

Test Scenario 3 (NACTP Test 8)

Oklahoma Forms: 511, 511CR, 538-S

Taxpayer: Baby Sitter
222 Nursery Lane
Oklahoma City, OK 73110

SSN: 400-00-5008

Dependent: John Doe

SSN: 400-00-5018

Modification to Federal return:

- W2: Oklahoma withholding of \$125.00.
- Adjust your charitable contributions by \$125.00

Additional Information:

- Use the Federal AGI to compute Use Tax.
- For Form 538-S - Taxpayer did not receive TY2013 EIC in FY2014
- Taxpayer's home was destroyed in the May 20 , 2012 tornado. Taxpayer prepared form 576 in 2013.

Final Result: Refund equals \$295.00 (Form 511, line 38)



State of Oklahoma
2012 OR 2013 NATURAL DISASTER TAX CREDIT

(For residential real property owners only)

TAX YEAR 2013

FORM **576**

Revised 5-2014

Read all information on the back of this form prior to completing the fields below. Keep a copy of this form to file with your return for the next four years.

Name (as shown on your income tax return) BABY SITTER	Social Security Number 400-00-5008
Name of property owner(s) -if different from above	Address of Property 222 NURSERY LANE
Parcel Identification Number or Account Number 0089366	Legal Description of Property (include county) STONEGATE MANOR SEC 1 LT 8 BLK1

Enter the qualifying natural disaster which damaged or destroyed your Oklahoma residence. To qualify, a Presidential Major Disaster Declaration must have been issued, unless the natural disaster was a tornado in which case a Presidential Major Disaster Declaration is not required. *Qualifying Oklahoma natural disasters for which a Presidential Major Disaster Declaration was issued can be found on FEMA's website at www.fema.gov/disasters.* The Declaration Type is 'Major Disaster Declarations'.

Oklahoma Natural Disaster DR 4117	Date of Natural Disaster MAY 20, 2012
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Credit Computation

1 Enter the allowed ad valorem property tax paid on the property and on improvements the first year after the improvement is complete 1700.00

➔ (If you increased the size of your home, see Line 1 Instructions on the back of the form to determine the amount to enter on this line)

2 Enter the ad valorem property tax paid on the property and on improvements in year prior to the damage or destruction 1603.00

Note: You must be the owner of record for each tax year the credit is claimed.

3 Refundable credit available for tax year 2013. (Subtract line 2 from line 1) 97.00

4 Refundable credit available for tax year 2014. (Multiply line 3 by 80%)

5 Refundable credit available for tax year 2015. (Multiply line 4 by 80%)

6 Refundable credit available for tax year 2016. (Multiply line 5 by 80%)

7 Refundable credit available for tax year 2017. (Multiply line 6 by 80%)

The filing of this form authorizes the Oklahoma Tax Commission to verify the information contained herein with the applicable County Assessor's and/or Treasurer's office.

NACTP

Test 8

Single taxpayer worked part time and ran a daycare out of her home; she is a widow with 1 child

Forms: 1040, W2 (1), Schedule A, Schedule C, Schedule EIC, Schedule SE, 2441, 4562, 8283, 8812, 8829, 8867

Taxpayer:

Baby Sitter

222 Nursery Lane

Tillamook, OR 97141

SSN: 600-00-1008

DOB: 10/21/1964

Filing Status: Qualifying Widow(er) Spouse DOD 06/10/2013

Dependent:

John Doe SSN 600-00-2008 DOB 03/19/2004

Daycare Provider for John:

Tiny Tots

222 Child Care Lane

Tillamook, OR 94141

EIN: 41-8888888

Amount paid: \$6000.00

DEPRECIATION WORKSHEET - ALL METHODS

Name(s) **BABY SITTER**

SSN/ EIN **600-00-1008**

Business or Activity: SCH C BABY SITTER CHILD CARE S Subform: 8829

- If the business-use percentage of an asset is expected to change from year to year, use a separate worksheet for that asset, recomputing the columns D through O each year.
- In states where depreciation is computed different than federal, use a separate worksheet for state depreciation.
- When more than eight assets are being depreciated, use as many worksheets as necessary.

ASSET	LISTED	DEPRECIATION	Manner/ Date Acquired (Purchased, gift, inherited, etc.)	Date Placed in Service, if different	System (MACRS, ACRS, etc.) & Class/Life	A. Cost or Other Basis	B. Land/ Salvage or other adj.*	C. Qualified		D. Business Use %	E. Business Basis (C x D)
								Basis (A - B)			
1		HOME	05/01/2013	05/01/2013	MACRS N	189000	10000	179000		45.92	82197
2											
3											
4											
5											
6											
7											
8											

* Enter basis adjustment for clean- fuel vehicle deduction or electric vehicle credit in column B.

- In the section below, use the top row for each asset to compute depreciation for regular tax purposes, and the shaded row below it to compute depreciation for AMT purposes.
- In column O, enter the tax year at the top and the asset's recovery year below (1st, 2nd, etc.). Find the percentage from the appropriate table.
- To continue depreciation after the third year, another row or use additional copies of this worksheet as overflow worksheets. Enter in Column M any depreciation claimed on prior years' worksheets.

	F. Sec. 179 Deduction	G. (E - F)**	H. Special*** Depreciation Allowance, if any (col. G x percentage)	I. Depreciable Amount (G - H)	J. Recovery Period	K. Method and Convention	L. Prior Depreciation Claimed	M. Date of Disposition	N. Depreciation Computation								
									Year: 2014		Year:		Year:				
									Rec. Year	%	Depr. (I x %)	Rec. Year	%	Depr. (I x %)	Rec. Year	%	Depr. (I x %)
1		82197		82197	39		1319*		2	2.5	2108						
AMT		82197		82197	39	MM	1319*		2	2.5	2108						
2																	
AMT																	
3																	
AMT																	
4																	
AMT																	
5																	
AMT																	
6																	
AMT																	
7																	
AMT																	
8																	
AMT																	

** Reduce the result by any investment credit basis adjustment before entering the figure in column G.

*** An additional allowance of: 30% for qualified assets placed in service in the New York Liberty Zone after September 1, 2001 and before January 1, 2010, or for other qualified assets placed in service after September 1, 2001 and before January 1, 2004, or 50% for assets placed in service after May 5, 2003 and before September 9, 2010 or 100% after September 8, 2010 and before January 1, 2013. See special rules that apply to certain disaster areas.

* System calculated prior depreciation

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

See separate instructions.
Your social security number
600-00-1008
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

BABY SITTER
222 NURSERY LANE
TILLAMOOK, OR 97141

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 & full name here.
 4 Head of household (with qualifying person). (See instructions.)
 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.
c Dependents:
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if qual. child < 17 for child tax cr. (see inst)
JOHN DOE 600-00-2008 SON
 If more than four dependents, see inst and check here
 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 inst):
 Dependents on 6c not entered above:
 Add numbers on lines above: 2

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 13,200.
 8a Taxable interest. Attach Schedule B if required
 8b Tax-exempt interest. Do not include on line 8a
 9a Ordinary dividends. Attach Schedule B if required
 9b Qualified dividends
 10 Taxable refunds, credits, or offsets of state and local income taxes
 11 Alimony received
 12 Business income or (loss). Attach Schedule C or C-EZ 13,096.
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here
 14 Other gains or (losses). Attach Form 4797
 15a IRA distributions 15a Taxable amt 15b
 16a Pensions and annuities 16a Taxable amt 16b
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
 18 Farm income or (loss). Attach Schedule F
 19 Unemployment compensation
 20a Social security benefits 20a Taxable amount 20b
 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 26,296.

Adjusted Gross Income
 23 Educator expenses 23
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24
 25 Health savings account deduction. Attach Form 8889 25
 26 Moving expenses. Attach Form 3903 26
 27 Deductible part of self-employment tax. Attach Schedule SE 925.
 28 Self-employed SEP, SIMPLE, and qualified plans 28
 29 Self-employed health insurance deduction 29
 30 Penalty on early withdrawal of savings 30
 31a Alimony paid b Recipient's SSN 31a
 32 IRA deduction 32
 33 Student loan interest deduction 33
 34 Tuition and fees. Attach Form 8917 34
 35 Domestic production activities deduction. Attach Form 8903 35
 36 Add lines 23 through 35 925.
 37 Subtract line 36 from line 22. This is your adjusted gross income 25,371.

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2013)

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	25,371.
39a	Check <input type="checkbox"/> You were born before January 2, 1949, if: <input type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind. <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	13,750.
41	Subtract line 40 from line 38	41	11,621.
42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions	42	7,900.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter - 0-	43	3,721.
44	Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	373.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	373.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	373.
49	Education credits from Form 8863, line 19	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit. Attach Schedule 8812, if required	51	
52	Residential energy credit. Attach Form 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add ln 47 through 53. These are your total credits	54	373.
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter - 0-	55	0.

Standard Deduction for -

- People who check any box on line 39a or 39b 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

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	1,850.
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions, enter code(s)	60	
61	Add lines 55 through 60. This is your total tax	61	1,850.

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	1,200.
63	2013 estimated tax payments and amount applied from 2012 return	63	
64a	Earned income credit (EIC)	64a	2,099.
b	Nontaxable combat pay election <input type="checkbox"/> 64b		
65	Additional child tax credit. Attach Schedule 8812	65	1,000.
66	American opportunity credit from Form 8863, line 8	66	
67	Reserved	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	4,299.

Refund

Direct deposit? See instructions.

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	2,449.
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	74a	2,449.
b	Routing number <input type="text"/>	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number <input type="text"/>		
75	Amount of line 73 you want applied to your 2014 estimated tax ▶	75	

Amount You Owe

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

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 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 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
For Info Only-Do not file		DAYCARE PROVIDR	
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 **KATHLEEN PERRY** Preparer's signature Date **09/05/2014** Check if self-employed PTIN **P11111111**

Firm's name ▶ **HRB TAX GROUP INC** Firm's EIN ▶ **43-1871840**

Firm's address ▶ **DUBLIN, OH 43017** Phone no. **(614) 659-1158**

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

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

► Attach to Form 1040.

OMB No. 1545-0074

2014

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

BABY SITTER

600-00-1008

Caution. Do not include expenses reimbursed or paid by others.

Medical and Dental Expenses

1	Medical and dental expenses (see instructions) _____	1		
2	Enter amount from Form 1040, line 38 _____	2		
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	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- _____	4		

Taxes You Paid

5	State and local (check only one box):	5		0.
a	<input type="checkbox"/> Income taxes, or			
b	<input type="checkbox"/> General sales taxes			
6	Real estate taxes (see instructions) _____	6	1,244.	
7	Personal property taxes _____	7	2,300.	
8	Other taxes. List type and amount ► _____	8		
9	Add lines 5 through 8 _____	9		3,544.

Interest You Paid

Note.
Your mortgage interest deduction may be limited (see instructions).

10	Home mortgage interest and points reported to you on Form 1098 _____	10	3,353.	
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► _____	11		
12	Points not reported to you on Form 1098. See instructions for special rules _____	12		
13	Mortgage insurance premiums (see instructions) _____	13		
14	Investment interest. Attach Form 4952 if required. (See instructions.) _____	14		
15	Add lines 10 through 14 _____	15		3,353.

Gifts to Charity

If you made a gift and got a benefit for it, see instructions.

16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions CHURCH _____	16	2,253.	
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 _____	17	4,600.	
18	Carryover from prior year _____	18		
19	Add lines 16 through 18 _____	19		6,853.

Casualty and Theft Losses

20	Casualty or theft loss(es). Attach Form 4684. (See instructions.) _____	20		
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Job Expenses and Certain Miscellaneous Deductions

21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See inst.) ► _____	21		
22	Tax preparation fees _____	22	391.	
23	Other expenses - investment, safe deposit box, etc. List type and amount ► _____	23		
24	Add lines 21 through 23 _____	24	391.	
25	Enter amount from Form 1040, line 38 _____	25	25,371.	
26	Multiply line 25 by 2% (.02) _____	26	507.	
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- _____	27		0.

Other Miscellaneous Deductions

28	Other - from list in instructions. List type and amount ► _____	28		
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Total Itemized Deductions

29	Is Form 1040, line 38, over \$150,000?	29		13,750.
	<input checked="" type="checkbox"/> No. 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"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
30	If you elect to itemize deductions even though they are less than your standard deduction, check here _____			

KBA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2013

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

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

▶ For information on Schedule C and its instructions, go to www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2014

Attachment
Sequence No. **09**

Name of proprietor BABY SITTER	Social security number (SSN) 600-00-1008
A Principal business or profession, including product or service (see instructions) CHILD CARE SERVICES : DAY CARE	B Enter code from instructions ▶ 624410
C Business name. If no separate business name, leave blank. BABY SITTER	D Employer ID number (EIN), (see instr.)
E Business address (including suite or room no.) ▶ 222 NURSERY LANE City, town or post office, state, and ZIP code TILLAMOOK, OR 97141	
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶	
G Did you "materially participate" in the operation of this business during 2013? If "No," see instructions for limit on losses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2013, check here	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part I Income	
1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ATTACHMENT ▶ <input type="checkbox"/>	1 27,000.
2 Returns and allowances	2
3 Subtract line 2 from line 1	3 27,000.
4 Cost of goods sold (from line 42)	4
5 Gross profit. Subtract line 4 from line 3	5 27,000.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6
7 Gross income. Add lines 5 and 6 ▶	7 27,000.

Part II Expenses		Enter expenses for business use of your home only on line 30.	
8 Advertising	8	235.	18 Office expense (see instructions)
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans
10 Commissions and fees	10		20 Rent or lease (see instructions):
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment
12 Depletion	12		b Other business property
13 Depreciation and section 179 expense deduction (not included in Part III) (see inst)	13		21 Repairs and maintenance
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)
15 Insurance (other than health)	15		23 Taxes and licenses
16 Interest:			24 Travel, meals, and entertainment:
a Mortgage (paid to banks, etc.)	16a		a Travel
b Other	16b		b Deductible meals and entertainment (see instructions)
17 Legal and professional services	17		25 Utilities
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30		27b Reserved for future use
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31		28 6,781.
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			29 20,219.
			30 7,123.
			31 13,096.
			32a <input type="checkbox"/> All investment is at risk.
			32b <input type="checkbox"/> Some investment is not at risk.

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► Information about Schedule SE and its separate instructions is at www.irs.gov/schedules.
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2014

Attachment
Sequence No. **17**

Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)

Social security number of person
with **self-employment** income ►

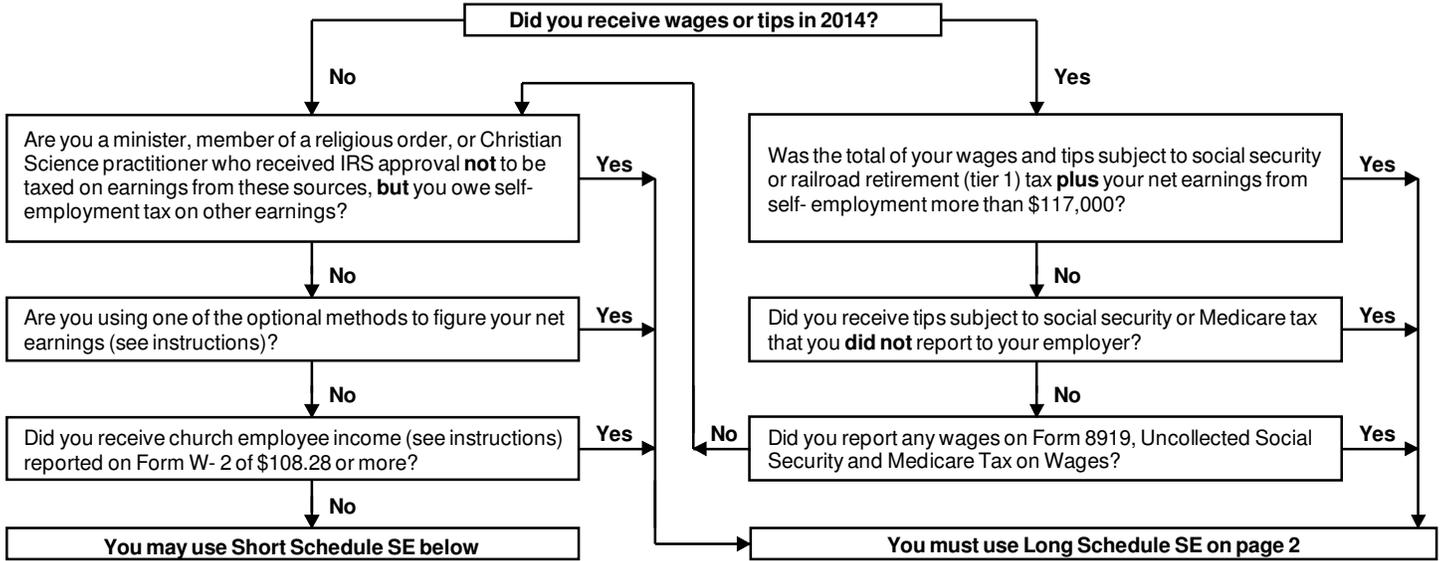
BABY SITTER

600-00-1008

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



Section A - Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K- 1 (Form 1065), box 14, code A	1a	0 .
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K- 1 (Form 1065), box 20, code Z	1b	()
2 Net profit or (loss) from Schedule C, line 31; Schedule C- EZ, line 3; Schedule K- 1 (Form 1065), box 14, code A (other than farming); and Schedule K- 1 (Form 1065- B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	13,096 .
3 Combine lines 1a, 1b, and 2	3	13,096 .
4 Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self- employment tax; do not file this schedule unless you have an amount on line 1b	4	12,094 .
Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 Self-employment tax. If the amount on line 4 is: • \$117,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 • More than \$117,000, multiply line 4 by 2.9% (.029). Then, add \$14,508 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55	5	1,850 .
6 Deduction for one- half of self- employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	925 .

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

Schedule SE (Form 1040) 2014

Child and Dependent Care Expenses



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.

Name(s) shown on return

BABY SITTER

Your social security number
600-00-1008

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 TILLAMOOK OR 97141	41-5555555	6,000.

Did you receive dependent care benefits?	No Yes	Complete only Part II below. Complete Part III on page 2 next.
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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 60a, or Form 1040NR, line 59a.

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 First Last	(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2013 for the person listed in column (a)
	JOHN DOE	600-00-2008	6,000.

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	3,000.																														
4 Enter your earned income . See instructions	4	25,371.																														
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	25,371.																														
6 Enter the smallest of line 3, 4, or 5	6	3,000.																														
7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	7	25,371.																														
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7																																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">If line 7 is:</td> <td style="width: 33%;">If line 7 is:</td> <td style="width: 34%;"></td> </tr> <tr> <td style="text-align: center;">Over</td> <td style="text-align: center;">But not over</td> <td style="text-align: center;">Decimal amount is</td> </tr> <tr> <td style="text-align: center;">\$0 — 15,000</td> <td style="text-align: center;">\$29,000 — 31,000</td> <td style="text-align: center;">.35</td> </tr> <tr> <td style="text-align: center;">15,000 — 17,000</td> <td style="text-align: center;">31,000 — 33,000</td> <td style="text-align: center;">.34</td> </tr> <tr> <td style="text-align: center;">17,000 — 19,000</td> <td style="text-align: center;">33,000 — 35,000</td> <td style="text-align: center;">.33</td> </tr> <tr> <td style="text-align: center;">19,000 — 21,000</td> <td style="text-align: center;">35,000 — 37,000</td> <td style="text-align: center;">.32</td> </tr> <tr> <td style="text-align: center;">21,000 — 23,000</td> <td style="text-align: center;">37,000 — 39,000</td> <td style="text-align: center;">.31</td> </tr> <tr> <td style="text-align: center;">23,000 — 25,000</td> <td style="text-align: center;">39,000 — 41,000</td> <td style="text-align: center;">.30</td> </tr> <tr> <td style="text-align: center;">25,000 — 27,000</td> <td style="text-align: center;">41,000 — 43,000</td> <td style="text-align: center;">.29</td> </tr> <tr> <td style="text-align: center;">27,000 — 29,000</td> <td style="text-align: center;">43,000 — No limit</td> <td style="text-align: center;">.28</td> </tr> </table>	If line 7 is:	If line 7 is:		Over	But not over	Decimal amount is	\$0 — 15,000	\$29,000 — 31,000	.35	15,000 — 17,000	31,000 — 33,000	.34	17,000 — 19,000	33,000 — 35,000	.33	19,000 — 21,000	35,000 — 37,000	.32	21,000 — 23,000	37,000 — 39,000	.31	23,000 — 25,000	39,000 — 41,000	.30	25,000 — 27,000	41,000 — 43,000	.29	27,000 — 29,000	43,000 — No limit	.28	8	X .29
If line 7 is:	If line 7 is:																															
Over	But not over	Decimal amount is																														
\$0 — 15,000	\$29,000 — 31,000	.35																														
15,000 — 17,000	31,000 — 33,000	.34																														
17,000 — 19,000	33,000 — 35,000	.33																														
19,000 — 21,000	35,000 — 37,000	.32																														
21,000 — 23,000	37,000 — 39,000	.31																														
23,000 — 25,000	39,000 — 41,000	.30																														
25,000 — 27,000	41,000 — 43,000	.29																														
27,000 — 29,000	43,000 — No limit	.28																														
9 Multiply line 6 by the decimal amount on line 8. If you paid 2013 expenses in 2014, see the instructions	9	870.																														
10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	373.																														
11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47	11	373.																														

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

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit

Qualifying Child Information



OMB No. 1545-0074

2014

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.

Name(s) shown on return

Your social security number

BABY SITTER

600-00-1008

Before you begin:

- See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, 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

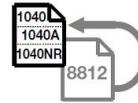
1 Child's name	First name	Last name	First name	Last name	First name	Last name
If you have more than three qualifying children, you have to list only three to get the maximum credit.	JOHN	DOE				
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, unless the child was born and died in 2014. If your child was born and died in 2014 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.	600-00-2008					
3 Child's year of birth	Year 2004 If born after 1995 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	Year _____ If born after 1995 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	Year _____ If born after 1995 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	Year _____ If born after 1995 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	Year _____ If born after 1995 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	Year _____ If born after 1995 and the child is 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 2014, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Go to line 4b.	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Go to line 4b.	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Go to line 4b.
b Was the child permanently and totally disabled during any part of 2014?	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. 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 2014 • If the child lived with you for more than half of 2014 but less than 7 months, enter "7." • If the child was born or died in 2014 and your home was the child's home for more than half the time he or she was alive during 2014, 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.	_____ 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/schedule8812.



OMB No. 1545-0074

2014

Attachment
Sequence No. 47

Name(s) shown on return

Your social security number
600-00-1008

BABY SITTER

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). 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.				
		}	1	1,000.	
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		25,371.	
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		22,371.	
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		3,356.	

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

Schedule 8812 (Form 1040A or 1040) 2013

Part III Certain Filers Who Have Three or More Qualifying Children

7 Withheld social security, Medicare, and Additional Medicare taxes from Forms(s) W- 2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions	7	
8 1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on line 60.	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.		
1040A filers: Enter the total of the amount from Form 1040A, line 38a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 41 (see separate instructions).	10	
1040NR filers: Enter the amount from Form 1040NR, line 65.		
11 Subtract line 10 from line 9. If zero or less, enter - 0-		11
12 Enter the larger of line 6 or line 11 Next , enter the smaller 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	1,000.
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Enter this amount on Form 1040, line 65, Form 1040A, line 39, or Form 1040NR, line 63.



DRAFT

Noncash Charitable Contributions

OMB No. 1545-0908

▶ **Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.**

Attachment Sequence No. **155**

▶ **Information about Form 8283 and its separate instructions is at www.irs.gov/form8283.**

Name(s) shown on your income tax return

Identifying number
600-00-1008

BABY SITTER

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities - List in this section **only** items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list publicly traded securities even if the deduction is more than \$5,000 (see instructions).

Part I	Information on Donated Property - If you need more space, attach a statement.		
	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instrs), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached)	(c) Description of donated property (For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name and the number of shares.)
1	MY CHARITY A 123 CHARITY ROW TILLAMOOK OR 97141	<input type="checkbox"/>	CLOTHING HOUSEHOLD ITEMS
B		<input type="checkbox"/>	
C		<input type="checkbox"/>	
D		<input type="checkbox"/>	
E		<input type="checkbox"/>	

Note. If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instr.)	(i) Method used to determine the fair market value
A	09/15/2014	VARIOUS	PURCHASED	22,500.	4,600.	THRIFT STORE VALUE
B						
C						
D						
E						

Part II Partial Interests and Restricted Use Property- Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

- 2a** Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶ _____
 If Part II applies to more than one property, attach a separate statement.
- b** Total amount claimed as a deduction for the property listed in Part I: **(1)** For this tax year ▶ _____
(2) For any prior tax years ▶ _____
- c** Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):
 Name of charitable organization (donee) _____
 Address (number, street, and room or suite no.) _____
 City or town, state, and ZIP code _____
- d** For tangible property, enter the place where the property is located or kept ▶ _____
- e** Name of any person, other than the donee organization, having actual possession of the property ▶ _____

		Yes	No
3a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?	<input type="checkbox"/>		
b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Is there a restriction limiting the donated property for a particular use?	<input type="checkbox"/>		

Expenses for Business Use of Your Home

► **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**

2014

Department of the Treasury
Internal Revenue Service (99)

► **Information about Form 8829 and its separate instructions is at www.irs.gov/form8829.**

Attachment
Sequence No. **176**

Name(s) of proprietor(s)

Your social security number

BABY SITTER

600-00-1008

Part I Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	1,700
2	Total area of home	2	2,300
3	Divide line 1 by line 2. Enter the result as a percentage	3	73.91%
For daycare facilities not used exclusively for business, go to line 4. All others go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	3,120 hr.
5	Total hours available for use during the year (365 days x 24 hours) (see instructions)	5	8,760 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	0.3562
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	45.92%

Part II Figure Your Allowable Deduction

SEE ATTACHED COMPUTATION

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home (see instructions)	8	20,219.
See instructions for columns (a) and (b) before completing lines 9-21.			
		(a) Direct expenses	(b) Indirect expenses
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	6,201.
11	Real estate taxes (see instructions)	11	2,300.
12	Add lines 9, 10, and 11	12	8,501.
13	Multiply line 12, column (b) by line 7	13	3,904.
14	Add line 12, column (a) and line 13	14	3,904.
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	16,315.
16	Excess mortgage interest (see instructions)	16	
17	Insurance	17	420.
18	Rent	18	
19	Repairs and maintenance	19	
20	Utilities	20	2,000.
21	Other expenses (see instructions)	21	
22	Add lines 16 through 21	22	2,420.
23	Multiply line 22, column (b) by line 7	23	1,111.
24	Carryover of prior year operating expenses (see instructions)	24	
25	Add line 22, column (a), line 23, and line 24	25	1,111.
26	Allowable operating expenses. Enter the smaller of line 15 or line 25	26	1,111.
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	15,204.
28	Excess casualty losses (see instructions)	28	
29	Depreciation of your home from line 41 below	29	2,108.
30	Carryover of prior year excess casualty losses and depreciation (see instructions)	30	
31	Add lines 28 through 30	31	2,108.
32	Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	32	2,108.
33	Add lines 14, 26, and 32	33	7,123.
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions)	34	
35	Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	35	7,123.

Part III Depreciation of Your Home

36	Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	36	189,000.
37	Value of land included on line 36	37	10,000.
38	Basis of building. Subtract line 37 from line 36	38	179,000.
39	Business basis of building. Multiply line 38 by line 7	39	82,197.
40	Depreciation percentage (see instructions)	40	2.564%
41	Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41	2,108.

Part IV Carryover of Unallowed Expenses to 2015

42	Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	0.
43	Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	0.

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

Paid Preparer's Earned Income Credit Checklist

Department of the Treasury
Internal Revenue Service

▶ **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.**

Attachment
Sequence No. **177**

Taxpayer name(s) shown on return

BABY SITTER

Taxpayer's social security number

600-00-1008

For the definitions of **Qualifying Child** and **Earned Income**, see **Pub. 596**.

Part I All Taxpayers

<p>1 Enter preparer's name and PTIN ▶ KATHLEEN PERRY P11111111</p>	
<p>2 Is the taxpayer's filing status married filing separately?</p> <p>▶ If you checked "Yes" on line 2, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>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 and is valid for EIC purposes? See the instructions before answering</p> <p>▶ If you checked "No" on line 3, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4 Is the taxpayer (or the taxpayer's spouse if filing jointly) filing Form 2555 or 2555- EZ (relating to the exclusion of foreign earned income)?</p> <p>▶ If you checked "Yes" on line 4, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>5a Was the taxpayer (or the taxpayer's spouse) a nonresident alien for any part of 2014?</p> <p>▶ If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>b Is the taxpayer's filing status married filing jointly?</p> <p>▶ If you checked "Yes" on line 5a and "No" on line 5b, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6 Is the taxpayer's investment income more than \$3,350? See the instructions before answering</p> <p>▶ If you checked "Yes" on line 6, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>7 Could the taxpayer be a qualifying child of another person for 2014? 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</p> <p>▶ If you checked "Yes" on line 7, stop; the taxpayer cannot take the EIC. Otherwise, go to Part II or Part III, whichever applies.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

KBA For Paperwork Reduction Act Notice, see separate instructions.

Information provided by: BABY SITTER
Information provided in person.

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?

10 Was the child unmarried at the end of 2014?
 If the child was married at the end of 2014, see the instructions before answering

11 Did the child live with the taxpayer in the United States for over half of 2014?
 See the instructions before answering

12 Was the child (at the end of 2014) -
 • Under age 19 and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly),
 • Under age 24, a student (defined in the instructions), and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), or
 • Any age and permanently and totally disabled?
 ▶ 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.

13a Do you or the taxpayer know of another person who could check "**Yes**" on lines 9, 10, 11, and 12 for the child? (If the only other person is the taxpayer's spouse, see the instructions before answering.)
 ▶ 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
 ▶ 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
 ▶ 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 2014? See instructions
 ▶ 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 there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than three qualifying children).

	Child 1	Child 2	Child 3
JOHN DOE			
8	<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
9	<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
10	<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
11	<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
12	<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
13a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b			
c	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
14	<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
15			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.		

Part III Taxpayers Without a Qualifying Child

<p>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 the instructions before answering</p> <p>▶ If you checked "No" on line 16, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>17 Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of 2014? See the instructions before answering</p> <p>▶ If you checked "No" on line 17, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>18 Is the taxpayer eligible to be claimed as a dependent on anyone else's federal income tax return for 2014? If the taxpayer's filing status is married filing jointly, check "No"</p> <p>▶ If you checked "Yes" on line 18, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>19 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2014? See instructions</p> <p>▶ 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.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="background-color: #cccccc; height: 50px; width: 100%;"></div>

Part IV Due Diligence Requirements

<p>20 Did you complete Form 8867 based on current information provided by the taxpayer or reasonably obtained by you?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>22 If any qualifying child was not the taxpayer's son or daughter, do you know or did you ask why the parents were not claiming the child?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Does not apply</p>
<p>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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Does not apply</p>
<p>24 Did you ask this taxpayer any additional questions that are necessary to meet your knowledge requirement? See the instructions before answering</p> <p>To comply with the EIC knowledge requirement, you must not know or have reason to know that any information you 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 you or known by you, and you must make reasonable inquiries if the information furnished to you 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.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply</p> <div style="background-color: #cccccc; height: 50px; width: 100%;"></div>
<p>25 Did you document (a) the taxpayer's answer to question 22 (if applicable), (b) whether you explained the tiebreaker rules to the taxpayer and any additional information you got from the taxpayer as a result, and (c) any additional questions you asked and the taxpayer's answers?</p> <p>▶ You have complied with all the due diligence requirements if you:</p> <ol style="list-style-type: none"> 1. Completed the actions described on lines 20 and 21 and checked "Yes" on those lines, 2. Completed the actions described on lines 22, 23, 24, and 25 (if they apply) and checked "Yes" (or "Does not apply") on those lines, 3. Submit Form 8867 in the manner required, and 4. Keep all five of the following records for 3 years from the latest of the dates specified in the instructions under Document Retention: <ol style="list-style-type: none"> a. Form 8867, b. The EIC worksheet(s) or your own worksheet(s), c. Copies of any taxpayer documents you relied on to determine eligibility for or amount of EIC, d. A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained, and e. A record of any additional questions you asked and your client's answers. <p>▶ You have not complied with all the due diligence requirements if you checked "No" on line 20, 21, 22, 23, 24, or 25. You may have to pay a \$500 penalty for each failure to comply.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply</p> <div style="background-color: #cccccc; height: 100px; width: 100%;"></div>

Part V Documents Provided to You

- 26 Identify below any document that the taxpayer provided to you and that you relied on to determine the taxpayer's EIC eligibility. 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 checked="" type="checkbox"/> | i | Place of worship statement |
| <input checked="" 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 checked="" type="checkbox"/> | k | Employer statement |
| <input checked="" type="checkbox"/> | d | Health care provider statement | <input checked="" type="checkbox"/> | l | Other (specify) ▼ |
| <input checked="" type="checkbox"/> | e | Medical records | | | SEE ATTACHMENT |
| <input checked="" type="checkbox"/> | f | Child care provider records | | | |
| <input type="checkbox"/> | g | Placement agency statement | | | |
| <input checked="" type="checkbox"/> | h | Social service records or statement | <input type="checkbox"/> | m | Did not rely on any documents, but made notes in file |
| | | | <input 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, identify below the information that the taxpayer provided to you and that you relied on to prepare the Schedule C. 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 type="checkbox"/> | a | No Schedule C | <input checked="" type="checkbox"/> | h | Bank statements |
| <input checked="" type="checkbox"/> | b | Business license | <input type="checkbox"/> | i | Reconstruction of income and expenses |
| <input checked="" type="checkbox"/> | c | Forms 1099 | <input checked="" type="checkbox"/> | j | Other (specify) ▼ |
| <input checked="" type="checkbox"/> | d | Records of gross receipts provided by taxpayer | | | SEE ATTACHMENT |
| <input checked="" type="checkbox"/> | e | Taxpayer summary of income | | | |
| <input checked="" 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 checked="" type="checkbox"/> | g | Taxpayer summary of expenses | <input type="checkbox"/> | l | Did not rely on any documents |

Form 8867 (2014)

Supporting Schedules

2014

Name: BABY SITTER

SSN: 600-00-1008

Schedule A

Line 17 - Gifts by Other Than Cash or Check

Description	Amount
FORM 8283	4,600
Total	4,600

SCHEDULE C - BABY SITTER

LINE 1 - GROSS RECEIPTS OR SALES

Description	Amount
COUNTY 1099MISC	27,000
TOTAL	27,000

FORM 8829 - 222 NURSERY LANE TILLAMOOK OR 97141

LINE 7 - SPECIAL COMPUTATION FOR CERTAIN DAYCARE FACILITIES

1. TOTAL AREA OF HOME.....	2,300	
2. AREA USED EXCLUSIVELY FOR DAYCARE.....	700	
3. AREA USED PARTLY FOR DAYCARE.....	1,000	
4. DIVIDE LINE 2 BY LINE 1.....		30.43%
5. DIVIDE LINE 3 BY LINE 1.....	43.48%	
6. MULTIPLY DAYS USED FOR DAYCARE DURING YEAR BY HOURS USED PER DAY.....	3,120	
7. TOTAL HOURS AVAILABLE FOR USE DURING THE YEAR.....	8,760	
8. DIVIDE LINE 6 BY LINE 7. ENTER THE RESULT AS A DECIMAL.	0.3562	
9. MULTIPLY LINE 5 BY LINE 8.....		15.49%
10. ADD LINE 4 AND LINE 9.....		45.92%

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Line 26 - Residency of Qualifying Child(ren)

Other (specify)

NEIGHBOR AFFIDAVITS

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Line 27 - Documents or Other Information

Other (specify)

TITLE XX PROVIDER FOR COUNTY RECEIVED 1099MISC