

NACTP

Test 2

HOH taxpayer with 1 W2, 1 child, daycare expenses & EIC eligible

Forms: 1040A; W2 (1); Schedule EIC; 2441; 8812; 8867; 8888;

Taxpayer:

Single Parent

111 Desperate Way

Napoleon, MI 49261

SSN: 600-00-1002

DOB: 04/15/1973

Filing Status: Head of Household

Dependent: Livewith Parent

SSN: 600-00-1012

DOB: 12/30/2003

Daycare Provider for John:

Tiny Tots 222 Child Care Lane

Napoleon, MI 49261

EIN: 41-2222222

Amount paid: \$2200.00

Direct Deposit Info:

| | | | | |
|--------|---------------|-------------|-------------------------------|--------|
| Bank A | RTN 123456780 | DAN 123456A | Checking | \$1500 |
| Bank B | RTN 123456780 | DAN 456789B | Savings | \$2222 |
| Bank C | RTN 123456780 | DAN 789059C | Checking; remainder of refund | |

SINGLE PARENT
111 DESPERATE WAY
NAPOLEON, MI 49261

OMB No. 1545- 0074
Your social security number
600-00-1002
Spouse's social security number

▲ Make sure the SSN(s) above and on line 6c are correct.
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 Check only one box. | 1 <input type="checkbox"/> Single | 4 <input checked="" type="checkbox"/> Head of household (with qualifying person). (See instructions.) | If the qualifying person is a child but not your dependent, enter this child's name here. ▶ | | |
| | 2 <input type="checkbox"/> Married filing jointly (even if only one had income) | 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions) | | | |
| | 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here. ▶ | | | | |
| | | | | | |

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) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instr.) |
|----------------|-----------|--|-------------------------------------|--|
| LIVewith | PARENT | 600-00-1012 | SON | <input checked="" type="checkbox"/> |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

d Total number of exemptions claimed.

Boxes checked on 6a and 6b 1
No. of children on 6c who:
• lived with you 1
• did not live with you due to divorce or separation (see instr.)
Dependents on 6c not entered above
Add numbers on lines above ▶ 2

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 20,000.

8a **Taxable** interest. Attach Schedule B if required. 8a

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

9a **Ordinary** dividends. Attach Schedule B if required. 9a

b **Qualified** dividends (see instructions). 9b

10 Capital gain distributions (see instructions). 10

11a IRA distributions. 11a 11b Taxable amount (see instructions). 11b

12a Pensions and annuities. 12a 12b Taxable amount (see instructions). 12b

13 Unemployment compensation and Alaska Permanent Fund dividends. 13

14a Social security benefits. 14a 14b Taxable amount (see instructions). 14b

15 Add lines 7 through 14b (far right column). This is your **total income.** ▶ 15 20,000.

Adjusted gross income

16 Educator expenses (see instructions). 16

17 IRA deduction (see instructions). 17

18 Student loan interest deduction (see instructions). 18

19 Tuition and fees. Attach Form 8917. 19

20 Add lines 16 through 19. These are your **total adjustments.** 20

21 Subtract line 20 from line 15. This is your **adjusted gross income.** ▶ 21 20,000.

Tax, credits, and payments**Standard Deduction for -**

• People who check any box on line 23a or 23b or who can be claimed as a dependent, see instr.

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

If you have a qualifying child, attach Schedule EIC.

| | | | |
|------------|---|-----------|----------------|
| 22 | Enter the amount from line 21 (adjusted gross income). | 22 | 20,000. |
| 23a | 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 Total boxes checked <input type="checkbox"/> 23a <input type="checkbox"/> | | |
| b | If you are married filing separately and your spouse itemizes deductions, check here 23b <input type="checkbox"/> | | |
| 24 | Enter your standard deduction . | 24 | 8,950. |
| 25 | Subtract line 24 from line 22. If line 24 is more than line 22, enter - 0- . | 25 | 11,050. |
| 26 | Exemptions. Multiply \$3,900 by the number on line 6d. | 26 | 7,800. |
| 27 | Subtract line 26 from line 25. If line 26 is more than line 25, enter - 0- . | | |
| | This is your taxable income. | 27 | 3,250. |
| 28 | Tax , including any alternative minimum tax (see instructions). | 28 | 328. |
| 29 | Credit for child and dependent care expenses. Attach Form 2441. | 29 | 328. |
| 30 | Credit for the elderly or the disabled. Attach Schedule R. | 30 | |
| 31 | Education credits from Form 8863, line 19. | 31 | |
| 32 | Retirement savings contributions credit. Attach Form 8880. | 32 | |
| 33 | Child tax credit. Attach Sch 8812, if required. | 33 | |
| 34 | Add lines 29 through 33. These are your total credits . | 34 | 328. |
| 35 | Subtract line 34 from line 28. If line 34 is more than line 28, enter - 0- . This is your total tax . | 35 | 0. |
| 36 | Federal income tax withheld from Forms W- 2 and 1099. | 36 | 3,600. |
| 37 | 2013 estimated tax payments and amount applied from 2012 return. | 37 | |
| 38a | Earned income credit (EIC). | 38a | 2,851. |
| b | Nontaxable combat pay election. | 38b | |
| 39 | Additional child tax credit. Attach Schedule 8812. | 39 | 1,000. |
| 40 | American opportunity credit from Form 8863, line 8. | 40 | |
| 41 | Add lines 36, 37, 38a, 39, and 40. These are your total payments . | 41 | 7,451. |

Refund

Direct deposit? See instructions and fill in 43b, 43c, and 43d or Form 8888.

| | | | |
|------------|---|------------|---------------|
| 42 | If line 41 is more than line 35, subtract line 35 from line 41. This is the amount you overpaid . | 42 | 7,451. |
| 43a | Amount of line 42 you want refunded to you . If Form 8888 is attached, check here <input checked="" type="checkbox"/> 43a | 43a | 7,451. |

| | | | |
|----------|--|----------|--|
| b | Routing number XXXXXXXXXX | c | Type: <input type="checkbox"/> Overdraft <input type="checkbox"/> Save |
| d | Account number XXXXXXXXXXXXXXXXXXXX | | |

| | | | |
|-----------|--|----|--|
| 44 | Amount of line 42 you want applied to your 2014 estimated tax . | 44 | |
|-----------|--|----|--|

Amount you owe

| | | | |
|-----------|--|----|--|
| 45 | Amount you owe. Subtract line 41 from line 35. For details on how to pay, see instructions. | 45 | |
| 46 | Estimated tax penalty (see instructions). | 46 | |

Third party designee

| | | |
|--|-----------|--------------------|
| Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete the following. <input checked="" type="checkbox"/> No | | |
| Designee's name | Phone no. | Personal ID 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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge. | | | |
| Your signature | Date | Your occupation | Daytime phone number |
| For Info Only-Do not file | | CLERK | |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent you an ID Protection PIN, enter it here (see inst.) |
| For Info Only-Do not file | | | |

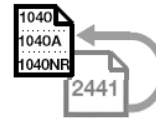
Paid preparer use only

| | | | | |
|----------------------------|--------------------------|-------------------|---|-----------------------|
| Print/type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| JUDY TAXPRO | | 09/05/2013 | | P77777777 |
| Firm's name ▶ | HRB TAX GROUP INC | | Firm's EIN ▶ | 43-1871840 |
| Firm's address ▶ | DUBLIN, OH 43017 | | Phone no. | (614) 659-1158 |

Form 1040A (2013)

Child and Dependent Care Expenses

- **Attach to Form 1040, Form 1040A, or Form 1040NR.**
 ► Information about Form 2441 and its separate instructions is at www.irs.gov/form2441.



OMB No. 1545-0074

2013Attachment
Sequence No. **21**Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

SINGLE PARENTYour social security number
600-00-1002

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) |
|---|--------------------------|--|--|---------------------------------------|
| | TINY TOTS | 222 CHILD CARE LANE NAPOLEON MI 49261 | 41-2222222 | 2,200. |

Did you receive
dependent care benefits?

No

Complete only Part II below.

Yes

Complete Part III on page 2 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 | | |
| LIVEWITH | PARENT | 600-00-1012 | 2,200. |

| 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 | 2,200. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------|-------------------|----------------------|----------------------|--|------|-----------------|-------------------|--------------|-----------------|-----|-----------------|-----------------|-----|-----------------|-----------------|-----|-----------------|-----------------|-----|-----------------|-----------------|-----|-----------------|-----------------|-----|-----------------|---|------|-----------------|-------------------|-------------------|---|------|-----------------|-------------------|-------------------|-----------------|-----|-----------------|-----------------|-----|-----------------|-----------------|-----|-----------------|-----------------|-----|-----------------|-----------------|-----|-----------------|-------------------|-----|-----------------|--|-----|-------------------|--|-----|----------|--------------|
| 4 Enter your earned income . See instructions | | | 4 | 20,000. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4 | | | 5 | 20,000. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 Enter the smallest of line 3, 4, or 5 | | | 6 | 2,200. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 | | | 7 | 20,000. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td>If line 7 is:</td> <td>If line 7 is:</td> </tr> <tr> <td> <table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$0 — 15,000</td> <td></td> <td>.35</td> </tr> <tr> <td>15,000 — 17,000</td> <td></td> <td>.34</td> </tr> <tr> <td>17,000 — 19,000</td> <td></td> <td>.33</td> </tr> <tr> <td>19,000 — 21,000</td> <td></td> <td>.32</td> </tr> <tr> <td>21,000 — 23,000</td> <td></td> <td>.31</td> </tr> <tr> <td>23,000 — 25,000</td> <td></td> <td>.30</td> </tr> <tr> <td>25,000 — 27,000</td> <td></td> <td>.29</td> </tr> <tr> <td>27,000 — 29,000</td> <td></td> <td>.28</td> </tr> </table> </td> <td> <table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$29,000 — 31,000</td> <td></td> <td>.27</td> </tr> <tr> <td>31,000 — 33,000</td> <td></td> <td>.26</td> </tr> <tr> <td>33,000 — 35,000</td> <td></td> <td>.25</td> </tr> <tr> <td>35,000 — 37,000</td> <td></td> <td>.24</td> </tr> <tr> <td>37,000 — 39,000</td> <td></td> <td>.23</td> </tr> <tr> <td>39,000 — 41,000</td> <td></td> <td>.22</td> </tr> <tr> <td>41,000 — 43,000</td> <td></td> <td>.21</td> </tr> <tr> <td>43,000 — No limit</td> <td></td> <td>.20</td> </tr> </table> </td> </tr> </table> | | | If line 7 is: | If line 7 is: | <table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$0 — 15,000</td> <td></td> <td>.35</td> </tr> <tr> <td>15,000 — 17,000</td> <td></td> <td>.34</td> </tr> <tr> <td>17,000 — 19,000</td> <td></td> <td>.33</td> </tr> <tr> <td>19,000 — 21,000</td> <td></td> <td>.32</td> </tr> <tr> <td>21,000 — 23,000</td> <td></td> <td>.31</td> </tr> <tr> <td>23,000 — 25,000</td> <td></td> <td>.30</td> </tr> <tr> <td>25,000 — 27,000</td> <td></td> <td>.29</td> </tr> <tr> <td>27,000 — 29,000</td> <td></td> <td>.28</td> </tr> </table> | Over | But not over | Decimal amount is | \$0 — 15,000 | | .35 | 15,000 — 17,000 | | .34 | 17,000 — 19,000 | | .33 | 19,000 — 21,000 | | .32 | 21,000 — 23,000 | | .31 | 23,000 — 25,000 | | .30 | 25,000 — 27,000 | | .29 | 27,000 — 29,000 | | .28 | <table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$29,000 — 31,000</td> <td></td> <td>.27</td> </tr> <tr> <td>31,000 — 33,000</td> <td></td> <td>.26</td> </tr> <tr> <td>33,000 — 35,000</td> <td></td> <td>.25</td> </tr> <tr> <td>35,000 — 37,000</td> <td></td> <td>.24</td> </tr> <tr> <td>37,000 — 39,000</td> <td></td> <td>.23</td> </tr> <tr> <td>39,000 — 41,000</td> <td></td> <td>.22</td> </tr> <tr> <td>41,000 — 43,000</td> <td></td> <td>.21</td> </tr> <tr> <td>43,000 — No limit</td> <td></td> <td>.20</td> </tr> </table> | Over | But not over | Decimal amount is | \$29,000 — 31,000 | | .27 | 31,000 — 33,000 | | .26 | 33,000 — 35,000 | | .25 | 35,000 — 37,000 | | .24 | 37,000 — 39,000 | | .23 | 39,000 — 41,000 | | .22 | 41,000 — 43,000 | | .21 | 43,000 — No limit | | .20 | 8 | X .32 |
| If line 7 is: | If line 7 is: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Over | But not over | Decimal amount is | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$0 — 15,000 | | .35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15,000 — 17,000 | | .34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17,000 — 19,000 | | .33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19,000 — 21,000 | | .32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21,000 — 23,000 | | .31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23,000 — 25,000 | | .30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25,000 — 27,000 | | .29 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27,000 — 29,000 | | .28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Over | But not over | Decimal amount is | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$29,000 — 31,000 | | .27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31,000 — 33,000 | | .26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33,000 — 35,000 | | .25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35,000 — 37,000 | | .24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37,000 — 39,000 | | .23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39,000 — 41,000 | | .22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41,000 — 43,000 | | .21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | 704. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions | | | 10 | 328. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | 328. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

Form **2441** (2013)

SCHEDULE EIC
(Form 1040A or 1040)Department of the Treasury
Internal Revenue Service (99)**Earned Income Credit****Qualifying Child Information**

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

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

OMB No. 1545-0074

2013Attachment
Sequence No. **43**

Name(s) shown on return

SINGLE PARENT

Your social security number

600-00-1002**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 separate 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 Child's name**

If you have more than three qualifying children, you only have to list three to get the maximum credit.

First name

Last name

**LIVEWITH
PARENT**

First name

Last name

First name

Last name

2 Child's SSN

The child must have an SSN as defined in the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2013. If your child was born and died in 2013 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.

600-00-1012**3 Child's year of birth**Year **2003**If born after 1994 **and** the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.

Year _____

If born after 1994 **and** the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.

Year _____

If born after 1994 **and** the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.**4a** Was the child under age 24 at the end of 2013, a student, and younger than you (or your spouse, if filing jointly)?☐ **Yes.**☐ **No.**Go to
line 5.

Go to line 4b.

☐ **Yes.**☐ **No.**Go to
line 5.

Go to line 4b.

☐ **Yes.**☐ **No.**Go to
line 5.

Go to line 4b.

b Was the child permanently and totally disabled during any part of 2013?☐ **Yes.**☐ **No.**Go to
line 5.The child is not a
qualifying child.☐ **Yes.**☐ **No.**Go to
line 5.The child is not a
qualifying child.☐ **Yes.**☐ **No.**Go to
line 5.The child is not a
qualifying child.**5 Child's relationship to you**

(for example, son, daughter, grandchild, niece, nephew, foster child, etc.)

SON**6 Number of months child lived with you in the United States during 2013**

- If the child lived with you for more than half of 2013 but less than 7 months, enter "7."
- If the child was born or died in 2013 and your home was the child's home for more than half the time he or she was alive during 2013, enter "12."

12 months

Do not enter more than 12 months.

_____ months

Do not enter more than 12 months.

_____ months

Do not enter more than 12 months.

Schedule 8812

(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)**Child Tax Credit**

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

▶ Information about Schedule 8812 and its separate instructions is at www.irs.gov/form1040.

OMB No. 1545-0074

2013Attachment
Sequence No. **47**

Name(s) shown on return

Your social security number

SINGLE PARENT**600-00-1002****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

| | | | | |
|-----------|---|-----------|----------------|---------------|
| 1 | 1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51). | } | 1 | 1,000. |
| | 1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33). | | | |
| | 1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48). | | | |
| | If you used Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. | | | |
| 2 | Enter the amount from Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48 | 2 | 0. | |
| 3 | Subtract line 2 from line 1. If zero, stop ; you cannot take this credit | 3 | 1,000. | |
| 4a | Earned income (see separate instructions) | 4a | 20,000. | |
| b | Nontaxable combat pay (see separate instructions) | 4b | | |
| 5 | Is the amount on line 4a more than \$3,000? <input type="checkbox"/> No. Leave line 5 blank and enter - 0- on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result | 5 | 17,000. | |
| 6 | Multiply the amount on line 5 by 15% (.15) and enter the result Next. Do you have three or more qualifying children? <input checked="" type="checkbox"/> No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7. | 6 | 2,550. | |

KBA For Paperwork Reduction Act Notice, see your tax return instructions.**Schedule 8812 (Form 1040A or 1040) 2012**

Part III Certain Filers Who Have Three or More Qualifying Children

| | | | | |
|-----------|---|-----------|--|--|
| 7 | Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see separate instructions | 7 | | |
| 8 | 1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on line 60. | 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 | 1040 filers: 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 larger of line 6 or line 11 | 12 | | |
| | Next , enter the smaller of line 3 or line 12 on line 13. | | | |

Part IV Additional Child Tax Credit

| | | | |
|-----------|--|-----------|---|
| 13 | This is your additional child tax credit | 13 | 1,000. |
| | | | Enter this amount on Form 1040, line 65, Form 1040A, line 39, or Form 1040NR, line 63. |

Schedule 8812 (Form 1040A or 1040) 2012

Department of the Treasury
Internal Revenue Service► Information about Form 8888 and its instructions is at www.irs.gov/form8888.

► Attach your income tax return.

Name(s) shown on return

Your social security number

SINGLE PARENT**600-00-1002****Part I Direct Deposit**

Complete this part if you want us to directly deposit a portion of your refund to one or more accounts.

| | | |
|---|-----------|--------------|
| 1a Amount to be deposited in first account | 1a | 1,500 |
| b Routing number 123456780 ► c <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d Account number 123456A | | |
| 2a Amount to be deposited in second account | 2a | 2,222 |
| b Routing number 123456780 ► c <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings | | |
| d Account number 456789B | | |
| 3a Amount to be deposited in third account | 3a | 3,729 |
| b Routing number 123456780 ► c <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d Account number 789059C | | |

Part II U.S. Series I Savings Bond Purchases

Complete this part if you want to buy paper bonds with a portion of your refund.

If a name is entered on line 5c or 6c below, co-ownership will be assumed unless the beneficiary box is checked.
See instructions for more details.

| | | |
|--|-----------|--|
| 4 Amount to be used for bond purchases for yourself (and your spouse, if filing jointly) | 4 | |
| 5a Amount to be used to buy bonds for yourself, your spouse, or someone else | 5a | |
| b Enter the owner's name (First then Last) for the bond registration | | |
| c If you would like to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiary, also check here ► <input type="checkbox"/> | | |
| 6a Amount to be used to buy bonds for yourself, your spouse, or someone else | 6a | |
| b Enter the owner's name (First then Last) for the bond registration | | |
| c If you would like to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiary, also check here ► <input type="checkbox"/> | | |

Part III Paper Check

Complete this part if you want a portion of your refund to be sent to you as a check.

| | | |
|---|----------|--|
| 7 Amount to be refunded by check | 7 | |
|---|----------|--|

Part IV Total Allocation of Refund

| | | |
|--|----------|--------------|
| 8 Add lines 1a, 2a, 3a, 4, 5a, 6a, and 7. The total must equal the refund amount shown on your tax return | 8 | 7,451 |
|--|----------|--------------|

KBA For Paperwork Reduction Act Notice, see your tax return instructions.Form **8888** (2013)

Form **8867**Department of the Treasury
Internal Revenue Service**Paid Preparer's Earned Income Credit Checklist**

▶ To be completed by preparer and filed with Form 1040, 1040A, or 1040EZ.

▶ Information about Form 8867 and its separate instructions is at www.irs.gov/form8867.

OMB No. 1545-1629

2013Attachment
Sequence No. **177**

Taxpayer name(s) shown on return

SINGLE PARENT

Taxpayer's social security number

600-00-1002For the definitions of the following terms, see **Pub. 596**.

• Investment Income

• Qualifying Child

• Earned Income

• Full-time Student

Part I All Taxpayers1 Enter preparer's name and PTIN ▶ **JUDY TAXPRO P7777777**

2 Is the taxpayer's filing status married filing separately?

☐ Yes ☒ No▶ If you checked "Yes" on line 2, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

3 Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work or is valid for EIC purposes? See the instructions before answering

☒ Yes ☐ No▶ If you checked "No" on line 3, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

4 Is the taxpayer filing Form 2555 or Form 2555- EZ (relating to the exclusion of foreign earned income)?

☐ Yes ☒ No▶ If you checked "Yes" on line 4, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

5a Was the taxpayer a nonresident alien for any part of 2012?

☐ Yes ☒ No

▶ If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.

b Is the taxpayer's filing status married filing jointly?

☐ Yes ☐ No▶ If you checked "Yes" on line 5a and "No" on line 5b, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.6 Is the taxpayer's **investment income** more than \$3,200? See Rule 6 in Pub. 596 before answering☐ Yes ☒ No▶ If you checked "Yes" on line 6, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.7 Could the taxpayer, or the taxpayer's spouse if filing jointly, be a **qualifying child** of another person for 2012? If the taxpayer's filing status is married filing jointly, check "No". Otherwise, see Rule 10 (Rule 13 if the taxpayer does not have a qualifying child) in Pub. 596 before answering☐ Yes ☒ No▶ If you checked "Yes" on line 7, **stop**; the taxpayer **cannot** take the EIC. Otherwise, go to Part II or Part III, whichever applies.**KBA For Paperwork Reduction Act Notice, see separate instructions.**Form **8867** (2012)**Information provided by: SINGLE PARENT**
Information provided in person.**Date information provided: 08/23/2013****8867 (2012)****FD8867-1V1.21**

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Part II Taxpayers With a Child

Caution. If there is more than one child, complete lines 8 through 14 for one child before going to the next column.

- 8 Child's name
- 9 Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, half brother, half sister, or a descendant of any of them? ☒ Yes ☐ No
- 10 Is either of the following true?
- The child is unmarried, or
 - The child is married, can be claimed as the taxpayer's dependent, and is not filing a joint return (or is filing it only as a claim for refund).
- 11 Did the child live with the taxpayer in the United States for over half of the year? See the instructions before answering ☒ Yes ☐ No
- 12 Was the child (at the end of 2012) -
- Under age 19 and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly),
 - Under age 24, a full-time student, and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), or
 - Any age and permanently and totally disabled? ☒ Yes ☐ No
- If you checked "Yes" on lines 9, 10, 11, and 12, the child is the taxpayer's qualifying child; go to line 13a. If you checked "No" on line 9, 10, 11, or 12, the child is not the taxpayer's qualifying child; see the instructions for line 12.
- 13 a Could any other person check "Yes" on lines 9, 10, 11, and 12 for the child?
- If you checked "No" on line 13a, go to line 14. Otherwise, go to line 13b.
- b Enter the child's relationship to the other person(s)
- c Under the tiebreaker rules, is the child treated as the taxpayer's qualifying child? See the instructions before answering ☐ Yes ☒ No
- If you checked "Yes" on line 13c, go to line 14. If you checked "No," the taxpayer **cannot** take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If there is more than one child, see the **Note** at the bottom of this page. If you checked "Don't know," explain to the taxpayer that, under the tiebreaker rules, the taxpayer's EIC and other tax benefits may be disallowed. Then, if the taxpayer wants to take the EIC based on this child, complete lines 14 and 15. If not, and there are no other qualifying children, the taxpayer cannot take the EIC, including the EIC for taxpayers without a qualifying child; do not complete Part III. If there is more than one child, see the **Note** at the bottom of this page.
- 14 Does the qualifying child have an SSN that allows him or her to work or is valid for EIC purposes? See the instructions before answering ☒ Yes ☐ No
- If you checked "No" on line 14, the taxpayer **cannot** take the EIC based on this child and cannot take the EIC available to taxpayers without a qualifying child. If there is more than one child, see the **Note** at the bottom of this page. If you checked "Yes" on line 14, continue.
- 15 Are the taxpayer's **earned income** and **adjusted gross income** each less than the limit that applies to the taxpayer for 2012? See Pub. 596 for the limit ☒ Yes ☐ No
- If you checked "No" on line 15, **stop**; the taxpayer **cannot** take the EIC. If you checked "Yes" on line 15, the taxpayer can take the EIC. Complete **Schedule EIC** and attach it to the taxpayer's return. If there are two or three qualifying children with valid SSNs, list them on Schedule EIC in the same order as they are listed here. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to see if **Form 8862** must be filed. Go to line 20.

Note. If you checked "No" on line 13c or 14 but there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than three qualifying children). Also do this if you checked "Don't know" on line 13c and the taxpayer is not taking the EIC based on this child.

| | Child 1 | Child 2 | Child 3 |
|---|--|--|--|
| LIVEWITH PARENT | | | |
| <input checked="" 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 |
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Part III Taxpayers Without a Qualifying Child

16 Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period. See Pub. 596.)

☐ Yes ☐ No

▶ If you checked "No" on line 16, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

17 Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of 2012? See the instructions before answering

☐ Yes ☐ No

▶ If you checked "No" on line 17, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

18 Is the taxpayer, or the taxpayer's spouse if filing jointly, eligible to be claimed as a dependent on anyone else's federal income tax return for 2012? If the taxpayer's filing status is married filing jointly, check "No"

☐ Yes ☐ No

▶ If you checked "Yes" on line 18, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

19 Are the taxpayer's **earned income** and **adjusted gross income** each less than the limit that applies to the taxpayer for 2012? See Pub. 596 for the limit

☐ Yes ☐ No

▶ If you checked "No" on line 19, **stop**; the taxpayer **cannot** take the EIC. If you checked "Yes" on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if **Form 8862** must be filed. Go to line 20.

Part IV Due Diligence Requirements

20 Did you complete Form 8867 based on current information provided by the taxpayer or reasonably obtained by you?

☒ Yes ☐ No

21 Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or your own worksheet that provides the same information as the 1040, 1040A, or 1040EZ worksheet)?

☒ Yes ☐ No

22 If any qualifying child was not the taxpayer's son or daughter, did you ask why the parents were not claiming the child and document the answer?

☐ Yes ☐ No
☒ Does not apply

23 If the answer to question 13a is "Yes" (indicating that the child lived for more than half the year with someone else who could claim the child for the EIC), did you explain the tiebreaker rules and possible consequences of another person claiming your client's qualifying child?

☐ Yes ☐ No
☒ Does not apply

24 Did you ask this taxpayer any additional questions that are necessary to meet your knowledge requirement? See the instructions before answering

☒ Yes ☐ No
☐ Does not apply

To comply with the EIC knowledge requirement, you must not know or have reason to know that any information used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to or known by you, and you must make reasonable inquiries if the information furnished appears to be incorrect, inconsistent, or incomplete. At the time you make these inquiries, you must document in your files the inquiries you made and the taxpayer's responses.

25 Did you document the additional questions you asked and your client's answers?

☒ Yes ☐ No
☐ Does not apply

Form 8867 (2012)

- 26** Which documents below, if any, did you rely on to determine EIC eligibility for the qualifying child(ren) listed on Schedule EIC? Check all that apply. **Keep a copy of any documents you relied on.** See the instructions before answering. If there is no qualifying child, check box a. If there is no disabled child, check box o.

Residency of Qualifying Child(ren)

- | | |
|---|---|
| <input type="checkbox"/> a No qualifying child | <input type="checkbox"/> i Place of worship statement |
| <input type="checkbox"/> b School records or statement | <input type="checkbox"/> j Indian tribal official statement |
| <input type="checkbox"/> c Landlord or property management statement | <input type="checkbox"/> k Employer statement |
| <input type="checkbox"/> d Health care provider statement | <input type="checkbox"/> l Other (specify) ▼ |
| <input type="checkbox"/> e Medical records | |
| <input type="checkbox"/> f Child care provider records | |
| <input type="checkbox"/> g Placement agency statement | |
| <input type="checkbox"/> h Social service records or statement | <input type="checkbox"/> m Did not rely on any documents, but made notes in file |
| | <input checked="" type="checkbox"/> n Did not rely on any documents |

Disability of Qualifying Child(ren)

- | | |
|---|---|
| <input checked="" type="checkbox"/> o No disabled child | <input type="checkbox"/> s Other (specify) ▼ |
| <input type="checkbox"/> p Doctor statement | |
| <input type="checkbox"/> q Other health care provider statement | |
| <input type="checkbox"/> r Social services agency or program statement | <input type="checkbox"/> t Did not rely on any documents, but made notes in file |
| | <input type="checkbox"/> u Did not rely on any documents |

- 27** If a Schedule C is included with this return, which documents or other information, if any, did you rely on to confirm the existence of the business and to figure the amount of Schedule C income and expenses reported on the return? Check all that apply. **Keep a copy of any documents you relied on.** See the instructions before answering. If there is no Schedule C, check box a.

Documents or Other Information

- | | |
|--|---|
| <input checked="" type="checkbox"/> a No Schedule C | <input type="checkbox"/> h Bank statements |
| <input type="checkbox"/> b Business license | <input type="checkbox"/> i Reconstruction of income and expenses |
| <input type="checkbox"/> c Forms 1099 | <input type="checkbox"/> j Other (specify) ▼ |
| <input type="checkbox"/> d Records of gross receipts provided by taxpayer | |
| <input type="checkbox"/> e Taxpayer summary of income | |
| <input type="checkbox"/> f Records of expenses provided by taxpayer | <input type="checkbox"/> k Did not rely on any documents, but made notes in file |
| <input type="checkbox"/> g Taxpayer summary of expenses | <input type="checkbox"/> l Did not rely on any documents |

► You have complied with all the due diligence requirements if you:

- Completed the actions described on lines 20 and 21 and checked **"Yes"** on those lines,
- Completed the actions described on lines 22, 23, 24, and 25 (if they apply) and checked **"Yes"** (or **"Does not apply"**) on those lines,
- Submit Form 8867 in the manner required, **and**
- Keep all five of the following records for 3 years from the latest of the dates specified in the instructions under Document Retention:
 - Form 8867, Paid Preparer's Earned Income Credit Checklist,
 - The EIC worksheet(s) or your own worksheet(s),
 - Copies of any taxpayer documents you relied on to determine eligibility for or amount of EIC,
 - A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained, and
 - A record of any additional questions you asked and your client's answers.

- If you checked **"No"** on line 20, 21, 22, 23, 24, or 25, you have not complied with all the due diligence requirements and may have to pay a \$500 penalty for each failure to comply.