

	Deductions					Childcare Costs	Credits				Taxable Income	Total Tax	Post Tax Gain		Post-tax income-childcare
	Total Income**^	Mortgage Interest**	Student Loan Interest***	Retirement Savings****	Other		CTC	Addtl CTC	Childcare	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	\$ 1,397	\$ 2,000	\$ 1,160	\$ 29,640	\$ 650	N/A	\$ 1,200	N/A	\$ 104,084	\$ 16,017	\$ (16,017)	\$ 124,224	\$ 94,584
Top 10 Married 2 Kids Sole Earner	\$ 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	
Top 10 Married 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	
Mid 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			
Mid 50 Married 2 Kids	\$ 50,742	\$ 6,800	\$ 1,000	N/A	\$ 400	\$ 17,290	\$ 1,196	\$ 804	\$ 1,200	N/A	\$ 21,942	0 (2234)	\$ 804	\$ 51,546	\$ 34,256
Mid 50 Married 2 Kids Sole Earner	\$ 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	
Mid 50 Married 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	
Low 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			
Low 10 Married 2 Kids	\$ 23,748	N/A	N/A	N/A	N/A	\$ 7,410	N/A	\$ 2,000	N/A	\$ 5,192	N/A	\$ (7,426)	\$ 7,192	\$ 30,940	\$ 23,530
Low 10 Married 2 Kids Sole 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	
Low 10 Married 3 Kids Sole Earner	\$ 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	

Appendix A: Married Return Comparison Chart

\* Total Income Split with reflection of 80% wage gap: Top 10 77,778/62,223; Mid 50 28,190/22,552; Low 10 13,193/10,555

^ Investment income of 240 for Top 10 added

\*\*Assuming 5% interest; Top 10 mortgage of 250,000, 4,000 taxes/year; Mid 50 mortgage of 100,000, 2,000 taxes/year; Low 10 N/A

\*\*\*Assuming interest payments of Top 10 4,261; Mid 50 1,000; Low 10 N/A because not itemizing deductions

\*\*\*\* Top 10: 2,000 IRA

Appendix B: Single Returns Comparison Chart

	Total Income*	Deductions				Childcare Costs	Credits					Taxable Income	Total Tax	Post Tax Gain		Post-tax income-childcare
		Mortgage Interest**	Student Loan Interest***	Retirement Savings****	Other		CTC	Addtl CTC	Childcare	Savers	EITC					
Top 10 Single No Kids	\$ 45,124	\$ 6,800	\$ 1,000	\$ 2,000	\$ 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	\$ 500	\$ 400	\$ 17,290	\$ 2,000	N/A	\$ 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	\$ 500	\$ 400	\$ 17,290	\$ 1,544	\$ 456	\$ 1,200	\$ 50	N/A	\$ 22,974	N/A	\$ 456	\$ 45,580	\$ 28,290
Mid 50 Single No Kids	\$ 37,791	\$ 5,100	\$ 500	\$ 2,000	\$ 350	N/A	N/A	N/A	N/A	N/A	N/A	\$ 25,291	\$ 3,345			
Mid 50 Single 2 Kids	\$ 37,791	\$ 5,100	\$ 500	\$ 500	\$ 350	\$ 12,350	\$ 960	\$ 1,040	\$ 1,440	N/A	\$ 1,108	\$ 18,991	0 (2200)	\$ 2,148	\$ 39,939	\$ 27,589
Mid 50 Single 2 Kids Head Household	\$ 37,791	\$ 5,100	\$ 500	\$ 500	\$ 350	\$ 12,350	\$ 291	\$ 1,709	\$ 1,440	\$ 50	\$ 1,108	\$ 16,141	0(2869)	\$ 2,817	\$ 40,608	\$ 28,258
Low 10 Single No Kids	\$ 10,555	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$ 288	\$ 555	\$ 56	\$ 284	\$ 10,839	
Low 10 Single 2 Kids	\$ 10,555	N/A	N/A	N/A	N/A	\$ 1,040	N/A	\$ 1,133	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	\$ 1,133	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

Form 1040 U.S. Individual Income Tax Return 2013

For the year Jan. 1-Dec. 31, 2013, or other tax year beginning 2013, ending 2013, See separate instructions.

Your first name and initial Top10Married M Last name NoKids Your social security number 123-46-5678

If a joint return, spouse's first name and initial Top10Married F Last name NoKids Spouse's social security number 234-56-7890

Home address (number and street). If you have a P.O. box, see instructions. 123 Main Apt. no. Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Anywhere GA 30033 Presidential Election Campaign

Foreign country name Foreign province/state/country Foreign postal code Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.

Filing Status 1 Single 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above and full name here. 4 Head of household (with qualifying person). 5 Qualifying widow(er) with dependent child

Exemptions 6a Yourself. 6b Spouse. c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qualifying for child tax credit. Total number of exemptions claimed 2

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 140,001 8a Taxable interest. Attach Schedule B if required 8a 0 8b Tax-exempt interest. Do not include on line 8a 8b 0 9a Ordinary dividends. Attach Schedule B if required 9a 240 9b Qualified dividends 9b 120 10 Taxable refunds, credits, or offsets of state and local income taxes 10 0 11 Alimony received 11 0 12 Business income or (loss). Attach Schedule C or C-EZ 12 0 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 0 14 Other gains or (losses). Attach Form 4797 14 0 15a IRA distributions 15a 15b Taxable amount 15b 0 16a Pensions and annuities 16a 16b Taxable amount 16b 0 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 0 18 Farm income or (loss). Attach Schedule F 18 0 19 Unemployment compensation 19 0 20a Social security benefits 20a 20b Taxable amount 20b 0 21 Other income. List type and amount 21 0 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 140,241

Adjusted Gross Income 23 Educator expenses 23 0 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 0 25 Health savings account deduction. Attach Form 8889 25 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 29 0 30 Penalty on early withdrawal of savings 30 0 31a Alimony paid b Recipient's SSN 31a 31b 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 deduction. Attach Form 8903 35 0 36 Add lines 23 through 35 36 3,397 37 Subtract line 36 from line 22. This is your adjusted gross income 37 136,844

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits.

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others:
Single or Married filing separately, \$6,100
Married filing jointly or Qualifying widow(er), \$12,200
Head of household, \$8,950

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for Amount You Owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below [ ] No
Designee's name, Phone no., Personal identification number (PIN)

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature, Date, Your occupation, Daytime phone number, Spouse's signature, Date, Spouse's occupation, If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date, Check [ ] if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

321

OMB No. 1545-0074

**2013**  
Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

► Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea).

► Attach to Form 1040.

Name(s) shown on Form 1040

Your social security number

Top10Married M NoKids

123-46-5678

<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions) . . . . .	1	0
	2	Enter amount from Form 1040, line 38 . . . . .	2	136,844
	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	13,684
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . .	4	0
<b>Taxes You Paid</b>	<b>5 State and local (check only one box):</b>			
	a.	<input type="checkbox"/> Income taxes or	5	0
	b.	<input type="checkbox"/> General sales taxes }	6	4,000
	6	Real estate taxes (see instructions) . . . . .	6	660
	7	Personal property taxes . . . . .	7	0
	8	Other taxes. List type and amount ► _____	8	0
	9	Add lines 5 through 8 . . . . .	9	4,660
<b>Interest You Paid</b>	10	Home mortgage interest and points reported to you on Form 1098 . . . . .	10	12,000
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► _____	11	0
	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	0
	15	Add lines 10 through 14 . . . . .	15	12,000
<b>Gifts to Charity</b>	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	16	500
	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	0
	18	Carryover from prior year . . . . .	18	0
	19	Add lines 16 through 18 . . . . .	19	500
<b>Casualty and Theft Losses</b>	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . .	20	0
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► _____	21	0
	22	Tax preparation fees . . . . .	22	0
	23	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	136,844
	26	Multiply line 25 by 2% (.02) . . . . .	26	2,737
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . .	27	0
<b>Other Miscellaneous Deductions</b>	28	Other—from list in instructions. List type and amount ► _____	28	0
<b>Total Itemized Deductions</b>	29	Is Form 1040, line 38, over \$150,000? <input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	17,160
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . .		

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

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning \_\_\_\_\_, 2013, ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

Your first name and initial Top10Married M	Last name 2Kids	Your social security number 123-46-5678
If a joint return, spouse's first name and initial Top10Married F	Last name 2Kids	Spouse's social security number 234-56-7890
Home address (number and street). If you have a P.O. box, see instructions. 123 Main		Apt. no. ▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Anywhere GA 30033		<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/country	Foreign postal code

**Filing Status**

1  Single

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

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

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

5  Qualifying widow(er) with dependent child

Check only one box.

**Exemptions**

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

b  Spouse

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
Child	2Kids	345-67-8901	Son	X
Child2	2Kids	456-78-9012	Daughter	X

If more than four dependents, see instructions and check here

**d Total number of exemptions claimed** 4

Boxes checked on 6a and 6b: 2  
No. of children on 6c who:  
• lived with you: 2  
• did not live with you due to divorce or separation (see instructions):  
Dependents on 6c not entered above: 4

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	140,001
8a Taxable interest. Attach Schedule B if required	8a	0
b Tax-exempt interest. Do not include on line 8a	8b	0
9a Ordinary dividends. Attach Schedule B if required	9a	240
b Qualified dividends	9b	120
10 Taxable refunds, credits, or offsets of state and local income taxes	10	0
11 Alimony received	11	0
12 Business income or (loss). Attach Schedule C or C-EZ	12	0
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	0
14 Other gains or (losses). Attach Form 4797	14	0
15a IRA distributions	15a	0
b Taxable amount	15b	0
16a Pensions and annuities	16a	0
b Taxable amount	16b	0
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	0
18 Farm income or (loss). Attach Schedule F	18	0
19 Unemployment compensation	19	0
20a Social security benefits	20a	0
b Taxable amount	20b	0
21 Other income. List type and amount	21	0
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	140,241

**Adjusted Gross Income**

23 Educator expenses	23	0
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	0
25 Health savings account deduction. Attach Form 8889	25	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	29	0
30 Penalty on early withdrawal of savings	30	0
31a Alimony paid b Recipient's SSN	31a	0
32 IRA deduction	32	2,000
33 Student loan interest deduction	33	1,397
34 Tuition and fees. Attach Form 8917.	34	0
35 Domestic production activities deduction. Attach Form 8903	35	0
36 Add lines 23 through 35	36	3,397
37 Subtract line 36 from line 22. This is your adjusted gross income	37	136,844

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits.

Standard Deduction for—
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others:
Single or Married filing separately, \$6,100
Married filing jointly or Qualifying widow(er), \$12,200
Head of household, \$8,950

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for Amount You Owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below [ ] No
Designee's name, Phone no., Personal identification number (PIN)

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature, Date, Your occupation, Daytime phone number, Spouse's signature, Date, Spouse's occupation, If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date, Check [ ] if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

324

OMB No. 1545-0074

**2013**  
Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

► Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea).  
► Attach to Form 1040.

Name(s) shown on Form 1040  
Top10Married M 2Kids

Your social security number  
123-46-5678

<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions) . . . . .	1	0
	2	Enter amount from Form 1040, line 38 . . . . . 2 136,844		
	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	13,684
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0
<b>Taxes You Paid</b>	<b>5 State and local (check only one box):</b>			
	a.	<input type="checkbox"/> Income taxes or	5	0
	b.	<input type="checkbox"/> General sales taxes }	6	4,000
	6	Real estate taxes (see instructions) . . . . .	6	660
	7	Personal property taxes . . . . .	7	0
	8	Other taxes. List type and amount ►	8	0
	9	Add lines 5 through 8 . . . . .	9	4,660
<b>Interest You Paid</b>	10	Home mortgage interest and points reported to you on Form 1098 . . . . .	10	12,000
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	11	0
	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	12,000
<b>Gifts to Charity</b>	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	16	500
	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	0
	18	Carryover from prior year . . . . .	18	0
	19	Add lines 16 through 18 . . . . .	19	500
<b>Casualty and Theft Losses</b>	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . .	20	0
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	21	0
	22	Tax preparation fees . . . . .	22	
	23	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 . . . . . 25 136,844		
	26	Multiply line 25 by 2% (.02) . . . . .	26	2,737
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	0
<b>Other Miscellaneous Deductions</b>	28	Other—from list in instructions. List type and amount ►	28	0
<b>Total Itemized Deductions</b>	29	Is Form 1040, line 38, over \$150,000? <input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	17,160
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . .		



# Child and Dependent Care Expenses

1040A  
1040  
1040NR

2441

**2013**

Attachment  
Sequence No. **21**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.  
▶ Information about Form 2441 and its separate instructions is at  
[www.irs.gov/form2441](http://www.irs.gov/form2441).

Name(s) shown on return: **Top10Married M 2Kids**      Your social security number: **123-46-5678**

**Part I** **Persons or Organizations Who Provided the Care—You must complete this part.**  
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	Daycare	1000 Main St	67-8901234	15,600
	-----	-----		

Did you receive dependent care benefits?  **No** → Complete only Part II below.  
 **Yes** → Complete Part III on the next page next.

**Caution.** If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59a, or Form 1040NR, line 58a.

**Part II** **Credit for Child and Dependent Care Expenses**

**2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2013 for the person listed in column (a)
First	Last		
Child	2Kids	345-67-8901	7,800
Child2	2Kids	456-78-9012	7,800

<b>3</b>	Add the amounts in column (c) of line 2. <b>Do not</b> enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	<b>3</b>	6,000																																																												
<b>4</b>	Enter your <b>earned income</b> . See instructions	<b>4</b>	77,778																																																												
<b>5</b>	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4	<b>5</b>	62,223																																																												
<b>6</b>	Enter the <b>smallest</b> of line 3, 4, or 5	<b>6</b>	6,000																																																												
<b>7</b>	Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	<b>7</b>	136,844																																																												
<b>8</b>	Enter on line 8 the decimal amount shown below that applies to the amount on line 7	<b>8</b>	x 0.20																																																												
<table border="0"> <thead> <tr> <th colspan="3">If line 7 is:</th> <th colspan="3">If line 7 is:</th> </tr> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr> <td>\$0—15,000</td> <td></td> <td>.35</td> <td>\$29,000—31,000</td> <td></td> <td>.27</td> </tr> <tr> <td>15,000—17,000</td> <td></td> <td>.34</td> <td>31,000—33,000</td> <td></td> <td>.26</td> </tr> <tr> <td>17,000—19,000</td> <td></td> <td>.33</td> <td>33,000—35,000</td> <td></td> <td>.25</td> </tr> <tr> <td>19,000—21,000</td> <td></td> <td>.32</td> <td>35,000—37,000</td> <td></td> <td>.24</td> </tr> <tr> <td>21,000—23,000</td> <td></td> <td>.31</td> <td>37,000—39,000</td> <td></td> <td>.23</td> </tr> <tr> <td>23,000—25,000</td> <td></td> <td>.30</td> <td>39,000—41,000</td> <td></td> <td>.22</td> </tr> <tr> <td>25,000—27,000</td> <td></td> <td>.29</td> <td>41,000—43,000</td> <td></td> <td>.21</td> </tr> <tr> <td>27,000—29,000</td> <td></td> <td>.28</td> <td>43,000—No limit</td> <td></td> <td>.20</td> </tr> </tbody> </table>		If line 7 is:			If line 7 is:			Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	\$0—15,000		.35	\$29,000—31,000		.27	15,000—17,000		.34	31,000—33,000		.26	17,000—19,000		.33	33,000—35,000		.25	19,000—21,000		.32	35,000—37,000		.24	21,000—23,000		.31	37,000—39,000		.23	23,000—25,000		.30	39,000—41,000		.22	25,000—27,000		.29	41,000—43,000		.21	27,000—29,000		.28	43,000—No limit		.20	<b>9</b>	1,200
If line 7 is:			If line 7 is:																																																												
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is																																																										
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27,000—29,000		.28	43,000—No limit		.20																																																										
<b>10</b>	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	<b>10</b>	17,867																																																												
<b>11</b>	<b>Credit for child and dependent care expenses.</b> Enter the <b>smaller</b> of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46	<b>11</b>	1,200																																																												

**Part III Dependent Care Benefits**

<b>12</b>	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 . . . . .	<b>12</b>	0
<b>13</b>	Enter the amount, if any, you carried over from 2012 and used in 2013 during the grace period. See instructions . . . . .	<b>13</b>	
<b>14</b>	Enter the amount, if any, you forfeited or carried forward to 2014. See instructions . . . . .	<b>14</b>	( 0 )
<b>15</b>	Combine lines 12 through 14. See instructions . . . . .	<b>15</b>	0
<b>16</b>	Enter the total amount of <b>qualified expenses</b> incurred in 2013 for the care of the <b>qualifying person(s)</b> . . . . .	<b>16</b>	15,600
<b>17</b>	Enter the <b>smaller</b> of line 15 or 16 . . . . .	<b>17</b>	0
<b>18</b>	Enter your <b>earned income</b> . See instructions . . . . .	<b>18</b>	77,778
<b>19</b>	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <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>• If married filing separately, see instructions.</li> <li>• All others, enter the amount from line 18.</li> </ul>	<b>19</b>	62,223
<b>20</b>	Enter the <b>smallest</b> of line 17, 18, or 19 . . . . .	<b>20</b>	0
<b>21</b>	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) . . . . .	<b>21</b>	5,000
<b>22</b>	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input checked="" type="checkbox"/> <b>No.</b> Enter -0-. <input type="checkbox"/> <b>Yes.</b> Enter the amount here . . . . .	<b>22</b>	0
<b>23</b>	Subtract line 22 from line 15 . . . . .	<b>23</b>	0
<b>24</b>	<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 . . . . .	<b>24</b>	0
<b>25</b>	<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-. <b>Form 1040A filers:</b> Enter the <b>smaller</b> of line 20 or line 21 . . . . .	<b>25</b>	0
<b>26</b>	<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" . . . . .	<b>26</b>	0

To claim the child and dependent care credit, complete lines 27 through 31 below.

<b>27</b>	Enter \$3,000 (\$6,000 if two or more qualifying persons) . . . . .	<b>27</b>	6,000
<b>28</b>	<b>Form 1040 and 1040NR filers:</b> Add lines 24 and 25. <b>Form 1040A filers:</b> Enter the amount from line 25 . . . . .	<b>28</b>	0
<b>29</b>	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 . . . . .	<b>29</b>	6,000
<b>30</b>	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 . . . . .	<b>30</b>	15,600
<b>31</b>	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 . . . . .	<b>31</b>	6,000

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

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning \_\_\_\_\_, 2013, ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

Your first name and initial Top10Married M	Last name 2KidsOneEarner	Your social security number 123-46-5678
If a joint return, spouse's first name and initial Top10Married F	Last name 2Kids	Spouse's social security number 234-56-7890
Home address (number and street). If you have a P.O. box, see instructions. 123 Main		Apt. no. ▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Anywhere GA 30033		<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

**Filing Status**

1  Single

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

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

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

5  Qualifying widow(er) with dependent child

Check only one box.

**Exemptions**

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

b  Spouse

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
Child	2Kids	345-67-8901	Son	X
Child	2Kids	456-78-9012	Daughter	X

If more than four dependents, see instructions and check here

**d Total number of exemptions claimed** 4

Boxes checked on 6a and 6b: 2  
No. of children on 6c who:  
• lived with you: 2  
• did not live with you due to divorce or separation (see instructions): 0  
Dependents on 6c not entered above: 0  
Add numbers on lines above: 4

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	77,778
8a Taxable interest. Attach Schedule B if required	8a	0
b Tax-exempt interest. Do not include on line 8a	8b	0
9a Ordinary dividends. Attach Schedule B if required	9a	240
b Qualified dividends	9b	120
10 Taxable refunds, credits, or offsets of state and local income taxes	10	0
11 Alimony received	11	0
12 Business income or (loss). Attach Schedule C or C-EZ	12	0
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	0
14 Other gains or (losses). Attach Form 4797	14	0
15a IRA distributions	15a	0
b Taxable amount	15b	0
16a Pensions and annuities	16a	0
b Taxable amount	16b	0
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	0
18 Farm income or (loss). Attach Schedule F	18	0
19 Unemployment compensation	19	0
20a Social security benefits	20a	0
b Taxable amount	20b	0
21 Other income. List type and amount	21	0
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	78,018

**Adjusted Gross Income**

23 Educator expenses	23	0
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	0
25 Health savings account deduction. Attach Form 8889	25	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	29	0
30 Penalty on early withdrawal of savings	30	0
31a Alimony paid b Recipient's SSN	31a	0
32 IRA deduction	32	0
33 Student loan interest deduction	33	2,500
34 Tuition and fees. Attach Form 8917.	34	0
35 Domestic production activities deduction. Attach Form 8903	35	0
36 Add lines 23 through 35	36	2,500
37 Subtract line 36 from line 22. This is your adjusted gross income	37	75,518

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits.

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others: Single or Married filing separately, \$6,100

Married filing jointly or Qualifying widow(er), \$12,200

Head of household, \$8,950

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for Amount You Owe.

Third Party Designee

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

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date, Firm's name, Firm's EIN, Firm's address, Phone no.

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

329

OMB No. 1545-0074

**2013**  
Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

► Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea).

► Attach to Form 1040.

Name(s) shown on Form 1040

Your social security number

Top10Married M 2KidsOneEarner

123-46-5678

<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions) . . . . .	1	0
	2	Enter amount from Form 1040, line 38 . . . . .	2	75,518
	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
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . .	4	0
<b>Taxes You Paid</b>	<b>5 State and local (check only one box):</b>			
	a.	<input type="checkbox"/> Income taxes or	5	0
	b.	<input type="checkbox"/> General sales taxes }	6	4,000
	6	Real estate taxes (see instructions) . . . . .	6	660
	7	Personal property taxes . . . . .	7	0
	8	Other taxes. List type and amount ► _____	8	0
	9	Add lines 5 through 8 . . . . .	9	4,660
<b>Interest You Paid</b>	10	Home mortgage interest and points reported to you on Form 1098 . . . . .	10	12,000
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► _____	11	0
	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	0
	15	Add lines 10 through 14 . . . . .	15	12,000
<b>Gifts to Charity</b>	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	16	500
	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	0
	18	Carryover from prior year . . . . .	18	0
	19	Add lines 16 through 18 . . . . .	19	500
<b>Casualty and Theft Losses</b>	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . .	20	0
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► _____	21	0
	22	Tax preparation fees . . . . .	22	0
	23	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
	26	Multiply line 25 by 2% (.02) . . . . .	26	1,510
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . .	27	0
<b>Other Miscellaneous Deductions</b>	28	Other—from list in instructions. List type and amount ► _____	28	0
<b>Total Itemized Deductions</b>	29	Is Form 1040, line 38, over \$150,000? <input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	17,160
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/> . . . . .		

Form 1040 U.S. Individual Income Tax Return 2013

For the year Jan. 1-Dec. 31, 2013, or other tax year beginning 2013, ending 2013,20 See separate instructions.

Your first name and initial Top10Married M Last name 2KidsOneEarner Your social security number 123-46-5678

If a joint return, spouse's first name and initial Top10Married F Last name 2Kids Spouse's social security number 234-56-7890

Home address (number and street). If you have a P.O. box, see instructions. 123 Main Apt. no. Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Anywhere GA 30033 Presidential Election Campaign

Foreign country name Foreign province/state/country Foreign postal code Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.

Filing Status 1 Single 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above and full name here. 4 Head of household (with qualifying person). 5 Qualifying widow(er) with dependent child

Exemptions 6a Yourself. 6b Spouse. c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qualifying for child tax credit

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 77,778 8a Taxable interest. Attach Schedule B if required 8a 0 8b Tax-exempt interest. Do not include on line 8a 8b 0 9a Ordinary dividends. Attach Schedule B if required 9a 240 9b Qualified dividends 9b 120

Adjusted Gross Income 23 Educator expenses 23 0 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 0 25 Health savings account deduction. Attach Form 8889 25 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 29 0 30 Penalty on early withdrawal of savings 30 0 31a Alimony paid b Recipient's SSN 31a 0 32 IRA deduction 32 0 33 Student loan interest deduction 33 2,500 34 Tuition and fees. Attach Form 8917. 34 0 35 Domestic production activities deduction. Attach Form 8903 35 0 36 Add lines 23 through 35 36 2,500 37 Subtract line 36 from line 22. This is your adjusted gross income 37 75,518

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits, such as Adjusted Gross Income, Exemptions, Taxable Income, and Credits.

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others:

Single or Married filing separately, \$6,100

Married filing jointly or Qualifying widow(er), \$12,200

Head of household, \$8,950

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for Other Taxes, such as Self-employment tax, Unreported social security and Medicare tax, and Total Tax.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for Payments, such as Federal income tax withheld, Earned income credit, and Total Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for Refund, such as Overpaid amount, Routing number, and Applied to 2014 estimated tax.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for Amount You Owe, such as Amount you owe and Estimated tax penalty.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below [X] No
Designee's name, Phone no., Personal identification number (PIN)

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature, Date, Your occupation, Daytime phone number, Spouse's signature, Date, Spouse's occupation, If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date, Check [ ] if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

332

OMB No. 1545-0074

**2013**  
Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

► Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea).

► Attach to Form 1040.

Name(s) shown on Form 1040

Your social security number

Top10Married M 2KidsOneEarner

123-46-5678

<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions) . . . . .	1	0
	2	Enter amount from Form 1040, line 38 . . . . .	2	75,518
	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
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . .	4	0
<b>Taxes You Paid</b>	<b>5 State and local (check only one box):</b>		5	0
	a. <input type="checkbox"/> Income taxes or		6	4,000
	b. <input type="checkbox"/> General sales taxes }			
	6	Real estate taxes (see instructions) . . . . .	6	660
	7	Personal property taxes . . . . .	7	0
8	Other taxes. List type and amount ► _____	8	0	
	9	Add lines 5 through 8 . . . . .	9	4,660
<b>Interest You Paid</b>	10	Home mortgage interest and points reported to you on Form 1098 . . . . .	10	12,000
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► _____	11	0
	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	0
	15	Add lines 10 through 14 . . . . .	15	12,000
<b>Gifts to Charity</b>	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	16	500
	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	0
	18	Carryover from prior year . . . . .	18	0
	19	Add lines 16 through 18 . . . . .	19	500
<b>Casualty and Theft Losses</b>	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . .	20	0
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► _____	21	0
	22	Tax preparation fees . . . . .	22	0
	23	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
	26	Multiply line 25 by 2% (.02) . . . . .	26	1,510
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . .	27	0
<b>Other Miscellaneous Deductions</b>	28	Other—from list in instructions. List type and amount ► _____	28	0
<b>Total Itemized Deductions</b>	29	Is Form 1040, line 38, over \$150,000? <input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	17,160
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/> . . . . .		



Form 1040 U.S. Individual Income Tax Return 2013

For the year Jan. 1-Dec. 31, 2013, or other tax year beginning 2013, ending ,20 See separate instructions.

Your first name and initial Last name Your social security number
Mid50Married M NoKids 123-46-5678

If a joint return, spouse's first name and initial Last name Spouse's social security number
Mid50Married F NoKids 234-56-7890

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

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
Anywhere GA 30033 Presidential Election Campaign

Foreign country name Foreign province/state/county Foreign postal code
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund You Spouse

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

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a
b Spouse
c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qualifying for child tax credit (see instructions)
d Total number of exemptions claimed 2

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 50,742
8a Taxable interest. Attach Schedule B if required 8a 0
b Tax-exempt interest. Do not include on line 8a 8b 0
9a Ordinary dividends. Attach Schedule B if required 9a 0
b Qualified dividends 9b 0
10 Taxable refunds, credits, or offsets of state and local income taxes 10 0
11 Alimony received 11
12 Business income or (loss). Attach Schedule C or C-EZ 12 0
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 0
14 Other gains or (losses). Attach Form 4797 14
15a IRA distributions 15a b Taxable amount 15b 0
16a Pensions and annuities 16a b Taxable amount 16b 0
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
18 Farm income or (loss). Attach Schedule F 18 0
19 Unemployment compensation 19
20a Social security benefits 20a b Taxable amount 20b
21 Other income. List type and amount 21 0
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 50,742

Adjusted Gross Income 23 Educator expenses 23 0
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 0
25 Health savings account deduction. Attach Form 8889 25 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 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 Student loan interest deduction 33 1,000
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 1,000
37 Subtract line 36 from line 22. This is your adjusted gross income 37 49,742

Tax and Credits

Table with 38-55 rows. Includes items like 'Amount from line 37', 'Check if you were born before January 2, 1949', 'Itemized deductions', 'Taxable income', 'Tax', 'Alternative minimum tax', and 'Total credits'.

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others:

Single or Married filing separately, \$6,100

Married filing jointly or Qualifying widow(er), \$12,200

Head of household, \$8,950

Other Taxes

Table with rows 56-61. Includes 'Self-employment tax', 'Unreported social security and Medicare tax', 'Additional tax on IRAs', 'Household employment taxes', and 'Total tax'.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with rows 62-72. Includes 'Federal income tax withheld', '2013 estimated tax payments', 'Earned income credit (EIC)', 'Nontaxable combat pay election', 'Additional child tax credit', 'American opportunity credit', 'Reserved', 'Amount paid with request for extension to file', 'Excess social security and tier 1 RRTA tax withheld', 'Credit for federal tax on fuels', 'Credits from Form', and 'Total payments'.

Refund

Direct deposit? See instructions.

Table with rows 73-75. Includes 'If line 72 is more than line 61, subtract line 61 from line 72', 'Amount of line 73 you want refunded to you', 'Routing number', 'Account number', and 'Amount of line 73 you want applied to your 2014 estimated tax'.

Amount You Owe

Table with rows 76-77. Includes 'Amount you owe' and 'Estimated tax penalty'.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below [X] No
Designee's name, Phone no., Personal identification number (PIN)

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature, Date, Your occupation, Daytime phone number, Spouse's signature, Date, Spouse's occupation, If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date, Check [ ] if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

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

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning \_\_\_\_\_, 2013, ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

Your first name and initial: Mid50Married M Last name: 2Kids Your social security number: 123-46-5678

If a joint return, spouse's first name and initial: Mid50Married F Last name: 2Kids Spouse's social security number: 234-56-7890

Home address (number and street). If you have a P.O. box, see instructions. 123 Main Apt. no. **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Anywhere GA 30033 **Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund  You  Spouse

Foreign country name Foreign province/state/country Foreign postal code

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

**Exemptions** 6a  Yourself. If someone can claim you as a dependent, do not check box 6a. 6b  Spouse. Boxes checked on 6a and 6b: 2. No. of children on 6c who: • lived with you: 2. • did not live with you due to divorce or separation (see instructions): 0. Dependents on 6c not entered above: 4. Add numbers on lines above: 4.

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
1st Child	Mid502Kids	345-67-8901	Son	X
2nd Child	Mid502Kids	567-89-0123	Daughter	X

**Income** 7 Wages, salaries, tips, etc. Attach Form(s) W-2: 50,742. 8a Taxable interest: 0. 8b Tax-exempt interest: 0. 9a Ordinary dividends: 0. 9b Qualified dividends: 0. 10 Taxable refunds, credits, or offsets of state and local income taxes: 0. 11 Alimony received: 0. 12 Business income or (loss): 0. 13 Capital gain or (loss): 0. 14 Other gains or (losses): 0. 15a IRA distributions: 0. 15b Taxable amount: 0. 16a Pensions and annuities: 0. 16b Taxable amount: 0. 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E: 0. 18 Farm income or (loss): 0. 19 Unemployment compensation: 0. 20a Social security benefits: 0. 20b Taxable amount: 0. 21 Other income: 0. 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income: 50,742.

**Adjusted Gross Income** 23 Educator expenses: 0. 24 Certain business expenses of reservists, performing artists, and fee-basis government officials: 0. 25 Health savings account deduction: 0. 26 Moving expenses: 0. 27 Deductible part of self-employment tax: 0. 28 Self-employed SEP, SIMPLE, and qualified plans: 0. 29 Self-employed health insurance deduction: 0. 30 Penalty on early withdrawal of savings: 0. 31a Alimony paid b Recipient's SSN: 0. 32 IRA deduction: 0. 33 Student loan interest deduction: 1,000. 34 Tuition and fees: 0. 35 Domestic production activities deduction: 0. 36 Add lines 23 through 35: 1,000. 37 Subtract line 36 from line 22. This is your adjusted gross income: 49,742.

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for tax and credits.

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others:
Single or Married filing separately, \$6,100
Married filing jointly or Qualifying widow(er), \$12,200
Head of household, \$8,950

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for other taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for amount you owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below [X] No
Designee's name, Phone no., Personal identification number (PIN)

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature, Date, Your occupation, Daytime phone number, Spouse's signature, Date, Spouse's occupation, If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date, Check [ ] if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

# Child and Dependent Care Expenses

1040A  
1040  
1040NR

2441

**2013**

Attachment  
Sequence No. **21**

Department of the Treasury  
Internal Revenue Service (99)

- ▶ Attach to Form 1040, Form 1040A, or Form 1040NR.
- ▶ Information about Form 2441 and its separate instructions is at [www.irs.gov/form2441](http://www.irs.gov/form2441).

Name(s) shown on return: **Mid50Married M 2Kids**      Your social security number: **123-46-5678**

**Part I** **Persons or Organizations Who Provided the Care—You must complete this part.**  
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	Daycare	1000 Main St	89-0123456	9,100
	-----	-----		

Did you receive dependent care benefits?  **No** → Complete only Part II below.  
 **Yes** → Complete Part III on the next page next.

**Caution.** If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59a, or Form 1040NR, line 58a.

**Part II** **Credit for Child and Dependent Care Expenses**

**2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2013 for the person listed in column (a)
First	Last		
1st Child	Mid502Kids	345-67-8901	4,550
2nd Child	Mid502Kids	567-89-0123	4,550

<b>3</b>	Add the amounts in column (c) of line 2. <b>Do not</b> enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	<b>3</b>	6,000																																																												
<b>4</b>	Enter your <b>earned income</b> . See instructions	<b>4</b>	28,190																																																												
<b>5</b>	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4	<b>5</b>	22,552																																																												
<b>6</b>	Enter the <b>smallest</b> of line 3, 4, or 5	<b>6</b>	6,000																																																												
<b>7</b>	Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	<b>7</b>	49,742																																																												
<b>8</b>	Enter on line 8 the decimal amount shown below that applies to the amount on line 7	<b>8</b>	x 0.20																																																												
	<table border="0"> <thead> <tr> <th colspan="3">If line 7 is:</th> <th colspan="3">If line 7 is:</th> </tr> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr> <td>\$0—15,000</td> <td></td> <td>.35</td> <td>\$29,000—31,000</td> <td></td> <td>.27</td> </tr> <tr> <td>15,000—17,000</td> <td></td> <td>.34</td> <td>31,000—33,000</td> <td></td> <td>.26</td> </tr> <tr> <td>17,000—19,000</td> <td></td> <td>.33</td> <td>33,000—35,000</td> <td></td> <td>.25</td> </tr> <tr> <td>19,000—21,000</td> <td></td> <td>.32</td> <td>35,000—37,000</td> <td></td> <td>.24</td> </tr> <tr> <td>21,000—23,000</td> <td></td> <td>.31</td> <td>37,000—39,000</td> <td></td> <td>.23</td> </tr> <tr> <td>23,000—25,000</td> <td></td> <td>.30</td> <td>39,000—41,000</td> <td></td> <td>.22</td> </tr> <tr> <td>25,000—27,000</td> <td></td> <td>.29</td> <td>41,000—43,000</td> <td></td> <td>.21</td> </tr> <tr> <td>27,000—29,000</td> <td></td> <td>.28</td> <td>43,000—No limit</td> <td></td> <td>.20</td> </tr> </tbody> </table>	If line 7 is:			If line 7 is:			Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	\$0—15,000		.35	\$29,000—31,000		.27	15,000—17,000		.34	31,000—33,000		.26	17,000—19,000		.33	33,000—35,000		.25	19,000—21,000		.32	35,000—37,000		.24	21,000—23,000		.31	37,000—39,000		.23	23,000—25,000		.30	39,000—41,000		.22	25,000—27,000		.29	41,000—43,000		.21	27,000—29,000		.28	43,000—No limit		.20		
If line 7 is:			If line 7 is:																																																												
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27,000—29,000		.28	43,000—No limit		.20																																																										
<b>9</b>	Multiply line 6 by the decimal amount on line 8. If you paid 2012 expenses in 2013, see the instructions	<b>9</b>	1,200																																																												
<b>10</b>	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions.	<b>10</b>	2,396																																																												
<b>11</b>	<b>Credit for child and dependent care expenses.</b> Enter the <b>smaller</b> of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46	<b>11</b>	1,200																																																												

**Part III Dependent Care Benefits**

<b>12</b>	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 . . . . .	<b>12</b>	0
<b>13</b>	Enter the amount, if any, you carried over from 2012 and used in 2013 during the grace period. See instructions . . . . .	<b>13</b>	
<b>14</b>	Enter the amount, if any, you forfeited or carried forward to 2014. See instructions . . . . .	<b>14</b>	( 0 )
<b>15</b>	Combine lines 12 through 14. See instructions . . . . .	<b>15</b>	0
<b>16</b>	Enter the total amount of <b>qualified expenses</b> incurred in 2013 for the care of the <b>qualifying person(s)</b> . . . . .	<b>16</b>	9,100
<b>17</b>	Enter the <b>smaller</b> of line 15 or 16 . . . . .	<b>17</b>	0
<b>18</b>	Enter your <b>earned income</b> . See instructions . . . . .	<b>18</b>	28,190
<b>19</b>	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <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>• If married filing separately, see instructions.</li> <li>• All others, enter the amount from line 18.</li> </ul>	<b>19</b>	22,552
<b>20</b>	Enter the <b>smallest</b> of line 17, 18, or 19 . . . . .	<b>20</b>	0
<b>21</b>	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) . . . . .	<b>21</b>	5,000
<b>22</b>	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input checked="" type="checkbox"/> <b>No.</b> Enter -0-. <input type="checkbox"/> <b>Yes.</b> Enter the amount here . . . . .	<b>22</b>	0
<b>23</b>	Subtract line 22 from line 15 . . . . .	<b>23</b>	0
<b>24</b>	<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 . . . . .	<b>24</b>	0
<b>25</b>	<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-. <b>Form 1040A filers:</b> Enter the <b>smaller</b> of line 20 or line 21 . . . . .	<b>25</b>	0
<b>26</b>	<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" . . . . .	<b>26</b>	0

To claim the child and dependent care credit, complete lines 27 through 31 below.

<b>27</b>	Enter \$3,000 (\$6,000 if two or more qualifying persons) . . . . .	<b>27</b>	6,000
<b>28</b>	<b>Form 1040 and 1040NR filers:</b> Add lines 24 and 25. <b>Form 1040A filers:</b> Enter the amount from line 25 . . . . .	<b>28</b>	0
<b>29</b>	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 . . . . .	<b>29</b>	6,000
<b>30</b>	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 . . . . .	<b>30</b>	9,100
<b>31</b>	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 . . . . .	<b>31</b>	6,000

# Child Tax Credit

# 2013

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, Form 1040A or Form 1040NR.**  
▶ **Information about Schedule 8812 and its separate instructions is at**  
**[www.irs.gov/schedule8812](http://www.irs.gov/schedule8812).**

Name(s) shown on return  
Mid50Married M 2Kids

**Your social security number**  
123-46-5678

## Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification 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.

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.

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No
  
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No
  
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No
  
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No

**Note:** If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see the instructions and check here. . . . .

## Part II Additional Child Tax Credit Filers

<b>1</b>	<b>1040 filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51). <b>1040A filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33). <b>1040NR filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).  If you used Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.		
		<b>1</b>	2,000
<b>2</b>	Enter the amount from Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48 . . . . .	<b>2</b>	1,196
<b>3</b>	Subtract line 2 from line 1. If zero, <b>stop</b> ; you cannot take this credit . . . . .	<b>3</b>	804
<b>4a</b>	Earned income (see separate instructions) . . . . .	<b>4a</b>	50,742
<b>b</b>	Nontaxable combat pay (see separate instructions) . . . . .	<b>4b</b>	0
<b>5</b>	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 4a. Enter the result . . . . .	<b>5</b>	47,742
<b>6</b>	Multiply the amount on line 5 by 15% (.15) and enter the result . . . . .	<b>6</b>	7,161
	<b>Next.</b> Do you have three or more qualifying children? <input checked="" type="checkbox"/> <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 3 or line 6 on line 13. <input type="checkbox"/> <b>Yes.</b> 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.		

**Part III Certain Filers Who Have Three or More Qualifying Children**

7 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or paid Additional Medicare Tax or tier I RRTA taxes, see separate instructions	7		
8 <b>1040 filers:</b> 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.	8		
1040A filers: Enter -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.		9	
9 Add lines 7 and 8	10		
10 <b>1040 filers:</b> 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).		11	
1040NR filers: Enter the amount from Form 1040NR, line 65.			
11 Subtract line 10 from line 9. If zero or less, enter -0-			11
12 Enter the <b>larger</b> of line 6 or line 11 Next, enter the <b>smaller</b> of line 3 or line 12 on line 13.			12

**Part IV Additional Child Tax Credit**

13 This is your additional child tax credit	13	804
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1040  
1040A  
1040NR

Enter this amount on  
Form 1040, line 65,  
Form 1040A, line 39, or  
Form 1040NR, line 63



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

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning \_\_\_\_\_, 2013, ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

Your first name and initial: Mid50Married M Last name: 2KidsOneEarner Your social security number: 123-46-5678

If a joint return, spouse's first name and initial: Mid50Married F Last name: 2Kids Spouse's social security number: 234-56-7890

Home address (number and street). If you have a P.O. box, see instructions. 123 Main Apt. no. **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Anywhere GA 30033 **Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund  You  Spouse

Foreign country name Foreign province/state/country Foreign postal code

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

**Exemptions** 6a  Yourself. If someone can claim you as a dependent, do not check box 6a. 6b  Spouse. Boxes checked on 6a and 6b: 2. No. of children on 6c who: • lived with you: 2. • did not live with you due to divorce or separation (see instructions): 0. Dependents on 6c not entered above: 4. Add numbers on lines above: 4.

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
1st Child	Mid502Kids	345-67-8901	Son	X
2nd Child	Mid502Kids	567-89-0123	Daughter	X

**Income** 7 Wages, salaries, tips, etc. Attach Form(s) W-2: 28,190. 8a Taxable interest: 0. 8b Tax-exempt interest: 0. 9a Ordinary dividends: 0. 9b Qualified dividends: 0. 10 Taxable refunds, credits, or offsets of state and local income taxes: 0. 11 Alimony received: 0. 12 Business income or (loss): 0. 13 Capital gain or (loss): 0. 14 Other gains or (losses): 0. 15a IRA distributions: 0. 15b Taxable amount: 0. 16a Pensions and annuities: 0. 16b Taxable amount: 0. 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E: 0. 18 Farm income or (loss): 0. 19 Unemployment compensation: 0. 20a Social security benefits: 0. 20b Taxable amount: 0. 21 Other income: 0. 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income: 28,190.

**Adjusted Gross Income** 23 Educator expenses: 0. 24 Certain business expenses of reservists, performing artists, and fee-basis government officials: 0. 25 Health savings account deduction: 0. 26 Moving expenses: 0. 27 Deductible part of self-employment tax: 0. 28 Self-employed SEP, SIMPLE, and qualified plans: 0. 29 Self-employed health insurance deduction: 0. 30 Penalty on early withdrawal of savings: 0. 31a Alimony paid b Recipient's SSN: 0. 32 IRA deduction: 0. 33 Student loan interest deduction: 1,000. 34 Tuition and fees: 0. 35 Domestic production activities deduction: 0. 36 Add lines 23 through 35: 1,000. 37 Subtract line 36 from line 22. This is your adjusted gross income: 27,190.

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits.

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others: Single or Married filing separately, \$6,100 Married filing jointly or Qualifying widow(er), \$12,200 Head of household, \$8,950

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for Amount You Owe.

Third Party Designee

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

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Joint return? See instructions. Keep a copy for your records.

Signature lines for Taxpayer and Spouse with fields for Date, Occupation, and Daytime phone number.

Paid Preparer Use Only

Form for Paid Preparer Use Only including fields for name, signature, date, firm name, EIN, and phone number.

**SCHEDULE EIC**  
(Form 1040A or 1040)

**Earned Income Credit**  
Qualifying Child Information



343  
OMB No. 1545-0074

**2013**

Attachment  
Sequence No. **43**

Department of the Treasury  
Internal Revenue Service (99)

- ▶ **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](http://www.irs.gov/scheduleeic).**

Name(s) shown on return

Mid50Married M 2KidsOneEarner

Your social security number

123-46-5678

**Before you begin:**

- 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.

**Qualifying 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	First name	Last name	First name	Last name
		1st Child	Mid502Kids	2nd Child	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			
3 <b>Child's year of birth</b>	Year <u>2010</u> <i>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.</i>		Year <u>2013</u> <i>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.</i>		Year _____ <i>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.</i>	
4a Was the child under age 24 at the end of 2013, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2013?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>
5 <b>Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	Son		Daughter			
6 <b>Number of months child lived with you in the United States during 2013</b> • 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."	<u>12</u> months <i>Do not enter more than 12 months.</i>		<u>12</u> months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>	

# Child Tax Credit

## 2013

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, Form 1040A or Form 1040NR.**  
▶ **Information about Schedule 8812 and its separate instructions is at**  
**[www.irs.gov/schedule8812](http://www.irs.gov/schedule8812).**

Name(s) shown on return  
Mid50Married M 2KidsOneEarner

**Your social security number**  
123-46-5678

### Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification 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.

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.

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No

**Note:** If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see the instructions and check here. . . . .

### Part II Additional Child Tax Credit Filers

<p><b>1 1040 filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51).</p> <p><b>1040A filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).</p> <p><b>1040NR filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).</p> <p>If you used Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.</p>	}	1	2,000
<p><b>2</b> Enter the amount from Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48 . . . . .</p>		2	0
<p><b>3</b> Subtract line 2 from line 1. If zero, <b>stop</b>; you cannot take this credit . . . . .</p>		3	2,000
<p><b>4a</b> Earned income (see separate instructions). . . . .</p>	<b>4a</b>		28,190
<p><b>b</b> Nontaxable combat pay (see separate instructions) . . . . .</p>	<b>4b</b>		0
<p><b>5</b> Is the amount on line 4a more than \$3,000?</p> <p><input type="checkbox"/> <b>No.</b> Leave line 5 blank and enter -0- on line 6.</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 4a. Enter the result . . . . .</p>	<b>5</b>		25,190
<p><b>6</b> Multiply the amount on line 5 by 15% (.15) and enter the result . . . . .</p> <p><b>Next.</b> Do you have three or more qualifying children?</p> <p><input checked="" type="checkbox"/> <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 3 or line 6 on line 13.</p> <p><input type="checkbox"/> <b>Yes.</b> 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.</p>		6	3,779

**Part III Certain Filers Who Have Three or More Qualifying Children**

7 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or paid Additional Medicare Tax or tier I RRTA taxes, see separate instructions	7		
8 <b>1040 filers:</b> 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.	8		
<b>1040A filers:</b> Enter -0-.			
<b>1040NR filers:</b> 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			
10 <b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 64a and 69.	10		
<b>1040A filers:</b> 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).			
<b>1040NR filers:</b> Enter the amount from Form 1040NR, line 65.			
11 Subtract line 10 from line 9. If zero or less, enter -0-	11		
12 Enter the <b>larger</b> of line 6 or line 11 Next, enter the <b>smaller</b> of line 3 or line 12 on line 13.	12		

**Part IV Additional Child Tax Credit**

13 <b>This is your additional child tax credit</b>	13	2,000
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1040  
1040A  
1040NR

Enter this amount on  
Form 1040, line 65,  
Form 1040A, line 39, or  
Form 1040NR, line 63

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

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning \_\_\_\_\_, 2013, ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

Your first name and initial Mid50Married M	Last name 2KidsOneEarner	Your social security number 123-46-5678
If a joint return, spouse's first name and initial Mid50Married F	Last name 2Kids	Spouse's social security number 234-56-7890

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

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).  
Anywhere GA 30033 **Presidential Election Campaign**  
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund  You  Spouse

Foreign country name	Foreign province/state/country	Foreign postal code
----------------------	--------------------------------	---------------------

**Filing Status**

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

Check only one box.

**Exemptions**

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

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)	Boxes checked on 6a and 6b No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above
(1) First name	Last name				
1st Child	Mid502Kids	345-67-8901	Son	X	2 3 5
2nd Child	Mid502Kids	567-89-0123	Daughter	X	
3rd Child	Mid502Kids	147-58-9765	Son	X	
d Total number of exemptions claimed					5

If more than four dependents, see instructions and check here

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	28,190
8a Taxable interest. Attach Schedule B if required	8a	0
b Tax-exempt interest. Do not include on line 8a	8b	0
9a Ordinary dividends. Attach Schedule B if required	9a	0
b Qualified dividends	9b	0
10 Taxable refunds, credits, or offsets of state and local income taxes	10	0
11 Alimony received	11	0
12 Business income or (loss). Attach Schedule C or C-EZ	12	0
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	0
14 Other gains or (losses). Attach Form 4797	14	0
15a IRA distributions	15a	0
b Taxable amount	15b	0
16a Pensions and annuities	16a	0
b Taxable amount	16b	0
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	0
18 Farm income or (loss). Attach Schedule F	18	0
19 Unemployment compensation	19	0
20a Social security benefits	20a	0
b Taxable amount	20b	0
21 Other income. List type and amount	21	0
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	28,190

**Adjusted Gross Income**

23 Educator expenses	23	0
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	0
25 Health savings account deduction. Attach Form 8889	25	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	29	0
30 Penalty on early withdrawal of savings	30	0
31a Alimony paid b Recipient's SSN	31a	0
32 IRA deduction	32	0
33 Student loan interest deduction	33	1,000
34 Tuition and fees. Attach Form 8917.	34	0
35 Domestic production activities deduction. Attach Form 8903	35	0
36 Add lines 23 through 35	36	1,000
37 Subtract line 36 from line 22. This is your adjusted gross income	37	27,190

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits.

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others: Single or Married filing separately, \$6,100 Married filing jointly or Qualifying widow(er), \$12,200 Head of household, \$8,950

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for Amount You Owe.

Third Party Designee

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

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Joint return? See instructions. Keep a copy for your records.

Signature lines for Taxpayer and Spouse with fields for Date, Occupation, and Daytime phone number.

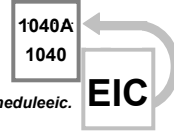
Paid Preparer Use Only

Form for Paid Preparer Use Only including fields for name, signature, date, firm name, EIN, and phone number.

**SCHEDULE EIC**  
(Form 1040A or 1040)

**Earned Income Credit**  
Qualifying Child Information

348  
OMB No. 1545-0074



**2013**  
Attachment  
Sequence No. **43**

Department of the Treasury  
Internal Revenue Service (99)

- ▶ **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](http://www.irs.gov/scheduleeic).**

Name(s) shown on return

Mid50Married M 2KidsOneEarner

Your social security number

123-46-5678

**Before you begin:**

- 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.

**Qualifying Child Information**

**Child 1**

**Child 2**

**Child 3**

1 <b>Child's name</b> <small>If you have more than three qualifying children, you only have to list three to get the maximum credit.</small>	First name	Last name	First name	Last name	First name	Last name
		1st Child	Mid502Kids	2nd Child	Mid502Kids	3rdChild
2 <b>Child's SSN</b> <small>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.</small>	345-67-8901		567-89-0123		147-58-9765	
3 <b>Child's year of birth</b>	Year <u>2010</u> <small>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.</small>		Year <u>2013</u> <small>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.</small>		Year <u>2013</u> <small>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.</small>	
4a Was the child under age 24 at the end of 2013, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.		<input type="checkbox"/> Yes. <input type="checkbox"/> No.		<input type="checkbox"/> Yes. <input type="checkbox"/> No.
	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2013?	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.		<input type="checkbox"/> Yes. <input type="checkbox"/> No.		<input type="checkbox"/> Yes. <input type="checkbox"/> No.
	<i>Go to line 5.</i>	The child is not a qualifying child.	<i>Go to line 5.</i>	The child is not a qualifying child.	<i>Go to line 5.</i>	The child is not a qualifying child.
5 <b>Child's relationship to you</b> <small>(for example, son, daughter, grandchild, niece, nephew, foster child, etc.)</small>	Son		Daughter		Son	
6 <b>Number of months child lived with you in the United States during 2013</b> <small>• 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."</small>	<u>12</u> months <i>Do not enter more than 12 months.</i>		<u>12</u> months <i>Do not enter more than 12 months.</i>		<u>12</u> months <i>Do not enter more than 12 months.</i>	



# Child Tax Credit

## 2013

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, Form 1040A or Form 1040NR.**  
▶ **Information about Schedule 8812 and its separate instructions is at**  
**[www.irs.gov/schedule8812](http://www.irs.gov/schedule8812).**

Name(s) shown on return  
Mid50Married M 2KidsOneEarner

**Your social security number**  
123-46-5678

### Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification 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.

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.

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No

**Note:** If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see the instructions and check here. . . . .

### Part II Additional Child Tax Credit Filers

<b>1</b>	<b>1040 filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51). <b>1040A filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33). <b>1040NR filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).  If you used Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.		
		<b>1</b>	3,000
<b>2</b>	Enter the amount from Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48 . . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1. If zero, <b>stop</b> ; you cannot take this credit . . . . .	<b>3</b>	3,000
<b>4a</b>	Earned income (see separate instructions). . . . .	<b>4a</b>	28,190
<b>b</b>	Nontaxable combat pay (see separate instructions) . . . . .	<b>4b</b>	0
<b>5</b>	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 4a. Enter the result . . . . .	<b>5</b>	25,190
<b>6</b>	Multiply the amount on line 5 by 15% (.15) and enter the result . . . . . <b>Next.</b> Do you have three or more qualifying children? <input type="checkbox"/> <b>No.</b> If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the <b>smaller of</b> line 3 or line 6 on line 13. <input checked="" type="checkbox"/> <b>Yes.</b> 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.	<b>6</b>	3,779

**Part III Certain Filers Who Have Three or More Qualifying Children**

7 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or paid Additional Medicare Tax or tier I RRTA taxes, see separate instructions	7		
8 <b>1040 filers:</b> 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.	8		
1040A filers: Enter -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.	9		
9 Add lines 7 and 8			
10 <b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 64a and 69.	10		
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).			
1040NR filers: Enter the amount from Form 1040NR, line 65.			
11 Subtract line 10 from line 9. If zero or less, enter -0-			11
12 Enter the <b>larger</b> of line 6 or line 11			12
Next, enter the <b>smaller</b> of line 3 or line 12 on line 13.			

**Part IV Additional Child Tax Credit**

13 This is your additional child tax credit	13	3,000
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1040  
1040A  
1040NR

Enter this amount on  
Form 1040, line 65,  
Form 1040A, line 39, or  
Form 1040NR, line 63

Form 1040 U.S. Individual Income Tax Return 2013

For the year Jan. 1-Dec. 31, 2013, or other tax year beginning 2013, ending ,20 See separate instructions.

Your first name and initial Last name Your social security number

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. Apt. no. Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Presidential Election Campaign

Foreign country name Foreign province/state/country Foreign postal code Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.

Filing Status 1 Single 2 Married filing jointly 3 Married filing separately 4 Head of household 5 Qualifying widow(er) with dependent child

Exemptions 6a Yourself 6b Spouse c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qualifying for child tax credit

Income 7 Wages, salaries, tips, etc. 8a Taxable interest 8b Tax-exempt interest 9a Ordinary dividends 9b Qualified dividends 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss) 13 Capital gain or (loss) 14 Other gains or (losses) 15a IRA distributions 15b Taxable amount 16a Pensions and annuities 16b Taxable amount 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 18 Farm income or (loss) 19 Unemployment compensation 20a Social security benefits 20b Taxable amount 21 Other income. List type and amount 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income

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

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits.

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others: Single or Married filing separately, \$6,100 Married filing jointly or Qualifying widow(er), \$12,200 Head of household, \$8,950

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for Amount You Owe.

Third Party Designee

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

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Joint return? See instructions. Keep a copy for your records.

Signature lines for Taxpayer and Spouse, including Date and Occupation fields.

Paid Preparer Use Only

Fields for Preparer's name, signature, date, firm name, address, and phone number.

Form **1040** U.S. Individual Income Tax Return **2013** (99) OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning \_\_\_\_\_, 2013, ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

Your first name and initial: Low10Married M Last name: 2Kids Your social security number: 123-46-5678

If a joint return, spouse's first name and initial: Low10Married F Last name: 2Kids Spouse's social security number: 234-56-7890

Home address (number and street). If you have a P.O. box, see instructions. 123 Main Apt. no. **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Anywhere GA 30033 **Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund  You  Spouse

Foreign country name Foreign province/state/country Foreign postal code

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

**Exemptions** 6a  Yourself. If someone can claim you as a dependent, do not check box 6a. 6b  Spouse. Boxes checked on 6a and 6b: 2. No. of children on 6c who: • lived with you: 2. • did not live with you due to divorce or separation (see instructions): 0. Dependents on 6c not entered above: 4. Add numbers on lines above: 4.

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
1stChild	Low10Married	679-01-4578	Son	X
2ndChild	Low10Married	890-45-6789	Daughter	X

If more than four dependents, see instructions and check here

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	23,748
8a	Taxable interest. Attach Schedule B if required	8a	0
b	Tax-exempt interest. Do not include on line 8a	8b	0
9a	Ordinary dividends. Attach Schedule B if required	9a	0
b	Qualified dividends	9b	0
10	Taxable refunds, credits, or offsets of state and local income taxes	10	0
11	Alimony received	11	0
12	Business income or (loss). Attach Schedule C or C-EZ	12	0
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	0
14	Other gains or (losses). Attach Form 4797	14	0
15a	IRA distributions	15a	0
b	Taxable amount	15b	0
16a	Pensions and annuities	16a	0
b	Taxable amount	16b	0
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	0
18	Farm income or (loss). Attach Schedule F	18	0
19	Unemployment compensation	19	0
20a	Social security benefits	20a	0
b	Taxable amount	20b	0
21	Other income. List type and amount	21	0
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	23,748

**Adjusted Gross Income**

23	Educator expenses	23	0
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	0
25	Health savings account deduction. Attach Form 8889	25	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	29	0
30	Penalty on early withdrawal of savings	30	0
31a	Alimony paid	31a	0
b	Recipient's SSN		
32	IRA deduction	32	0
33	Student loan interest deduction	33	0
34	Tuition and fees. Attach Form 8917.	34	0
35	Domestic production activities deduction. Attach Form 8903	35	0
36	Add lines 23 through 35	36	0
37	Subtract line 36 from line 22. This is your adjusted gross income	37	23,748

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits.

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others: Single or Married filing separately, \$6,100

Married filing jointly or Qualifying widow(er), \$12,200

Head of household, \$8,950

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for Amount You Owe.

Third Party Designee

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

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

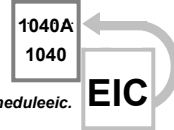
Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date, Firm's name, Firm's EIN, Firm's address, Phone no.

**SCHEDULE EIC**  
(Form 1040A or 1040)

**Earned Income Credit**  
Qualifying Child Information

355  
OMB No. 1545-0074



**2013**  
Attachment  
Sequence No. **43**

Department of the Treasury  
Internal Revenue Service (99)

- ▶ **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](http://www.irs.gov/scheduleeic).**

Name(s) shown on return

Low10Married M 2Kids

Your social security number

123-46-5678

**Before you begin:**

- 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.

**Qualifying Child Information**

**Child 1**

**Child 2**

**Child 3**

1 <b>Child's name</b> <small>If you have more than three qualifying children, you only have to list three to get the maximum credit.</small>	First name	Last name	First name	Last name	First name	Last name
		1stChild	Low10Married	2ndChild	Low10Married	
2 <b>Child's SSN</b> <small>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.</small>	679-01-4578		890-45-6789			
3 <b>Child's year of birth</b>	Year <u>2010</u> <small>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.</small>		Year <u>2012</u> <small>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.</small>		Year _____ <small>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.</small>	
4a Was the child under age 24 at the end of 2013, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2013?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>
5 <b>Child's relationship to you</b> <small>(for example, son, daughter, grandchild, niece, nephew, foster child, etc.)</small>	Son		Daughter			
6 <b>Number of months child lived with you in the United States during 2013</b> <small>• 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."</small>	<u>12</u> months <i>Do not enter more than 12 months.</i>		<u>12</u> months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>	

# Child Tax Credit

# 2013

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, Form 1040A or Form 1040NR.**  
▶ **Information about Schedule 8812 and its separate instructions is at**  
**[www.irs.gov/schedule8812](http://www.irs.gov/schedule8812).**

Name(s) shown on return  
Low10Married M 2Kids

Your social security number  
123-46-5678

## Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification 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.

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.

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No
  
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No
  
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No
  
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No

**Note:** If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see the instructions and check here. . . . .

## Part II Additional Child Tax Credit Filers

<p><b>1 1040 filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51).</p> <p><b>1040A filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).</p> <p><b>1040NR filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).</p> <p>If you used Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.</p>	}	1	2,000
<b>2</b> Enter the amount from Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48 . . . . .		2	0
<b>3</b> Subtract line 2 from line 1. If zero, <b>stop</b> ; you cannot take this credit . . . . .		3	2,000
<b>4a</b> Earned income (see separate instructions). . . . .	<b>4a</b>		23,748
<b>b</b> Nontaxable combat pay (see separate instructions) . . . . .	<b>4b</b>		0
<b>5</b> Is the amount on line 4a more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 4a. Enter the result . . . . .	<b>5</b>		20,748
<b>6</b> Multiply the amount on line 5 by 15% (.15) and enter the result . . . . .		6	3,112
<b>Next.</b> Do you have three or more qualifying children? <input checked="" type="checkbox"/> <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 3 or line 6 on line 13. <input type="checkbox"/> <b>Yes.</b> 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.			



**Part III Certain Filers Who Have Three or More Qualifying Children**

7 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or paid Additional Medicare Tax or tier I RRTA taxes, see separate instructions	7		
8 <b>1040 filers:</b> 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.	8		
1040A filers: Enter -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.			
9 Add lines 7 and 8	9		
10 <b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 64a and 69.	10		
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).			
1040NR filers: Enter the amount from Form 1040NR, line 65.			
11 Subtract line 10 from line 9. If zero or less, enter -0-			11
12 Enter the <b>larger</b> of line 6 or line 11 Next, enter the <b>smaller</b> of line 3 or line 12 on line 13.			12

**Part IV Additional Child Tax Credit**

13 This is your additional child tax credit	13	2,000
		<div style="border: 1px solid black; padding: 2px;">                     1040                      1040A                      1040NR                 </div>
		Enter this amount on Form 1040, line 65, Form 1040A, line 39, or Form 1040NR, line 63

Form **1040** U.S. Individual Income Tax Return **2013** (99) OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning \_\_\_\_\_, 2013, ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

Your first name and initial: Low10Married M Last name: 2KidsSoleEarner Your social security number: 123-46-5678

If a joint return, spouse's first name and initial: Low10Married F Last name: 2Kids Spouse's social security number: 234-56-7890

Home address (number and street). If you have a P.O. box, see instructions. 123 Main Apt. no. **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Anywhere GA 30033 **Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund  You  Spouse

Foreign country name Foreign province/state/country Foreign postal code

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

**Exemptions** 6a  Yourself. If someone can claim you as a dependent, do not check box 6a. 6b  Spouse. Boxes checked on 6a and 6b: 2. No. of children on 6c who: • lived with you: 2. • did not live with you due to divorce or separation (see instructions): 0. Dependents on 6c not entered above: 4. Add numbers on lines above: 4.

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
1stChild	Low10Married	679-01-4578	Son	X
2ndChild	Low10Married	890-45-6789	Daughter	X

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	13,193
8a	Taxable interest. Attach Schedule B if required	8a	0
b	Tax-exempt interest. Do not include on line 8a	8b	0
9a	Ordinary dividends. Attach Schedule B if required	9a	0
b	Qualified dividends	9b	0
10	Taxable refunds, credits, or offsets of state and local income taxes	10	0
11	Alimony received	11	0
12	Business income or (loss). Attach Schedule C or C-EZ	12	0
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	0
14	Other gains or (losses). Attach Form 4797	14	0
15a	IRA distributions	15a	0
b	Taxable amount	15b	0
16a	Pensions and annuities	16a	0
b	Taxable amount	16b	0
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	0
18	Farm income or (loss). Attach Schedule F	18	0
19	Unemployment compensation	19	0
20a	Social security benefits	20a	0
b	Taxable amount	20b	0
21	Other income. List type and amount	21	0
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	13,193

**Adjusted Gross Income**

23	Educator expenses	23	0
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	0
25	Health savings account deduction. Attach Form 8889	25	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	29	0
30	Penalty on early withdrawal of savings	30	0
31a	Alimony paid	31a	0
b	Recipient's SSN		
32	IRA deduction	32	0
33	Student loan interest deduction	33	0
34	Tuition and fees. Attach Form 8917.	34	0
35	Domestic production activities deduction. Attach Form 8903	35	0
36	Add lines 23 through 35	36	0
37	Subtract line 36 from line 22. This is your adjusted gross income	37	13,193

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits.

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others: Single or Married filing separately, \$6,100 Married filing jointly or Qualifying widow(er), \$12,200 Head of household, \$8,950

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for Amount You Owe.

Third Party Designee

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

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Joint return? See instructions. Keep a copy for your records.

Signature table with columns for Signature, Date, Occupation, and Daytime phone number for both taxpayer and spouse.

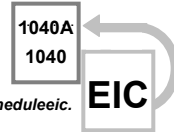
Paid Preparer Use Only

Form for paid preparer with fields for name, signature, date, firm name, EIN, address, and phone number.

**SCHEDULE EIC**  
(Form 1040A or 1040)

**Earned Income Credit**  
Qualifying Child Information

360  
OMB No. 1545-0074



**2013**

Attachment  
Sequence No. **43**

Department of the Treasury  
Internal Revenue Service (99)

- ▶ **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](http://www.irs.gov/scheduleeic).**

Name(s) shown on return

Low10Married M 2KidsSoleEarner

Your social security number

123-46-5678

**Before you begin:**

- 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.

**Qualifying Child Information**

**Child 1**

**Child 2**

**Child 3**

1 <b>Child's name</b> <small>If you have more than three qualifying children, you only have to list three to get the maximum credit.</small>	First name	Last name	First name	Last name	First name	Last name
		1stChild	Low10Married	2ndChild	Low10Married	
2 <b>Child's SSN</b> <small>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.</small>	679-01-4578		890-45-6789			
3 <b>Child's year of birth</b>	Year <u>2010</u> <small>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.</small>		Year <u>2012</u> <small>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.</small>		Year _____ <small>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.</small>	
4a Was the child under age 24 at the end of 2013, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.		<input type="checkbox"/> Yes. <input type="checkbox"/> No.		
	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2013?	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.		<input type="checkbox"/> Yes. <input type="checkbox"/> No.		
	<i>Go to line 5.</i>	The child is not a qualifying child.	<i>Go to line 5.</i>	The child is not a qualifying child.	<i>Go to line 5.</i>	The child is not a qualifying child.
5 <b>Child's relationship to you</b> <small>(for example, son, daughter, grandchild, niece, nephew, foster child, etc.)</small>	Son		Daughter			
6 <b>Number of months child lived with you in the United States during 2013</b> <small>• 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."</small>	<u>12</u> months <i>Do not enter more than 12 months.</i>		<u>12</u> months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>	

# Child Tax Credit

# 2013

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, Form 1040A or Form 1040NR.**  
▶ **Information about Schedule 8812 and its separate instructions is at**  
**[www.irs.gov/schedule8812](http://www.irs.gov/schedule8812).**

Name(s) shown on return

Low10Married M 2KidsSoleEarner

Your social security number

123-46-5678

## Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification 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.

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.

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No
  
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No
  
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No
  
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No

**Note:** If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see the instructions and check here. . . . .

## Part II Additional Child Tax Credit Filers

<b>1</b>	<b>1040 filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51). <b>1040A filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33). <b>1040NR filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).  If you used Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.			
		<b>1</b>		2,000
<b>2</b>	Enter the amount from Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48 . . . . .		<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1. If zero, <b>stop</b> ; you cannot take this credit . . . . .		<b>3</b>	2,000
<b>4a</b>	Earned income (see separate instructions). . . . .	<b>4a</b>		13,193
<b>b</b>	Nontaxable combat pay (see separate instructions) . . . . .	<b>4b</b>		0
<b>5</b>	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 4a. Enter the result . . . . .	<b>5</b>		10,193
<b>6</b>	Multiply the amount on line 5 by 15% (.15) and enter the result . . . . . <b>Next.</b> Do you have three or more qualifying children? <input checked="" type="checkbox"/> <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 3 or line 6 on line 13. <input type="checkbox"/> <b>Yes.</b> 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.		<b>6</b>	1,529

**Part III Certain Filers Who Have Three or More Qualifying Children**

7 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or paid Additional Medicare Tax or tier I RRTA taxes, see separate instructions	7		
8 <b>1040 filers:</b> 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.	8		
1040A filers: Enter -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.			
9 Add lines 7 and 8	9		
10 <b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 64a and 69.	10		
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).			
1040NR filers: Enter the amount from Form 1040NR, line 65.			
11 Subtract line 10 from line 9. If zero or less, enter -0-			11
12 Enter the <b>larger</b> of line 6 or line 11 Next, enter the <b>smaller</b> of line 3 or line 12 on line 13.			12

**Part IV Additional Child Tax Credit**

13 This is your additional child tax credit	13	1,529
<div style="border: 1px solid black; padding: 2px;">                     1040                      1040A                      1040NR                 </div>	Enter this amount on Form 1040, line 65, Form 1040A, line 39, or Form 1040NR, line 63	

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

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning \_\_\_\_\_, 2013, ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

Your first name and initial: Low10Married M Last name: 2KidsSoleEarner **Your social security number:** 123-46-5678

If a joint return, spouse's first name and initial: Low10Married F Last name: 2Kids **Spouse's social security number:** 234-56-7890

Home address (number and street). If you have a P.O. box, see instructions. 123 Main Apt. no. **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Anywhere GA 30033 **Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund  You  Spouse

Foreign country name Foreign province/state/county Foreign postal code

**Filing Status**

1  Single

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

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

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

5  Qualifying widow(er) with dependent child

Check only one box.

**Exemptions**

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

b  Spouse

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
1stChild	Low10Married	679-01-4578	Son	X
2ndChild	Low10Married	890-45-6789	Daughter	X
3rdChild	Low10Married	789-45-6723	Son	X

If more than four dependents, see instructions and check here

**d Total number of exemptions claimed** 5

Boxes checked on 6a and 6b: 2

No. of children on 6c who:   
 • lived with you: 3   
 • did not live with you due to divorce or separation (see instructions):

Dependents on 6c not entered above: 5

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	13,193
8a	Taxable interest. Attach Schedule B if required	8a	0
b	Tax-exempt interest. Do not include on line 8a	8b	0
9a	Ordinary dividends. Attach Schedule B if required	9a	0
b	Qualified dividends	9b	0
10	Taxable refunds, credits, or offsets of state and local income taxes	10	0
11	Alimony received	11	0
12	Business income or (loss). Attach Schedule C or C-EZ	12	0
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	0
14	Other gains or (losses). Attach Form 4797	14	0
15a	IRA distributions	15a	0
b	Taxable amount	15b	0
16a	Pensions and annuities	16a	0
b	Taxable amount	16b	0
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	0
18	Farm income or (loss). Attach Schedule F	18	0
19	Unemployment compensation	19	0
20a	Social security benefits	20a	0
b	Taxable amount	20b	0
21	Other income. List type and amount	21	0
22	Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b>	22	13,193

**Adjusted Gross Income**

23	Educator expenses	23	0
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	0
25	Health savings account deduction. Attach Form 8889	25	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	29	0
30	Penalty on early withdrawal of savings	30	0
31a	Alimony paid	31a	0
b	Recipient's SSN		
32	IRA deduction	32	0
33	Student loan interest deduction	33	0
34	Tuition and fees. Attach Form 8917.	34	0
35	Domestic production activities deduction. Attach Form 8903	35	0
36	Add lines 23 through 35	36	0
37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b>	37	13,193

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits.

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others: Single or Married filing separately, \$6,100 Married filing jointly or Qualifying widow(er), \$12,200 Head of household, \$8,950

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for Amount You Owe.

Third Party Designee

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

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Paid Preparer Use Only

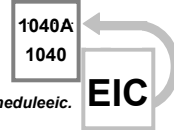
Print/Type preparer's name, Preparer's signature, Date, Firm's name, Firm's EIN, Firm's address, Phone no.



**SCHEDULE EIC**  
(Form 1040A or 1040)

**Earned Income Credit**  
Qualifying Child Information

365  
OMB No. 1545-0074



**2013**

Attachment  
Sequence No. **43**

Department of the Treasury  
Internal Revenue Service (99)

- ▶ **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](http://www.irs.gov/scheduleeic).**

Name(s) shown on return

Low10Married M 2KidsSoleEarner

Your social security number

123-46-5678

**Before you begin:**

- 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.

**Qualifying Child Information**

**Child 1**

**Child 2**

**Child 3**

1 <b>Child's name</b> <small>If you have more than three qualifying children, you only have to list three to get the maximum credit.</small>	First name	Last name	First name	Last name	First name	Last name
		1stChild	Low10Married	2ndChild	Low10Married	3rdChild
2 <b>Child's SSN</b> <small>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.</small>	679-01-4578		890-45-6789		789-45-6723	
3 <b>Child's year of birth</b>	Year <u>2010</u> <small>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.</small>		Year <u>2012</u> <small>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.</small>		Year <u>2013</u> <small>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.</small>	
4a Was the child under age 24 at the end of 2013, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.		<input type="checkbox"/> Yes. <input type="checkbox"/> No.		<input type="checkbox"/> Yes. <input type="checkbox"/> No.
	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2013?	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.		<input type="checkbox"/> Yes. <input type="checkbox"/> No.		<input type="checkbox"/> Yes. <input type="checkbox"/> No.
	<i>Go to line 5.</i>	The child is not a qualifying child.	<i>Go to line 5.</i>	The child is not a qualifying child.	<i>Go to line 5.</i>	The child is not a qualifying child.
5 <b>Child's relationship to you</b> <small>(for example, son, daughter, grandchild, niece, nephew, foster child, etc.)</small>	Son		Daughter		Son	
6 <b>Number of months child lived with you in the United States during 2013</b> <small>• 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."</small>	<u>12</u> months <small>Do not enter more than 12 months.</small>		<u>12</u> months <small>Do not enter more than 12 months.</small>		<u>12</u> months <small>Do not enter more than 12 months.</small>	

# Child Tax Credit

# 2013

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, Form 1040A or Form 1040NR.**  
▶ **Information about Schedule 8812 and its separate instructions is at**  
**[www.irs.gov/schedule8812](http://www.irs.gov/schedule8812).**

Name(s) shown on return  
Low10Married M 2KidsSoleEarner

Your social security number  
123-46-5678

## Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification 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.

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.

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No
  
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No
  
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No
  
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No

**Note:** If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see the instructions and check here. . . . .

## Part II Additional Child Tax Credit Filers

<p><b>1 1040 filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51).</p> <p><b>1040A filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).</p> <p><b>1040NR filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).</p> <p>If you used Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.</p>	}	1	3,000
<p><b>2</b> Enter the amount from Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48 . . . . .</p>		2	0
<p><b>3</b> Subtract line 2 from line 1. If zero, <b>stop</b>; you cannot take this credit . . . . .</p>		3	3,000
<p><b>4a</b> Earned income (see separate instructions). . . . .</p>	<b>4a</b>		13,193
<p><b>b</b> Nontaxable combat pay (see separate instructions) . . . . .</p>	<b>4b</b>		0
<p><b>5</b> Is the amount on line 4a more than \$3,000?</p> <p><input type="checkbox"/> <b>No.</b> Leave line 5 blank and enter -0- on line 6.</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 4a. Enter the result . . . . .</p>	<b>5</b>		10,193
<p><b>6</b> Multiply the amount on line 5 by 15% (.15) and enter the result . . . . .</p> <p><b>Next.</b> Do you have three or more qualifying children?</p> <p><input type="checkbox"/> <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 3 or line 6 on line 13.</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> 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.</p>		6	1,529

**Part III Certain Filers Who Have Three or More Qualifying Children**

7 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or paid Additional Medicare Tax or tier I RRTA taxes, see separate instructions	7	1,009	
8 <b>1040 filers:</b> 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.	8	0	
<b>1040A filers:</b> Enter -0-.			
<b>1040NR filers:</b> 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	1,009	
9 Add lines 7 and 8			
10 <b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 64a and 69.	10	5,929	
<b>1040A filers:</b> 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).			
<b>1040NR filers:</b> Enter the amount from Form 1040NR, line 65.			
11 Subtract line 10 from line 9. If zero or less, enter -0-	11		0
12 Enter the <b>larger</b> of line 6 or line 11 Next, enter the <b>smaller</b> of line 3 or line 12 on line 13.	12		1,529

**Part IV Additional Child Tax Credit**

13 <b>This is your additional child tax credit</b>	13	1,529
		Enter this amount on Form 1040, line 65, Form 1040A, line 39, or Form 1040NR, line 63



Form 1040 U.S. Individual Income Tax Return 2013

For the year Jan. 1-Dec. 31, 2013, or other tax year beginning 2013, ending 2013,20 See separate instructions.

Your first name and initial Top10Single F Last name NoKids Your social security number 123-46-5678

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. 123 Main Apt. no. Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Anywhere GA 30033 Presidential Election Campaign

Foreign country name Foreign province/state/country Foreign postal code Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund You Spouse

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

Exemptions 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a. b [ ] Spouse. c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) [X] if child under age 17 qualifying for child tax credit (see instructions). d Total number of exemptions claimed 1

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 44,999 8a Taxable interest. Attach Schedule B if required 8a 0 8b Tax-exempt interest. Do not include on line 8a 8b 0 9a Ordinary dividends. Attach Schedule B if required 9a 125 9b Qualified dividends 9b 120 10 Taxable refunds, credits, or offsets of state and local income taxes 10 0 11 Alimony received 11 0 12 Business income or (loss). Attach Schedule C or C-EZ 12 0 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 0 14 Other gains or (losses). Attach Form 4797 14 0 15a IRA distributions 15a 15b Taxable amount 15b 0 16a Pensions and annuities 16a 16b Taxable amount 16b 0 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 0 18 Farm income or (loss). Attach Schedule F 18 0 19 Unemployment compensation 19 0 20a Social security benefits 20a 20b Taxable amount 20b 0 21 Other income. List type and amount 21 0 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 45,124

Adjusted Gross Income 23 Educator expenses 23 0 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 0 25 Health savings account deduction. Attach Form 8889 25 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 29 0 30 Penalty on early withdrawal of savings 30 0 31a Alimony paid b Recipient's SSN 31a 31b 32 IRA deduction 32 2,000 33 Student loan interest deduction 33 1,000 34 Tuition and fees. Attach Form 8917. 34 0 35 Domestic production activities deduction. Attach Form 8903 35 0 36 Add lines 23 through 35 36 3,000 37 Subtract line 36 from line 22. This is your adjusted gross income 37 42,124

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits.

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others: Single or Married filing separately, \$6,100

Married filing jointly or Qualifying widow(er), \$12,200

Head of household, \$8,950

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for Amount You Owe.

Third Party Designee

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

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date, Firm's name, Firm's EIN, Firm's address, Phone no.

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

370

OMB No. 1545-0074

**2013**  
Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

► Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea).

► Attach to Form 1040.

Name(s) shown on Form 1040

Your social security number

Top10Single F NoKids

123-46-5678

<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions) . . . . .	1	0
	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
<b>Taxes You Paid</b>	<b>5 State and local (check only one box):</b>			
	a.	<input type="checkbox"/> Income taxes or	5	0
	b.	<input type="checkbox"/> General sales taxes }	6	2,000
	6	Real estate taxes (see instructions) . . . . .	7	200
	7	Personal property taxes . . . . .	8	0
	8	Other taxes. List type and amount ► _____		
	9	Add lines 5 through 8 . . . . .	9	2,200
<b>Interest You Paid</b>	10	Home mortgage interest and points reported to you on Form 1098 . . . . .	10	4,800
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► _____	11	0
	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
<b>Gifts to Charity</b>	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	16	0
	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
	18	Carryover from prior year . . . . .	18	0
19	Add lines 16 through 18 . . . . .	19	200	
<b>Casualty and Theft Losses</b>	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . .	20	0
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► _____	21	0
	22	Tax preparation fees . . . . .	22	
	23	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	42,124
	26	Multiply line 25 by 2% (.02) . . . . .	26	842
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . .	27	0
<b>Other Miscellaneous Deductions</b>	28	Other—from list in instructions. List type and amount ► _____	28	0
<b>Total Itemized Deductions</b>	29	Is Form 1040, line 38, over \$150,000? <input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	7,200
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . .		

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

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning \_\_\_\_\_, 2013, ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

Your first name and initial: Top10Single F Last name: 2Kids Your social security number: 123-46-5678

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. 123 Main Apt. no. **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Anywhere GA 30033 **Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund  You  Spouse

Foreign country name: \_\_\_\_\_ Foreign province/state/country: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_

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

**Exemptions** 6a  Yourself. If someone can claim you as a dependent, do not check box 6a. b  Spouse. **Boxes checked on 6a and 6b** 1 **No. of children on 6c who:** 2 • lived with you • did not live with you due to divorce or separation (see instructions) **Dependents on 6c not entered above** **Add numbers on lines above** 3

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
1stChild	Single2Kids	124-56-7809	Son	X
2ndChild	Single2Kids	456-78-9012	Daughter	X

If more than four dependents, see instructions and check here

**Income** 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 44,999 8a Taxable interest. Attach Schedule B if required 8a 0 b Tax-exempt interest. Do not include on line 8a 8b 0 9a Ordinary dividends. Attach Schedule B if required 9a 125 b Qualified dividends 9b 120 10 Taxable refunds, credits, or offsets of state and local income taxes 10 0 11 Alimony received 11 0 12 Business income or (loss). Attach Schedule C or C-EZ 12 0 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here  13 0 14 Other gains or (losses). Attach Form 4797 14 0 15a IRA distributions 15a b Taxable amount 15b 0 16a Pensions and annuities 16a b Taxable amount 16b 0 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 0 18 Farm income or (loss). Attach Schedule F 18 0 19 Unemployment compensation 19 0 20a Social security benefits 20a b Taxable amount 20b 0 21 Other income. List type and amount 21 0 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 45,124

**Adjusted Gross Income** 23 Educator expenses 23 0 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 0 25 Health savings account deduction. Attach Form 8889 25 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 29 0 30 Penalty on early withdrawal of savings 30 0 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction 32 500 33 Student loan interest deduction 33 1,000 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 1,500 37 Subtract line 36 from line 22. This is your adjusted gross income 37 43,624

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits.

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others: Single or Married filing separately, \$6,100

Married filing jointly or Qualifying widow(er), \$12,200

Head of household, \$8,950

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for Amount You Owe.

Third Party Designee

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

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date, Firm's name, Firm's address, Firm's EIN, Phone no.



**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

373

OMB No. 1545-0074

**2013**  
Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

► Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea).

► Attach to Form 1040.

Name(s) shown on Form 1040

Top10Single F 2Kids

Your social security number

123-46-5678

<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions) . . . . .	1	0
	2	Enter amount from Form 1040, line 38 . . . . .	2	43,624
	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
<b>Taxes You Paid</b>	<b>5 State and local (check only one box):</b>			
	a.	<input type="checkbox"/> Income taxes or	5	0
	b.	<input type="checkbox"/> General sales taxes }	6	2,000
	6	Real estate taxes (see instructions) . . . . .	6	200
	7	Personal property taxes . . . . .	7	0
	8	Other taxes. List type and amount ► _____	8	0
	9	Add lines 5 through 8 . . . . .	9	2,200
<b>Interest You Paid</b>	10	Home mortgage interest and points reported to you on Form 1098 . . . . .	10	4,800
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► _____	11	0
	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	0
	15	Add lines 10 through 14 . . . . .	15	4,800
<b>Gifts to Charity</b>	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	16	0
	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
	18	Carryover from prior year . . . . .	18	0
	19	Add lines 16 through 18 . . . . .	19	200
<b>Casualty and Theft Losses</b>	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . .	20	0
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► _____	21	0
	22	Tax preparation fees . . . . .	22	0
	23	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
<b>Other Miscellaneous Deductions</b>	28	Other—from list in instructions. List type and amount ► _____	28	0
<b>Total Itemized Deductions</b>	29	Is Form 1040, line 38, over \$150,000? <input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	7,200
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . .		

# Child and Dependent Care Expenses

1040A  
1040  
1040NR

2441

**2013**

Attachment  
Sequence No. **21**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**  
▶ **Information about Form 2441 and its separate instructions is at [www.irs.gov/form2441](http://www.irs.gov/form2441).**

Name(s) shown on return: Top10Single F 2Kids  
Your social security number: 123-46-5678

**Part I Persons or Organizations Who Provided the Care—You must complete this part.**  
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	Daycare	1000 Main St	45-6789012	9,100
	-----	-----		

Did you receive dependent care benefits?  **No** → Complete only Part II below.  
 **Yes** → Complete Part III on the next page next.

**Caution.** If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59a, or Form 1040NR, line 58a.

**Part II Credit for Child and Dependent Care Expenses**

**2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2013 for the person listed in column (a)
First	Last		
1stChild	Single2Kids	124-56-7809	4,550
2ndChild	Single2Kids	456-78-9012	4,550

**3** Add the amounts in column (c) of line 2. **Do not** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31 **3** 6,000

**4** Enter your **earned income**. See instructions **4** 44,999

**5** If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4 **5** 44,999

**6** Enter the **smallest** of line 3, 4, or 5 **6** 6,000

**7** Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 **7** 43,624

**8** Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0—15,000		.35	\$29,000—31,000		.27
15,000—17,000		.34	31,000—33,000		.26
17,000—19,000		.33	33,000—35,000		.25
19,000—21,000		.32	35,000—37,000		.24
21,000—23,000		.31	37,000—39,000		.23
23,000—25,000		.30	39,000—41,000		.22
25,000—27,000		.29	41,000—43,000		.21
27,000—29,000		.28	43,000—No limit		.20

**8** x 0.20

**9** Multiply line 6 by the decimal amount on line 8. If you paid 2012 expenses in 2013, see the instructions **9** 1,200

**10** Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions. **10** 3,248

**11** **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46 **11** 1,200

**Part III Dependent Care Benefits**

<b>12</b>	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 . . . . .	<b>12</b>	0
<b>13</b>	Enter the amount, if any, you carried over from 2012 and used in 2013 during the grace period. See instructions . . . . .	<b>13</b>	
<b>14</b>	Enter the amount, if any, you forfeited or carried forward to 2014. See instructions . . . . .	<b>14</b>	( 0 )
<b>15</b>	Combine lines 12 through 14. See instructions . . . . .	<b>15</b>	0
<b>16</b>	Enter the total amount of <b>qualified expenses</b> incurred in 2013 for the care of the <b>qualifying person(s)</b> . . . . .	<b>16</b>	9,100
<b>17</b>	Enter the <b>smaller</b> of line 15 or 16 . . . . .	<b>17</b>	0
<b>18</b>	Enter your <b>earned income</b> . See instructions . . . . .	<b>18</b>	44,999
<b>19</b>	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <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>• If married filing separately, see instructions.</li> <li>• All others, enter the amount from line 18.</li> </ul>	<b>19</b>	44,999
<b>20</b>	Enter the <b>smallest</b> of line 17, 18, or 19 . . . . .	<b>20</b>	0
<b>21</b>	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) . . . . .	<b>21</b>	5,000
<b>22</b>	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input checked="" type="checkbox"/> <b>No.</b> Enter -0-. <input type="checkbox"/> <b>Yes.</b> Enter the amount here . . . . .	<b>22</b>	0
<b>23</b>	Subtract line 22 from line 15 . . . . .	<b>23</b>	0
<b>24</b>	<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 . . . . .	<b>24</b>	0
<b>25</b>	<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-. <b>Form 1040A filers:</b> Enter the <b>smaller</b> of line 20 or line 21 . . . . .	<b>25</b>	0
<b>26</b>	<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" . . . . .	<b>26</b>	0

To claim the child and dependent care credit, complete lines 27 through 31 below.

<b>27</b>	Enter \$3,000 (\$6,000 if two or more qualifying persons) . . . . .	<b>27</b>	6,000
<b>28</b>	<b>Form 1040 and 1040NR filers:</b> Add lines 24 and 25. <b>Form 1040A filers:</b> Enter the amount from line 25 . . . . .	<b>28</b>	0
<b>29</b>	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 . . . . .	<b>29</b>	6,000
<b>30</b>	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 . . . . .	<b>30</b>	9,100
<b>31</b>	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 . . . . .	<b>31</b>	6,000

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

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning \_\_\_\_\_, 2013, ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

Your first name and initial: Top10Single F Last name: 2KidsHH Your social security number: 123-46-5678

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. 123 Main Apt. no. **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Anywhere GA 30033 **Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund  You  Spouse

Foreign country name: \_\_\_\_\_ Foreign province/state/county: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_

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

**Exemptions** 6a  Yourself. If someone can claim you as a dependent, do not check box 6a. b  Spouse. **Boxes checked on 6a and 6b** 1 **No. of children on 6c who:** 2 • lived with you • did not live with you due to divorce or separation (see instructions) **Dependents on 6c not entered above** **Add numbers on lines above** 3

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
1stChild	Single2Kids	124-56-7809	Son	X
2ndChild	Single2Kids	456-78-9012	Daughter	X

**Income** 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 44,999 8a Taxable interest. Attach Schedule B if required 8a 0 b Tax-exempt interest. Do not include on line 8a 8b 0 9a Ordinary dividends. Attach Schedule B if required 9a 125 b Qualified dividends 9b 120 10 Taxable refunds, credits, or offsets of state and local income taxes 10 0 11 Alimony received 11 0 12 Business income or (loss). Attach Schedule C or C-EZ 12 0 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here  13 0 14 Other gains or (losses). Attach Form 4797 14 0 15a IRA distributions 15a b Taxable amount 15b 0 16a Pensions and annuities 16a b Taxable amount 16b 0 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 0 18 Farm income or (loss). Attach Schedule F 18 0 19 Unemployment compensation 19 0 20a Social security benefits 20a b Taxable amount 20b 0 21 Other income. List type and amount 21 0 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 45,124

**Adjusted Gross Income** 23 Educator expenses 23 0 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 0 25 Health savings account deduction. Attach Form 8889 25 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 29 0 30 Penalty on early withdrawal of savings 30 0 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction 32 500 33 Student loan interest deduction 33 1,000 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 1,500 37 Subtract line 36 from line 22. This is your adjusted gross income 37 43,624

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits.

Standard Deduction for—
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others:
Single or Married filing separately, \$6,100
Married filing jointly or Qualifying widow(er), \$12,200
Head of household, \$8,950

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for Amount You Owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below [X] No
Designee's name, Phone no., Personal identification number (PIN)

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature, Date, Your occupation, Daytime phone number, Spouse's signature, Date, Spouse's occupation, If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date, Check [ ] if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

# Child and Dependent Care Expenses

1040A  
1040  
1040NR

2441

**2013**

Attachment  
Sequence No. **21**

Department of the Treasury  
Internal Revenue Service (99)

- ▶ Attach to Form 1040, Form 1040A, or Form 1040NR.
- ▶ Information about Form 2441 and its separate instructions is at [www.irs.gov/form2441](http://www.irs.gov/form2441).

Name(s) shown on return: Top10Single F 2KidsHH  
Your social security number: 123-46-5678

**Part I** **Persons or Organizations Who Provided the Care—You must complete this part.**  
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	Daycare	1000 Main St	45-6789012	9,100
	-----	-----		

Did you receive dependent care benefits?  **No** → Complete only Part II below.  
 **Yes** → Complete Part III on the next page next.

**Caution.** If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59a, or Form 1040NR, line 58a.

**Part II** **Credit for Child and Dependent Care Expenses**

**2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2013 for the person listed in column (a)
First	Last		
1stChild	Single2Kids	124-56-7809	4,550
2ndChild	Single2Kids	456-78-9012	4,550

<b>3</b> Add the amounts in column (c) of line 2. <b>Do not</b> enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	<b>3</b>	6,000
<b>4</b> Enter your <b>earned income</b> . See instructions	<b>4</b>	44,999
<b>5</b> If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4	<b>5</b>	44,999
<b>6</b> Enter the <b>smallest</b> of line 3, 4, or 5	<b>6</b>	6,000

**7** Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 **7** 43,624

**8** Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0—15,000		.35	\$29,000—31,000		.27
15,000—17,000		.34	31,000—33,000		.26
17,000—19,000		.33	33,000—35,000		.25
19,000—21,000		.32	35,000—37,000		.24
21,000—23,000		.31	37,000—39,000		.23
23,000—25,000		.30	39,000—41,000		.22
25,000—27,000		.29	41,000—43,000		.21
27,000—29,000		.28	43,000—No limit		.20

**8** x 0.20

**9** Multiply line 6 by the decimal amount on line 8. If you paid 2012 expenses in 2013, see the instructions **9** 1,200

**10** Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions. **10** 2,794

**11** **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46 **11** 1,200

**Part III Dependent Care Benefits**

<b>12</b>	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 . . . . .	<b>12</b>	0
<b>13</b>	Enter the amount, if any, you carried over from 2012 and used in 2013 during the grace period. See instructions . . . . .	<b>13</b>	
<b>14</b>	Enter the amount, if any, you forfeited or carried forward to 2014. See instructions . . . . .	<b>14</b>	( 0 )
<b>15</b>	Combine lines 12 through 14. See instructions . . . . .	<b>15</b>	0
<b>16</b>	Enter the total amount of <b>qualified expenses</b> incurred in 2013 for the care of the <b>qualifying person(s)</b> . . . . .	<b>16</b>	9,100
<b>17</b>	Enter the <b>smaller</b> of line 15 or 16 . . . . .	<b>17</b>	0
<b>18</b>	Enter your <b>earned income</b> . See instructions . . . . .	<b>18</b>	44,999
<b>19</b>	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <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>• If married filing separately, see instructions.</li> <li>• All others, enter the amount from line 18.</li> </ul>	<b>19</b>	44,999
<b>20</b>	Enter the <b>smallest</b> of line 17, 18, or 19 . . . . .	<b>20</b>	0
<b>21</b>	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) . . . . .	<b>21</b>	5,000
<b>22</b>	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input checked="" type="checkbox"/> <b>No.</b> Enter -0-. <input type="checkbox"/> <b>Yes.</b> Enter the amount here . . . . .	<b>22</b>	0
<b>23</b>	Subtract line 22 from line 15 . . . . .	<b>23</b>	0
<b>24</b>	<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 . . . . .	<b>24</b>	0
<b>25</b>	<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-. <b>Form 1040A filers:</b> Enter the <b>smaller</b> of line 20 or line 21 . . . . .	<b>25</b>	0
<b>26</b>	<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" . . . . .	<b>26</b>	0

To claim the child and dependent care credit, complete lines 27 through 31 below.

<b>27</b>	Enter \$3,000 (\$6,000 if two or more qualifying persons) . . . . .	<b>27</b>	6,000
<b>28</b>	<b>Form 1040 and 1040NR filers:</b> Add lines 24 and 25. <b>Form 1040A filers:</b> Enter the amount from line 25 . . . . .	<b>28</b>	0
<b>29</b>	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 . . . . .	<b>29</b>	6,000
<b>30</b>	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 . . . . .	<b>30</b>	9,100
<b>31</b>	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 . . . . .	<b>31</b>	6,000

# Child Tax Credit

## 2013

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, Form 1040A or Form 1040NR.**  
▶ **Information about Schedule 8812 and its separate instructions is at**  
**[www.irs.gov/schedule8812](http://www.irs.gov/schedule8812).**

Name(s) shown on return  
Top10Single F 2KidsHH

Your social security number  
123-46-5678

### Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification 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.

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.

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No

**Note:** If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see the instructions and check here. . . . .

### Part II Additional Child Tax Credit Filers

<p><b>1 1040 filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51).</p> <p><b>1040A filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).</p> <p><b>1040NR filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).</p> <p>If you used Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.</p>	}	1	2,000
<b>2</b> Enter the amount from Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48 . . . . .		2	1,544
<b>3</b> Subtract line 2 from line 1. If zero, <b>stop</b> ; you cannot take this credit . . . . .		3	456
<b>4a</b> Earned income (see separate instructions) . . . . .	4a		44,999
<b>b</b> Nontaxable combat pay (see separate instructions) . . . . .	4b		0
<b>5</b> Is the amount on line 4a more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 4a. Enter the result . . . . .	5		41,999
<b>6</b> Multiply the amount on line 5 by 15% (.15) and enter the result . . . . .		6	6,300
<b>Next.</b> Do you have three or more qualifying children? <input checked="" type="checkbox"/> <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 3 or line 6 on line 13. <input type="checkbox"/> <b>Yes.</b> 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.			



**Part III Certain Filers Who Have Three or More Qualifying Children**

7 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or paid Additional Medicare Tax or tier I RRTA taxes, see separate instructions	7		
8 <b>1040 filers:</b> 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.	8		
1040A filers: Enter -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.			
9 Add lines 7 and 8	9		
10 <b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 64a and 69.	10		
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).			
1040NR filers: Enter the amount from Form 1040NR, line 65.			
11 Subtract line 10 from line 9. If zero or less, enter -0-			11
12 Enter the <b>larger</b> of line 6 or line 11 Next, enter the <b>smaller</b> of line 3 or line 12 on line 13.			12

**Part IV Additional Child Tax Credit**

13 This is your additional child tax credit	13	456
<div style="border: 1px solid black; padding: 2px;">                     1040                      1040A                      1040NR                 </div>	Enter this amount on Form 1040, line 65, Form 1040A, line 39, or Form 1040NR, line 63	

**Credit for Qualified Retirement Savings Contributions**

Department of the Treasury  
Internal Revenue Service

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

▶ Information about Form 8880 and its instructions is at [www.irs.gov/form8880](http://www.irs.gov/form8880).

Name(s) shown on return

Top10Single F 2KidsHH

Your social security number

123-46-5678



You cannot take this credit if either of the following applies.

- The amount on Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 is more than \$29,500 (\$44,250 if head of household; \$59,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1996, (b) is claimed as a dependent on someone else's 2013 tax return, or (c) was a student (see instructions).

	(a) You	(b) Your spouse
<b>1</b> Traditional and Roth IRA contributions for 2013. Do not include rollover contributions	500	0
<b>2</b> Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2013 (see instructions)	0	0
<b>3</b> Add lines 1 and 2	500	0
<b>4</b> Certain distributions received after 2010 and before the due date (including extensions) of your 2013 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception		
<b>5</b> Subtract line 4 from line 3. If zero or less, enter -0-	500	0
<b>6</b> In each column, enter the smaller of line 5 or \$2,000	500	0
<b>7</b> Add the amounts on line 6. If zero, stop; you cannot take this credit		500
<b>8</b> Enter the amount from Form 1040, line 38*; Form 1040A, line 22; or Form 1040NR, line 37	43,624	
<b>9</b> Enter the applicable decimal amount shown below:		

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
Enter on line 9—				
---	\$17,750	.5	.5	.5
\$17,750	\$19,250	.5	.5	.2
\$19,250	\$26,625	.5	.5	.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

Note: If line 9 is zero, stop; you cannot take this credit.

<b>10</b> Multiply line 7 by line 9	50
<b>11</b> Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions	1,594
<b>12</b> Credit for qualified retirement savings contributions. Enter the smaller of line 10 or line 11 here and on Form 1040, line 50; Form 1040A, line 32; or Form 1040NR, line 47	50

\*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.

Form 1040 U.S. Individual Income Tax Return 2013

For the year Jan. 1-Dec. 31, 2013, or other tax year beginning 2013, ending 2013,20 See separate instructions.

Your first name and initial Last name Your social security number Mid50Single F NoKids 123-46-5678

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. Apt. no. 123 Main Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. Anywhere GA 30033 You Spouse

Foreign country name Foreign province/state/country Foreign postal code

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

Exemptions 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a. b [ ] Spouse. Boxes checked on 6a and 6b 1. No. of children on 6c who: lived with you; did not live with you due to divorce or separation (see instructions); Dependents on 6c not entered above; Add numbers on lines above 1.

Table with 2 columns: Line number and Amount. Includes Income section (7-22) and Adjusted Gross Income section (23-37). Total income is 37,791. Adjusted gross income is 35,291.

Adjusted Gross Income section (23-37) table. Includes rows for Educator expenses, business expenses, health savings account deduction, moving expenses, self-employment tax, etc. Total adjusted gross income is 35,291.

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits.

Standard Deduction for—
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others:
Single or Married filing separately, \$6,100
Married filing jointly or Qualifying widow(er), \$12,200
Head of household, \$8,950

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for Amount You Owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below [ ] No
Designee's name, Phone no., Personal identification number (PIN)

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature, Date, Your occupation, Daytime phone number, Spouse's signature, Date, Spouse's occupation, If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date, Check [ ] if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

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

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning \_\_\_\_\_, 2013, ending \_\_\_\_\_, 20 See separate instructions.

Your first name and initial Last name Your social security number  
 Mid50Single F 2Kids 123-46-5678

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. Apt. no. **▲** Make sure the SSN(s) above and on line 6c are correct.  
 123 Main

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Presidential Election Campaign**  
 Anywhere GA 30033 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund  You  Spouse

Foreign country name Foreign province/state/country Foreign postal code

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

**Exemptions** 6a  Yourself. If someone can claim you as a dependent, do not check box 6a  
 b  Spouse  
 c Dependents:  
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4)  if child under age 17 qualifying for child tax credit (see instructions)  
 1stChild Mid502Kids 567-89-0123 Son X  
 2ndChild Mid502Kids 789-01-2345 Daughter X  
 If more than four dependents, see instructions and check here   
 d Total number of exemptions claimed **3**  
 Boxes checked on 6a and 6b 1  
 No. of children on 6c who:  
 • lived with you 2  
 • did not live with you due to divorce or separation (see instructions)  
 Dependents on 6c not entered above  
 Add numbers on lines above **3**

Income	7	8a	8b	9a	9b	10	11	12	13	14	15a	15b	16a	16b	17	18	19	20a	20b	21	22
Wages, salaries, tips, etc. Attach Form(s) W-2	37,791																				
Taxable interest. Attach Schedule B if required	0																				
Tax-exempt interest. Do not include on line 8a			0																		
Ordinary dividends. Attach Schedule B if required																					
Qualified dividends																					
Taxable refunds, credits, or offsets of state and local income taxes																					
Alimony received																					
Business income or (loss). Attach Schedule C or C-EZ																					
Capital gain or (loss). Attach Schedule D if required. If not required, check here																					
Other gains or (losses). Attach Form 4797																					
IRA distributions																					
Pensions and annuities																					
Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E																					
Farm income or (loss). Attach Schedule F																					
Unemployment compensation																					
Social security benefits																					
Other income. List type and amount																					
Combine the amounts in the far right column for lines 7 through 21. This is your total income																					37,791

Adjusted Gross Income	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
Educator expenses	0														
Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	0														
Health savings account deduction. Attach Form 8889	0														
Moving expenses. Attach Form 3903	0														
Deductible part of self-employment tax. Attach Schedule SE	0														
Self-employed SEP, SIMPLE, and qualified plans	0														
Self-employed health insurance deduction	0														
Penalty on early withdrawal of savings	0														
Alimony paid Recipient's SSN															
IRA deduction	500														
Student loan interest deduction	500														
Tuition and fees. Attach Form 8917.															
Domestic production activities deduction. Attach Form 8903	0														
Add lines 23 through 35														1,000	
Subtract line 36 from line 22. This is your adjusted gross income															36,791

**Tax and Credits**

**Standard Deduction for—**  
 • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.  
 • All others:  
 Single or Married filing separately, \$6,100  
 Married filing jointly or Qualifying widow(er), \$12,200  
 Head of household, \$8,950

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	36,791
<b>39a</b>	Check <input type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind. <b>Total boxes checked ▶</b>	<b>39a</b>	0
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶	<b>39b</b>	
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	6,100
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	30,691
<b>42</b>	<b>Exemptions.</b> If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions	<b>42</b>	11,700
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	18,991
<b>44</b>	<b>Tax</b> (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	<b>44</b>	2,400
<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251 ▶	<b>45</b>	0
<b>46</b>	Add lines 44 and 45	<b>46</b>	2,400
<b>47</b>	Foreign tax credit. Attach Form 1116 if required	<b>47</b>	0
<b>48</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>48</b>	1,440
<b>49</b>	Education credits from Form 8863, line 19	<b>49</b>	
<b>50</b>	Retirement savings contributions credit. Attach Form 8880	<b>50</b>	0
<b>51</b>	Child tax credit. Attach Schedule 8812, if required	<b>51</b>	960
<b>52</b>	Residential energy credits. Attach Form 5695	<b>52</b>	
<b>53</b>	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	<b>53</b>	0
<b>54</b>	Add lines 47 through 53. These are your <b>total credits</b>	<b>54</b>	2,400
<b>55</b>	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	<b>55</b>	0

**Other Taxes**

<b>56</b>	Self-employment tax. Attach Schedule SE	<b>56</b>	0
<b>57</b>	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	<b>57</b>	0
<b>58</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>58</b>	0
<b>59a</b>	Household employment taxes from Schedule H	<b>59a</b>	0
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>59b</b>	0
<b>60</b>	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	<b>60</b>	0
<b>61</b>	Add lines 55 through 60. This is your <b>total tax</b> ▶	<b>61</b>	0

**Payments**

If you have a qualifying child, attach Schedule EIC.

<b>62</b>	Federal income tax withheld from Forms W-2 and 1099	<b>62</b>	52
<b>63</b>	2013 estimated tax payments and amount applied from 2012 return	<b>63</b>	0
<b>64a</b>	<b>Earned income credit (EIC)</b>	<b>64a</b>	1,108
<b>b</b>	Nontaxable combat pay election <b>64b</b>		0
<b>65</b>	Additional child tax credit. Attach Schedule 8812	<b>65</b>	1,040
<b>66</b>	American opportunity credit from Form 8863, line 8	<b>66</b>	
<b>67</b>	Reserved	<b>67</b>	
<b>68</b>	Amount paid with request for extension to file	<b>68</b>	
<b>69</b>	Excess social security and tier 1 RRTA tax withheld	<b>69</b>	0
<b>70</b>	Credit for federal tax on fuels. Attach Form 4136	<b>70</b>	
<b>71</b>	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	<b>71</b>	0
<b>72</b>	Add lines 62, 63, 64a, and 65 through 71. These are your <b>total payments</b> ▶	<b>72</b>	2,200

**Refund**

Direct deposit? See instructions.

<b>73</b>	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you <b>overpaid</b>	<b>73</b>	2,200
<b>74a</b>	Amount of line 73 you want <b>refunded to you</b> . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	<b>74a</b>	2,200
<b>b</b>	Routing number <input type="text" value="XXXXXXXXXX"/> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number <input type="text" value="XXXXXXXXXXXXXXXXXXXX"/>		
<b>75</b>	Amount of line 73 you want <b>applied to your 2014 estimated tax</b> ▶	<b>75</b>	0

**Amount You Owe**

<b>76</b>	<b>Amount you owe.</b> Subtract line 72 from line 61. For details on how to pay, see instructions ▶	<b>76</b>	
<b>77</b>	Estimated tax penalty (see instructions)	<b>77</b>	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)?  Yes. Complete below  No  
 Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

**Sign Here**

Joint return? See instructions. Keep a copy for your records.

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

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid Preparer Use Only**

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

# Child and Dependent Care Expenses

1040A  
1040  
1040NR

2441

**2013**

Attachment  
Sequence No. **21**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**  
▶ **Information about Form 2441 and its separate instructions is at [www.irs.gov/form2441](http://www.irs.gov/form2441).**

Name(s) shown on return: **Mid50Single F 2Kids**      Your social security number: **123-46-5678**

**Part I** **Persons or Organizations Who Provided the Care—You must complete this part.**  
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	Daycare	1000 Main St	67-8901234	9,100
	-----	-----		

Did you receive dependent care benefits?  **No** → Complete only Part II below.  
 **Yes** → Complete Part III on the next page next.

**Caution.** If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59a, or Form 1040NR, line 58a.

**Part II** **Credit for Child and Dependent Care Expenses**

**2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2013 for the person listed in column (a)
First	Last		
1stChild	Mid502Kids	567-89-0123	4,550
2ndChild	Mid502Kids	789-01-2345	4,550

**3** Add the amounts in column (c) of line 2. **Do not** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31 **3** 6,000

**4** Enter your **earned income**. See instructions **4** 37,791

**5** If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4 **5** 37,791

**6** Enter the **smallest** of line 3, 4, or 5 **6** 6,000

**7** Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 **7** 36,791

**8** Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0—15,000		.35	\$29,000—31,000		.27
15,000—17,000		.34	31,000—33,000		.26
17,000—19,000		.33	33,000—35,000		.25
19,000—21,000		.32	35,000—37,000		.24
21,000—23,000		.31	37,000—39,000		.23
23,000—25,000		.30	39,000—41,000		.22
25,000—27,000		.29	41,000—43,000		.21
27,000—29,000		.28	43,000—No limit		.20

**9** Multiply line 6 by the decimal amount on line 8. If you paid 2012 expenses in 2013, see the instructions **9** 1,440

**10** Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions. **10** 2,400

**11** **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46 **11** 1,440

**Part III Dependent Care Benefits**

<b>12</b>	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 . . . . .	<b>12</b>	0
<b>13</b>	Enter the amount, if any, you carried over from 2012 and used in 2013 during the grace period. See instructions . . . . .	<b>13</b>	
<b>14</b>	Enter the amount, if any, you forfeited or carried forward to 2014. See instructions . . . . .	<b>14</b>	( 0 )
<b>15</b>	Combine lines 12 through 14. See instructions . . . . .	<b>15</b>	0
<b>16</b>	Enter the total amount of <b>qualified expenses</b> incurred in 2013 for the care of the <b>qualifying person(s)</b> . . . . .	<b>16</b>	9,100
<b>17</b>	Enter the <b>smaller</b> of line 15 or 16 . . . . .	<b>17</b>	0
<b>18</b>	Enter your <b>earned income</b> . See instructions . . . . .	<b>18</b>	37,791
<b>19</b>	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <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>• If married filing separately, see instructions.</li> <li>• All others, enter the amount from line 18.</li> </ul>	<b>19</b>	37,791
<b>20</b>	Enter the <b>smallest</b> of line 17, 18, or 19 . . . . .	<b>20</b>	0
<b>21</b>	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) . . . . .	<b>21</b>	5,000
<b>22</b>	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input checked="" type="checkbox"/> <b>No.</b> Enter -0-. <input type="checkbox"/> <b>Yes.</b> Enter the amount here . . . . .	<b>22</b>	0
<b>23</b>	Subtract line 22 from line 15 . . . . .	<b>23</b>	0
<b>24</b>	<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 . . . . .	<b>24</b>	0
<b>25</b>	<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-. <b>Form 1040A filers:</b> Enter the <b>smaller</b> of line 20 or line 21 . . . . .	<b>25</b>	0
<b>26</b>	<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" . . . . .	<b>26</b>	0

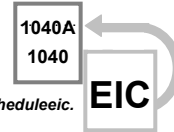
To claim the child and dependent care credit, complete lines 27 through 31 below.

<b>27</b>	Enter \$3,000 (\$6,000 if two or more qualifying persons) . . . . .	<b>27</b>	6,000
<b>28</b>	<b>Form 1040 and 1040NR filers:</b> Add lines 24 and 25. <b>Form 1040A filers:</b> Enter the amount from line 25 . . . . .	<b>28</b>	0
<b>29</b>	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 . . . . .	<b>29</b>	6,000
<b>30</b>	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 . . . . .	<b>30</b>	9,100
<b>31</b>	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 . . . . .	<b>31</b>	6,000



**SCHEDULE EIC**  
(Form 1040A or 1040)

**Earned Income Credit**  
Qualifying Child Information



389  
OMB No. 1545-0074

**2013**

Attachment  
Sequence No. **43**

Department of the Treasury  
Internal Revenue Service (99)

- ▶ **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](http://www.irs.gov/scheduleeic).**

Name(s) shown on return

Mid50Single F 2Kids

Your social security number

123-46-5678

**Before you begin:**

- 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.

**Qualifying Child Information**

**Child 1**

**Child 2**

**Child 3**

1 <b>Child's name</b> <small>If you have more than three qualifying children, you only have to list three to get the maximum credit.</small>	First name	Last name	First name	Last name	First name	Last name
		1stChild	Mid502Kids	2ndChild	Mid502Kids	
2 <b>Child's SSN</b> <small>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.</small>	567-89-0123		789-01-2345			
3 <b>Child's year of birth</b>	Year <u>2010</u> <small>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.</small>		Year <u>2012</u> <small>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.</small>		Year _____ <small>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.</small>	
4a Was the child under age 24 at the end of 2013, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.		<input type="checkbox"/> Yes. <input type="checkbox"/> No.		
	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2013?	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.		<input type="checkbox"/> Yes. <input type="checkbox"/> No.		
	<i>Go to line 5.</i>	The child is not a qualifying child.	<i>Go to line 5.</i>	The child is not a qualifying child.	<i>Go to line 5.</i>	The child is not a qualifying child.
5 <b>Child's relationship to you</b> <small>(for example, son, daughter, grandchild, niece, nephew, foster child, etc.)</small>	Son		Daughter			
6 <b>Number of months child lived with you in the United States during 2013</b> <small>• 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."</small>	<u>12</u> months <i>Do not enter more than 12 months.</i>		<u>12</u> months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>	

# Child Tax Credit

## 2013

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, Form 1040A or Form 1040NR.**  
▶ **Information about Schedule 8812 and its separate instructions is at**  
**[www.irs.gov/schedule8812](http://www.irs.gov/schedule8812).**

Name(s) shown on return  
Mid50Single F 2Kids

**Your social security number**  
123-46-5678

### Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification 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.

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.

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes       No
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes       No
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes       No
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes       No

**Note:** If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see the instructions and check here. . . . .

### Part II Additional Child Tax Credit Filers

<p><b>1 1040 filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51).</p> <p><b>1040A filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).</p> <p><b>1040NR filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).</p> <p>If you used Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.</p>	}	1	2,000
<b>2</b> Enter the amount from Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48 . . . . .		2	960
<b>3</b> Subtract line 2 from line 1. If zero, <b>stop</b> ; you cannot take this credit . . . . .		3	1,040
<b>4a</b> Earned income (see separate instructions). . . . .	4a		37,791
<b>b</b> Nontaxable combat pay (see separate instructions) . . . . .	4b		0
<b>5</b> Is the amount on line 4a more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 4a. Enter the result . . . . .	5		34,791
<b>6</b> Multiply the amount on line 5 by 15% (.15) and enter the result . . . . .		6	5,219
<b>Next.</b> Do you have three or more qualifying children? <input checked="" type="checkbox"/> <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 3 or line 6 on line 13. <input type="checkbox"/> <b>Yes.</b> 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.			

**Part III Certain Filers Who Have Three or More Qualifying Children**

7 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or paid Additional Medicare Tax or tier I RRTA taxes, see separate instructions	7		
8 <b>1040 filers:</b> 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.	8		
1040A filers: Enter -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.	9		
9 Add lines 7 and 8			
10 <b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 64a and 69.	10		
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).			
1040NR filers: Enter the amount from Form 1040NR, line 65.			11
11 Subtract line 10 from line 9. If zero or less, enter -0-			12
12 Enter the <b>larger</b> of line 6 or line 11 Next, enter the <b>smaller</b> of line 3 or line 12 on line 13.			

**Part IV Additional Child Tax Credit**

13 This is your additional child tax credit	13	1,040
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1040  
1040A  
1040NR

Enter this amount on  
Form 1040, line 65,  
Form 1040A, line 39, or  
Form 1040NR, line 63

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

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning \_\_\_\_\_, 2013, ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

Your first name and initial: Mid50Single F Last name: 2KidsHH Your social security number: 123-46-5678

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. 123 Main Apt. no. **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Anywhere GA 30033 **Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund  You  Spouse

Foreign country name: \_\_\_\_\_ Foreign province/state/country: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_

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

**Exemptions** 6a  Yourself. If someone can claim you as a dependent, do not check box 6a. b  Spouse. **Boxes checked on 6a and 6b** 1 **No. of children on 6c who:** 2 • lived with you • did not live with you due to divorce or separation (see instructions) **Dependents on 6c not entered above** **Add numbers on lines above** 3

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
1stChild	Mid502Kids	567-89-0123	Son	X
2ndChild	Mid502Kids	789-01-2345	Daughter	X

**Income** 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 37,791 8a Taxable interest. Attach Schedule B if required 8a 0 b Tax-exempt interest. Do not include on line 8a 8b 0 9a Ordinary dividends. Attach Schedule B if required 9a 0 b Qualified dividends 9b 0 10 Taxable refunds, credits, or offsets of state and local income taxes 10 0 11 Alimony received 11 0 12 Business income or (loss). Attach Schedule C or C-EZ 12 0 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here  13 0 14 Other gains or (losses). Attach Form 4797 14 0 15a IRA distributions 15a b Taxable amount 15b 0 16a Pensions and annuities 16a b Taxable amount 16b 0 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 0 18 Farm income or (loss). Attach Schedule F 18 0 19 Unemployment compensation 19 0 20a Social security benefits 20a b Taxable amount 20b 0 21 Other income. List type and amount 21 0 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 37,791

**Adjusted Gross Income** 23 Educator expenses 23 0 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 0 25 Health savings account deduction. Attach Form 8889 25 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 29 0 30 Penalty on early withdrawal of savings 30 0 31a Alimony paid b Recipient's SSN 31a 31b 32 IRA deduction 32 500 33 Student loan interest deduction 33 500 34 Tuition and fees. Attach Form 8917. 34 0 35 Domestic production activities deduction. Attach Form 8903 35 0 36 Add lines 23 through 35 36 1,000 37 Subtract line 36 from line 22. This is your adjusted gross income 37 36,791

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for tax and credits.

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others: Single or Married filing separately, \$6,100

Married filing jointly or Qualifying widow(er), \$12,200

Head of household, \$8,950

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for other taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for amount you owe.

Third Party Designee

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

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date, Firm's name, Firm's address, Firm's EIN, Phone no., Check [ ] if self-employed, PTIN

# Child and Dependent Care Expenses

1040A  
1040  
1040NR

2441

**2013**

Attachment  
Sequence No. **21**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.  
▶ Information about Form 2441 and its separate instructions is at [www.irs.gov/form2441](http://www.irs.gov/form2441).

Name(s) shown on return: Mid50Single F 2KidsHH  
Your social security number: 123-46-5678

**Part I** **Persons or Organizations Who Provided the Care—You must complete this part.**  
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	Daycare	1000 Main St	67-8901234	9,100
	-----	-----		

Did you receive dependent care benefits?  **No** → Complete only Part II below.  
 **Yes** → Complete Part III on the next page next.

**Caution.** If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59a, or Form 1040NR, line 58a.

**Part II** **Credit for Child and Dependent Care Expenses**

**2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2013 for the person listed in column (a)
First	Last		
1stChild	Mid502Kids	567-89-0123	4,550
2ndChild	Mid502Kids	789-01-2345	4,550

<b>3</b> Add the amounts in column (c) of line 2. <b>Do not</b> enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	<b>3</b>	6,000
<b>4</b> Enter your <b>earned income</b> . See instructions	<b>4</b>	37,791
<b>5</b> If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4	<b>5</b>	37,791
<b>6</b> Enter the <b>smallest</b> of line 3, 4, or 5	<b>6</b>	6,000

**7** Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 **7** 36,791

**8** Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0—15,000		.35	\$29,000—31,000		.27
15,000—17,000		.34	31,000—33,000		.26
17,000—19,000		.33	33,000—35,000		.25
19,000—21,000		.32	35,000—37,000		.24
21,000—23,000		.31	37,000—39,000		.23
23,000—25,000		.30	39,000—41,000		.22
25,000—27,000		.29	41,000—43,000		.21
27,000—29,000		.28	43,000—No limit		.20

**8** x 0.24

**9** Multiply line 6 by the decimal amount on line 8. If you paid 2012 expenses in 2013, see the instructions **9** 1,440

**10** Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions. **10** 1,781

**11** **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46 **11** 1,440

**Part III Dependent Care Benefits**

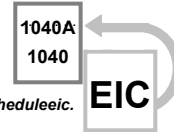
<b>12</b>	Enter the total amount of <b>dependent care benefits</b> you received in 2013. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Do not</b> include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership . . . . .	<b>12</b>	0
<b>13</b>	Enter the amount, if any, you carried over from 2012 and used in 2013 during the grace period. See instructions . . . . .	<b>13</b>	
<b>14</b>	Enter the amount, if any, you forfeited or carried forward to 2014. See instructions . . . . .	<b>14</b>	( 0 )
<b>15</b>	Combine lines 12 through 14. See instructions . . . . .	<b>15</b>	0
<b>16</b>	Enter the total amount of <b>qualified expenses</b> incurred in 2013 for the care of the <b>qualifying person(s)</b> . . . . .	<b>16</b>	9,100
<b>17</b>	Enter the <b>smaller</b> of line 15 or 16 . . . . .	<b>17</b>	0
<b>18</b>	Enter your <b>earned income</b> . See instructions . . . . .	<b>18</b>	37,791
<b>19</b>	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <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>• If married filing separately, see instructions.</li> <li>• All others, enter the amount from line 18.</li> </ul>	<b>19</b>	37,791
<b>20</b>	Enter the <b>smallest</b> of line 17, 18, or 19 . . . . .	<b>20</b>	0
<b>21</b>	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) . . . . .	<b>21</b>	5,000
<b>22</b>	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input checked="" type="checkbox"/> <b>No.</b> Enter -0-. <input type="checkbox"/> <b>Yes.</b> Enter the amount here . . . . .	<b>22</b>	0
<b>23</b>	Subtract line 22 from line 15 . . . . .	<b>23</b>	0
<b>24</b>	<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 . . . . .	<b>24</b>	0
<b>25</b>	<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-. <b>Form 1040A filers:</b> Enter the <b>smaller</b> of line 20 or line 21 . . . . .	<b>25</b>	0
<b>26</b>	<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" . . . . .	<b>26</b>	0

To claim the child and dependent care credit, complete lines 27 through 31 below.

<b>27</b>	Enter \$3,000 (\$6,000 if two or more qualifying persons) . . . . .	<b>27</b>	6,000
<b>28</b>	<b>Form 1040 and 1040NR filers:</b> Add lines 24 and 25. <b>Form 1040A filers:</b> Enter the amount from line 25 . . . . .	<b>28</b>	0
<b>29</b>	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 . . . . .	<b>29</b>	6,000
<b>30</b>	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 . . . . .	<b>30</b>	9,100
<b>31</b>	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 . . . . .	<b>31</b>	6,000

**SCHEDULE EIC**  
(Form 1040A or 1040)

**Earned Income Credit**  
Qualifying Child Information



396  
OMB No. 1545-0074

**2013**

Attachment  
Sequence No. **43**

Department of the Treasury  
Internal Revenue Service (99)

- ▶ **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](http://www.irs.gov/scheduleeic).**

Name(s) shown on return

Mid50Single F 2KidsHH

Your social security number

123-46-5678

**Before you begin:**

- 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.

**Qualifying Child Information**

**Child 1**

**Child 2**

**Child 3**

1 <b>Child's name</b> <small>If you have more than three qualifying children, you only have to list three to get the maximum credit.</small>	First name	Last name	First name	Last name	First name	Last name
		1stChild	Mid502Kids	2ndChild	Mid502Kids	
2 <b>Child's SSN</b> <small>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.</small>	567-89-0123		789-01-2345			
3 <b>Child's year of birth</b>	Year <u>2010</u> <small>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.</small>		Year <u>2012</u> <small>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.</small>		Year _____ <small>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.</small>	
4a Was the child under age 24 at the end of 2013, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.		<input type="checkbox"/> Yes. <input type="checkbox"/> No.		
	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2013?	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.		<input type="checkbox"/> Yes. <input type="checkbox"/> No.		
	<i>Go to line 5.</i>	The child is not a qualifying child.	<i>Go to line 5.</i>	The child is not a qualifying child.	<i>Go to line 5.</i>	The child is not a qualifying child.
5 <b>Child's relationship to you</b> <small>(for example, son, daughter, grandchild, niece, nephew, foster child, etc.)</small>	Son		Daughter			
6 <b>Number of months child lived with you in the United States during 2013</b> <small>• 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."</small>	<u>12</u> months <i>Do not enter more than 12 months.</i>		<u>12</u> months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>	



# Child Tax Credit

## 2013

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, Form 1040A or Form 1040NR.**  
▶ **Information about Schedule 8812 and its separate instructions is at**  
**[www.irs.gov/schedule8812](http://www.irs.gov/schedule8812).**

Name(s) shown on return  
Mid50Single F 2KidsHH

**Your social security number**  
123-46-5678

### Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification 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.

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.

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes                       No

**Note:** If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see the instructions and check here. . . . .

### Part II Additional Child Tax Credit Filers

<b>1</b>	<b>1040 filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51). <b>1040A filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33). <b>1040NR filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).  If you used Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.		
		<b>1</b>	2,000
<b>2</b>	Enter the amount from Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48 . . . . .	<b>2</b>	291
<b>3</b>	Subtract line 2 from line 1. If zero, <b>stop</b> ; you cannot take this credit . . . . .	<b>3</b>	1,709
<b>4a</b>	Earned income (see separate instructions). . . . .	<b>4a</b>	37,791
<b>b</b>	Nontaxable combat pay (see separate instructions) . . . . .	<b>4b</b>	0
<b>5</b>	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 4a. Enter the result . . . . .	<b>5</b>	34,791
<b>6</b>	Multiply the amount on line 5 by 15% (.15) and enter the result . . . . .	<b>6</b>	5,219
	<b>Next.</b> Do you have three or more qualifying children? <input checked="" type="checkbox"/> <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 3 or line 6 on line 13. <input type="checkbox"/> <b>Yes.</b> 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.		

**Part III Certain Filers Who Have Three or More Qualifying Children**

7 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or paid Additional Medicare Tax or tier I RRTA taxes, see separate instructions	7		
8 <b>1040 filers:</b> 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.	8		
1040A filers: Enter -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.		9	
9 Add lines 7 and 8	10		
10 <b>1040 filers:</b> 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).		11	
1040NR filers: Enter the amount from Form 1040NR, line 65.	12		
11 Subtract line 10 from line 9. If zero or less, enter -0-	11		
12 Enter the <b>larger</b> of line 6 or line 11 Next, enter the <b>smaller</b> of line 3 or line 12 on line 13.	12		

**Part IV Additional Child Tax Credit**

13 This is your additional child tax credit	13	1,709
---	----	-------

1040  
1040A  
1040NR

Enter this amount on  
Form 1040, line 65,  
Form 1040A, line 39, or  
Form 1040NR, line 63

Department of the Treasury  
Internal Revenue Service

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

▶ Information about Form 8880 and its instructions is at [www.irs.gov/form8880](http://www.irs.gov/form8880).

Name(s) shown on return

Your social security number

Mid50Single F 2KidsHH

123-46-5678



You cannot take this credit if either of the following applies.

- The amount on Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 is more than \$29,500 (\$44,250 if head of household; \$59,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1996, (b) is claimed as a dependent on someone else's 2013 tax return, or (c) was a student (see instructions).

	(a) You	(b) Your spouse
<b>1</b> Traditional and Roth IRA contributions for 2013. Do not include rollover contributions	500	0
<b>2</b> Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2013 (see instructions)	0	0
<b>3</b> Add lines 1 and 2	500	0
<b>4</b> Certain distributions received after 2010 and before the due date (including extensions) of your 2013 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception		
<b>5</b> Subtract line 4 from line 3. If zero or less, enter -0-	500	0
<b>6</b> In each column, enter the smaller of line 5 or \$2,000	500	0
<b>7</b> Add the amounts on line 6. If zero, stop; you cannot take this credit		500
<b>8</b> Enter the amount from Form 1040, line 38*; Form 1040A, line 22; or Form 1040NR, line 37	36,791	
<b>9</b> Enter the applicable decimal amount shown below:		

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
Enter on line 9—				
---	\$17,750	.5	.5	.5
\$17,750	\$19,250	.5	.5	.2
\$19,250	\$26,625	.5	.5	.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

Note: If line 9 is zero, stop; you cannot take this credit.

<b>10</b> Multiply line 7 by line 9	10	50
<b>11</b> Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions	11	341
<b>12</b> Credit for qualified retirement savings contributions. Enter the smaller of line 10 or line 11 here and on Form 1040, line 50; Form 1040A, line 32; or Form 1040NR, line 47	12	50

\*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.

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

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning \_\_\_\_\_, 2013, ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

Your first name and initial: Low10Single F Last name: NoKids Your social security number: 123-46-5678

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. 123 Main Apt. no. **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Anywhere GA 30033 **Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund  You  Spouse

Foreign country name: \_\_\_\_\_ Foreign province/state/country: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_

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

**Exemptions** 6a  Yourself. If someone can claim you as a dependent, do not check box 6a. 6b  Spouse. Boxes checked on 6a and 6b: 1 No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above: 1 Add numbers on lines above: 1

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			

If more than four dependents, see instructions and check here

Income	7	8a	8b	9a	9b	10	11	12	13	14	15a	15b	16a	16b	17	18	19	20a	20b	21	22	
7 Wages, salaries, tips, etc. Attach Form(s) W-2	10,555		0		0																	
8a Taxable interest. Attach Schedule B if required		0																				
b Tax-exempt interest. Do not include on line 8a			0																			
9a Ordinary dividends. Attach Schedule B if required					0																	
b Qualified dividends					0																	
10 Taxable refunds, credits, or offsets of state and local income taxes						0																
11 Alimony received																						
12 Business income or (loss). Attach Schedule C or C-EZ								0														
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>									0													
14 Other gains or (losses). Attach Form 4797																						
15a IRA distributions												0										
b Taxable amount												0										
16a Pensions and annuities														0								
b Taxable amount														0								
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E																						
18 Farm income or (loss). Attach Schedule F																						0
19 Unemployment compensation																						
20a Social security benefits																						
b Taxable amount																						
21 Other income. List type and amount																						0
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income																						10,555

Adjusted Gross Income	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
23 Educator expenses	0														
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	0														
25 Health savings account deduction. Attach Form 8889	0														
26 Moving expenses. Attach Form 3903	0														
27 Deductible part of self-employment tax. Attach Schedule SE	0														
28 Self-employed SEP, SIMPLE, and qualified plans	0														
29 Self-employed health insurance deduction	0														
30 Penalty on early withdrawal of savings	0														
31a Alimony paid b Recipient's SSN															
32 IRA deduction	0														
33 Student loan interest deduction															
34 Tuition and fees. Attach Form 8917.															
35 Domestic production activities deduction. Attach Form 8903	0														
36 Add lines 23 through 35														0	
37 Subtract line 36 from line 22. This is your adjusted gross income															10,555

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits.

Standard Deduction for—
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others:
Single or Married filing separately, \$6,100
Married filing jointly or Qualifying widow(er), \$12,200
Head of household, \$8,950

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for Amount You Owe.

Third Party Designee

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

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date, Firm's name, Firm's address, Firm's EIN, Phone no.

Form 1040 U.S. Individual Income Tax Return 2013

For the year Jan. 1-Dec. 31, 2013, or other tax year beginning 2013, ending 2013,20 See separate instructions.

Your first name and initial Last name Your social security number

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. Apt. no. Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Presidential Election Campaign

Foreign country name Foreign province/state/country Foreign postal code Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.

Filing Status 1 Single 2 Married filing jointly 3 Married filing separately 4 Head of household 5 Qualifying widow(er) with dependent child

Exemptions 6a Yourself 6b Spouse c Dependents: 1stChild 2ndChild d Total number of exemptions claimed

Income 7 Wages, salaries, tips, etc. 8a Taxable interest 8b Tax-exempt interest 9a Ordinary dividends 9b Qualified dividends 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss) 13 Capital gain or (loss) 14 Other gains or (losses) 15a IRA distributions 15b Taxable amount 16a Pensions and annuities 16b Taxable amount 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 18 Farm income or (loss) 19 Unemployment compensation 20a Social security benefits 20b Taxable amount 21 Other income 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income

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

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits.

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others: Single or Married filing separately, \$6,100 Married filing jointly or Qualifying widow(er), \$12,200 Head of household, \$8,950

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for Amount You Owe.

Third Party Designee

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

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Joint return? See instructions. Keep a copy for your records.

Signature table with columns for Signature, Date, Occupation, and Daytime phone number for both taxpayer and spouse.

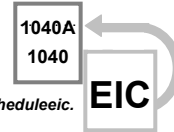
Paid Preparer Use Only

Form for paid preparer with fields for name, signature, date, firm name, address, EIN, and phone number.

**SCHEDULE EIC**  
(Form 1040A or 1040)

**Earned Income Credit**  
Qualifying Child Information

404  
OMB No. 1545-0074



**2013**  
Attachment  
Sequence No. **43**

Department of the Treasury  
Internal Revenue Service (99)

- ▶ **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](http://www.irs.gov/scheduleeic).**

Name(s) shown on return

Low10Single F 2Kids

Your social security number

123-46-5678

**Before you begin:**

- 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.

**Qualifying Child Information**

**Child 1**

**Child 2**

**Child 3**

1 <b>Child's name</b> <small>If you have more than three qualifying children, you only have to list three to get the maximum credit.</small>	First name	Last name	First name	Last name	First name	Last name
		1stChild	Low10Single	2ndChild	Low10Single	
2 <b>Child's SSN</b> <small>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.</small>	345-67-8901		678-90-1234			
3 <b>Child's year of birth</b>	Year <u>2010</u> <small>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.</small>		Year <u>2012</u> <small>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.</small>		Year _____ <small>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.</small>	
4a Was the child under age 24 at the end of 2013, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.		<input type="checkbox"/> Yes. <input type="checkbox"/> No.		
	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2013?	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.		<input type="checkbox"/> Yes. <input type="checkbox"/> No.		
	<i>Go to line 5.</i>	The child is not a qualifying child.	<i>Go to line 5.</i>	The child is not a qualifying child.	<i>Go to line 5.</i>	The child is not a qualifying child.
5 <b>Child's relationship to you</b> <small>(for example, son, daughter, grandchild, niece, nephew, foster child, etc.)</small>	Son		Daughter			
6 <b>Number of months child lived with you in the United States during 2013</b> <small>• 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."</small>	<u>12</u> months <i>Do not enter more than 12 months.</i>		<u>12</u> months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>	



# Child Tax Credit

**2013**

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, Form 1040A or Form 1040NR.**  
▶ **Information about Schedule 8812 and its separate instructions is at**  
**[www.irs.gov/schedule8812](http://www.irs.gov/schedule8812).**

Name(s) shown on return  
Low10Single F 2Kids

Your social security number  
123-46-5678

**Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification 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.

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.

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes       No
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes       No
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes       No
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes       No

**Note:** If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see the instructions and check here. . . . . ▶

**Part II Additional Child Tax Credit Filers**

<b>1</b>	<b>1040 filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51). <b>1040A filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33). <b>1040NR filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).  If you used Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.			
		<b>1</b>		2,000
<b>2</b>	Enter the amount from Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48 . . . . .		<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1. If zero, <b>stop</b> ; you cannot take this credit . . . . .		<b>3</b>	2,000
<b>4a</b>	Earned income (see separate instructions). . . . .	<b>4a</b>		10,555
<b>b</b>	Nontaxable combat pay (see separate instructions) . . . . .	<b>4b</b>		0
<b>5</b>	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 4a. Enter the result . . . . .	<b>5</b>		7,555
<b>6</b>	Multiply the amount on line 5 by 15% (.15) and enter the result . . . . . <b>Next.</b> Do you have three or more qualifying children? <input checked="" type="checkbox"/> <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 3 or line 6 on line 13. <input type="checkbox"/> <b>Yes.</b> 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.		<b>6</b>	1,133

**Part III Certain Filers Who Have Three or More Qualifying Children**

7 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or paid Additional Medicare Tax or tier I RRTA taxes, see separate instructions	7		
8 <b>1040 filers:</b> 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.	8		
1040A filers: Enter -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.		9	
9 Add lines 7 and 8	10		
10 <b>1040 filers:</b> 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).		11	
1040NR filers: Enter the amount from Form 1040NR, line 65.	12		
11 Subtract line 10 from line 9. If zero or less, enter -0-	11		
12 Enter the <b>larger</b> of line 6 or line 11 Next, enter the <b>smaller</b> of line 3 or line 12 on line 13.	12		

**Part IV Additional Child Tax Credit**

13 This is your additional child tax credit	13	1,133
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1040  
1040A  
1040NR

Enter this amount on  
Form 1040, line 65,  
Form 1040A, line 39, or  
Form 1040NR, line 63

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

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning \_\_\_\_\_, 2013, ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

Your first name and initial: Low10Single F Last name: 2KidsHH Your social security number: 123-46-5678

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. 123 Main Apt. no. **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Anywhere GA 30033 **Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund  You  Spouse

Foreign country name: \_\_\_\_\_ Foreign province/state/county: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_

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

**Exemptions** 6a  Yourself. If someone can claim you as a dependent, do not check box 6a. b  Spouse. **Boxes checked on 6a and 6b** 1 **No. of children on 6c who:** 2 • lived with you • did not live with you due to divorce or separation (see instructions) **Dependents on 6c not entered above** **Add numbers on lines above** 3

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
1stChild	Low10Single	345-67-8901	Son	X
2ndChild	Low10Single	678-90-1234	Daughter	X

If more than four dependents, see instructions and check here

**Income** 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 10,555 8a Taxable interest. Attach Schedule B if required 8a 0 b Tax-exempt interest. Do not include on line 8a 8b 0 9a Ordinary dividends. Attach Schedule B if required 9a 0 b Qualified dividends 9b 0 10 Taxable refunds, credits, or offsets of state and local income taxes 10 0 11 Alimony received 11 0 12 Business income or (loss). Attach Schedule C or C-EZ 12 0 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here  13 0 14 Other gains or (losses). Attach Form 4797 14 0 15a IRA distributions 15a b Taxable amount 15b 0 16a Pensions and annuities 16a b Taxable amount 16b 0 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 0 18 Farm income or (loss). Attach Schedule F 18 0 19 Unemployment compensation 19 0 20a Social security benefits 20a b Taxable amount 20b 0 21 Other income. List type and amount 21 0 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 10,555

**Adjusted Gross Income** 23 Educator expenses 23 0 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 0 25 Health savings account deduction. Attach Form 8889 25 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 29 0 30 Penalty on early withdrawal of savings 30 0 31a Alimony paid b Recipient's SSN 31a 0 32 IRA deduction 32 0 33 Student loan interest deduction 33 0 34 Tuition and fees. Attach Form 8917. 34 0 35 Domestic production activities deduction. Attach Form 8903 35 0 36 Add lines 23 through 35 36 0 37 Subtract line 36 from line 22. This is your adjusted gross income 37 10,555

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits.

Standard Deduction for—
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others:
Single or Married filing separately, \$6,100
Married filing jointly or Qualifying widow(er), \$12,200
Head of household, \$8,950

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for Amount You Owe.

Third Party Designee

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

Sign Here

Joint return? See instructions. Keep a copy for your records.

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

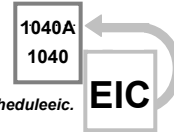
Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date, Firm's name, Firm's address, Firm's EIN, Phone no., Check if self-employed, PTIN

**SCHEDULE EIC**  
(Form 1040A or 1040)

**Earned Income Credit**  
Qualifying Child Information

409  
OMB No. 1545-0074



**2013**  
Attachment  
Sequence No. **43**

Department of the Treasury  
Internal Revenue Service (99)

- ▶ **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](http://www.irs.gov/scheduleeic).**

Name(s) shown on return

Low10Single F 2KidsHH

Your social security number

123-46-5678

**Before you begin:**

- 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.

**Qualifying Child Information**

**Child 1**

**Child 2**

**Child 3**

1 <b>Child's name</b> <small>If you have more than three qualifying children, you only have to list three to get the maximum credit.</small>	First name	Last name	First name	Last name	First name	Last name
		1stChild	Low10Single	2ndChild	Low10Single	
2 <b>Child's SSN</b> <small>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.</small>	345-67-8901		678-90-1234			
3 <b>Child's year of birth</b>	Year <u>2010</u> <small>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.</small>		Year <u>2012</u> <small>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.</small>		Year _____ <small>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.</small>	
4a Was the child under age 24 at the end of 2013, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.		<input type="checkbox"/> Yes. <input type="checkbox"/> No.		
	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2013?	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.		<input type="checkbox"/> Yes. <input type="checkbox"/> No.		
	<i>Go to line 5.</i>	The child is not a qualifying child.	<i>Go to line 5.</i>	The child is not a qualifying child.	<i>Go to line 5.</i>	The child is not a qualifying child.
5 <b>Child's relationship to you</b> <small>(for example, son, daughter, grandchild, niece, nephew, foster child, etc.)</small>	Son		Daughter			
6 <b>Number of months child lived with you in the United States during 2013</b> <small>• 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."</small>	<u>12</u> months <i>Do not enter more than 12 months.</i>		<u>12</u> months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>	

**SCHEDULE 8812**  
**(Form 1040A or 1040)**

**Child Tax Credit**

410  
OMB No. 1545-0074

**2013**

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, Form 1040A or Form 1040NR.**  
▶ **Information about Schedule 8812 and its separate instructions is at**  
**[www.irs.gov/schedule8812](http://www.irs.gov/schedule8812).**

Name(s) shown on return  
Low10Single F 2KidsHH

Your social security number  
123-46-5678

**Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification 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.

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.

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes       No
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes       No
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes       No
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes       No

**Note:** If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see the instructions and check here. . . . .

**Part II Additional Child Tax Credit Filers**

<b>1</b>	<b>1040 filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51). <b>1040A filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33). <b>1040NR filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).  If you used Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.			
		<b>1</b>		2,000
<b>2</b>	Enter the amount from Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48 . . . . .		<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1. If zero, <b>stop</b> ; you cannot take this credit . . . . .		<b>3</b>	2,000
<b>4a</b>	Earned income (see separate instructions) . . . . .	<b>4a</b>		10,555
<b>b</b>	Nontaxable combat pay (see separate instructions) . . . . .	<b>4b</b>		0
<b>5</b>	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 4a. Enter the result . . . . .	<b>5</b>		7,555
<b>6</b>	Multiply the amount on line 5 by 15% (.15) and enter the result . . . . . <b>Next.</b> Do you have three or more qualifying children? <input checked="" type="checkbox"/> <b>No.</b> If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the <b>smaller of</b> line 3 or line 6 on line 13. <input type="checkbox"/> <b>Yes.</b> 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.		<b>6</b>	1,133

**Part III Certain Filers Who Have Three or More Qualifying Children**

7 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or paid Additional Medicare Tax or tier I RRTA taxes, see separate instructions	7		
8 <b>1040 filers:</b> 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.	8		
1040A filers: Enter -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.	9		
9 Add lines 7 and 8			
10 <b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 64a and 69.	10		
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).			
1040NR filers: Enter the amount from Form 1040NR, line 65.			
11 Subtract line 10 from line 9. If zero or less, enter -0-			11
12 Enter the <b>larger</b> of line 6 or line 11			12
Next, enter the <b>smaller</b> of line 3 or line 12 on line 13.			

**Part IV Additional Child Tax Credit**

13 This is your additional child tax credit	13	1,133
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1040  
1040A  
1040NR

Enter this amount on  
Form 1040, line 65,  
Form 1040A, line 39, or  
Form 1040NR, line 63