. Attach Schedule B				-	-	9a	(
W-2 here. Also	b	Qualified divide						0	54	
attach Forms	10		ds, credits, or offsets of s						10	(
W-2G and	11		red						11	
1099-R if tax was withheld.	12	,	me or (loss). Attach Sche						12	(
was withheid.	13	Capital gain or	(IOSS). Attach Schedule D if re	equired. If not required, ch	eck here				13	(
If you did not	14		(losses). Attach Form 4						14	
get a W-2,	15a	-	ns				ble amount		15b	(
see instructions.	16a		annuities		k	<b>o</b> Taxa	ble amount		16b	(
	17	Rental real est	ate, royalties, partnershi	ps, S corporations,	trusts, etc. Atta	ach Sch	edule E .		17	
	18	Farm income of	or (loss). Attach Schedul	eF					18	(
	19	Unemploymen	t compensation						19	
	20a	Social security	benefits 20a	1	<b>b</b> Taxable	e amou	nt		20b	
	21	Other income.	List type and amount _ mounts in the far right c						21	(
	22			olumn for lines 7 thr	ough 21. This i				22	13,193
Adjusted	23	Educator expe				2	3	0		
Gross	24		ess expenses of reservist ernment officials. Attach I					0		
Income	25	Health savings	account deduction. Atta	ch Form 8889 .				0		
	26	Moving expense	ses. Attach Form 3903					0		
	27		t of self-employment tax					0		
	28		SEP, SIMPLE, and qua					0		
	29		health insurance deduc					0		
	30	-	ly withdrawal of savings					0		
	31a		b Recipient's SSN ►							
	32							0		
	33		terest deduction							
	34	Tuition and fee	es. Attach Form 8917.			3				
	35	Domestic prod	uction activities deduction	on. Attach Form 890	3	3	5	0		
	36		nrough 35						36	(
	37	Subtract line 3	6 from line 22. This is yo	our adjusted gross	income			►	37	13,193

(99)

3

, 2013, ending

OMB No. 1545-0074

,20

Department of the Treasury-Internal Revenue Service

U.S. Individual Income Tax Return

For the year Jan. 1-Dec. 31, 2013, or other tax year beginning

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

KIA

37

Form 1040 (2013	) T.(	ow10Married M 2KidsSoleEarner	123-46-	-5678	364 Page <b>2</b>
101111040 (2013					13,193
Tax and	38	Amount from line 37 (adjusted gross income)	· · · · · · · · ·	38	10,190
Credits	39a		<b>39a</b> 0		
	\ <b>L</b>				
Standard Deduction	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here		40	12,200
for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin) . Subtract line 40 from line 38		41	993
<ul> <li>People who check any</li> </ul>	41	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see i		42	19,500
box on line	42	•		43	0
39a or 39b <b>or</b> who can be	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0		-	0
claimed as a dependent.	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	<u> </u>	44	
see instructions.	45	Alternative minimum tax (see instructions). Attach Form 6251	🌔	45	0
All others:	46	Add lines 44 and 45		46	0
Single or	47	Foreign tax credit. Attach Form 1116 if required	0		
Married filing separately,	48	Credit for child and dependent care expenses. Attach Form 2441 48	0		
\$6,100	49	Education credits from Form 8863, line 19			
Married filing jointly or	50	Retirement savings contributions credit. Attach Form 8880	0		
Qualifying widow(er),	51	Child tax credit. Attach Schedule 8812, if required			
\$12,200	52	Residential energy credits. Attach Form 5695			
Head of household,	53	Other credits from Form: <b>a</b> 3800 <b>b</b> 8801 <b>c</b> 53	0		
\$8,950	54	Add lines 47 through 53. These are your total credits		54	0
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	🅨	55	0
Other	56	Self-employment tax. Attach Schedule SE		56	0
Taxes	57	Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919		57	0
Iuxoo	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		58	0
	59 a	Household employment taxes from Schedule H		59a	0
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		59b	0
	60	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)		60	0
	61	Add lines 55 through 60. This is your total tax	<u></u> ►	61	0
Payments	62 63	Federal income tax withheld from Forms W-2 and 1099       62         2013 estimated tax payments and amount applied from 2012 return       63	0		
If you have a	64a	Earned income credit (EIC)	5,929		
qualifying	b	Nontaxable combat pay election   64b   0			
child, attach	65	Additional child tax credit. Attach Schedule 8812	1,529		
Schedule EIC.	66	American opportunity credit from Form 8863, line 8			
	67	Reserved			
	68	Amount paid with request for extension to file			
	69	Excess social security and tier 1 RRTA tax withheld	0		
	70	Credit for federal tax on fuels. Attach Form 4136			
	71	Credits from Form:			
		a 2439 b Reserved c 8885 d 71	0		
	72	Add lines 62, 63, 64a, and 65 through 71. These are your <b>total payments</b>		72	7,458
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpa	aid	73	7,458
	74a	Amount of line 73 you want <b>refunded to you.</b> If Form 8888 is attached, check here	▶	74a	7,400
Direct deposit? See	► <sup>b</sup> .		vings		
instructions.	▶ <sup>d</sup>	Account number XXXXXXXXXXXXXXXXX			
	75	Amount of line 73 you want applied to your 2014 estimated tax  75	0	70	
Amount You Owe	76 77	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instruction Estimated tax penalty (see instructions)	ns 🕨	76	
			es. Complete	l a helow	X No
Third Party Designee	Desigi		Personal indent		
	name		umber (PIN)		of
Sign		e true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer			zı,
Here Joint return? See	Your s	signature Date Your occupation	Daytim	e phone nu	mber
instructions.	S	e's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation	If the IF	S sent vou a	n Identity Protection
Keep a copy for your records.	Spous	e's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation	PIN, en here (se	ter it	Jenny Protocion
Paid	Print/T	ype preparer's name Preparer's signature Date	Check	P1	ſIN
Palo Preparer			self-en	nployed	
Use Only	Firm's		•		
	⊦irm's	address ► Phone no.			

SCHE	EDUL	E EIC
(Form	1040A	or 1040)

Department of the Treasury

Internal Revenue Service Name(s) shown on return

CAUTION

## **Earned Income Credit**

Qualifying Child Information

Complete and attach to Form 1040A or 1040 only if you have a qualifying child

Information about Schedule EIC (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleeic.

	365 OMB No. 1545-0074
	20 <b>13</b>
	Attachment Sequence No. <b>43</b>
You	r social security number
	123-46-5678

Low10Married M

(99)

• See the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, to make

**Before you begin:** • See the instructions for Form 1040A, lines 38a and 38b, or Form 1040, sure that (a) you can take the EIC, and (b) you have a qualifying child.

2KidsSoleEarner

• Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

1040A

1040

Ε

• If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.

• It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information		C	hild 1	Ch	ild 2	Child 3		
1	Child's name	First name	Last name	First name	Last name	First name	Last name	
•		1stChild	l	2ndChild	L	3rdChil	d	
	If you have more than three qualifying children, you only have to list three to get the maximum credit.	Low10Mar	ried	Low10Mar	ried	Low10Ma		
2	Child's SSN The child must have an SSN as defined in							
	the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2013. If your child was born and died in 2013 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	679-	01-4578	890-4	15-6789	789-4	5-6723	
3	Child's year of birth	If born after 19 younger than y	010 94 <b>and</b> the child was ou (or your spouse, if skip lines 4a and 4b;	If born after 199 younger than you	2012 4 <b>and</b> the child was u (or your spouse, if ip lines 4a and 4b;	younger than ye	2013 94 and the child was 94 or your spouse, if 94 kip lines 4a and 4b;	
4a	Was the child under age 24 at the end of 2013, a student, and younger than you (or your spouse, if filing jointly)?	Go to line 5.	<b>No.</b> Go to line 4b.	Go to line 5.	<b>No.</b> Go to line 4b.	Go to line 5.	<b>No.</b> Go to line 4b.	
k	• Was the child permanently and totally disabled during any part of 2013?	Yes.	No.	Yes.	No.	Yes.	No.	
		Go to line 5.	The child is not a qualifying child.	Go to line 5.	The child is not a qualifying child.	Go to line 5.	The child is not a qualifying child.	
5	Child's relationship to you							
•	(for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	Son		Daugł	nter	Son		
6	Number of months child lived with you in the United States during 2013							
	• If the child lived with you for more than half of 2013 but less than 7 months, enter "7."							
	• If the child was born or died in 2013 and your home was the child's home for more than half the time he or she was alive during 2013, enter "12."	Do not enter months.	$\frac{12}{12}$ months more than 12	Do not enter months.	$\frac{12}{more than 12}$	Do not ente months.	$\frac{12}{12}$ months <i>er more than 12</i>	
				months.	01		10100 1010) 0010	

KIA For Paperwork Reduction Act Notice, see your tax return instructions Schedule EIC (Form 1040A or 1040) 2013

-	HEDULE 8812 m 1040A or 1040)	Child Tax Credit		366 OMB No. 1545-0074
	ment of the Treasury Il Revenue Service (99)	<ul> <li>Attach to Form 1040, Form 1040A or Form 1040NR.</li> <li>Information about Schedule 8812 and its separate instructions is at www.irs.gov/schedule8812.</li> </ul>		2013 Attachment Sequence No. 47
Name	(s) shown on return	2KidsSoleEarner		pcial security number
Pa		no Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Ic		
	Complete thi	s part only for each dependent who has an ITIN and for whom you are claiming the child tax ident does not qualify for the credit, you cannot include that dependent in the calculation of the	credit.	
an IT		estions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040I wayer Identification Number) and that you indicated qualified for the child tax credit by check		
Α	For the first dependent the substantial pr	ndent identified with an ITIN and listed as a qualifying child for the child tax credit, dic resence test? See separate instructions.	l this ch	ild meet
	Y	es No		
в		ependent identified with an ITIN and listed as a qualifying child for the child tax credit. esence test? See separate instructions.	, did this	s child meet
	Y	es No		
С		endent identified with an ITIN and listed as a qualifying child for the child tax credit, di resence test? See separate instructions.	d this cl	nild meet
	Y	′es 🗌 No		
D		pendent identified with an ITIN and listed as a qualifying child for the child tax credit, or esence test? See separate instructions.	did this	child meet
		′es 🗌 No		
Na			obild tox	oradit
		re that four dependents identified with an ITIN and listed as a qualifying child for the one of the contrast o		
Pa	rt II Additiona	I Child Tax Credit Filers		
1	1040 filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51).		
	1040A filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).	1	3,000
	1040NR filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).		
	-	72, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.		
2		rom Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48	. 2	3,000
3		h line 1. If zero, stop; you cannot take this credit $\dots \dots \dots$		5,000
4a				
b		t pay (see separate instructions)		
5		the 4a more than \$3,000?		
	=	ne 5 blank and enter -0- on line 6. \$3,000 from the amount on line 4a. Enter the result	3	
6		at on line 5 by 15% (.15) and enter the result	6	1,529
U		e three or more qualifying children?		
		is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the <b>smaller</b> of line 6 on line 13.		
	Otherwis	s equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. e, go to line 7.		
KIA	For Paperwork	Reduction Act Notice, see your tax return instructions. Schedu	le 8812 (F	Form 1040A or 1040) 2013

Pa	rt III Certain	Filers Who Have Three or More Qualifying Chi	ildren				
7	Form(s) W-2, boxes amounts with yours	urity, Medicare, and Additional Medicare taxes from 4 and 6. If married filing jointly, include your spouse's If your employer withheld or paid Additional r I RRTA taxes, see separate instructions		7	1,009		
8	1040 filers: 1040A filers:	Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on line 60. Enter -0		8	0		
	1040NR filers:	Enter the total of the amounts from Form 1040NR, lines 27 and 55, plus any taxes that you identified using code "UT" and entered on line 59.			1 000		
9 10	Add lines 7 and 8 <b>1040 filers:</b>	Enter the total of the amounts from Form 1040, lines 64a and 69.	 ]	9	1,009		
	1040A filers:	Enter the total of the amount from Form 1040A, line 38a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 41 (see separate instructions).	}	10	5,929		
11	<b>1040NR filers:</b> Subtract line 10 fr	Enter the amount from Form 1040NR, line 65. om line 9. If zero or less, enter -0-	J 			11	0
12		naller of line 3 or line 12 on line 13.				12	1,529
		nal Child Tax Credit				13	1,529
13	This is your addi	tional child tax credit			1040 1040A 1040NR		Enter this amount on Form 1040, line 65, Form 1040A, line 39, or Form 1040NR, line 63
KIA					Schedule 8	3812 (F	Form 1040A or 1040) 2013

		, or other tax year beginnin		, 2	013, ending	,2	20		parate ins	or staple in t tructions.	
Your first name and			Last name							urity num	ber
Top10Sing		F	NoKids					_	23-46		
If a joint return, spo	use's first	name and initial	Last name					Spous	e's social	security i	number
Home address (nun	nber and s	street). If you have a P.	O. box, see instructi	ons.			Apt. no.	▲ M	ake sure t	he SSN(s)	above
123 Main								<b>–</b> a	and on line	e 6c are co	rrect.
	ffice, state	, and ZIP code. If you I		ss, also complete space	es below (see	instruction	s).			ection Car r your spous	
Anywhere Foreign country nar	no			rovince/state/county		Foreign	postal code	jointly, w	ant \$3 to go	o to this fund change your	. Checkin
oreigh country har	lic		i oreign p	iovinee/state/county		1 or eight		or refund			Spouse
iling Status	<b>1</b> X	Single					old (with quantum on is a child b				
U	2	Married filing jointly	y (even if only one	e had income)		s name he		Jut not y	oui uepe	indeni, ei	
heck only one	3	Married filing sepa		se's SSN above	►						
OX.		<ul> <li>and full name here</li> </ul>	·_		5 Qualit	fying wido	w(er) with de	ependen	t child		
xemptions	6a	X Yourself. If so	neone can claim	you as a dependent,	do not che	ck box 6a		J	Boxes cl		1
Xemptions	L [							}	on 6a an No. of c	a 60 children	
	b   	Spouse Dependents:	<u></u>	(2) Dependent's	(3) Deper		(4) 🗸 if child und	er age 17	on 6c w	/ho:	
	(1) First na	•	e	social security number	relationship		qualifying for child (see instructi	tax credit		t live with	
more than four									you due or separ	to divorce ation	
ependents, see									•	ructions) ents on 6c	
structions and										red above	
heck here ►	d .	Total number of exer	notions claimed	<u> </u>					Add num lines abo		1
		Nages, salaries, tips	•				<u></u>		7		,999
ncome		Faxable interest. Att	-	( )			 		8a		0
		Tax-exempt interest		•		1	b	0			
ttach Form(s)	9a (	Ordinary dividends.	Attach Schedule E	B if required					9a		125
/-2 here. Also ttach Forms	b	Qualified dividends				9	b	120			
V-2G and	10	Taxable refunds, cre	dits, or offsets of	state and local incon	ie taxes .				10		0
099-R if tax		Alimony received							11		
as withheld.			,	edule C or C-EZ					12 13		0
				required. If not required, ch					13		0
you did not et a W-2,		IRA distributions	,				ble amount		15b		0
ee instructions.		Pensions and annuit		16a		-	ible amount		16b		0
				ips, S corporations,	rusts, etc. A	_			17		
				le F					18		0
	19	Unemployment com	pensation						19		
		Social security bene				able amou	int		20b		
	21	Other income. List ty	pe and amount						21	15	0 ,124
				column for lines 7 thr				<b>e ►</b>	22	40	,124
djusted		Educator expenses		sts, performing artists		🖊	3	L	-		
Bross				Form 2106 or 2106-		2	4	C			
ncome		-		ach Form 8889		_	5	C			
	26	Moving expenses. A	ttach Form 3903			2	6	C			
	27	Deductible part of se	elf-employment ta	k. Attach Schedule S	Е	2	.7	0			
				alified plans		· · · –	8	0			
							9	C			
				8			0	L	-		
								2,000			
								1,000			
		Student loan interes					4	-,000			
				on. Attach Form 890	3			C			
	55			on. Allach i Unii 090		· · · <b>L</b>	-			-	000
	36	Add lines 23 through	135						36	3	,000

Form 1040 (2013	) Т(	op10Single F NoKids	123-46-	-5678	369 Page <b>2</b>
					42,124
Tax and	38 39a	Amount from line 37 (adjusted gross income)		38	
Credits	398	if: Spouse was born before January 2, 1949, Blind. Checked ►	<b>39a</b> 0		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here			
Standard Deduction	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	7,200
for— • People who	41	Subtract line 40 from line 38		41	34,924
check any	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see		42	3,900
box on line 39a or 39b <b>or</b>	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0		43	31,024
who can be claimed as a	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c		44	4,193
dependent, see	45	Alternative minimum tax (see instructions). Attach Form 6251		45	0
instructions.	46	Add lines 44 and 45		46	4,193
All others:	47	Foreign tax credit. Attach Form 1116 if required	0		
Single or Married filing	47	Credit for child and dependent care expenses. Attach Form 2441 48			
separately, \$6,100	49	Education credits from Form 8863, line 19			
Married filing	50	Retirement savings contributions credit. Attach Form 8880	0		
jointly or Qualifying	50	Child tax credit. Attach Schedule 8812, if required			
widow(er), \$12,200	52	Residential energy credits. Attach Form 5695			
Head of	53	Other credits from Form:         a         3800         b         8801         c         53	0		
household, \$8,950	54	Add lines 47 through 53. These are your total credits		54	0
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-		55	4,193
	56	Self-employment tax. Attach Schedule SE		56	, 0
Other	57	Unreported social security and Medicare tax from Form: $\mathbf{a} = 4137$ $\mathbf{b} = 8919$ .		57	0
Taxes	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		58	0
	59 a	Household employment taxes from Schedule H		59a	0
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		59b	0
	60	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)		60	0
	61	Add lines 55 through 60. This is your total tax		61	4,193
Payments	62	Federal income tax withheld from Forms W-2 and 1099	4,810		
	63	2013 estimated tax payments and amount applied from 2012 return 63	0		
If you have a	64a	Earned income credit (EIC)			
qualifying child, attach	b	Nontaxable combat pay election 64b			
Schedule EIC.	65	Additional child tax credit. Attach Schedule 8812		-	
	66	American opportunity credit from Form 8863, line 8    66			
	67	Reserved		-	
	68	Amount paid with request for extension to file	0		
	69	Excess social security and tier 1 RRTA tax withheld	0	-	
	70 71	Credit for federal tax on fuels. Attach Form 4136		-	
	<i>'</i> '		0		
	70	Add lines 62, 62, 64a, and 65 through 71 These are your total narmenta		72	4,810
	72 73	Add lines 62, 63, 64a, and 65 through 71. These are your <b>total payments</b>		72	617
Refund	73 74a	Amount of line 73 you want <b>refunded to you.</b> If Form 8888 is attached, check here		74a	617
Direct deposit?	∕4a ⊾b		vings		
See	► ~	Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
instructions.	▶ <sup>∽</sup> 75	Amount of line 73 you want applied to your 2014 estimated tax  75	0		
Amount	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructio		76	
You Owe	77	Estimated tax penalty (see instructions)			
Third Party			Yes. Complete	e below	X No
Designee	Desig		Personal indent	ification	
	name	▶ no. ► penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the	number (PIN)		f
Sign		e true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer			l,
Here Joint return? See	Your s	signature Date Your occupation	Daytim	e phone nui	mber
instructions.	Sparra	e's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation	If the IR	S sent you an	Identity Protection
Keep a copy for your records.	Spous	e's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation	PIN, en	ter it	
	Print/T	ype preparer's name Preparer's signature Date	here (se	PT	IN
Paid Preparer			Check self-en	nployed	
Use Only	Firm's				
Job Only	Firm's	address Phone no	1_		

SCHEI	DULE	Α
(Form	1040)	

## **Itemized Deductions**

▶ Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

3 1 Attachment Sequence No. 07 Your social security number

123-46-5678

370

OMB No. 1545-0074

	•
Department of the Trea Internal Revenue Servi	Attach to Form 1040.
Name(s) shown on Top10S	) F NoKids
Medical and	Caution.       Do not include expenses reimbursed or paid by others.         Medical and dental expenses (see instructions)
Dental Expenses	Enter amount from Form 1040, line 38

and Dental	1	Medical and dental expenses (see instructions)	1	0		
Expenses	2	Enter amount from Form 1040, line 38 2 42, 124				
	3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1949, multiply line 2 by 7.5% (.075) instead	3	4,212		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	0
Taxes You	5	State and local (check only one box):				
Paid		a. Income taxes or		0		
		<b>b.</b> General sales taxes	5	0		
	~		6	2,000		
	6	Real estate taxes (see instructions)		200		
	7	Personal property taxes	7	200		
	8	Other taxes. List type and amount				
			8	0		
	9	Add lines 5 through 8			9	2,200
Interest		Home mortgage interest and points reported to you on Form 1098 $\ldots$	10	4,800		
You Paid	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 ►				
Note. Your mortgage interest				0		
deduction may			11	0		
be limited (see instructions).	12	Points not reported to you on Form 1098. See instructions for special rules	12	0		
	13	Mortgage insurance premiums (see instructions)	13	0		
	14	Investment interest. Attach Form 4952 if required. (See instructions)	14			
	15	Add lines 10 through 14			15	4,800
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	0		
If you made a gift and got a	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500	17	200		
benefit for it,	18	Carryover from prior year	18	0		
see instructions.	19	Add lines 16 through 18			19	200
Casualty and						0
Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20	0
Job Expenses and Certain		Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►				
Miscellaneous	i			0		
Deductions			21	0		
		Tax preparation fees	22			
	23	Other expenses—investment, safe deposit box, etc. List type and amount ►		0		
			23	0		
	24	Add lines 21 through 23	24	0		
			26	842		
	26	Multiply line 25 by 2% (.02)			07	0
Other	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	• •		27	0
Other Miscellaneous	28	Other—from list in instructions. List type and amount				1
Deductions	· -				28	0
Total	29	Is Form 1040, line 38, over \$150,000?			20	
Itemized		No. Your deduction is not limited. Add the amounts in the far right colum	n	ר		7 000
Deductions		└── for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		<b>}</b>	29	7,200
		Worksheet in the instructions to figure the amount to enter.		J		
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here	rd	▶		

		3, or other tax year beginning				, 2013	3, ending		,20		See se	parate i	nstructions.	
Your first name and			Last nam										curity nun	
Top10Sing		F	2Kids										6-5678	
If a joint return, spo	use's firs	t name and initial	Last name	е							Spouse	e's soci	al security	number
Home address (nun 123 Main	nber and	street). If you have a P	.O. box, see in	structio	ons.				A	pt. no.			e the SSN(s ne 6c are c	
City, town or post of	ffice, sta	te, and ZIP code. If you	have a foreign	addre	ss, also complete s	oaces	below (see	instructio	ons).		1		Election Ca	• •
Anywhere			GA	300	33						Check he	ere if you ant \$3 to	, or your spou go to this fun	use if filing
Foreign country nar	ne		For	reign p	rovince/state/count	'		Foreig	in bos	tal code		ow <u>will n</u>	ot change yo	ur tax
													You	Spouse
Filing Status	1 ∑ 2 □	Single	ly (even if on	ly one	e had income)	4 [	qualify		son i	l (with qua s a child b				
Check only one	3	Married filing sepa		spou	se's SSN above		►							
box.		I and full name here	Э.			5	Qualit	fvina wia	dow(e	er) with de	nenden	t child		
						- L				,			checked	
Exemptions	6a	X Yourself. If so	meone can o	claim y	you as a depende	ent, <b>do</b>	o not che	ck box 6	ia.		· ·	on 6a		1
	b	Spouse									<u> </u>	No. o on 6c	f children	
	С	Dependents:			(2) Dependent's social security num	or	(3) Deper relationship	ndent's	(4) qua	if child unde lifying for child t	ax credit		d with you	2
	(1) First 1				124-56-78			p to you	<u> </u>	(see instructio	ns)		not live with le to divorce	
If more than four		ر	le2Kids le2Kids		456-78-90				_	X X		or sep	aration structions)	
dependents, see	21140		Tezkius		456-78-90		augnite	έΓ.	_	Λ		•	dents on 6c	
instructions and									_				tered above	
check here ►	d	Total number of exe	motions clair	mod									umbers on	3
	-											lines a	-	4,999
Income	7	Wages, salaries, tip Taxable interest. At	-		( )							7		0
	8a b	Tax-exempt interest. At			•				8b		0	8a		0
Attach Form(s)	9a	Ordinary dividends.									0	0.0		125
W-2 here. Also	b	Qualified dividends			•						120	9a		120
attach Forms	10	Taxable refunds, cro										10		0
W-2G and	11	Alimony received		513 01								11		
1099-R if tax was withheld.	12	Business income or	(loss). Attac	h Sch								12		0
was withineit.	13	Capital gain or (loss	. ,									13		0
lf you did not	14	Other gains or (loss										14		
get a W-2,	15a	IRA distributions	· · · · · · · ·		15a			<b>b</b> Tax	xable	amount		15b		0
see instructions.	16a	Pensions and annui	ties		16a			<b>b</b> Tax	xable	amount		16b		0
	17	Rental real estate, r	oyalties, par	tnersh	ips, S corporatio	ns, tru	sts, etc. A	Attach Se	ched	ule E .		17		
	18	Farm income or (los	s). Attach So	chedu	le F							18		0
	19	Unemployment com	•									19		
	20a	Social security bene		20				able amo	ount			20b		
	21	Other income. List t	ype and amo	ount _								21	1.1	0
	22	Combine the amoun								al income		22	4 (	5,124
Adjusted	23	Educator expenses						· · ·	23		0	-		
Gross	24	Certain business ex fee-basis governme							24		0			
Income	25	Health savings acco							25		0			
	26	Moving expenses. A							26		0			
	27	Deductible part of s							27		0			
	28	Self-employed SEP							28		0			
	29	Self-employed heal							29		0			
	30	Penalty on early wit							30		0			
	31a	Alimony paid <b>b</b> R	ecipient's SS	SN 🕨					31a					
	32	IRA deduction						[	32		500			
	33	Student loan interest	t deduction					[	33	-	1,000			
	34	Tuition and fees. At	ach Form 89	917.					34					
	35	Domestic production	n activities de	educti	on. Attach Form	3903		[	35		0			
	36	Add lines 23 throug	h35									36		1,500
	37	Subtract line 36 from	n line 22. Th	is is ye	our <b>adjusted gro</b>	ss ind	come	<u></u>	<u></u> .	<u></u>	<u></u> •	37		3 <b>,</b> 624
KIA For Dis	closur	e, Privacy Act, and	Paperwork I	Reduc	ction Act Notice	see s	separate	instruc	tions				Form 104	<b>10</b> (2013

(99)

20

3 1

OMB No. 1545-0074

Department of the Treasury-Internal Revenue Service

U.S. Individual Income Tax Return

Form 1040 (2013)	) Т(	op10Single F 2Kids	123-46-	-5678	372 Page <b>2</b>
101111040 (2013)					43,624
Tax and	38	Amount from line 37 (adjusted gross income)	· · · · · · · · · ·	38	10,021
Credits	39a		<b>39a</b> 0		
	) b	if: <b>Spouse</b> was born before January 2, 1949, <b>Blind. Checked</b> ► If your spouse itemizes on a separate return or you were a dual-status alien, check here			
Standard Deduction	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	7,200
for—	40	Subtract line 40 from line 38		41	36,424
<ul> <li>People who check any</li> </ul>	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see		42	11,700
box on line 39a or 39b <b>or</b>	43	<b>Taxable income</b> . Subtract line 42 from line 41. If line 42 is more than line 41, enter -0		43	24,724
who can be claimed as a		Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c		44	3,248
dependent,	44			45	. 0
see instructions.	45	Alternative minimum tax (see instructions). Attach Form 6251		45	3,248
All others:	46	Add lines 44 and 45	0	40	37210
Single or Married filing	47		1,200		
separately,					
Married filing			0	-	
jointly or Qualifying			2,000	-	
widow(er),	-				
			0		
household,				54	3.200
\$0,000	/ -	<b>č</b>		-	
					0
					0
Taxes				-	0
					0
	b			59b	0
	60			60	0
				61	48
Boymonto	62	Federal income tax withheld from Forms W-2 and 1099 62	780		
Fayments	63	2013 estimated tax payments and amount applied from 2012 return 63	0		
If you have a	64a	Earned income credit (EIC)			
qualifying	b	Nontaxable combat pay election 64b			
	65	Additional child tax credit. Attach Schedule 8812			
	66	American opportunity credit from Form 8863, line 8			
	67	Reserved			
	68				
	69	Excess social security and tier 1 RRTA tax withheld	0		
				-	
	/1		0		
			-		700
Refund			aiα	-	-
Direct denset				1 <del>- 1</del> d	
See					
instructions.					
Amount				76	
			13	70	
			Yes Complet	e below	XNO
	Desig	nee's Phone	•		
			, ,	<u> </u>	
Sign					T,
	Yours	signature Date Your occupation	Daytim	e phone nu	mber
Joint return? See instructions.	0.4		If the IE	S sent you ar	Identity Protection
Keep a copy for	Spous	se's signature. If a joint return, both must sign. Date Spouse's occupation	PIN, en	ter it	
	Print/T	ype preparer's name Preparer's signature Date		PT	ÎN
Paid Proparor					
	Firm's	name Firm's El			
Job Only	Mained minding segretion 48 Creatif for child and dependent care expenses. Attach Form 2441 48 1, 200   Marted minding segretion 50 0   Marted minding segretion 50 0   Chanking or child and dependent care expenses. Attach Form 2880 50 0   Status of the end status of control busines or child. Attach Form 2880 51 0   Status of the end status of control busines of the the status form 5065 52 0   Status of the end status form 5065 52 0   Status of the status form 5005 53 0   Status of the status form 5005 56 66   Status of the status of the status form 5005 56   Status of the status of the status of the status form 5005 53   Status of the status of				

SCHE	DULE	Α
(Form	1040)	

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on Form 1040

#### **Itemized Deductions**

▶ Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

Attach to Form 1040.

2013 Attachment Sequence No. 07 Your social security number

373

OMB No. 1545-0074

Top10Sin					12	3-46-5678
Medical		Caution. Do not include expenses reimbursed or paid by others.				
and	1	Medical and dental expenses (see instructions)	1	0		
Dental	2	Enter amount from Form 1040, line 38   2   43, 624				
Expenses	3	Multiply line 2 by 10% (.10). But if either you or your spouse was				
		born before January 2, 1949, multiply line 2 by 7.5% (.075) instead	3	4,362		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	0
Taxes You	5	State and local (check only one box):				
Paid		a. Income taxes or	-	0		
		<b>b.</b> General sales taxes	5	0		
	6	Real estate taxes (see instructions)	6	2,000		
	_	Personal property taxes	7	200		
	7		-	200		
	8	Other taxes. List type and amount		0		
			8	0		0 000
	9	Add lines 5 through 8	<u></u>		9	2,200
Interest	10	Home mortgage interest and points reported to you on Form 1098	10	4,800		
You Paid	11					
		to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►				
Note.						
Your mortgage						
interest			11	0		
deduction may be limited (see	12	Points not reported to you on Form 1098. See instructions for	<b></b>	•		
instructions).		special rules	12	0		
	13	Mortgage insurance premiums (see instructions)	13	0		
	14	Investment interest. Attach Form 4952 if required. (See instructions)	14			
	15	Add lines 10 through 14			15	4,800
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or more,		0		
Charity		see instructions	16	0		
lf you made a	17	Other than by cash or check. If any gift of \$250 or more, see	17	200		
gift and got a		instructions. You <b>must</b> attach Form 8283 if over \$500		0		
benefit for it, see instructions.		Carryover from prior year		, v		200
Casualty and	19	Add lines 16 through 18			19	200
Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.) .			20	0
Job Expenses		Unreimbursed employee expenses—job travel, union dues,				
and Certain		job education, etc. Attach Form 2106 or 2106-EZ if required.				
Miscellaneous		(See instructions.)				
Deductions			21	0		
Deductions	22	Tax preparation fees	22			
		Other expenses—investment, safe deposit box, etc. List type				
		and amount				
			23	0		
	24	Add lines 21 through 23	24	0		
	25	Enter amount from Form 1040, line 38 25 43, 624				
	26	Multiply line 25 by 2% (.02)	26	872		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27	0
Other	28	Other—from list in instructions. List type and amount				
Miscellaneous						
Deductions					28	0
Total	29	Is Form 1040, line 38, over \$150,000?	-	-		
Itemized		X No. Your deduction is not limited. Add the amounts in the far right colum for lines 4 through 28. Also, enter this amount on Form 1040, line 40.	[]	l	29	7,200
Deductions		Yes. Your deduction may be limited. See the Itemized Deductions		ſ		
	30	Uvertual Worksheet in the instructions to figure the amount to enter. If you elect to itemize deductions even though they are less than your standa	rd	<b>.</b>		
		deduction, check here				

	2444	Child	and Deper	ndent Care	Expe	nses	1040A		374 OMB No. 1545-0074
Form	2441				-		1040 1040NR		2042
			tach to Form 1040,						2013
	tment of the Treasury al Revenue Service (99)	Inform	nation about Form2 אוש	441 and its separat ww.irs.gov/form244		ions is at	2441		Attachment Seguence No. <b>21</b>
-	e(s) shown on return						Y	our social se	curity number
_		2Kids							6-5678
Pa			<b>hizations Who F</b> than two care pr				plete this par	rt.	
1	(a) Care provider's name			(b) Address street, apt. no., city, st				/ing number or EIN)	(d) Amount paid (see instructions)
D	aycare		1000 Ma:	in St			45-67	89012	9,100
							_		
	г			NL-		0			
			ou receive care benefits?	—— No —		•	nly Part II belo		
	L	-		—— Yes —			art III on the r		
	tion. If the care wa the instructions for					. If you do, y	ou cannot file	Form 104	0A. For details,
			nd Dependent C		•				
<u>г</u> а 2			-	-	aan two a	ulifying por	one coe the	inatruction	
2		, , ,	ying person(s). It	you have more ti	ian two qu			1	S. lified expenses you
	First	(u) duum	ying percente hame	Last		(b) Qualifying p security		incurred ar	nd paid in 2013 for the listed in column (a)
	lstChild		Sing	Le2Kids		124-56	-7809		4,550
	2ndChild		Sing	le2Kids		456-78	-9012		4,550
3	Add the amounts	in column (c	) of line 2. <b>Do not</b>	enter more than \$	53.000 for	one qualifvir	na		
-	person or \$6,000 from line 31	for two or mo	ore persons. If you	completed Part I	II, enter th				6,000
4	Enter your earned	d income. Se	ee instructions				4		44,999
5	If married filing joi student or was dis						5		44,999
6	Enter the smalles				e amount		6		6,000
7	Enter the amount	from Form 1		 ۱   7	7	43,62	24		
8	Enter on line 8 the								
U	If line 7 is		iount shown belov	If line 7 is					
			Decimal		But not	Decimal			
	•		amount is	•	over	amount is			
		5,000	.35	\$29,000—		.27			
	15,000—1	-	.34	31,000—	,	.26			× 0.20
	17,000—1	-	.33	33,000—		.25	8	_	× 0.20
	19,000—2	-	.32	35,000—	-	.24			
	21,000—2		.31	37,000—	,	.23			
	23,000—2	,	.30	39,000—		.22			
	25,000—2		.29	41,000-		.21			
	27,000—2		.28	43,000—		.20			
9	Multiply line 6 by	the decimal a	amount on line 8.	lf you paid 2012 e	xpenses i	n 2013, see			1 200
							9		1,200
10	Tax liability limit. I Limit Worksheet in				0	3,248	3		
11	Credit for child a				ler of line	9 or line 10			
			18; Form 1040A, li			e 46	· · · · <b>11</b>		1,200
KIA	For Paperwork	Reduction A	ct Notice, see your	tax return instruct	tions.				Form 2441 (2013)

Form	2441 (2013) ToplOSingle F 2Kids		<b>375</b> 123-46-5678 <b>Ра</b>	age <b>2</b>
Par				ge <b>L</b>
12	Enter the total amount of <b>dependent care benefits</b> you received in 2013. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Do not</b> include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	0	
13	Enter the amount, if any, you carried over from 2012 and used in 2013 during the grace period. See instructions	13		
14	Enter the amount, if any, you forfeited or carried forward to 2014. See instructions	14	( 0	)
15	Combine lines 12 through 14. See instructions	15	0	
16	Enter the total amount of <b>qualified expenses</b> incurred in 2013 for the care of the <b>qualifying person(s) 16</b> 9,100			
17	Enter the <b>smaller</b> of line 15 or 16			
18 19	Enter your earned income. See instructions       18       44,999         Enter the amount shown below that applies to you.       If married filing jointly, enter your spouse's earned income (if you or your       Image: Comparison of the second s			
	spouse was a student or was disabled, see the instructions for line 5). <b>19</b> 44,999			
	If married filing separately, see     instructions.			
	• All others, enter the amount from line 18. J			
20 21	Enter the smallest of line 17, 18, or 1920Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19)215,000			
22	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.)           X         No. Enter -0			
	Yes. Enter the amount here	22	0	
23	Subtract line 22 from line 15			
24	<b>Deductible benefits.</b> Enter the <b>smallest</b> of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	0	
25	<b>Excluded benefits. Form 1040 and 1040NR filers:</b> If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0 Form 1040A filers: Enter the smaller of line 20 or line 21	25	0	
26	<b>Taxable benefits. Form 1040 and 1040NR filers:</b> Subtract line 25 from line 23. If zero orless, enter -0 Also, include this amount on Form 1040, line 7; or Form 1040NR, line 8. Onthe dotted line next to Form 1040, line 7; or Form 1040NR, line 8, enter "DCB."Form 1040A filers: Subtract line 25 from line 15. Also, include this amount on Form 1040A,line 7. In the space to the left of line 7, enter "DCB"	26	0	
	To claim the child and dependent care credit, complete lines 27 through 31 below.			
27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	6,000	
28	Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25	28	0	
29	Subtract line 28 from line 27. If zero or less, <b>stop.</b> You cannot take the credit. <b>Exception.</b> If you paid 2012 expenses in 2013, see the instructions for line 9	29	6,000	
30	Complete line 2 on page 1 of this form. <b>Do not</b> include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30	9,100	
31	Enter the <b>smaller</b> of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	6,000	
KIA			Form <b>2441</b> (20	013)

F	4040	Department of the Treasury—Internal Revenue Service	(99)	00	40	1	
r	1040	Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax	Return	ZU	13	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space

For the year Jan. 1–De		13, or other tax year beginning			, 2013, endin		,20	74 IK3 US	<u> </u>		structions.	tills space.
Your first name and		ro, or other tax your beginnin	Last name		, 2010, 011011	9	,20		· · · · ·		curity num	ber
Top10Sing	le	F	2KidsHH						12	23-4	6-5678	
If a joint return, spo	ouse's fir	st name and initial	Last name						Spouse	e's soci	al security	number
Home address (nur 123 Main	mber and	l street). If you have a P	.O. box, see instructi	ons.			4	Apt. no.			the SSN(s ne 6c are co	
	office, sta	te, and ZIP code. If you			aces below	(see inst	tructions).					• •
Anywhere									jointly, wa	ant \$3 to	go to this fun	d. Checking
Foreign country na	me		Foreign p	rovince/state/county		F	oreign po	stal code	a box bel or refund		-	ur tax Spouse
Filing Status	1	Single	ly (even if only one	e had income)	- 🖽 qı	ualifying	person i	s a child b				
Check only one	3	Married filing sepa	arately. Enter spou	,	►							
box.	L	and full name here	9.		5 🗌 Q	ualifyin	g widow(	er) with de	pendent	t child		
Exemptions	6a	X Yourself. If so	meone can claim	you as a depender	it, <b>do not</b>	check b	ox 6a		]			1
•	b								}	No. of	children	
	 C						Ho (4	) 🗸 if child und	er age 17			2
	(1) First	name Last nar		social security numbe	r relatio	onship to y	/ou qu			• did r	not live with	
If more than four		ر						Х		or sepa	aration	
	2nd	Child Sing	le2Kids	456-78-901	2 Daugł	nter		Х		•		
instructions and												
check here ►		Total number of exe	motions claimed							Add nu	imbers on	3
			1							1 1		1,999
Income		•		( )						H +		0
	b			•					0			
Attach Form(s)	9a	•								9a		125
W-2 here. Also	b	Qualified dividends		· · · · · · · · · · ·			. 9b		120			
	10									10		0
	11	Alimony received								11		
	12	Business income or	(loss). Attach Sch	edule C or C-EZ						12		0
	13	Capital gain or (loss	). Attach Schedule D if	required. If not required,	check here					13		0
Foreign country name       Foreign province/state/county       Foreign postal code       The result of the state is an of the												
get a W-2,	15a	IRA distributions .		<b>  15a</b>		b	Taxable	e amount		15b		0
see instructions.	16a	Pensions and annui	ties	16a		b	Taxable	e amount		16b		0
	17	Rental real estate, r	oyalties, partnersh	ips, S corporations	s, trusts, e	tc. Atta	ch Sched	ule E .		17		
	18	Farm income or (los	s). Attach Schedu	le F						-		0
	19		·							$\vdash$		
	20a					Taxable	amount					
											1 5	0
			ů –		<u> </u>	. This is		al income			4.	), 124
Adjusted							. 23		0			
	24		•	· · ·	-		24		0			
	25	-							0			
									0			
									0			
		•					-		0			
			•	•					0			
	30	Penalty on early wit							0			
	31a	Alimony paid <b>b</b> R	-									
	32		•						500			
	33	Student loan interes	st deduction				. 33		1,000			
	34	Tuition and fees. At	tach Form 8917.				34					
	35	Domestic production	n activities deducti	on. Attach Form 89	903		. 35		0			
	36	Add lines 23 throug								36	1	L <b>,</b> 500
	37	Subtract line 36 from								37	43	3,624
											40.4	<b>1</b>

F 10 10 (00 10)	<u>,</u> п.		100 40	E C 7 O	377
Form 1040 (2013)		op10Single F 2KidsHH	123-46-		Page <b>2</b> 43,624
Tax and	38	Amount from line 37 (adjusted gross income)	· · · · · <u>· · ·</u>	38	43,624
Credits	39a	Check You were born before January 2, 1949, Blind. Total boxes	0		
	、 .	if: <b>Spouse</b> was born before January 2, 1949, <b>Blind. Checked</b> ►	39a 💆		
Standard Deduction	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here		40	8,950
for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	34,674
<ul> <li>People who check any</li> </ul>	41	Subtract line 40 from line 38		42	11,700
box on line 39a or 39b <b>or</b>	42	<b>Taxable income</b> . Subtract line 42 from line 41. If line 42 is more than line 41, enter -0		43	22,974
who can be				44	2,794
claimed as a dependent,	44	Tax (see instructions). Check if any from:       a       Form(s) 8814       b       Form 4972       c			0
see instructions.	45	Alternative minimum tax (see instructions). Attach Form 6251	-	45	2,794
All others:	46	Add lines 44 and 45	0	46	2,194
Single or Married filing	47	Foreign tax credit. Attach Form 1116 if required	1,200		
separately,	48	Credit for child and dependent care expenses. Attach Form 2441 48			
\$6,100 Married filing	49		50	-	
jointly or Qualifying	50		1,544	-	
widow(er),	51			-	
\$12,200 Head of	52		0		
household, \$8,950	53			54	2,794
\$0,950	) 54 55	Add lines 47 through 53. These are your <b>total credits</b>		54	0
		Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-		55 56	0
Other	56	Self-employment tax. Attach Schedule SE		57	0
Taxes	57	Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919.		58	0
	58 59 a	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required Household employment taxes from Schedule H		59a	0
	b			59b	0
	60	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)		60	0
	61	Add lines 55 through 60. This is your total tax		61	0
Deumente	62	Federal income tax withheld from Forms W-2 and 1099	780		
Payments	63	2013 estimated tax payments and amount applied from 2012 return 63	0		
If you have a	64a	Earned income credit (EIC)			
qualifying	b	Nontaxable combat pay election 64b			
child, attach Schedule EIC.	65	Additional child tax credit. Attach Schedule 8812	456		
	66	American opportunity credit from Form 8863, line 8			
	67	Reserved		-	
	68	Amount paid with request for extension to file			
	69	Excess social security and tier 1 RRTA tax withheld	0		
	70	Credit for federal tax on fuels. Attach Form 4136		-	
	71	Credits from Form:	0		
	70	a 2439 b Reserved c 8885 d 71		70	1,236
	72	Add lines 62, 63, 64a, and 65 through 71. These are your <b>total payments</b>		72 73	1,236
Refund	73 74a			73 74a	1,236
Direct deposit?	/4a ⊾b	Amount of line 73 you want <b>refunded to you.</b> If Form 8888 is attached, check here Routing number XXXXXXXX  ► <b>c</b> Type: X Checking  ► Sa	vings		,
See	► U d	Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
instructions.	► Ч 75	Amount of line 73 you want applied to your 2014 estimated tax        75	0		
Amount	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instruction		76	
You Owe	77	Estimated tax penalty (see instructions)			
Third Party			Yes. Complete	e below	X No
Designee	Desigi	nee's Phone	Personal indent		
	name	▶ no. ► penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the	number (PIN)		£
Sign		e true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer			ι,
Here Joint return? See	Your s	signature Date Your occupation	Daytim	e phone nu	mber
instructions.	Spour	se's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation	If the IF	S sent vou ar	Identity Protection
Keep a copy for your records.	Spous	se's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation	PIN, en here (se	ter it	
	Print/T	ype preparer's name Preparer's signature Date		PT	ÎN
Paid Preparer				nployed	
Use Only	Firm's	-			
	Firm's	address Phone no	).		

2444	Child	and Deper	ndent Care Exp	oenses	1040A	C	378 MB No. 1545-0074
<b>∞ 2441</b>	_	-	• Form 1040A, or Form 104		1040 1040NR		2013
and mont of the Transum			441 and its separate inst		2441		
partment of the Treasury rnal Revenue Service (99)			ww.irs.gov/form2441.			S	Sequence No. 21
me(s) shown on return	KidsHH				Y	our social sec 123-46	
1 5		inations W/h a F	Provided the Core )	(a	mlata thia na		-5676
			Provided the Care—) oviders, see the instru		ipiete triis pai	1.	
(a) Care provider's name		(number,	<b>(b)</b> Address , street, apt. no., city, state, and	d ZIP code)		/ing number or EIN)	(d) Amount paid (see instructions)
Daycare		1000 Ma	in St		45-67	89012	9,100
	Did yo	ou receive	No	-> Complete	only Part II bel	SW.	
		care benefits?	Yes	-> Complete	Part III on the r	next page n	ext.
ution. If the care was	s provided in	n your home, you i	may owe employment ta	•			
e the instructions for				· · ·			
		nd Dependent C					
Information about		•••	f you have more than tw	o qualifying per	sons, see the	instructions	
	(a) Qualif	ying person's name			person's social		ied expenses you I paid in 2013 for the
First			Last	security	number		sted in column (a)
1stChild		Sing	le2Kids	124-5	6-7809		4,550
2ndChild		Sing	le2Kids	456-7	8-9012		4,550
Add the amounts i	n column (c	) of line 2. <b>Do not</b>	enter more than \$3,000	for one qualify	na		
person or \$6,000 f			u completed Part III, ente		-		6 000
from line 31					3		6,000
Enter your earned					4		44,999
			ed income (if you or you		5		44,999
			Il others, enter the amo	unt from line 4	6		6,000
Enter the smalles					••••		•
1040A, line 22; or	Form 1040	NR, line 37		43,6	24		
			v that applies to the amo	ount on line 7			
If line 7 is:	:		If line 7 is:				
•		Decimal	But no				
		amount is	Over over	amount i	5		
\$0—1 15,000—1		.35 .34	\$29,000—31,000 31,000—33,000				
17,000—1	-	.33	33,000—35,000		8		× 0.20
19,000—1	-	.32	35,000—37,000				
21,000-2	,	.31	37,000—39,000				
23,000-2	-	.30	39,000-41,000				
25,000-2	-	.29	41,000-43,000				
20.000-2	-	.28	43,000—No lim				
27,000-2			•				
27,000—2		amount on line 8					
27,000—2 Multiply line 6 by t	he decimal		• • •		9		1,200
27,000—2 Multiply line 6 by t the instructions	he decimal a		dit				1,200
27,000—2 Multiply line 6 by t the instructions	he decimal a	ount from the Cre	dit				1,200
27,000–2 Multiply line 6 by t the instructions Tax liability limit. E Limit Worksheet in <b>Credit for child a</b>	he decimal a Inter the am the instruct nd depende	ount from the Cre tions.	dit	2,79 ine 9 or line 10	4		1,200

Form	2441 (2013) Top10Single F 2KidsHH	12	3-46-5678	->age <b>2</b>
Par	t III Dependent Care Benefits			
12	Enter the total amount of <b>dependent care benefits</b> you received in 2013. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Do not</b> include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	. 12	0	
13	Enter the amount, if any, you carried over from 2012 and used in 2013 during the grace period. See instructions	13		
14	Enter the amount, if any, you forfeited or carried forward to 2014. See instructions	14 (	0	)
15	Combine lines 12 through 14. See instructions	15	0	
16	Enter the total amount of <b>qualified expenses</b> incurred			
	in 2013 for the care of the qualifying person(s) 16 9, 100	_		
17	Enter the <b>smaller</b> of line 15 or 16	_		
18 19	<ul> <li>Enter your earned income. See instructions</li> <li>Enter the amount shown below that applies to you.</li> <li>If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled,</li> </ul>	-		
	see the instructions for line 5). <b>19</b> 44, 999			
	<ul> <li>If married filing separately, see instructions.</li> <li>All others, enter the amount from line 18.</li> </ul>			
20	Enter the smallest of line 17, 18, or 19	_		
21	Enter \$5,000 (\$2,500 if married filing separately <b>and</b>			
	you were required to enter your spouse's earned income on line 19)			
22	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.)			
	X No. Enter -0		0	
	<b>Yes.</b> Enter the amount here	22	0	
23		-		
24	<b>Deductible benefits.</b> Enter the <b>smallest</b> of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	0	
25	<b>Excluded benefits. Form 1040 and 1040NR filers:</b> If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0 Form 1040A filers: Enter the smaller of line 20 or line 21.	25	0	
26	<b>Taxable benefits. Form 1040 and 1040NR filers:</b> Subtract line 25 from line 23. If zero or less, enter -0 Also, include this amount on Form 1040, line 7; or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7; or Form 1040NR, line 8, enter "DCB." <b>Form 1040A filers:</b> Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB"	26	0	
	To claim the child and dependent care credit, complete lines 27 through 31 below.			
27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	6,000	
28	Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25	28	0	
29	Subtract line 28 from line 27. If zero or less, <b>stop.</b> You cannot take the credit. <b>Exception.</b> If you paid 2012 expenses in 2013, see the instructions for line 9	29	6,000	
30	Complete line 2 on page 1 of this form. <b>Do not</b> include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30	9,100	
31	Enter the <b>smaller</b> of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	6,000	
KIA			Form <b>2441</b>	(2013)

Form 2441 (2013)

(Forr Depart Interna Name Top		12 dentific	380 OMB No. 1545-0074 <b>2013</b> Attachment Sequence No. <b>47</b> <b>cial security number</b> 3-46-5678 <b>ation Number</b> )	
	IN II your deper	s part only for each dependent who has an ITIN and for whom you are claiming the child tax ident does not qualify for the credit, you cannot include that dependent in the calculation of th estions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040N	his credit	
an IT depe	TN (Individual Taxp ndent.	bayer Identification Number) and that you indicated qualified for the child tax credit by check	ting colur	nn (4) for that
A B	the substantial pr	ndent identified with an ITIN and listed as a qualifying child for the child tax credit, did esence test? See separate instructions. fes INO ependent identified with an ITIN and listed as a qualifying child for the child tax credit,		
	the substantial pr	esence test? See separate instructions.	,	
С	the substantial pr	endent identified with an ITIN and listed as a qualifying child for the child tax credit, divesence test? See separate instructions.	d this ch	ild meet
D	the substantial pr	endent identified with an ITIN and listed as a qualifying child for the child tax credit, or esence test? See separate instructions.	did this c	child meet
see	the instructions a	re that four dependents identified with an ITIN and listed as a qualifying child for the ond check here.		
Par		Il Child Tax Credit Filers		
1	1040 filers: 1040A filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51). Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).	1	2,000
	1040NR filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).		
	If you used Pub. 97	2, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.		
2	Enter the amount fr	om Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48	. 2	1,544
3	Subtract line 2 from	n line 1. If zero, <b>stop</b> ; you cannot take this credit	. 3	456
<b>4</b> a		e separate instructions)	<u>ب</u>	
b		t pay (see separate instructions)		
5		the 4a more than \$3,000?		
		ne 5 blank and enter -0- on line 6. \$3,000 from the amount on line 4a. Enter the result	9	
6	Multiply the amour <b>Next.</b> Do you have	at on line 5 by 15% (.15) and enter the result	. 6	6,300
	line 3 or	is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the <b>smaller</b> of line 6 on line 13. s equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13.		
	Otherwis	e, go to line 7.		
KIA	For Paperwork	Reduction Act Notice, see your tax return instructions. Schedu	le 8812 (F	orm 1040A or 1040) 2013

				381
che	dule 8812 (Form 1040/	A or 1040) 2013 Top10Single F 2KidsHH 123-	-46-567	78 Page
Pai	rt III Certain F	Filers Who Have Three or More Qualifying Children		
7	Form(s) W-2, boxes amounts with yours.	rrity, Medicare, and Additional Medicare taxes from 4 and 6. If married filing jointly, include your spouse's If your employer withheld or paid Additional T RRTA taxes, see separate instructions		
8 9 10	1040 filers: 1040A filers: 1040NR filers: Add lines 7 and 8 1040 filers: 1040A filers:	Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on line 60. Enter the total of the amounts from Form 1040NR, lines 27 and 55, plus any taxes that you identified using code "UT" and entered on line 59.899Enter the total of the amounts from Form 1040, lines 64a and 69. Enter the total of the amount from Form 1040A, line 38a, plus any excess social security and tier 1 RRTA10		
12	Enter the larger of	taxes withheld that you entered to the left of line 41 (see separate instructions). Enter the amount from Form 1040NR, line 65. om line 9. If zero or less, enter -0	4	
Dai		nal Child Tax Credit		
3		ional child tax credit	1	3 456 Enter this amount on Form 1040, line 65,
			1040 1040A 1040NR	Form 1040, tine 35, Form 1040A, line 39, or Form 1040NR, line 63

		I							382 o. 1545-0074
Form	8880	Credit for	<b>Qualified Re</b>	tirement Savir	ngs (	Contribut	ions		)よう )よう
			Attach to Form 10	40, Form 1040A, or Form	1040N	R.			J <b>13</b>
	nent of the Treasury Revenue Service	► Informa	ation about Form 8880	and its instructions is at	www.i	rs.gov/form8880	).	Attachr Sequer	ment nce No. <b>54</b>
	(s) shown on return	1					Your soc	ial security	
То	ploSingle	F 2KidsHH					12	3-46-50	678
			edit if <b>either</b> of the t	following applies. e 22; or Form 1040NR, line	27 io r	mara than \$20 E0	0 (\$44.25	0 if bood o	f
	househo	ld; \$59,000 if married	filing jointly).						
CAUT	• The pe depende	erson(s) who made the ent on someone else's	e qualified contribution o 2013 tax return, or <b>(c)</b> v	r elective deferral <b>(a)</b> was l vas a <b>student</b> (see instruc	born aft tions).	er January 1, 199	96, <b>(b)</b> is c	laimed as	а
						(a) You		(b) Your	spouse
			ons for 2013. <b>Do no</b> t		1	50	0		0
2	Elective deferra	als to a 401(k) or otl	ner qualified employe	r plan, voluntary					
	employee conti	ributions, and 501(c	)(18)(D) plan contribu	utions for 2013					0
	(see instruction	ns)			. 2		0		0
3	Add lines 1 and	12			3	50	0	<u> </u>	0
			2010 and before the						
			3 tax return (see instr						
			spouses' amounts in						
						50	0	<u> </u>	0
					-	50			0
									500
				e this credit			7		500
			, line 38*; Form 1040.			43,62	л		
					8	43,02	4		
9	Enter the applic	cable decimal amou	int shown below:						
	If lin	ie 8 is—	Α	nd your filing status is	_		ן ו		
			Married	Head of		e, Married filing	1		
	Over—	But not	filing jointly	household	se	eparately, or			
		over—	Ente	r on line 9—	Quali	fying widow(er)			
		\$17,750	.5	.5		.5			
	\$17,750	\$19,250	.5	.5		.2			
	\$19,250	\$26,625	.5	.5		.1	9	Х	0.1
	\$26,625	\$28,875	.5	.2		.1			
	\$28,875	\$29,500	.5	.1		.1			
	\$29,500	\$35,500	.5	.1		.0			
	\$35,500	\$38,500	.2	.1		.0			
	\$38,500	\$44,250	.1	.1		.0			
	\$44,250	\$59,000	.1	.0		.0			
	\$59,000		.0	.0		.0			
			9 is zero, <b>stop</b> ; you	cannot take this credit.					FO
	Multiply line 7	•					10		50
1	Limitation base	ed on tax liabilty. En	ter the amount from	the Credit Limit Worksho	eet in t	he			

\*See Pub. 590 for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.

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

Form 8880 (2013)

1,594

F	4040	Department of the Treasury—Internal Revenue Service	$(99) \mid 0 0 4 9$	•
r	1040	Department of the Treasury—Internal Revenue Service	Return ZU15	OMB No. 1545-0074

		13, or other tax year beginning				, 2013, ending	,2	0			structions.	
Your first name and			Last name								curity nun	
Mid50Sing		L at name and initial	NoKid	-					_	-	6-5678	
if a joint return, spo	use's firs	st name and initial	Last name	9					Spous	e's soci	al security	/ number
	nber and	l street). If you have a P	O. box, see in	structic	ons.			Apt. no.	▲ Ma	ake sure	the SSN(s	s) above
123 Main									a a	nd on li	ne 6c are c	correct.
	ffice, sta	te, and ZIP code. If you	have a foreign			aces below (see	e instructions	s).			Election Ca	
Anywhere			GA	300	33				jointly, w	ant \$3 to	or your spou go to this fun	nd. Checking
Foreign country nar	ne		For	eign pr	rovince/state/county		Foreign p	oostal code	a box be or refund		ot change yo You	our tax
Filing Status	1 🛛	Single						old (with qu n is a child l				
J	2	Married filing joint	y (even if on	ly one	had income)		s name hei		Jut not y	our dep	endeni, e	
Check only one	3	Married filing sepa	•	•		•						
box.	• _	☐ and full name here		•		5 Quali	ifving wido	w(er) with d	opondon	t child		
		•							ependen			
Exemptions	6a	X Yourself. If so	meone can c	laim y	vou as a depender	t, <b>do not</b> che	ck box 6a		]	Boxes on 6a a	checked and 6b	1
	b	Spouse							<u> </u>	No. of on 6c	children	
	С	Dependents:			(2) Dependent's	(3) Deper		(4) √ if child une qualifying for child			l with you	
	(1) First	name Last nan	ne		social security numbe	umber relationship to		(see instruct		did r vou du	not live with e to divorce	•
If more than four						_				or sepa		
dependents, see											dents on 6c	
instructions and											ered above	
check here ►	d	Total number of exe	motions clair	nod							mbers on	1
										lines al	-	7,791
Income	7	Wages, salaries, tip: <b>Taxable</b> interest. At								7 8a	5	0
	8a b	Tax-exempt interest. At			•		1	1	0			
Attach Form(s)	9a	Ordinary dividends.						-		9a		0
W-2 here. Also	b	Qualified dividends			•				0	50		
attach Forms	10	Taxable refunds, cre								10		0
W-2G and 1099-R if tax	11									11		
was withheld.	12	Business income or	(loss). Attac	h Sche	edule C or C-EZ					12		0
	13	Capital gain or (loss	). Attach Schedu	ile D if r	equired. If not required,	check here				13		0
lf you did not	14	Other gains or (loss	es). Attach F	orm 4	797					14		
get a W-2,	15a	IRA distributions .			<b>15a</b>		<b>b</b> Taxal	ole amount		15b		0
see instructions.	16a	Pensions and annui					_	ole amount		16b		0
	17	Rental real estate, r								17		
	18	Farm income or (los								18		0
	19	Unemployment com	•	20a						19 20h		
	20a	Social security bene						nt		20b 21		0
	21 22	Other income. List t Combine the amour	ype and amo	unt _	olumn for linos 7 tl	arough 21 Th		otal incom		22	.3	7,791
	22	Educator expenses		-					0		0	.,
Adjusted	23 24	Certain business ex					· · · · <b>/</b>	-	-			
Gross	- 1	fee-basis governme					24	4	0			
Income	25	Health savings acco					-	5	0			
	26	Moving expenses. A	ttach Form 3	8903			20	6	0			
	27	Deductible part of se	elf-employme	ent tax	. Attach Schedule	SE		7	0			
	28	Self-employed SEP	, SIMPLE, ar	id qua	lified plans		20	3	0			
	29	Self-employed healt	mployed health insurance deduction									
	30	Penalty on early wit							0			
		Alimony paid <b>b</b> P		N 🕨					0 000	-		
	31a											
	32	IRA deduction							2,000			
	32 33	IRA deduction Student loan interes	t deduction	 			3	3	2,000			
	32 33 34	IRA deduction Student loan interes Tuition and fees. At	t deduction ach Form 89	  17.			3	3	500	-		
	32 33 34 35	IRA deduction Student loan interes Tuition and fees. At Domestic production	t deduction ach Form 89 n activities de	17. eductio	on. Attach Form 89	903	3: 3: 3:	3 4 5	500			
	32 33 34	IRA deduction Student loan interes Tuition and fees. At	t deduction ach Form 89 n activities de n 35	17. eductio	on. Attach Form 89		34	3 4 5	500 0	36		2,500 5,291

					384
Form 1040 (2013)	M:	id50Single F NoKids	123-46	-5678	Page 2
Tax and	38	Amount from line 37 (adjusted gross income)	<u></u>	38	35,291
	39a	Check You were born before January 2, 1949, Blind. Total box	xes <sub>0</sub>		
Credits		if: Spouse was born before January 2, 1949, Blind. Checked	∣► 39a 🖳	_	
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, check	here 🕨 39b 🗌		C 100
Deduction for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left marg		40	6,100 29,191
People who	41	Subtract line 40 from line 38		41	3,900
check any box on line	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise		42	25,291
39a or 39b <b>or</b> who can be	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0		43	
claimed as a dependent,	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	<u> </u>	44	3,345
see instructions.	45	Alternative minimum tax (see instructions). Attach Form 6251		45	0
All others:	46	Add lines 44 and 45		46	3,345
Single or	47	Foreign tax credit. Attach Form 1116 if required	0	_	
Married filing separately,	48	Credit for child and dependent care expenses. Attach Form 2441 48		_	
\$6,100	49	Education credits from Form 8863, line 19		_	
Married filing jointly or	50	Retirement savings contributions credit. Attach Form 8880	0	_	
Qualifying widow(er),	51	Child tax credit. Attach Schedule 8812, if required		_	
\$12,200	52	Residential energy credits. Attach Form 5695		_	
Head of household,	53	Other credits from Form: a 3800 b 8801 c 53	0		
\$8,950	54	Add lines 47 through 53. These are your total credits		54	0
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	<u></u>	55	3,345
Other	56	Self-employment tax. Attach Schedule SE		56	0
Taxes	57	Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 891	9	57	0
Tuxoo	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if rec	uired	58	0
	59 a	Household employment taxes from Schedule H		59a	0
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		59b	0
	60	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)		60	0
	61	Add lines 55 through 60. This is your total tax	<u></u> ►	61	3,345
Payments	62	Federal income tax withheld from Forms W-2 and 1099       62         2040 activated tax withheld from Forms W-2 and 1099       22	3,718	_	
	63	2013 estimated tax payments and amount applied from 2012 return 63	0	-	
If you have a qualifying	64a	Earned income credit (EIC)		-	
child, attach	b	Nontaxable combat pay election 64b			
Schedule EIC.	65	Additional child tax credit. Attach Schedule 8812		-	
	66 67	American opportunity credit from Form 8863, line 8		-	
	67 68	Reserved       67         Amount paid with request for extension to file       68		-	
	69	Excess social security and tier 1 RRTA tax withheld	0	-	
	70	Credit for federal tax on fuels. Attach Form 4136		-	
	71	Credits from Form:		-	
		a 2439 b Reserved c 8885 d 71	0		
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments		72	3,718
	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you c		73	373
Refund	74a	Amount of line 73 you want <b>refunded to you.</b> If Form 8888 is attached, check here	•	74a	373
Direct deposit?	b	Routing number XXXXXXXX ► c Type: X Checking	Savings		
See	d	Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
instructions.	75	Amount of line 73 you want applied to your 2014 estimated tax  75	0		
Amount	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see insti	ructions <b>•</b>	76	
You Owe	77	Estimated tax penalty (see instructions)			
Third Party	Do yo	ou want to allow another person to discuss this return with the IRS (see instructions)?	Yes. Comple	te below	X No
Designee	Desig		Personal inder	ntification	
	name Under i	▶ no. ▶ penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and	number (PIN)	edge and beli	ef
Sign	they ar	e true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which p	reparer has any knowled	dge.	,
Here Joint return? See	Yours	ignature Date Your occupation	Daytir	me phone nu	Imber
instructions.	Securit	o's signature. If a joint rature, <b>both</b> must sign	If the I	RS sent vou a	n Identity Protection
Keep a copy for your records.	Spous	e's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation	PIN, e	nter it	Jenny Protocion
-	Print/T	ype preparer's name Preparer's signature Date		see inst.)	ΓIN
Paid Preparer			Checl self-e	k L if mployed	
Preparer Use Only	Firm's	name  Firr	n's EIN►		
Job Only	Firm's	address > Pho	one no.		

_						
F	1010	Department of the Treasury—Internal Revenue Service		2		
r	1040	U.S. Individual Income Tax	Return ZUI	J	OMB No. 1545-0074	

<sup>°</sup> 1040	U.S	. Indivi	idual Inc	ome	e Tax F	Return	20	13	OMB No. 15	545-0074	IRS Use	e Only—Do	o not write	e or staple in	this space.
For the year Jan. 1-De	ec. 31, 201							013, ending		,20		See sep	parate in	structions.	
Your first name and		-		1	name									curity num	ber
Mid50Sing		F	Linitial		ids									5-5678	
If a joint return, spo	use's firs	st name and	Initial	Last	name							Spouse	S SOCI	al security	number
Home address (nur 123 Main	nber and	l street). If y	ou have a P.O.	box, s	ee instructio	ons.				Ap	t. no.			the SSN(s ne 6c are co	
City, town or post o	ffice, sta	te, and ZIP	code. If you ha	ve a fo	reign addre	ss, also cor	nplete spac	es below (se	ee instructi	ons).				lection Ca	
Anywhere				G.	A 300	33								or your spou go to this fund	
Foreign country na	me				Foreign pi	ovince/stat	e/county			gn posta		or refund			Spouse
Filing Status	1 🛛	Single												(See inst endent, e	
	2		d filing jointly (		•		,	child	d's name	here.		-			
Check only one	3		d filing separa I name here.	tely. E	Inter spous	se's SSN a	above	►							
box.			name nere.					<b>5</b> Qua	alifying wi	dow(er	) with de	pendent	t child		
Exemptions	6a	X You	rself. If some	eone c	can claim y	′ou as a d	ependent,	do not ch	neck box 6	Sa .		l	Boxes on 6a a	checked nd 6b	1
	b	Spo	use									]	No. of on 6c	children	
	С	Depende					endent's		pendent's	(4) qualif	if child unde ying for child ta	er age 17 ax credit		with you	2
	(1) First	name Child	Last name Mid502	) Kid			$\frac{1}{9-0123}$		ship to you		(see instruction	ns)	<ul> <li>did n</li> <li>you due</li> </ul>	ot live with e to divorce	
If more than four		Child	Mid502					Daught	or		X		or sepa (see ins	ration structions)	
dependents, see	21100		1110302			705 0	1 2040	Daugiit		_	21		Depend	lents on 6c	
instructions and check here ►													not ent	ered above	
	d	Total nun	nber of exemp	otions	claimed								Add nu lines at	mbers on bove	3
Income	7	Wages, s	alaries, tips, e	etc. A	ttach Forn	า(s) W-2							7	37	7,791
income	8a	•	interest. Attac			( )							8a		0
	b	Tax-exer	npt interest. I	Do no	t include o	n line 8a			[	8b		0			
Attach Form(s)	9a	Ordinary	dividends. At	tach S	Schedule B	if require	d						9a		0
W-2 here. Also attach Forms	b								Ļ			0			
W-2G and	10		refunds, credi	-									10		0
1099-R if tax	11	Alimony											11		0
was withheld.	12		income or (loss)	,									12 13		0
16 U.L. (	13 14		ain or (loss). / ins or (losses										14		0
If you did not get a W-2,	15a	0	ibutions	, 							amount .		15b		0
see instructions.	16a		and annuitie				16a				amount .		16b		0
	17		al estate, roy					trusts, etc.					17		
	18	Farm inc	ome or (loss)	Attac	h Schedul	e F							18		0
	19	Unemplo	yment compe	ensatio									19		
	20a		ecurity benefit		20a	_		-	ixable am				20b		
	21	Other inc	come. List type	e and	amount _								21	2-	0 7,791
	22		the amounts								income		22	51	, /91
Adjusted	23 24		<sup>-</sup> expenses ousiness expe					 		23		0	-		
Gross	24		government							24		0			
Income	25		avings accour							25		0			
	26		expenses. Atta							26		0			
	27	Deductib	le part of self-	emplo	oyment tax	. Attach S	chedule S	ΒΕ		27		0			
	28		loyed SEP, S							28		0			
	29		loyed health i							29		0			
	30		on early withd							30		0			
	31a		paid <b>b</b> Rec							31a		500			
	32		uction						-	32 33		500			
	33 34		oan interest on nd fees. Attac							33		500			
	34 35		c production a			n Attack	Form 900	13	ŀ	35		0			
	35 36		•										36	1	,000
	30 37		s 23 through 3 line 36 from li										30		5,791
					· · · · ·										

Form 1040 (2013	) M:	id50Single F 2Kids	123-46-	-5678	386 Page <b>2</b>
	38	Amount from line 37 (adjusted gross income)		38	36,791
Tax and	39a	Check <b>You</b> were born before January 2, 1949, <b>Blind. Total boxes</b>	· · · · · · · · · · ·	30	
Credits	35a	if: Spouse was born before January 2, 1949, Blind. Checked ►	<b>39a</b>		
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here	▶ 39b		
Deduction	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	6,100
for—	41	Subtract line 40 from line 38		41	30,691
<ul> <li>People who check any</li> </ul>	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see		42	11,700
box on line 39a or 39b <b>or</b>	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	18,991
who can be claimed as a	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c		44	2,400
dependent, see	45	Alternative minimum tax (see instructions). Attach Form 6251		45	0
instructions.	46	Add lines 44 and 45	-	46	2,400
All others:			0		
Single or Married filing	47		1,440		
separately, \$6,100	48				
Married filing	49		0		
jointly or Qualifying	50		960		
widow(er),	51				
\$12,200 Head of	52		0		
household,	53				2 400
\$8,950	54	Add lines 47 through 53. These are your <b>total credits</b>		54	2,400
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-		55	0
Other	56	Self-employment tax. Attach Schedule SE		56	0
Taxes	57	Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919 .		57	0
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		58	0
	59 a			59a	0
	b			59b	0
	60	Taxes from: a       Form 8959 b       Form 8960 c       Instructions; enter code(s)		60	0
	61	Add lines 55 through 60. This is your total tax         Federal income tax withheld from Forms W-2 and 1099         62	<u></u>	61	0
Payments	62 63	Federal income tax withheld from Forms W-2 and 1099       62         2013 estimated tax payments and amount applied from 2012 return       63	0		
If you have a	64a	Earned income credit (EIC)	1,108		
qualifying	b	Nontaxable combat pay election   64b   0			
child, attach	65	Additional child tax credit. Attach Schedule 8812	1,040		
Schedule EIC.	66	American opportunity credit from Form 8863, line 8	,		
	67	Reserved			
	68	Amount paid with request for extension to file			
	69	Excess social security and tier 1 RRTA tax withheld	0		
	70	Credit for federal tax on fuels. Attach Form 4136			
	71	Credits from Form:			
		a 2439 b Reserved c 8885 d 71	0		
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	🕨	72	2,200
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overp	aid	73	2,200
unu	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	►	74a	2,200
Direct deposit?	▶ b	Routing number XXXXXXXX ► c Type: X Checking Sav	vings		
See instructions.	d	Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	7		
	75	Amount of line 73 you want applied to your 2014 estimated tax <b>&gt;</b> 75	0		
Amount	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instruction	ns 🕨	76	
You Owe	77	Estimated tax penalty (see instructions)			
Third Party			Yes. Complet		X No
Designee	Desig name		Personal indent number (PIN)		
Sign		penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the e true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer			ef,
Here	•	signature   Date   Your occupation		e phone ni	umber
Joint return? See	. our e		Dayan		
instructions. Keep a copy for	Spous	se's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation	If the IR PIN, en		In Identity Protection
your records.	1		here (se	e inst.)	
Paid	Print/T	ype preparer's name         Preparer's signature         Date	Check		TIN
Preparer	Firm's	name  Firm's EIN		nployed	
Use Only		address > Phone no			
	-				

<b>2441</b>	Child	and Depen	dent Care Ex	penses	1040A		387 OMB No. 1545-0074		
orm <b>2474</b>		,	۔ orm 1040A, or Form 104 41 and its separate inst		1040 1040NR 244		2013		
partment of the Treasury ernal Revenue Service (99)	Inform		41 and its separate inst w.irs.gov/form2441.	ructions is at	244		Attachment Sequence No. <b>21</b>		
ame(s) shown on return			•			Your social se	curity number		
id50Single F 2	Kids?					123-4	6-5678		
			rovided the Care—` viders, see the instru		plete this p	art.			
(a) Care provider's name		(number, s	<b>(b)</b> Address street, apt. no., city, state, an	d ZIP code)		ifying number N or EIN)	(d) Amount paid (see instructions)		
Daycare		1000 Main	n St		9,100				
		u receive care benefits?	No Yes	<ul> <li>Complete d</li> <li>Complete I</li> </ul>	-		novt		
ution. If the care was the instructions for			ay owe employment ta	•					
art II Credit f	or Child ar	nd Dependent Ca	are Expenses						
Information about			you have more than tw	o qualifying per	sons, see the				
First	<b>(a)</b> Qualify	ving person's name	Last	(b) Qualifying security	person's social y number	incurred a	(c) Qualified expenses you incurred and paid in 2013 for the person listed in column (a)		
1stChild		Mid502	2Kids	567-8	9-0123		4,550		
2ndChild		Mid50	2Kids	789-01	1-2345		4,550		
	or two or mo	ore persons. If you	enter more than \$3,000 completed Part III, ent	er the amount	ing		6,000		
Enter your earned	income. Se	ee instructions			4		37,791		
			d income (if you or you others, enter the amo		5		37,791		
Enter the smalles		,			6		6,000		
Enter the amount	from Form 1	040, line 38; Form		36,7	91				
			that applies to the amo	ount on line 7					
If line 7 is			If line 7 is:						
•		Decimal	But no						
		amount is	Over over	amount is	<u>s</u>				
\$0—1 15 000 1		.35	\$29,000—31,000 31,000—33,000						
15,000—1 17,000—1	-	.34 .33	33,000-35,000		8		× 0.24		
19,000—1	-	.33	35,000-35,000				••		
21,000—2	-	.31	37,000—37,000						
23,000—2	-	.30	39,000-41,000						
25,000-2	-	.29	41,000-43,000						
27,000-2	-	.28	43,000—No lim						
Multiply line 6 by t	he decimal a	amount on line 8. If	you paid 2012 expens	ses in 2013, see			1,440		
		ount from the Cred				,	,		
•		ions.	40	2,40	0				
			. Enter the smaller of	line 9 or line 10					
			e 29; or Form 1040NR				1,440		
			$c z_0, or routh rotor$	, 11110 40	· · · · ·   1'		I, IIU		

Form	2441 (2013) Mid50Single F 2Kids		123-46-5678	388 Page <b>2</b>
Par			123 40 3070	Page Z
12	Enter the total amount of <b>dependent care benefits</b> you received in 2013. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Do not</b> include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12		0
13	Enter the amount, if any, you carried over from 2012 and used in 2013 during the grace period. See instructions	13		
14	Enter the amount, if any, you forfeited or carried forward to 2014. See instructions	14	(	0)
15	Combine lines 12 through 14. See instructions	15		0
16	Enter the total amount of <b>qualified expenses</b> incurred in 2013 for the care of the <b>qualifying person(s) 16</b> 9, 100	_		
17	Enter the <b>smaller</b> of line 15 or 16	-		
18	Enter your earned income. See instructions 18 37, 791	-		
19	<ul> <li>Enter the amount shown below that applies to you.</li> <li>If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5).</li> <li>19 37, 791</li> </ul>			
	If married filing separately, see instructions.			
	• All others, enter the amount from line 18.			
20	Enter the <b>smallest</b> of line 17, 18, or 19	_		
21 22	Enter \$5,000 (\$2,500 if married filing separately <b>and</b> you were required to enter your spouse's earned income on line 19)	_		
	X         No. Enter -0           Yes. Enter the amount here	22		0
23	Subtract line 22 from line 15			
23 24	<b>Deductible benefits.</b> Enter the <b>smallest</b> of line 20, 21, or 22. Also, include this amount on	1		
27	the appropriate line(s) of your return. See instructions	24		0
25	<b>Excluded benefits. Form 1040 and 1040NR filers:</b> If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0 Form 1040A filers: Enter the smaller of line 20 or line 21	25		0
26	<b>Taxable benefits. Form 1040 and 1040NR filers:</b> Subtract line 25 from line 23. If zero or less, enter -0 Also, include this amount on Form 1040, line 7; or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7; or Form 1040NR, line 8, enter "DCB." <b>Form 1040A filers:</b> Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB"	26		0
	To claim the child and dependent care credit, complete lines 27 through 31 below.			
27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	6	,000
28	Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25	28		0
29	Subtract line 28 from line 27. If zero or less, <b>stop.</b> You cannot take the credit. <b>Exception.</b> If you paid 2012 expenses in 2013, see the instructions for line 9	29	6	,000
30	Complete line 2 on page 1 of this form. <b>Do not</b> include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30	9	,100
31	Enter the <b>smaller</b> of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31		,000
KIA			Form	<b>2441</b> (2013)

SCHE	EDUL	E EIC	
(Form	1040A	or 104	0)

## **Earned Income Credit**

**Qualifying Child Information** 

Complete and attach to Form 1040A or 1040 only if you have a qualifying child

EIC Department of the Treasury ▶ Information about Schedule EIC (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleeic. Attachment Sequence No. 43 (99) Internal Revenue Service Your social security number Name(s) shown on return Mid50Single F 2Kids 123-46-5678 • See the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, to make Before you begin: sure that (a) you can take the EIC, and (b) you have a qualifying child. • Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card.

Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

1040A

1040

• If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.



• It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

<b>Qualifying Child Info</b>	rmation	Child 1	Ch	ild 2	Child 3		
1 Child's name	First name	e Last name	First name	Last name	First name	Last name	
If you have more than three qual children, you only have to list the the maximum credit.			2ndChild Mid502Ki				
2 Child's SSN The child must have an SSN as of the instructions for Form 1040A and 38b, or Form 1040, lines 64 unless the child was born and di 2013. If your child was born and 2013 and did not have an SSN, of "Died" on this line and attach a of the child's birth certificate, death certificate, or hospital medical re	, lines 38a a and 64b, ed in 56 I died in 56 enter copy of	567-89-0123		789-01-2345			
3 Child's year of birth	younger the	2010 r 1994 and the child was an you (or your spouse, if y), skip lines 4a and 4b;	If born after 199- younger than you	2012 4 <b>and</b> the child was 1 (or your spouse, if 1 p lines 4a and 4b;	younger than ye	94 <b>and</b> the child was ou (or your spouse, if kip lines 4a and 4b;	
<b>4a</b> Was the child under age 24 at th 2013, a student, and younger tha your spouse, if filing jointly)?			Go to line 5.	<b>No.</b> Go to line 4b.	Go to line 5.	<b>No.</b> Go to line 4b.	
<b>b</b> Was the child permanently and disabled during any part of 201.		<b>5. No.</b> The child is not a	Go to	<b>No.</b> The child is not a	Go to	<b>No.</b>	
	line 5.	qualifying child.	line 5.	qualifying child.	line 5.	qualifying child.	
5 Child's relationship to (for example, son, daughter, gran niece, nephew, foster child, etc.)	ndchild, So	n	Daugh	iter			
<ul> <li>6 Number of months ch with you in the United during 2013</li> <li>• If the child lived with you for half of 2013 but less than 7 montenter enter "7."</li> </ul>	States more than ths,						
If the child was born or died in your home was the child's home than half the time he or she was during 2013, enter "12."	for more	$\frac{12}{ter more than 12}$	Do not enter months.		months.	months	

perwork Reduction Act Notice, see your tax return instructions

nedule EIC (Form 1040A or 1040) 2013

389 OMB No. 1545-0074

7

	HEDULE 8812		390 OMB No. 1545-0074			
Depart	(Form 1040A or 1040) Department of the Treasury Internal Revenue Service (99) CHILD TAX OFCUIT A A CICUIT A CICUIT A A					
	<b>(s) shown on return</b> 150Single F	2Kids		ocial security number		
Pa		no Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer I				
	Complete thi	s part only for each dependent who has an ITIN and for whom you are claiming the child tax indent does not qualify for the credit, you cannot include that dependent in the calculation of t	credit.			
an IT		estions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040 payer Identification Number) and that you indicated qualified for the child tax credit by check				
Α	the substantial p	ndent identified with an ITIN and listed as a qualifying child for the child tax credit, diversence test? See separate instructions.	d this ch	nild meet		
В	For the second determined of the substantial pro-	es Into ependent identified with an ITIN and listed as a qualifying child for the child tax credit resence test? See separate instructions.	., did thi	s child meet		
С	For the third depetter the substantial provide the substantial provides the	endent identified with an ITIN and listed as a qualifying child for the child tax credit, d resence test? See separate instructions.	id this c	hild meet		
D	the substantial p	bendent identified with an ITIN and listed as a qualifying child for the child tax credit, resence test? See separate instructions.	did this	child meet		
see	e the instructions a	re that four dependents identified with an ITIN and listed as a qualifying child for the nd check here.	child ta:	x credit, ► □		
		al Child Tax Credit Filers	<u> </u>			
1	1040 filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51).				
	1040A filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the		2 . 0.00		
		Instructions for Form 1040A, line 33).	. 1	2,000		
	1040NR filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).				
	If you used Pub. 9'	72, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.				
2	Enter the amount fi	rom Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48	2	960		
3		n line 1. If zero, <b>stop</b> ; you cannot take this credit	3	1,040		
<b>4</b> a		e separate instructions)	1			
b		t pay (see separate instructions) 4b 0				
5	Is the amount on li	ne 4a more than \$3,000?				
	No. Leave l	ine 5 blank and enter -0- on line 6.	1			
	X Yes. Subtrac	t \$3,000 from the amount on line 4a. Enter the result 5 34,79		5 210		
6		nt on line 5 by 15% (.15) and enter the result	. 6	5,219		
	X No. If line 6	is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the <b>smaller</b> of line 6 on line 13.				
		s equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. e, go to line 7.				
KIA	For Paperwork	Reduction Act Notice, see your tax return instructions. Schedu	ıle 8812 (	Form 1040A or 1040) 2013		

_		,					
Pa	rt III Certain	Filers Who Have Three or More Qualifying Chi	Idren		r		
7	Form(s) W-2, boxes amounts with yours	urity, Medicare, and Additional Medicare taxes from s 4 and 6. If married filing jointly, include your spouse's . If your employer withheld or paid Additional r I RRTA taxes, see separate instructions		7			
8	1040 filers: 1040A filers:	Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on line 60. Enter -0	]	8			
	1040NR filers:	Enter the total of the amounts from Form 1040NR, lines 27 and 55, plus any taxes that you identified using code "UT" and entered on line 59.		9			
9	Add lines 7 and 8			<b>у</b>		-	
0	1040 filers:	Enter the total of the amounts from Form 1040, lines 64a and 69.	]				
	1040A filers:	Enter the total of the amount from Form 1040A, line 38a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 41 (see separate instructions).	}	10			
	1040NR filers:	Enter the amount from Form 1040NR, line 65.	J				
1	Subtract line 10 fr	rom line 9. If zero or less, enter -0-				11	
2		f line 6 or line 11				12	
-		<b>naller</b> of line 3 or line 12 on line 13.					
Pa		nal Child Tax Credit					
3		tional child tax credit				13	1,040
5	This is your auu				1040 1040A 1040NF		Enter this amount on Form 1040, line 65, Form 1040A, line 39, or Form 1040NR, line 63
ΊA					Schedule	8812 (	Form 1040A or 1040) 20
						•	,

_				(00)	
⊢ o r	1	04(	Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Re	(99) turn	2
m	_			, carri	

<b>1040</b>		nent of the Treasury—Internal			(99) Dotur	· · · <b>/ /</b> ·	13						
		3, or other tax year beginning		ΙάλΓ	Veturi		2013, ending	//B No. 1545	-0074   IRS U 20			e or staple in the or staple in the or staple in the original states and the o	this space.
Your first name and			Last n	ame		, 4	to 13, enuling	,4	.0			curity num	ber
Mid50Sing	le	F	2Ki	dsHH								6-5678	
If a joint return, spo	ouse's firs	t name and initial	Last n	ame						Spous	e's soci	al security	number
Home address (nur 123 Main	mber and	street). If you have a P.C	). box, se	e instructio	ons.				Apt. no.			the SSN(s) ne 6c are co	
	office stat	te, and ZIP code. If you h	ave a fore	an addres	se also co	omolete soar	es helow (see	instruction	s)			Election Ca	
Anywhere	moo, otat		GA		,				0).	Check h	ere if you,	or your spous	se if filing
Foreign country na	me					ate/county		Foreign	postal code		low will n	go to this func ot change you You	
		7					Hood	of house	old (with qu				-
Filing Status	1 2	Single Married filing jointly	(even if	only one	had inco	ome)	qualify		on is a child l				
Check only one	3	Married filing separ and full name here.	ately. En	nter spous	se's SSN	labove	▶						
box.							5 Qualif	ying wido	w(er) with d	ependen	nt child		
Exemptions	6a	X Yourself. If som	neone ca	an claim y	ou as a	dependent	do not chec	k box 6a		]	on 6a a		1
	b	Spouse								<u></u> ]	No. of on 6c	f children who:	
	C	Dependents:			(2) De	ependent's curity number	(3) Depen relationship	dent's	(4) √ if child une qualifying for child	I tax credit	<ul> <li>lived</li> </ul>	l with you	2
	(1) First r	name Last name Child Mid50		3		39-0123			(see instruct X	ions)	you du	not live with le to divorce	
If more than four		Child Mid50					Daughte	r	X			aration structions)	
dependents, see instructions and				-			5	_				dents on 6c	
check here ►												tered above	
	d	Total number of exen	nptions c	laimed							Add nu lines a		3
Income	7	Wages, salaries, tips,	etc. Att	tach Form	n(s) W-2						7	37	,791
		Taxable interest. Atta			•						8a		0
Attach Form(a)		Tax-exempt interest.							b	0			0
Attach Form(s) W-2 here. Also		Ordinary dividends. A			•					0	9a		0
attach Forms	ь 10	Qualified dividends Taxable refunds, crea							b		10		0
W-2G and	11	Alimony received	1115, 01 0		state and						11		0
1099-R if tax	12	Business income or (	loss). At	tach Sche	edule C						12		0
was withheld.	13	Capital gain or (loss)	,								13		0
lf you did not	14	Other gains or (losse									14		
get a W-2,	15a	IRA distributions				15a			ble amount		15b		0
see instructions.	16a	Pensions and annuiti	es			16a		<b>b</b> Taxa	ble amount		16b		0
	17	Rental real estate, ro									17		
	18	Farm income or (loss	,								18		0
	19	Unemployment comp		າ  20a	1						19 20b		
	20a	Social security benef			_				nt		200		0
	21 22	Other income. List ty Combine the amount	s in the f	far right o	- <u>– – – –</u>	r lines 7 th	 rough 21 Thi		total incom		22	37	,791
	23	Educator expenses					*		3	<u> </u>		-	
Adjusted	24	Certain business exp	enses of	f reservist	ts, perfoi	rming artist	s, and		-				
Gross		fee-basis governmen			•	-			4	(			
Income	25	Health savings accou						· · · -	5		·		
	26	Moving expenses. At							6	(			
	27	Deductible part of se							7				
	28	Self-employed SEP,						· · · ·	8				
	29	Self-employed health							9	C	)		
	30 31a	Penalty on early with Alimony paid <b>b</b> Re		-									
	31a 32	IRA deduction							2	500			
	33	Student loan interest							3	500			
	34	Tuition and fees. Atta							4				
	35	Domestic production			on. Attac	h Form 890	)3		5	C			
	36	Add lines 23 through									36	1	,000
	37	Subtract line 36 from											,791
		- Driveev Act and D				• NI - 41						- 404	0 (0040)

					393
Form 1040 (2013)	M:	id50Single F 2KidsHH	123-46-	-5678	Page 2
Tax and	38	Amount from line 37 (adjusted gross income)	<u></u>	38	36,791
	39a	Check Vou were born before January 2, 1949, Blind. Total boxes	0		
Credits		if: <b>Spouse</b> was born before January 2, 1949, Blind. <b>Checked</b> ►	39a 🖳		
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here	▶ 39b		8,950
Deduction for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	27,841
People who	41	Subtract line 40 from line 38		41	11,700
check any box on line	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see		42	16,141
39a or 39b <b>or</b> who can be	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0		43	
claimed as a dependent,	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	<u> </u>	44	1,781
see instructions.	45	Alternative minimum tax (see instructions). Attach Form 6251		45	0
All others:	46	Add lines 44 and 45		46	1,781
Single or	47	Foreign tax credit. Attach Form 1116 if required	0	-	
Married filing separately,	48	Credit for child and dependent care expenses. Attach Form 2441	1,440	-	
\$6,100	49	Education credits from Form 8863, line 19	E O	-	
Married filing jointly or	50	Retirement savings contributions credit. Attach Form 8880	50	-	
Qualifying widow(er),	51	Child tax credit. Attach Schedule 8812, if required	291		
\$12,200	52	Residential energy credits. Attach Form 5695			
Head of household,	53	Other credits from Form: <b>a</b> 3800 <b>b</b> 8801 <b>c</b> 53	0		
\$8,950	54	Add lines 47 through 53. These are your total credits		54	1,781
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	🕨	55	0
Other	56	Self-employment tax. Attach Schedule SE		56	0
Taxes	57	Unreported social security and Medicare tax from Form: a 4137 b 8919 .		57	0
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		58	0
	59 a	Household employment taxes from Schedule H		59a	0
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		59b	0
	60	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)		60	0
	61	Add lines 55 through 60. This is your total tax	<u></u> ► 52	61	0
Payments	62 63	Federal income tax withheld from Forms W-2 and 1099       62         2013 estimated tax payments and amount applied from 2012 return       63	0	-	
If you have a	<u>ا</u>		1,108		
qualifying	64a	Earned income credit (EIC) 64a		-	
child, attach	b		1,709		
Schedule EIC.	65 66	Additional child tax credit. Attach Schedule 8812       65         American opportunity credit from Form 8863, line 8       66	1,100	-	
	67	Reserved         67		-	
	68	Amount paid with request for extension to file			
	69	Excess social security and tier 1 RRTA tax withheld	0		
	70	Credit for federal tax on fuels. Attach Form 4136		-	
	71	Credits from Form:			
		a 2439 b Reserved c 8885 d 71	0		
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	►	72	2,869
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overp	aid	73	2,869
Refund	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	•	74a	2,869
Direct deposit?	b		vings		_
See	d	Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	٦		
instructions.	75	Amount of line 73 you want applied to your 2014 estimated tax	0		
Amount	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instruction	ns 🕨	76	
You Owe	77	Estimated tax penalty (see instructions)			
Third Party	-		res. Complete	e below	X No
Designee	Desigi name		Personal indent number (PIN)	ification	
Sign		penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the b	( )	dge and belief	
Here	they are	e true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	has any knowledg	ge.	
Joint return? See	Yours	signature Date Your occupation	Daytim	e phone nur	nber
instructions.	Spous	e's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation			Identity Protection
Keep a copy for your records.			PIN, ent here (se		
Paid	Print/T	ype preparer's name Preparer's signature Date	Check	PT	IN
Preparer			self-en	nployed	
Use Only	Firm's				
	⊢irm's	address Phone no.			

orm <b>2441</b>	Child	and Depen	dent Care Ex	penses	1040A	L	394 OMB No. 1545-0074	
orm <b>2444</b>	► Att	- tach to Form 1040, F	orm 1040A, or Form 104	40NR.	1040 1040NR 2441		2013	
epartment of the Treasury ernal Revenue Service (99)	Inform		41 and its separate inst w.irs.gov/form2441.	ructions is at	244		Attachment Sequence No. <b>21</b>	
ame(s) shown on return						/our social se	curity number	
id50Single F	2KidsHH					123-4	6-5678	
			rovided the Care—` viders, see the instr		plete this pa	art.		
1 (a) Care provider's name		(number, s	<b>(b)</b> Address street, apt. no., city, state, an	d ZIP code)		fying number N or EIN)	(d) Amount paid (see instructions)	
Daycare		1000 Mai	n St		67-8	901234	9,100	
		ou receive care benefits?	No Yes	<ul> <li>Complete</li> <li>Complete</li> </ul>	-		)ext	
<b>ution.</b> If the care wa e the instructions for			nay owe employment ta	•		1 0		
		nd Dependent C				instruction		
Information about		ving person(s). It ving person's name	you have more than tw				S. ified expenses you	
First	(a) Quain		Last	(b) Qualifying security	person's social / number	incurred ar	id paid in 2013 for the listed in column (a)	
1stChild		Mid50	2Kids	567-8	9-0123		4,550	
2ndChild	2ndChild Mid502Kids			789-0	789-01-2345		4,550	
	for two or m	ore persons. If you	enter more than \$3,000 completed Part III, ent	er the amount	ing <b>3</b>		6,000	
Enter your earne	<b>d income</b> . S	ee instructions .			4		37,791	
			d income (if you or you others, enter the amo		5		37,791	
Enter the smalles	t of line 3, 4	, or 5			6		6,000	
Enter the amount 1040A, line 22; or	from Form 1 Form 1040	040, line 38; Form NR, line 37		36,7	91			
			that applies to the amo	ount on line 7				
If line 7 is	:		If line 7 is:					
•		Decimal	But no					
		amount is	Over over	amount i	<u>s</u>			
<del>من</del> 15,000	5,000	.35 .34	\$29,000—31,000 31,000—33,000					
15,000— 17,000—	-	.33	33,000—35,000		8		× 0.24	
19,000— 19,000—2	-	.32	35,000—35,000					
21,000—2	-	.32	37,000-39,000					
23,000-2	-	.30	39,000-41,00					
25,000-2	-	.29	41,000-43,000					
27,000-2	-	.28	43,000—43,000 43,000—No lin					
		•	you paid 2012 expense					
			· · · · · · · · · · · · · · · ·		<b>g</b>		1,440	
		ount from the Cred	it		1			
		tions		1,78				
	•		. Enter the <b>smaller</b> of e 29; or Form 1040NR				1,440	
A For Paperwork	Reduction A	ct Notice see your	tax return instructions.				Form <b>2441</b> (2013	

	2441 (2013) Mid50Single F 2KidsHH		39 123-46-5678	95 Pa	age <b>2</b>
Par	t III Dependent Care Benefits				
12	Enter the total amount of <b>dependent care benefits</b> you received in 2013. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Do not</b> include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12		0	
13	Enter the amount, if any, you carried over from 2012 and used in 2013 during the grace period. See instructions	13			
14	Enter the amount, if any, you forfeited or carried forward to 2014. See instructions	14	(	0	)
15	Combine lines 12 through 14. See instructions	15		0	
16	Enter the total amount of <b>qualified expenses</b> incurred in 2013 for the care of the <b>qualifying person(s) 16</b> 9, 100				
17	Enter the <b>smaller</b> of line 15 or 16				
18	Enter your earned income. See instructions <b>18</b> 37,791				
19	<ul> <li>Enter the amount shown below that applies to you.</li> <li>If married filing jointly, enter your spouse's earned income (if you or your</li> </ul>				
	spouse was a student or was disabled, see the instructions for line 5).				
	<ul> <li>If married filing separately, see instructions.</li> </ul>				
	• All others, enter the amount from line 18.				
20	Enter the <b>smallest</b> of line 17, 18, or 19				
21 22	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19)       21       5,000         Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.)       X       No. Enter -0				
		22		0	
	Yes. Enter the amount here         23         0           Subtract line 22 from line 15         0         0	22			
23					
24	<b>Deductible benefits.</b> Enter the <b>smallest</b> of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24		0	
25	<b>Excluded benefits. Form 1040 and 1040NR filers:</b> If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0 Form 1040A filers: Enter the smaller of line 20 or line 21	25		0	
26	<b>Taxable benefits. Form 1040 and 1040NR filers:</b> Subtract line 25 from line 23. If zero or less, enter -0 Also, include this amount on Form 1040, line 7; or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7; or Form 1040NR, line 8, enter "DCB." <b>Form 1040A filers:</b> Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB"	26		0	
	To claim the child and dependent care credit, complete lines 27 through 31 below.				
27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	6,	000	
28	Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25	28		0	
29	Subtract line 28 from line 27. If zero or less, <b>stop.</b> You cannot take the credit. <b>Exception.</b> If you paid 2012 expenses in 2013, see the instructions for line 9	29	6,	000	
30	Complete line 2 on page 1 of this form. <b>Do not</b> include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30	9,1	100	
31	Enter the <b>smaller</b> of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	6,	000	
KIA			Form 2		013)

SCHE	EDUL	E EIC
(Form	1040A	or 1040)

Department of the Treasury Internal Revenue Service

## **Earned Income Credit**

**Qualifying Child Information** 

Complete and attach to Form 1040A or 1040 only if you have a qualifying child

▶ Information about Schedule EIC (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleeic.

	396 OMB No. 1545-0074
	20 <b>13</b>
	Attachment Sequence No. <b>43</b>
You	r social security number
	123-46-5678

			, and the second
Name(s) shown on return			Your
Mid50Single	F	2KidsHH	
Bafara yay bagi		• See the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, to	o make

Before you begin:

(99)

sure that (a) you can take the EIC, and (b) you have a qualifying child. • Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

1040A

1040

EI

• If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.



• It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Q	ualifying Child Information	C	hild 1	Ch	ild 2	Child 3			
1	Child's name	First name	Last name	First name	Last name	First name	Last name		
	If you have more than three qualifying children, you only have to list three to get the maximum credit.	lstChild Mid502Ki		2ndChild Mid502Ki					
2	<b>Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2013. If your child was born and died in 2013 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	567-	89-0123	789-0	)1-2345				
3	Child's year of birth	If born after 19 younger than y	010 994 <b>and</b> the child was 994 (or your spouse, if 995 (skip lines 4a and 4b;	If born after 199 younger than you	2012 4 <b>and</b> the child was 1 (or your spouse, if 1 p lines 4a and 4b;	younger than yo	94 <b>and</b> the child was ou (or your spouse, if kip lines 4a and 4b;		
4a	Was the child under age 24 at the end of 2013, a student, and younger than you (or your spouse, if filing jointly)?	Go to line 5.	<b>No.</b> Go to line 4b.	Go to line 5.	<b>No.</b> Go to line 4b.	Go to line 5.	<b>No.</b> Go to line 4b.		
k	• Was the child permanently and totally disabled during any part of 2013?	Go to line 5.	<b>No.</b> The child is not a qualifying child.	Go to line 5.	<b>No.</b> The child is not a qualifying child.	Go to line 5.	<b>No.</b> The child is not a qualifying child.		
5	<b>Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	Son		Daugh	lter				
6	<ul> <li>Number of months child lived with you in the United States during 2013</li> <li>If the child lived with you for more than half of 2013 but less than 7 months, enter "7."</li> <li>If the child was born or died in 2013 and your home was the child's home for more than half the time he or she was alive during 2013, enter "12."</li> </ul>	Do not enter months.	$\frac{12}{12}$ months more than 12	Do not enter months.	$\frac{12}{more than 12}$	Do not ente months.	months r more than 12		

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

(For	SCHEDULE 8812       Form 1040A or 1040)         Form 1040A or 1040)       Attach to Form 1040, Form 1040A or Form 1040NR.         Department of the Treasury       Information about Schedule 8812 and its separate instructions is at					
	I Revenue Service (99) (s) shown on return	www.irs.gov/schedule8812.	Vours	Sequence No.		
		2KidsHH		23–46–5678		
Pa	rt I Filers Wh	o Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Ic	dentific	cation Num	oer)	
	If your deper	s part only for each dependent who has an ITIN and for whom you are claiming the child tax dent does not qualify for the credit, you cannot include that dependent in the calculation of the		t.		
an IT		estions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 10401 ayer Identification Number) and that you indicated qualified for the child tax credit by check				
Α	the substantial pr	ndent identified with an ITIN and listed as a qualifying child for the child tax credit, dic esence test? See separate instructions.	this ch	ild meet		
_		es 🔄 No				
В	the substantial pr	ependent identified with an ITIN and listed as a qualifying child for the child tax credit, esence test? See separate instructions.	, did thi	s child meet		
С	the substantial pr	ndent identified with an ITIN and listed as a qualifying child for the child tax credit, di esence test? See separate instructions.	d this c	hild meet		
D	the substantial pr	endent identified with an ITIN and listed as a qualifying child for the child tax credit, or esence test? See separate instructions.	did this	child meet		
see	e the instructions a	re that four dependents identified with an ITIN and listed as a qualifying child for the one of the constraint of the co			•	
Pa		I Child Tax Credit Filers		1		
1	1040 filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the				
	1040A filers:	Instructions for Form 1040, line 51). Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).	1	2	,000	
	1040NR filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).				
	If you used Pub. 97	2, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.				
2	Enter the amount fr	om Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48	2		291	
3		n line 1. If zero, <b>stop</b> ; you cannot take this credit	3	1	,709	
- 4a		separate instructions)	1			
b		pay (see separate instructions) 4b 0				
5		the 4a more than \$3,000?				
		ne 5 blank and enter -0- on line 6				
		\$3,000 from the amount on line 4a. Enter the result 5 34,793	_	_	010	
6	Multiply the amour	t on line 5 by 15% (.15) and enter the result $\ldots$	. 6	5	,219	
	X No. If line 6	three or more qualifying children? is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the <b>smaller</b> of line 6 on line 13.				
	Yes. If line 6 i	s equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. e, go to line 7.				
KIA	For Paperwork	Reduction Act Notice, see your tax return instructions. Schedu	le 8812 (l	Form 1040A or 1	040) 2013	

Ра	rt III Certain I	Filers Who Have Three or More Qualifying Chi	ldren				
7	Form(s) W-2, boxes amounts with yours.	urity, Medicare, and Additional Medicare taxes from 4 and 6. If married filing jointly, include your spouse's If your employer withheld or paid Additional r I RRTA taxes, see separate instructions		7		-	
8	1040 filers: 1040A filers: 1040NR filers:	Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on line 60. Enter -0 Enter the total of the amounts from Form 1040NR, lines	}	8			
9	Add lines 7 and 8	27 and 55, plus any taxes that you identified using code "UT" and entered on line 59.	J	9			
9 10	1040 filers:	Enter the total of the amounts from Form 1040, lines 64a and 69.	]			-	
	1040A filers:	Enter the total of the amount from Form 1040A, line 38a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 41 (see separate instructions).	}	10			
	1040NR filers:	Enter the amount from Form 1040NR, line 65.	J			11	
11 12	Enter the larger of Next, enter the sm	aller of line 3 or line 12 on line 13.				12	
Pa	rt IV Additio	nal Child Tax Credit					1 700
13	This is your addit	tional child tax credit			 1040 1040A 1040NR		1,709 Enter this amount on Form 1040, line 65, Form 1040A, line 39, or Form 1040NR, line 63
KIA					Schedule 8	5812 (F	orm 1040A or 1040) 201

Page 2

	- I							399 OMB No. 1545	5-0074
Form <b>888</b>	0	Credit for	Qualified Re	etirement Savir	ngs (	Contribut	ions		<u></u>
			Attach to Form 10	040, Form 1040A, or Form	1040N	R.			5
Department of the Trea Internal Revenue Servi		Informa	tion about Form 8880	) and its instructions is at	www.i	rs.gov/form8880	).	Attachment Sequence No	5 <b>4</b>
Name(s) shown on							Your soc	ial security numb	
Mid50Sing	gle	F 2KidsHH					123	3-46-5678	
Yo	ou can	not take this cre	dit if either of the	following applies.					
		ount on Form 1040, li ; \$59,000 if married f		ne 22; or Form 1040NR, line	e 37 is n	nore than \$29,50	0 (\$44,250	) if head of	
				or elective deferral <b>(a)</b> was l was a <b>student</b> (see instruc		er January 1, 199	96, <b>(b)</b> is c	laimed as a	
						(a) You		(b) Your spou	ise
1 Traditional contributio			ons for 2013. <b>Do no</b>		1	50	0		0
			er qualified employe						
			(18)(D) plan contrib						0
•					2	50	0		0
					3	50	0		0
			2010 and before th						
			tax return (see inst						
			pouses' amounts in						
						50	0		0
						50			0
					· · · · ·				500
				ke this credit	• • •		· ·   /		
			line 38*; Form 1040		8	36,79	1		
		ible decimal amou				,	_		
							,		
	If line	8 is—		nd your filing status is					
		But not	Married	Head of	-	e, Married filing			
Over-	-	over—	filing jointly	household		parately, or			
		\$17,750	Ente	er on line 9— .5	Quali	fying widow(er) .5	-		
\$17,7	50	\$19,250	.5	.5		.5 .2			
\$19,2		\$26,625	.5	.5		.2	9	x	0.1
\$26,6		\$28,875	.5	.2		.1	9	^	J.T
\$28,8		\$29,500	.5	.1		.1			
\$29,5		\$35,500	.5	.1		.0			
\$35,5		\$38,500	.2	.1		.0			
\$38,5		\$44,250	.1	.1		.0			
\$44,2	50	\$59,000	.1	.0		.0			
\$59,0	00		.0	.0		.0			
L		Note: If line	9 is zero, <b>stop</b> ; vou	cannot take this credit.					
10 Multiply lir	ne 7 by		· · · · · · · · · · · · · · · · · · ·				10		50
	-		er the amount from	the Credit Limit Worksho	eet in tl	he			

\*See Pub. 590 for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.

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

Form 8880 (2013)

341

50

F	40	40	Department of the Treasury—Internal Revenue Service	(99)	0040	
r	1 U	40	Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Retu	ırn	2013	

Your first name and Initial       Last name       Your social security number         I cowl DS Ing 1 e       F       NoK id s       123 - 46 - 56 78         If a joint return, spouse's first name and initial       Last name       Spouse's social security number         Home address (number and street). If you have a P.O. box, see instructions.       Art.no.       Make sure the SN(s) above and on line & are correct.         123 Main       GA       300.33       Foreign province/strate/county       Foreign post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).       Previous of the Key Xu, or your accounce if fing.         Anywherze       GA       300.33       Foreign province/strate/county       Foreign post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).       Previous office instructions and the state instructions.       Previous office instructions and instruct							3 No. 1545-0	074 IRS Us	1		e or staple in	this space.
Lost 10 Single       F       MorkLds       Vis 2 = 46 = 5673         Wis pert return, scoue's first name and indial       Last name       Spous's social social social number         Preve advises functions and indial       Last name       Spous's social social number         Preve advises functions and india number       CR 30033       Preventions in the constructions.         City, torus or post office, state, and ZIP code. If you have a PO, box, see instructions.       Preventions in the construction compares (file, state, state) constructions.         City, torus or post office, state, and ZIP code. If you have a PO, box, see instructions.       Cat 30033         Filing Status       1       Single       Cat Married filing beparately. Enter spouse's SN above and Mining person, (See Instructions)         Check noty one so       3       Married filing separately. Enter spouse's SN above and Mining person, (See Instructions)       Because the construction of the state of th			13, or other tax year beginning		, 2	2013, ending	,20		· · · ·			hor
The joint return, spouse's first nume and initial       Last name       Spouse's social security number         Home attems (number and steel). Hyou have a P.O. box, see instructions.       Apt. no.       A Market Steel Stee Stee			ਸ								-	Der
Here addres (number and stroct). If you have a P.O. box, see instructions.       Apt. no.       Andre sure the GNN() above:         12.3 Main 1       CA       Adv. no.       Previdential Electron Campaign Campany address, stato complete spaces batou (see instructions).       Previdential Electron Campaign Campany and the complete spaces batous (see instructions).       Previdential Electron Campaign Campany and the complete spaces batous (see instructions).       Previdential Electron Campaign Campany and the complete spaces batous (see instructions).       Previdential Electron Campaign Campany and the complete spaces batous (see instructions).       Previdential Electron Campaign Campany and the complete spaces batous (see instructions).       Previdential Electron Campaign Campany and the complete spaces batous (see instructions).       Previdential Electron Campaign Campany and the complete spaces batous (see instructions).       Previdential Electron Campaign Campany and the complete spaces batous (see instructions).       Previdential Electron Campaign Campany and the complete spaces batous (see instructions).       Previdential Electron Campaign Campany and the complete spaces batous (see instructions).       Previdential Electron Campaign Campany and the complete spaces batous (see instructions).       Previdential Electron Campaign Campany and the complete spaces batous (see instructions).       Previdential Electron Campaign Campany and the complete spaces batous (see instructions).       Previdential Electron Campaign Campany and the complete spaces batous (see instructions).       Previdential Electron Campaign Campany and the complete spaces batous (see instructions).       Previdential Electron Campaign Campany and the complete spaces batous (see instructi												number
123 Main       An own has the second to complete spaces below (see instructions). An ywhere       An where the second to complete spaces below (see instructions). An ywhere       Presidential Electric Campaign and the second to the web second to the se	n a joint rotaini, opo								opouse	. 3 3000	in Security	number
123 Muin	Home address (nur	mber and	I street). If you have a P.C	D. box, see instruction	ons.			Apt. no.	▲ Ma	ke sure	the SSN(s	) above
Anywharae       GA       300.33       Check hard part or your speared filling proving notal and ord party west strated.         Filing Status       1       Single       1       Call and the part of	123 Main											
Introduction       On       Oto 00000       Provide state       P	City, town or post of	office, sta	te, and ZIP code. If you h	ave a foreign addre	ss, also complete spac	es below (see in	nstructions)					
Foreign nountry name       Foreign provincestate/county       Foreign postal code       Bob sec: and code in the spore         Filing Status       1       Single       1       Head of household (with qualifying person). (See instr.) If the spore is a child but not your dependent, enter this childs name here.         Check only one bob.       3       Married filing separately. Enter spouse's SN above bob.       Image: Spouse in the spouse is a child but not your dependent, enter this childs name here.         Exemptions       5       Qualifying person.       See instruction and in the sec.       See instruction and interest.         If more than four       0       Bib Spouse       See instruction and interest.       See instruction and interest.         If more than four       0       Bib Spouse       See instruction and interest.       See instruction and interest.         If more than four       0       Bib Spouse       See instruction and interest.       See instruction and interest.         Income       7       Bib Spouse       Bib Spouse       See instruction and interest.       See instruction and interest.         Income       7       Bib Spouse       Immediates of the see instruction and interest.       See instruction and interest.         Income       7       Marine of the see instruction and interest.       See instruction and interest.       See instruction and interest.       See instru	Anywhere			GA 300	33				Check he jointly, wa	re if you, ant \$3 to g	or your spous go to this fund	se if filing J. Checking
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2       Married filing jointly (even if only one had income) box.       child's name here.         3       Married filing jointly (even if only one had income) and full name here.       child's name here.         Exemptions       6       Qualifying widow(er) with dependent child         Exemptions       6       Qualifying widow(er) with dependent child         If more than four dependents:       (2) Dependents:       (4) of creations of the exemptions of children provide state of the exemptions of children provide state of the exemptions and check here biological states form(s)       8       1         Married filing separate states in the exemptions claimed       (2) Dependent's:       (4) of creations of the exemptions claimed       1         Income       7       Wages, salaries, tips, etc. Attach Form(s) W-2       7       10, 555         8       Taxable interest. Attach Schedule B if required       8b       0         9       ordinary dividends. Attach Schedule B if required       9a       0         10       0       Taxable interest. Attach Schedule B if required       9a       0         10       0       Taxable interest. Attach Schedule B if required       9a       0         10       Taxable interest. Attach Schedule B if required       9a       0         10       Taxable interest. Attach Schedule B if required       9a       0	<b>Filing Status</b>	1	Single					· ·	, ,,	,	•	,
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u       spusse       on 6c who:       on 6c who:         (1) First name       Last name       social security number       (2) Degendent(s)       (4) Object of (1)       (4) Object of (1)         dependents, see       intervention       intervention       (1) First name       (1) Object of (1)	Exemptions	6a	Yourself. If son	neone can claim y	ou as a dependent,	do not check	box 6a		· ·	on 6a a	nd 6b	
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27       Deductible part of self-employment tax. Attach Schedule SE       27       0         28       0       28       0         29       0       29       0         30       0       30       0         31a       Alimony paid       b Recipient's SSN ▶       31a         32       IRA deduction       32       0         33       32       0         34       Tuition and fees. Attach Form 8917.       34         35       Domestic production activities deduction. Attach Form 8903       35       0         36       0       0       0       0									0			
28       Self-employed SEP, SIMPLE, and qualified plans       28       0         29       Self-employed health insurance deduction       29       0         30       Penalty on early withdrawal of savings       30       0         31a       Alimony paid       b Recipient's SSN ▶       31a         32       IRA deduction       32       0         33       32       0         34       Tuition and fees. Attach Form 8917.       34         35       Domestic production activities deduction. Attach Form 8903       35       0         36       Add lines 23 through 35       0       36       0									0			
29       Self-employed health insurance deduction       29       0         30       Penalty on early withdrawal of savings       30       0         31a       Alimony paid       b       Recipient's SSN ▶       31a         32       IRA deduction       31a       32       0         33       32       0       33a       34         34       Tuition and fees. Attach Form 8917.       34       34         35       Domestic production activities deduction. Attach Form 8903       35       0         36       0       36       0			•	· •					0			
30       Penalty on early withdrawal of savings       30       0         31a       Alimony paid       b       Recipient's SSN ▶       31a         32       IRA deduction       32       0         33       Student loan interest deduction       33       33         34       Tuition and fees. Attach Form 8917.       34       34         35       Domestic production activities deduction. Attach Form 8903       35       0         36       Add lines 23 through 35       35       0									0			
31a       Alimony paid       b       Recipient's SSN ▶       31a         32       IRA deduction       32       0         33       Student loan interest deduction       33       33         34       Tuition and fees. Attach Form 8917.       34       34         35       Domestic production activities deduction. Attach Form 8903       35       0         36       Add lines 23 through 35       36       0									0			
32       IRA deduction       32       0         33       Student loan interest deduction       33       33         34       Tuition and fees. Attach Form 8917.       34       34         35       Domestic production activities deduction. Attach Form 8903       35       0         36       Add lines 23 through 35       36       0				-								
34       Tuition and fees. Attach Form 8917.       34         35       Domestic production activities deduction. Attach Form 8903       35       0         36       Add lines 23 through 35       35       0									0			
35       Domestic production activities deduction. Attach Form 8903       35       0         36       Add lines 23 through 35       35       0		33	Student loan interest	deduction			33					
36         Add lines 23 through 35         36         0		34	Tuition and fees. Atta	ach Form 8917.								
		35	Domestic production	activities deduction	on. Attach Form 890	3	35		0			
37 Subtract line 36 from line 22. This is your adjusted gross income		36								36		0
		37	Subtract line 36 from	line 22. This is yo	our adjusted gross	income			►	37	10	,555

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2013)	) Lo	ow10Single F NoKids	123-46-	-5678	401 Page <b>2</b>
· · · · · ·	38	Amount from line 37 (adjusted gross income)		38	10,555
Tax and		Check <b>Vou</b> were born before January 2, 1949, <b>Blind. Total boxes</b>		50	,
Credits	<b>3</b> 5a	if: Spouse was born before January 2, 1949, Blind. Checked ►	<b>39a</b>		
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here	▶ 39b		
Deduction	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	6,100
for— • People who	41	Subtract line 40 from line 38		41	4,455
check any	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see i	nstructions .	42	3,900
box on line 39a or 39b <b>or</b>	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0		43	555
who can be claimed as a	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c		44	56
dependent, see	45	Alternative minimum tax (see instructions). Attach Form 6251		45	0
instructions.	46	Add lines 44 and 45		46	56
All others:	-		0	40	
Single or Married filing	47				
separately,	48				
\$6,100 Married filing	49		0		
jointly or	50				
Qualifying widow(er),	51				
\$12,200	52		0		
Head of household,	53	Other credits from Form: a 3800 b 8801 c 53	0		0
\$8,950	54	Add lines 47 through 53. These are your total credits		54	0
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	Þ	55	56
Other	56	Self-employment tax. Attach Schedule SE		56	0
Taxes	57	Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919		57	0
TUNCS	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		58	0
	59 a	Household employment taxes from Schedule H		59a	0
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		59b	0
	60	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)		60	0
	61	Add lines 55 through 60. This is your total tax		61	56
Payments	62	Federal income tax withheld from Forms W-2 and 1099       62	52		
	63	2013 estimated tax payments and amount applied from 2012 return 63	0		
If you have a	64a	Earned income credit (EIC) 64a 64a	288		
qualifying	b	Nontaxable combat pay election 64b 0			
child, attach Schedule EIC.	65	Additional child tax credit. Attach Schedule 8812			
	66	American opportunity credit from Form 8863, line 8			
	67	Reserved			
	68	Amount paid with request for extension to file			
	69	Excess social security and tier 1 RRTA tax withheld	0		
	70	Credit for federal tax on fuels. Attach Form 4136			
	71	Credits from Form:			
		a 2439 b Reserved c 8885 d 71	0		
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments		72	340
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpa	aid	73	284
Neiuliu	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	►	74a	284
Direct deposit?	b	Routing number XXXXXXXXX  Crecking Sav	vings		
See	d	Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	7		
instructions.	75	Amount of line 73 you want applied to your 2014 estimated tax <b>&gt;</b> 75	0		
Amount	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instruction	ns 🕨	76	
You Owe	77	Estimated tax penalty (see instructions)		1	
Third Party	Do yo	bu want to allow another person to discuss this return with the IRS (see instructions)? $[] \gamma$	es. Complete	e below	X No
Designee	Desigr		Personal indent	ification	
	name	▶ no. ► no penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the b	umber (PIN)		f
Sign		e true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer			",
Here	Your s	signature Date Your occupation	Daytim	e phone nu	mber
Joint return? See instructions.			If the ID	S sent you or	Identity Protection
Keep a copy for	Spous	e's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation	PIN, ent	ter it	FIGURE FIGUECHOIT
your records.	Print/T	ype preparer's name Preparer's signature Date	here (se	PT	
Paid			Check self-en	bloyed if i	
Preparer	Firm's	name  Firm's EIN			
Use Only	Firm's	address Phone no.			

F	4040	Department of the Treasury—Internal Revenue Service	(99)   0040		
r	1040	Department of the Treasury—Internal Revenue Service	Return ZU <b>13</b>	OMB No. 1545-0074	IRS Lise Only_Dr

<sup>°</sup> 1040	U.S	. Indivi	idual Inco	ome	e Tax F	Return	20	13	OMB No.	1545-0074	IRS Use	Only—Do	o not writ	e or staple in	this space.
For the year Jan. 1-De	ec. 31, 201							013, ending		,20				nstructions.	
Your first name and		T.		2Ki	name									curity nun 6-5678	
Low10Sing.		F t name and	initial	Last									-		
n a joint return, spo		a name anu	initia	Lasti	lame							Spouse	S SOCI	al security	/ number
Home address (nur 123 Main	nber and	street). If y	ou have a P.O. I	box, se	ee instructio	ons.				Apt	. no.			e the SSN(s ne 6c are c	
City, town or post o	ffice, sta	te, and ZIP	code. If you hav	e a for	•		nplete spac	es below (	see instru	ctions).				Election C	
Anywhere				GZ	A 300	33						jointly, wa	ant \$3 to	or your spou go to this fun	nd. Checking
Foreign country nar	me				Foreign pr	ovince/stat	e/county			eign posta		or refund		ot change yo	Spouse
Filing Status	<b>1</b> X	Single												. (See ins endent, e	
	2	Married	filing jointly (e	even i	f only one	had incor	me)		ld's nam						
Check only one	3		l filing separat	ely. E	nter spous	se's SSN a	above	►							
box.		and full	name here.					5 Qu	alifying	widow(er	) with dep	pendent	t child		
Exemptions	6a	X You	rself. If some	one c	an claim y	ou as a d	ependent,	do not c	heck bo	x 6a .		]	Boxes on 6a a	checked	1
•	b		1150									ł		children	
		Depende				(2) Dep	endent's	(3) De	ependent's	(4)	/ if child under	rage 17	on 6c	who: I with you	2
	(1) First r		Last name			social secu	irity number	rèlátion	nship to you		ing for child ta see instruction		• did r	not live with	
If more than four		Child	Low10S				7-8901				Х		or sepa	e to divorce aration	)
dependents, see	2ndC	Child	Low10S	ing	le	678-9	0-1234	Daugh	ter		Х		•	structions) dents on 6c	
instructions and														tered above	
check here ►	d	Tatal nun	nber of exemp	tiona	alaimad									mbers on	3
	-												lines a		0,555
Income	7 8a	-	alaries, tips, e interest. Attacl										7 8a	1	0,000
	b		npt interest. D			•				н н		0	oa		•
Attach Form(s)	9a		dividends. Atta										9a		0
W-2 here. Also	b	2				•						0			
attach Forms W-2G and	10	Taxable I	refunds, credit	s, or o	offsets of s	state and l	ocal incor	ne taxes					10		0
1099-R if tax	11	Alimony I											11		
was withheld.	12		income or (lo	,								. · · · ·	12		0
	13		ain or (loss). A				•						13		0
If you did not	14	0	ins or (losses)										14 15b		0
get a W-2, see instructions.	15a 16a		butions				15a 16a			Faxable a Faxable a			16b		0
	17		al estate, roya					trusts etc					17		
	18		ome or (loss).										18		0
	19		yment comper		n								19		
	20a		curity benefits		20a	_		4		mount .			20b		
	21	Other inc	ome. List type	and	amount _								21	- 1	0
	22		the amounts i								income		22	Τ	0,555
Adjusted	23 24		expenses . usiness exper							23		0			
Gross	24		government c							24		0			
Income	25		avings account									0			
	26		xpenses. Atta									0			
	27	Deductib	le part of self-	emplo	yment tax	. Attach S	chedule S	SE		27		0			
	28		loyed SEP, SI									0			
	29		loyed health ir									0			
	30		on early withdr									0			
	31a 22		paid <b>b</b> Recip							31a		0			
	32 33		iction												
	33 34		nd fees. Attack							34					
	35		production ac			on Attach	Form 800	)3				0			
	36		23 through 3										36		0
	37		line 36 from lir									►	37	10	0,555
		-													

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2013)	) Lo	ow10Single F 2Kids	123-46-	5678	403 Page <b>2</b>
	38	Amount from line 37 (adjusted gross income)		38	10,555
Tax and		Check <b>You</b> were born before January 2, 1949, Blind. <b>Total boxes</b>			
Credits		if: Spouse was born before January 2, 1949, Blind. Checked ►	<b>39a</b>		
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here	▶ 39b		
Deduction for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	6,100
People who	41	Subtract line 40 from line 38		41	4,455
check any box on line	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see	instructions .	42	11,700
39a or 39b <b>or</b>	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0		43	0
who can be claimed as a	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c		44	0
dependent, see	45	Alternative minimum tax (see instructions). Attach Form 6251		45	0
instructions.	46	Add lines 44 and 45	•	46	0
All others:	47	Foreign tax credit. Attach Form 1116 if required	0		
Single or Married filing	47	Credit for child and dependent care expenses. Attach Form 2441 48	0		
separately, \$6,100	49	Education credits from Form 8863, line 19			
Married filing	50		0		
jointly or Qualifying					
widow(er),	51				
\$12,200 Head of	52		0		
household,	53			54	0
\$8,950	) 54 55	Add lines 47 through 53. These are your <b>total credits</b>		54	0
			🕨	55 56	0
Other	56	Self-employment tax. Attach Schedule SE		57	0
Taxes	57	Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919		57	0
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		50 59a	0
	59 a	Household employment taxes from Schedule H		59a 59b	0
	b	First-time homebuyer credit repayment. Attach Form 5405 if required			0
	60	Taxes from: a       Form 8959 b       Form 8960 c       Instructions; enter code(s)		60	0
	61	Add lines 55 through 60. This is your total tax	· · · · · <b>&gt;</b>	61	0
Payments	62 63	Federal income tax withheld from Forms W-2 and 1099       62         2013 estimated tax payments and amount applied from 2012 return       63	0		
If you have a	<u>۱</u>		4,230		
qualifying	64a	Earned income credit (EIC) 64a	1/200		
child, attach	b		1,133		
Schedule EIC.	65	Additional child tax credit. Attach Schedule 8812	1,133		
	66 <sup>(</sup>	American opportunity credit from Form 8863, line 8       66         Reserved       67			
	67 68				
			0		
	69 70				
	70 71	Credit for federal tax on fuels. Attach Form 4136			
	••		0		
	72	a       2439       b       Reserved       c       8885       d       71         Add lines 62, 63, 64a, and 65 through 71. These are your total payments	•	72	5,363
	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you <b>overp</b>		73	5,363
Refund	74a	Amount of line 73 you want <b>refunded to you.</b> If Form 8888 is attached, check here		74a	5,363
Direct deposit?	b		vings		
See	d	Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
instructions.	► ~ 75	Amount of line 73 you want applied to your 2014 estimated tax  75	0		
Amount	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instruction		76	
You Owe	77	Estimated tax penalty (see instructions)			
Third Party			Yes. Complete	e below	X No
Designee	Desigr	nee's Phone F	Personal indent		
	name	▶ no. ► r penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the b	number (PIN)		f
Sign		e true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer			1,
Here	Your s	signature Date Your occupation	Daytim	e phone nu	mber
Joint return? See instructions.	0.1		If the ID	S sent vou o	Identity Protection
Keep a copy for your records.	Spous	e's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation	PIN, ent	er it	
	Print/T	ype preparer's name Preparer's signature Date	here (se	P1	
Paid Bronarar	_		Check self-em	if if ployed	
Preparer Use Only	Firm's	name  Firm's EIN	1►	· · ·	
Use Only	Firm's	address Phone no.			

SCH	EDULE	E EIC
(Form	1040A	or 1040)

## **Earned Income Credit**

**Qualifying Child Information** 

Complete and attach to Form 1040A or 1040 only if you have a qualifying child EIC Department of the Treasury ▶ Information about Schedule EIC (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleeic. Attachment Sequence No. 43 (99) Internal Revenue Service Your social security number Name(s) shown on return Low10Single F 2Kids 123-46-5678 • See the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, to make Before you begin: sure that (a) you can take the EIC, and (b) you have a qualifying child.

> • Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

1040A

1040

• If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.



• It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Q	ualifying Child Information	C	hild 1	Ch	ild 2	Child 3		
1	<b>Child's name</b> If you have more than three qualifying children, you only have to list three to get the maximum credit.	First name 1stChilc Low10Sir		First name 2ndChild Low10Sin		First name	Last name	
2	<b>Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2013. If your child was born and died in 2013 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	345-	67-8901	678-9	90-1234			
3	Child's year of birth	If born after 19 younger than y	010 994 <b>and</b> the child was You (or your spouse, if skip lines 4a and 4b;	If born after 199 younger than you	2012 4 <b>and</b> the child was u (or your spouse, if ip lines 4a and 4b;	younger than ye	94 <b>and</b> the child was ou (or your spouse, if kip lines 4a and 4b;	
4a	Was the child under age 24 at the end of 2013, a student, and younger than you (or your spouse, if filing jointly)?	Go to line 5.	<b>No.</b> Go to line 4b.	Go to line 5.	<b>No.</b> Go to line 4b.	Go to line 5.	<b>No.</b> Go to line 4b.	
k	• Was the child permanently and totally disabled during any part of 2013?	Go to line 5.	<b>No.</b> The child is not a qualifying child.	Go to line 5.	<b>No.</b> The child is not a qualifying child.	Go to line 5.	<b>No.</b> The child is not a qualifying child.	
5	<b>Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	Son		Daugł	nter			
6	Number of months child lived with you in the United States during 2013 • If the child lived with you for more than half of 2013 but less than 7 months, enter "7." • If the child was born or died in 2013 and your home was the child's home for more than half the time he or she was alive during 2013, enter "12."	months.	$\frac{12}{12}$ months more than 12	Do not enter months.		months.	months more than 12	

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

Schedule EIC (Form 1040A or 1040) 2013

404 OMB No. 1545-0074

3

-	HEDULE 8812	Child Tax Credit		405 OMB No. 1545-0074
Depart	m 1040A or 1040) iment of the Treasury al Revenue Service (99)	<ul> <li>Attach to Form 1040, Form 1040A or Form 1040NR.</li> <li>Information about Schedule 8812 and its separate instructions is at www.irs.gov/schedule8812.</li> </ul>		2013 Attachment Sequence No. 47
Name	e(s) shown on return	2Kids		cial security number
		no Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Id		
	Complete thi	s part only for each dependent who has an ITIN and for whom you are claiming the child tax ident does not qualify for the credit, you cannot include that dependent in the calculation of t	credit.	
an IT		estions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040 payer Identification Number) and that you indicated qualified for the child tax credit by check		
Α	the substantial pr	ndent identified with an ITIN and listed as a qualifying child for the child tax credit, diversence test? See separate instructions.	d this ch	ild meet
В	the substantial pr	ependent identified with an ITIN and listed as a qualifying child for the child tax credit esence test? See separate instructions.	, did thi	s child meet
С	the substantial pr	endent identified with an ITIN and listed as a qualifying child for the child tax credit, di resence test? See separate instructions.	id this cl	nild meet
D	the substantial pr	bendent identified with an ITIN and listed as a qualifying child for the child tax credit, resence test? See separate instructions.	did this	child meet
see	e the instructions a	re that four dependents identified with an ITIN and listed as a qualifying child for the nd check here.		
		Al Child Tax Credit Filers		
1	1040 filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51).		
	1040A filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).	1	2,000
	1040NR filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).		
	If you used Pub. 97	72, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.		
2	Enter the amount fi	om Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48	. 2	0
3	Subtract line 2 from	n line 1. If zero, <b>stop</b> ; you cannot take this credit	. 3	2,000
<b>4</b> a	Earned income (see	e separate instructions)	5	
b		t pay (see separate instructions) 4b 0		
5		ne 4a more than \$3,000?		
		ne 5 blank and enter -0- on line 6. $5$ 7, 55	5	
6		t \$3,000 from the amount on line 4a. Enter the result	6	1,133
v		three or more qualifying children?	•	
	X No. If line 6	is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the <b>smaller</b> of line 6 on line 13.		
	Otherwis	s equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. e, go to line 7.		
KIA	For Paperwork	Reduction Act Notice, see your tax return instructions. Schedu	ıle 8812 (l	Form 1040A or 1040) 2013

Ра	rt III Certain	Filers Who Have Three or More Qualifying Chi	ldren				
7	Form(s) W-2, boxes amounts with yours	urity, Medicare, and Additional Medicare taxes from s 4 and 6. If married filing jointly, include your spouse's . If your employer withheld or paid Additional r I RRTA taxes, see separate instructions		7			
8	1040 filers: 1040A filers: 1040NR filers:	Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on line 60. Enter -0 Enter the total of the amounts from Form 1040NR, lines 27 and 55, plus any taxes that you identified using code "UT" and entered on line 59.		8		-	
9	Add lines 7 and 8	· · · · · · · · · · · · · · · · · · ·		9			
10	1040 filers:	Enter the total of the amounts from Form 1040, lines 64a and 69.	ן				
	1040A filers:	Enter the total of the amount from Form 1040A, line 38a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 41 (see separate instructions).	}	10			
	1040NR filers:	Enter the amount from Form 1040NR, line 65.	J				
11	Subtract line 10 fr	om line 9. If zero or less, enter -0-				11	
12	Enter the larger o	f line 6 or line 11				12	
		naller of line 3 or line 12 on line 13.					
Pa	rt IV Additio	nal Child Tax Credit					1
13	This is your addi	tional child tax credit			1040 10404 10404		1,133 Enter this amount on Form 1040, line 65, Form 1040A, line 39, or Form 1040NR, line 63
KIA					Schedule	e 8812 (l	Form 1040A or 1040) 2013

F	4040	Department of the Treasury—Internal Revenue Service	(99)	049		1
r	1040	Department of the Treasury—Internal Revenue Service	Return Z	(013)	OMB No. 1545-0074	IRS Lise Only_D

<u><u><u>°</u> 1040</u></u>	<u>U.S</u>	. Individ	ual Incom	e Tax F	Return	20	13	OMB No. 154	5-0074	IRS Use	Only—Do	o not write	e or staple in	this space.
For the year Jan. 1–De Your first name and		13, or other tax ye		name		, 2	013, ending		,20				structions.	
Low10Sing		F		idsHH									<b>curity nur</b> 6-5678	
If a joint return, spo				name									al security	
				ilaine							opouse	. 3 3000	arsecurity	number
Home address (nur 123 Main	nber and	l street). If you	have a P.O. box, s	ee instructio	ns.				Apt.	no.			the SSN(s ne 6c are c	
City, town or post o	ffice, sta	te, and ZIP coo	le. If you have a fo			plete spac	es below (se	ee instructio	ns).				Election Ca	
Anywhere			G							j	jointly, wa	ant \$3 to	or your spou go to this fun	d. Checking
Foreign country nar	me			Foreign pr	ovince/state	/county		Foreigr			or refund		ot change you	Spouse
Filing Status	1	Single						d of house ifying pers						
•	2	Married fil	ing jointly (even	if only one	had incom	ie)		l's name h			it not ye	ur ucp	chucht, c	
Check only one	3		ing separately. E	Inter spous	e's SSN al	bove	►							
box.	L	→ and full na	ame here.				5 Qua	lifying wid	ow(er)	with dep	endent	t child		
Exemptions	6a	X Yourse	If. If someone of	ran claim v	ou as a de	nendent	do not ch	eck box 6:			ר		checked	1
Litemptions				yan olann y		pendent,					•••	on 6a a No. of	nd 6b children	
	b	Spous							 (4) ./	if child under		on 6c	who:	2
	C (1) First (	Dependent name	S: Last name		(2) Deper social securi	ident's ity number	(3) Deperture (3) Deperture (3) Deperture (3) (3) (3) (3) (3) (3) (3) (3) (3) (3)	endent's hip to you	qualifyi	ng for child tax ee instructions	x credit		l with you not live with	
	<u>.,</u>	Child	Low10Sinc	le	345-67	-8901	Son		(3	X	3)		e to divorce	
If more than four	2nd0	Child	Low10Sing	le	678-90	-1234	Daught	er		Х			structions)	
dependents, see instructions and							_						dents on 6c ered above	
check here ►														3
	d	Total number	er of exemptions	claimed								lines al		
Income	7	Wages, sala	aries, tips, etc. A	ttach Form	ı(s) W-2							7	1(	D,555
	8a		erest. Attach Sch		•				· · .			8a		0
	b	•	t interest. Do no						8b		0			0
Attach Form(s) W-2 here. Also	9a	,	vidends. Attach S		•							9a		0
attach Forms	b	Qualified div							9b					0
W-2G and	10		unds, credits, or		tate and lo							10		0
1099-R if tax	11 12	-	Alimony received							11 12		0		
was withheld.	12		Capital gain or (loss). Attach Schedule D if required. If not required, check here								12		0	
الأنبعين والأواسم ف	14		or (losses). Atta									14		0
If you did not get a W-2,	15a	0	tions			5a				mount .		15b		0
see instructions.	16a		nd annuities			6a				mount .		16b		0
	17		estate, royalties,				trusts, etc.	Attach Sc	hedule	E		17		
	18		e or (loss). Attac									18		0
	19	Unemploym	ent compensatio	on								19		
	20a	Social secu		20a			4	xable amo	unt.			20b		
	21	Other incom	ne. List type and	amount _								21	1 (	0
	22		e amounts in the	-			-			income		22	Ι	) <b>,</b> 555
Adjusted	23	Educator ex	•					· · · ·  _	23		0			
Gross	24		iness expenses overnment officia						24		0			
Income	25	-	ngs account ded						25		0			
	26		enses. Attach Fo					–	26		0			
	27		part of self-emplo						27		0			
	28		ed SEP, SIMPL	-					28		0			
	29		ed health insura						29		0			
	30		early withdrawal						30		0			
	31a	Alimony pai	d <b>b</b> Recipient	s SSN 🕨				3	51a					
	32	IRA deducti	on					· · · ·  _	32		0			
	33		n interest deduct						33					
	34		fees. Attach For						34					
	35		roduction activitie					· · · · L	35		0			-
	36		3 through 35									36		
	37		e 36 from line 22								►	37		),555

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2013)	Lo	ow10Single F 2KidsHH	123-46-	5678	408 Page <b>2</b>
	38	Amount from line 37 (adjusted gross income)		38	10,555
Tax and		Check <b>You</b> were born before January 2, 1949, Blind. <b>Total boxes</b>			
Credits			39a		
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here	39b		
Deduction for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	8,950
People who	41	Subtract line 40 from line 38		41	1,605
check any box on line	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see ins	tructions .	42	11,700
39a or 39b <b>or</b>	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0		43	0
who can be claimed as a	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c		44	0
dependent, see	45	Alternative minimum tax (see instructions). Attach Form 6251	_	45	0
instructions.	46	Add lines 44 and 45	•	46	0
All others:	47	Foreign tax credit. Attach Form 1116 if required	0		
Single or Married filing	47	Credit for child and dependent care expenses. Attach Form 2441	0		
separately, \$6,100	40 49	Education credits from Form 8863, line 19			
Married filing			0		
jointly or Qualifying	50				
widow(er),	51				
\$12,200 Head of	52		0		
household,	53				0
\$8,950	54	Add lines 47 through 53. These are your <b>total credits</b>		54	0
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	🕨	55	0
Other	56	Self-employment tax. Attach Schedule SE		56	0
Taxes	57	Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919		57	0
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required $$ .		58	0
	59 a	Household employment taxes from Schedule H		59a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		59b	0
	60	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)		60	0
	61	Add lines 55 through 60. This is your total tax		61	0
Payments	62	Federal income tax withheld from Forms W-2 and 1099     62	0		
	63	2013 estimated tax payments and amount applied from 2012 return 63	4,230		
If you have a qualifying	64a	Earned income credit (EIC)	4,230		
child, attach	b		1 1 2 2		
Schedule EIC.	65	Additional child tax credit. Attach Schedule 8812	1,133		
	66	American opportunity credit from Form 8863, line 8			
	67	Reserved			
	68	Amount paid with request for extension to file	0		
	69	Excess social security and tier 1 RRTA tax withheld	0		
	70 71	Credit for federal tax on fuels. Attach Form 4136			
	11		0		
		a 2439 b Reserved c 8885 d 71		70	5 262
	72	Add lines 62, 63, 64a, and 65 through 71. These are your <b>total payments</b>	<b>&gt;</b>	72 73	5,363 5,363
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you <b>overpaid</b>	• · · · ·   _ ──		5,363
	74a	Amount of line 73 you want <b>refunded to you.</b> If Form 8888 is attached, check here	. ▶∐	74a	0,000
Direct deposit? See	► <sup>b</sup> .	Routing number       XXXXXXXX       ▶ c Type:       X Checking       Savin	gs		
instructions.	► d	Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	0		
	75	Amount of line 73 you want applied to your 2014 estimated tax        75	0	=0	
Amount	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	•	76	
You Owe	77 Do vo	Estimated tax penalty (see instructions)	- Commission	h e levri	XNO
Third Party	Desigr		s. Completersonal indenti		X No
Designee	name		mber (PIN)	►	
Sign		penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the bes e true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has			ef,
Here		ignature   Date  Your occupation		e phone nu	umber
Joint return? See instructions.				·	
Keep a copy for	Spous	e's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation	If the IR PIN, ent		n Identity Protection
your records.	D /		here (se	e inst.)	
Paid	Print/ I	ype preparer's name Preparer's signature Date	Check	if ployed	TIN
Preparer	Firm's	name ► Firm's EIN►		ן טשעטוקי	
Use Only		address Phone no.			

SCHE	EDUL	E EIC
(Form	1040A	or 1040)

Department of the Treasury

Internal Revenue Service Name(s) shown on return

## **Earned Income Credit**

**Qualifying Child Information** 

Complete and attach to Form 1040A or 1040 only if you have a qualifying child

Information about Schedule EIC (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleeic.



1040A

1040

	2013
	Attachment Sequence No. <b>43</b>
You	r social security number
	123-46-5678

409

2

Low10Single

Before you begin:

(99)

2KidsHH • See the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, to make

sure that (a) you can take the EIC, and (b) you have a qualifying child.

• Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

• If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.

• It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child. CAUTION

F

Qualifying Child Information		CI	hild 1	Ch	ild 2	Child 3			
1	<b>Child's name</b> If you have more than three qualifying children, you only have to list three to get the maximum credit.	First name 1stChild Low10Sin		First name 2ndChild Low10Sin		First name	Last name		
2	<b>Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2013. If your child was born and died in 2013 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	345-	67-8901	678-9	90-1234				
3	Child's year of birth	If born after 19 younger than y	010 94 <b>and</b> the child was ou (or your spouse, if skip lines 4a and 4b;	If born after 199 younger than you	2012 4 <b>and</b> the child was 4 (or your spouse, if 4 ip lines 4a and 4b;	younger than yo	94 <b>and</b> the child was ou (or your spouse, if kip lines 4a and 4b;		
4a	Was the child under age 24 at the end of 2013, a student, and younger than you (or your spouse, if filing jointly)?	Go to line 5.	<b>No.</b> Go to line 4b.	Go to line 5.	<b>No.</b> Go to line 4b.	Go to line 5.	<b>No.</b> Go to line 4b.		
ł	• Was the child permanently and totally disabled during any part of 2013?	Go to line 5.	<b>No.</b> The child is not a qualifying child.	Go to line 5.	<b>No.</b> The child is not a qualifying child.	Go to line 5.	<b>No.</b> The child is not a qualifying child.		
5	<b>Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	Son		Daugh	nter				
6	<ul> <li>Number of months child lived with you in the United States during 2013</li> <li>If the child lived with you for more than half of 2013 but less than 7 months, enter "7."</li> <li>If the child was born or died in 2013 and your home was the child's home for more than half the time he or she was alive during 2013, enter "12."</li> </ul>	months.	$\frac{12}{more than 12}$	Do not enter months.		months.	months <i>r more than 12</i>		

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

				410
SCHEDULE 8812		Child Tax Credit	OMB No. 1545-0074	
(For	m 1040A or 1040)			2∩ <b>1</b> 3
Department of the Treasury Internal Revenue Service (99)		<ul> <li>Attach to Form 1040, Form 1040A or Form 1040NR.</li> <li>Information about Schedule 8812 and its separate instructions is at www.irs.gov/schedule8812.</li> </ul>		Attachment Sequence No. 47
Name	e(s) shown on return	•		cial security number
		2KidsHH To Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Id		3-46-5678
CAUT	If your deper	s part only for each dependent who has an ITIN and for whom you are claiming the child tax ident does not qualify for the credit, you cannot include that dependent in the calculation of th		
an IT		estions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040N ayer Identification Number) and that you indicated qualified for the child tax credit by checking		
Α	the substantial pr	ndent identified with an ITIN and listed as a qualifying child for the child tax credit, did resence test? See separate instructions.	this ch	ild meet
	Y	es No		
В	For the second de the substantial pr	ependent identified with an ITIN and listed as a qualifying child for the child tax credit, esence test? See separate instructions.	did this	s child meet
	Y	es No		
С	the substantial pr	endent identified with an ITIN and listed as a qualifying child for the child tax credit, did esence test? See separate instructions.	d this ch	nild meet
	Y	es No		
D	the substantial pr	pendent identified with an ITIN and listed as a qualifying child for the child tax credit, or resence test? See separate instructions.	lid this o	child meet
		es No		
	<b>te:</b> If you have mo e the instructions a	re that four dependents identified with an ITIN and listed as a qualifying child for the c nd check here.		
		al Child Tax Credit Filers		
1	1040 filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the		
	1040A filers:	Instructions for Form 1040, line 51). Enter the amount from line 6 of your Child Tax Credit Worksheet (see the		
	io tori incrist	Instructions for Form 1040A, line 33).	1	2,000
	1040NR filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).		
	If vou used Pub. 97	72, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.		
2		rom Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48	2	0
2		1 line 1. If zero, <b>stop</b> ; you cannot take this credit	. 3	2,000
- 4a		e separate instructions)	5	
b		t pay (see separate instructions) 4b 0		
5	Is the amount on lin	he 4a more than \$3,000?		
	<b>No.</b> Leave li	ne 5 blank and enter -0- on line 6.	_	
		t \$3,000 from the amount on line 4a. Enter the result <b>5</b> 7,555	6	1,133
6	Next. Do you have	to n line 5 by 15% (.15) and enter the result		± <b>,</b> ±00
	line 3 or	is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the <b>smaller</b> of line 6 on line 13.		
	Otherwis	s equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. e, go to line 7.		
KIA	For Paperwork	Reduction Act Notice, see your tax return instructions. Schedul	e 8812 (F	orm 1040A or 1040) 2013

Sche	dule 8812 (Form 104	0A or 1040) 2013 Low10Single F 2KidsHH			1	23-46-5	678	Page
Ра	rt III Certain	Filers Who Have Three or More Qualifying Ch	ildren					
7	Form(s) W-2, boxe amounts with yours	curity, Medicare, and Additional Medicare taxes from s 4 and 6. If married filing jointly, include your spouse's s. If your employer withheld or paid Additional er I RRTA taxes, see separate instructions		7			_	
8	1040 filers: 1040A filers: 1040NR filers:	Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on line 60. Enter -0 Enter the total of the amounts from Form 1040NR, lines 27 and 55, plus any taxes that you identified using code		8				
9 10	Add lines 7 and 8 <b>1040 filers:</b>	"UT" and entered on line 59.	] 	9				
	1040A filers:	Enter the total of the amount from Form 1040A, line 38a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 41 (see separate instructions).	}	10				
11 12	Enter the larger of	Enter the amount from Form 1040NR, line 65. From line 9. If zero or less, enter -0					11 12	
Pa		onal Child Tax Credit						
13	This is your add	itional child tax credit				1040 1040A 1040NF	13	1,133 Enter this amount on Form 1040, line 65, Form 1040A, line 39, or Form 1040NR, line 63
KIA								Form 1040A or 1040)