Jackson He

417 SE Coconut Avenue Stuart, FL 34996 (772) 286-7005

TAX PREPARATION FEES

For Year-Round Service 417 SE Coconut Avenue Stuart, FL 34996 (772) 286-7005

13124

New

Ack 3/7/14

Date 03/06/2016

MATEEN Primary SALMAN Spouse

OMAR NOOR

Phone

Spouse SSN Filing Status

Customer

XXX-XX-2868 Married Filing Joint

X

XXX-XX-2659

PAYMENT INFORMATION

Prior

Dav

Address 2513 S 17TH STREET APT 107 FORT PIERCE, FL 34982

Global Customer ID

Primary SSN

3680677 Eve

Jackson Hewitt helped reduce your federal tax liability (or increase your federal refund) as shown below by claiming the following credits or deductions on your behalf

(772) 812-5560

Earned Income Credit Child Tax Credit Additional Child Tax Credit 2,345.00 538.00 462.00

Your marginal tax rate (the highest federal tax rate that affects your tax calculation) is 10%.

PRODUCTS AND SERVICES

Tax Preparation Fees & Products and Services

Federal Total Discounts	\$394 00 \$100 00	Accuracy Guarantee Maximum Refund Guarantee	FREE FREE	Federal Refund Total Fees	d \$4,100 00 \$314 00
Data & Document Storage	\$20 00	Year-Round Service	FREE		
		IRS Audit Assistance W-2 Download	FREE FREE		
		Electronic Filing Healthcare Enrollment Help	FREE FREE	Payment Type	Credit Card
AR (EF) AR (Paper] Paper			7
☐ AR (EF) ☐ AR (Paper Federal Disbursement Me		Paper IRS Direct Deposit			Total Number of W-2s 1
Federal Disbursement Me	thod		ition of serv		
Federal Disbursement Me You have selected IRS D Amount Paid 314.00	thod	IRS Direct Deposit			
Federal Disbursement Me You have selected IRS D	rect. Pay	IRS Direct Deposit		vices, which is	

Federal and State Refund / Balance Due Information

Federal Refund 4,100.00

Print | Close | Enter New Payment

CREDIT CARD Transaction Successful

Transaction Receipt

Merchant: jhhm16502

 Date/Time:
 03/07/2016 01:28:35

 Transaction ID:
 2016030701282907795

Transaction Type: credit
Amount: 314.00

Payment Details

Customer Name:
(Name on Account)

OMAR MATEEN

Card #: XXXXXXXXXXXXXX5574

Exp Date: 05/18

Merchant Defined Fields

Receipt Number 13124
Preparer ID: 425
Get Customer To Sign One Receipt: yes
Retain Signed Receipt: yes

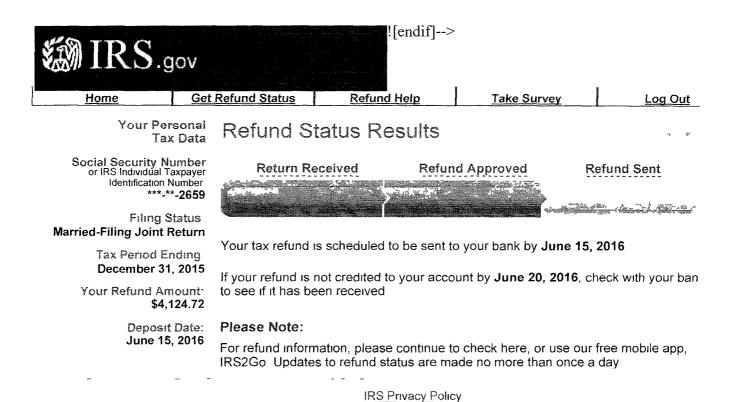
Customer Authorization

Customer Signature

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^{*} Please Print Two Copies -- Keep a copy with customer's file & give the other to the customer.

Ketund Status Results Page 1 of 1



P.O. Rox ROR Fort Pierce, FL 34954-0308 772-462-1650 www.tcslc.com

ACCOUNT 2421-612-0007-000/7 ESCROV

Omar Mateen Mary Seddique 2513 S 17 St Apt 107

Fort Pierce, FL 34982

2015 REAL ESTATE

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

Skip the trip and pay at www.tcslc.com

- · echeck (electronic payment from your checking account with no fee)
- · Credit card (2.5% convenience fee applies)
- Print your receipt instantly online!

2513 17th ST, Fort Pierce, 34950 WOODLAND CONDOMINIUM APARTMENTS BUILDING II UNIT 107 AND UNDIV INTEREST IN COMMO See Additional Legal on Tax Roll

HOT

Paid

03/24/2016

\$57.40

VITEORITY HE AND A SECOND	and in the second			EXEMPTION AMOUNT		
County Parks MSTU Co Public Transit MSTU Frosion District E Law Enf, Jail Judicial Sys Co General Revenue Fund St Lucie County Port Bond Childrens Service Council St Lucie Co Fire District FL Inland Navigation Dist City of Fort Pierce School Discretionary Chool Capital Improvement School Reg Local Effort Mosquito Control S FL Wir Mgmt District	772.462-1670 772.462-1670 772.462-1670 772.462-1670 772.462-1670 772.462-1670 772.462-1670 772.408-1100 772.621-3338 561-627-3386 772.467-3073 772.429-3970 772.429-3970 772.429-3970 772.429-3970 772.429-3970 772.429-3970 772.429-3970 772.429-3970 772.429-3970 772.429-3970 772.429-3970 772.429-3970 772.429-3970 772.429-3970 772.429-3970 772.462-1670 561-686-8800	0.2313 0.1269 0.0925 3.2699 4.1273 0.0154 0.4765 3.0000 0.0320 6.9000 0.7480 1.5000 5.0350 0.2413 0.3551	19,400 19,400 19,400 19,400 19,400 19,400 19,400 19,400 19,400 19,400 19,400 19,400 19,400	19.400 19.400 19.400 19.400 19.400 19.400 19.400 19.400 19.400 19.400 19.400 19.400 19.400	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0

Go paperless and receive your tax bill by email.

www.tcslc.com

EVYING AUTHORITY		AMOUNT
P23 Fort Pierce Stormwater Mgmt Maint NS40 N St Lucie Wtr Mgmt Dist	772-467-3777 772-461-5050	32 40 25 00
	A Committee of the second of t	
JIAL ASSESSMENTS	And the second s	\$57.40
OMEINED TAXES AND ASSESSMENTS	\$57.40	

Pay One Amount **Character Foresity Designation**

If Postmarked By Please Pay

Mar 31, 2016

view your bill online

Scan to

P.O. Box 308

Fort Pierce, FL 34954-0308 772-462-1650 www.tcslc.com

ACCOUNT 2421-612-0007-000/7

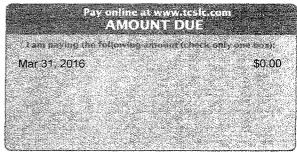
CHRIS CRAFT

TAX COLLECTOR

ST. LUCIE COUNTY

Omar Mateen Mary Seddique 2513 S 17 St Apt 107 Fort Pierce, FL 34982

2015 REAL ESTATE



Checks payable to St. Lucie County Tax Collector U.S. funds only through U.S. bank No postdated checks - Print receipt online

Paid

03/24/2016

Receipt #

0025-20160324-015422

\$57.40

RETAIN THIS PORTION FOR YOUR RECORDS

Receipt # 0025-20160324-015422

Omar Mateen

Mariam Seddique

2513 S 17th St Unit 107

Fort Pierce, FL 34982 [Seddique Mateen]

AD VALOREM TAXES

County Parks MSTU
Co Public Transit MSTU
Erosion District E
Law Ent, Jail Judicial Sys
Co General Revenue Fund
St Lucie County Port Bond
Childrens Service Council
St Lucie Co Fire District
FL Inland Navigation Dist
City of Port St Lucie
City of PSL Voted Debt
School Discretionary

School Discretionary
School Capital Improvemnt
School Reg Local Effort
Mosquito Control
S FL Wtr Mgmt District

0011

P.O. Box 308 Fort Pierce, FL 34954-0308 772-462-1650 www.tcsic.com

ACCOUNT 3420-635-0092-000/0 ESCROW

2015 REAL ESTATE

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

Skip the trip and pay at www.tcslc.com

- · echeck (electronic payment from your checking account with no fee)
- · Credit card (2.5% convenience fee applies)
- Print your receipt instantly online!

937 Bayshore BLVD, Port Saint Lucie, 34953 PORT ST LUCIE-SECTION 28- BLK 76LOT 15 (MAP 34/30S) (OR 3557-2723)

11/30/2015

176.35

\$3,

0133-20151130-000350

RETAIN THIS PORTION FOR YOUR RECORDS
Receipt#

Paid

MILLAGE CODE

Go paperless and receive your tax bill by email.

www.tcsic.com

NONAD VALOREM ASSESSMENTS LEVYING AUTHORITY		AMOUNT
PS12 PSL Dist 1 Phase 2 MSBU PS61 Port St Lucie Stormwater Improv/Maint PSSW PSL Solid Waste Assessment	772-871-5069 772-871-5069 _ 772-871-5069	215 63 153 00 268 36
IOTAL ASSESSMENTS		30 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
COMBINED TAXES AND ASSESSMENTS	\$3	308.70

Scan to view VOUL bill online

25.8801

Pay One Amount (Discount Afready Deducted)

If Postmarked By Please Pay

Nov 30, 2015 \$0.00

CHRIS CRAFT TAX COLLECTOR ST. LUCIE COUNTY

P.O. Box 308 Fort Pierce, FL 34954-0308 772-462-1650 www.tcslc.com

561-686-8800

TOTAL MILLAGE

ACCOUNT 3420-635-0092-000/0

Omar Mateen Mariam Seddique 2513 S 17th St Unit 107 Fort Pierce, FL 34982 [Seddique Mateen]

2015 REAL ESTATE



102,190 102,190

TOTAL AD VALCHEM TAXES

Checks payable to St. Lucie County Tax Collector U.S. funds only through U.S. bank No postdated checks . Print receipt online

Paid

11/30/2015

Receipt #

0133-20151130-000350

\$3,176.35

ESS Forms Barcode Page

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Injured Spouse	Dena	rtment of the Treasury - Internal Reven	ue Service	(99)	1	I		l			U E
°,1040		6. Individual Income Tax		(99)	2015	OMB N	o 1545-0074	IRS Use On	ly - Do n	ot write or staple in this	space
For the year Jan 1 - [Dec 31, 2	2015, or other tax year beginning			, 2015, ending		, 20		See s	separate instructions	
Your first name and in	iitial			Last nan					Your	social security number	r
OMAR			·	MATEE					↓		
If a joint return, spous	e's first n	name and initial		Last nan					Spou	se's social security nu	ımber
NOOR		and If you have a D.O. have any party of	*iono	SALMA	<u>N</u>				 		
		eet) If you have a P O box, see instruc	tions					Apt no		Make sure the SSN(s) at and on line 6c are correc	
2513 S 17TH S		and ZIP code If you have a foreign ad	dress, also	complete s	paces below (see	nstructio	ns)	L		dential Election Camp	
FORT PIERCE.				•	•				filing	k here if you, or your sp jointly, want \$3 to go to	this
Foreign country name			oreign pro	vince/state	/county		Foreign	postal code		Checking a box below in ie your tax or refund	will not
						· · · · · · · · · · · · · · · · · · ·			D	You Spot	use
Filing Status		Single				. □ ⊦	lead of house	ehold (with	qualifyir	ng person). (See ins	str.)
Check only	2	Married filing jointly (even if	only one h	ad incom	e)			.		but not your depen-	dent,
one box.	3	·······························	er spouse	's SSN al			nter this child				
		full name here. ▶			5		ualifying wid		depend	dent child Boxes checked	2
Exemptions		X Yourself. If someone can		as a dep	endent, do not	check	оох ба		• • • }	on 6a and 6b	
-		Dependents:		(2) Den	endent's social	(3)	ependent's	(4)√ if child	d under	No. of children on 6c who:	1
	·	Dependents			ırıty number		tionship to	age 17 qual for child tax	ıfyıng	lived with you	<u>-</u> _
	(1) Firs	st name Last nam	ne				you	(see instruc		 did not live with you due to divorce 	
- If more than four -	ZAKAR	NAYA OMAR MATEEN				SON		X		or separation (see instructions)	
dependents, see _										Dependents on 6c	
instructions and _										not entered above	
check here ▶∐ _										Add numbers	
		Total number of exemptions cla			 			·	i 	on lines above	3 205
Income	7	Wages, salaries, tips, etc. Attac	٠,						7	29,	ลล่อ
		Taxable interest. Attach Sched Tax-exempt interest. Do not in		•			ь		8a		
Attach Form(s)		Ordinary dividends. Attach Sch				-			9a		
W-2 here. Also		Qualified dividends	eddie D II	required		9	1				
attach Forms W-2G and	10	Taxable refunds, credits, or offs	ets of sta	te and lo	cal income taxe				10		
1099-R if tax	11	Alimony received							11		
was withheld.	12	Business income or (loss). Atta	ch Sched	ule C or 0	C-EZ				12		
	13	Capital gain or (loss). Attach So	chedule D	if require	ed. If not require	ed, chec	k here	. ▶ □	13	· · · · · · · · · · · · · · · · · · ·	
If you did not	14	Other gains or (losses). Attach f	orm 4797	7					14		
get a W-2, see		IRA distributions					able amount		15b		
instructions.		Pensions and annuities					able amount	-	16b		
	17	Rental real estate, royalties, par	-						17		
	18 19	Farm income or (loss). Attach S Unemployment compensation.							19	N	
	20 a	Social security benefits	,		· · · · · ·		able amount		20b		
	21	Other income. List type and am							21		
	22	Combine the amounts in the fa	r right col	umn for li	nes 7 - 21. This	is your	total incom	e 🕨	22	29,	995
Adjusted	23	Educator expenses				23					
Gross	24	Certain business expenses of re			-						
ncome		fee-basis government officials.				24					
	25 26	Health savings account deduction				25			2.5		
	26 27	Moving expenses. Attach Form Deductible part of self-employm				26					
	28	Self-employed SEP, SIMPLE, a				28					
	29	Self-employed health insurance		•		29					
	30	Penalty on early withdrawal of s				30			57600		
	31 a	Alimony paid b Recipient's SS				31a					
	32	IRA deduction				32					
	33	Student loan interest deduction				33					
	34 35	Tuition and fees. Attach Form 8 Domestic production activities d				34 35					
	36	Add lines 23 through 35					<u> </u>		36	N	ONE
	37	Subtract line 36 from line 22. Th						 > _	37	29,9	

Form 1040 (2015) 0MA	R MAT	EEN DXM13124.ETR 425 2015.1	10		Page 2
Tax and	38	Amount from line 37 (adjusted gross income)	. 3	8	29,995
Credits	39 a	Check if: You were born before January 2, 1951, Blind. Total boxes			
Oreans		☐ Spouse was born before January 2, 1951, ☐ Blind. checked ▶ 39a			
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here	778		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		10	12,600
Standard Deduction for -	41	Subtract line 40 from line 38		1	17,395
People who					12,000
check any box	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d Otherwise, see instruction	_	2	5,395
on line 39a or 39b Or who can be	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0		3	538
claimed as a	44	Tax (see instr). Check if any from: a Form(s) 8814 b Form 4972 c		4	
dependent, see	45	Alternative minimum tax (see instructions). Attach Form 6251	5	5	
	46	Excess advance premium tax credit repayment. Attach Form 8962		6	F00
All others	47	Add lines 44, 45 and 46	► <u>4</u>	7	538
Single or Married filing separately,	48	Foreign tax credit. Attach Form 1116 if required			
\$6,300	49	Credit for child and dependent care expenses. Attach Form 2441 . 49			_
Married filing	50	Education credits from Form 8863, line 19			*
jointly or	51	Retirement savings contributions credit. Attach Form 8880 51			
Qualifying widow(er),	52	Child tax credit Attach Schedule 8812, if required	38	51	
\$12,600	53	Residential energy credits Attach Form 5695			
Head of	54	Other credits from Form a 3800 b 8801 c 54		1 31	
household, \$9,250	55	Add lines 48 through 54. These are your total credits	5	5	538
\$5,250	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	▶ 5		NONE
Other	57	Self-employment tax. Attach Schedule SE			
Taxes	58	Unreported social security and Medicare tax from Form: a 4137 b 8919		8	
luxes	59	Aller to the many of the state	. 5		
	60 a	Household employment taxes from Schedule H			
		, -			
	61	First-time homebuyer credit repayment. Attach Form 5405 if required	· -		
		Health care: individual responsibility (see instructions) Full-year coverage. IXI		$\neg \neg$	
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	-		NONE
	63	Add lines 56 through 62. This is your total tax Federal income tax withheld from Forms W-2 and 1099	<u>▶ 6</u> :		NONE
Payments	64		23	4	
	65	2015 estimated tax payments and amount applied from 2014 return 65		4 1	
If you have a	<u>66</u> a	Earned income credit (EIC)	15		
qualifying	b	Nontaxable combat pay election 66b			
child, attach Schedule ElC.	67	Additional child tax credit. Attach Schedule 8812	62		
Genedule 210.	68	American opportunity credit from Form 8863, line 8			
	69	Net premium tax credit. Attach Form 8962 69		28	
	70	Amount paid with request for extension to file			
	71	Excess social security and tier 1 RRTA tax withheld			
	72	Credit for federal tax on fuels. Attach Form 4136			
	73	Credits from Form: a 2439 b Reserved c 8885 d 73			
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	▶ 74	4	4,100
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	7!		4,100
rtolana		Amount of line 75 you want refunded to you. If Form 8888 is attached, check here .	□ 76		4,100
ı		Routing number 267084199	COOP (4000)	4.4	
Direct deposit?		Account number 7433			
See instructions	77	Amount of line 75 you want applied to your 2016 estimated tax > 77	65	A	
Amount			▶ 78	2	
You Owe	79	Estimated tax penalty (see instructions)			
Third Party		bu want to allow another person to discuss this return with the IRS (see instructions)? X Yes. C			
Designee	Design name		al identific		
		ee's Lori Ann Arroyo Phone (772) 286-7005 Person number penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	(PIN)	U	0063
Sign	belief	penanties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh	the best tich preps	or my kno arer has a	ny knowledge
Here	Your	signature Date Your occupation	Daytin	ne phone	number
Joint return? See instructions.	_	OFFICER	1		
Keep a copy	Spou	use's signature. If a joint return, both must sign. Date Spouse's occupation		RS sent y tion Pin,	ou an Identity
for your records.		HOUSEW I FE	Enter	,	
Paid		ype preparer's name Preparer's signature Date	Check	_	PTIN
Preparer		el Sprunger		mployed	P00158965
Use Only	Firm's r		<u>59-220</u>		
	Firm's	eddress ►417 SE Coconut Avenue Phone no (7	72) 28	36-7008	5
F 12/30/15		Stuart FL 34996			Farm 4040 (00) =
1 12/30/13					Form 1040 (2015)

SCHEDULE EIC (Form 1040A or 1040)

Earned Income Credit
Qualifying Child Information

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

OMB No 1545-0074 2015

Attachment Sequence No 43

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

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

Your social security number

OMAR MATEEN & NOOR SALMAN Before you begin: S

- 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.
- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- 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 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		Cł	nild 1	Cł	nild 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 OMAR MATEEN	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 42a and 42b, or Form 1040, lines 66a and 66b, unless the child was born and died in 2015. If your child was born and died in 2015 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.							
3	Child's year of birth	If born after was younger spouse, if file	2012 1996 and the child than you (or your ng jointly), skip 4b; go to line 5.	was younger spouse, if fili	1996 and the child r than you (or your ing jointly), skip 4b; go to line 5.	was younge spouse, if fili	1996 and the child r than you (or your ing jointly), skip 4b; go to line 5.	
4 a	Was the child under age 24 at the end of 2015, a student, and younger than you (or your spouse, if filing jointly)?	☐ Yes. Go to line 5.	☐ No. Go to line 4b.	Yes. Go to line 5.	☐ No. Go to line 4b.	Yes. Go to line 5.	☐ No. Go to line 4b.	
b	Was the child permanently and totally disabled during any part of 2015?	Yes. Go to line 5.	No. The child is not a qualifying child.	Yes. Go to line 5.	No. The child is not a qualifying child.	Yes. Go to line 5.	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 2015 If the child lived with you for more than half of 2015 but less than 7 months, enter "7." If the child was born or died in 2015 and your home was the child's home for more than half the time he or she was alive during 2015, enter "12."	Do not ente 12 months.	months	Do not ente 12 months.	months er more than	Do not ento	months er more than	

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

Schedule EIC (Form 1040A or 1040) 2015

F 12/21/15 MXA

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 **2015**

chment

Sequence No 47
Your social security number

Name(s) shown on return

OMAR MATEEN & NOOR SALMAN

Part | Filers Who Have Certain Child Dependents with an ITIN (Individual Taxpayer Identification Number)

	Ĩ.	*
•		Se
CAL	JTIO	N

Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit if your dependent is not a qualifying child 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 is a qualifying child for the child tax credit by checking column (4) for that dependent 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 В 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 С 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 **Additional Child Tax Credit Filers** Part II If you file Form 2555 or 2555-EZ stop here you cannot claim the additional child tax credit If you are required to use the worksheet in Pub 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication Otherwise 1.000 1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 52) 1040A filers Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35) 1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49) 2 538 Enter the amount from Form 1040, line 52, Form 1040A, line 35, or Form 1040NR, line 49 462 3 Subtract line 2 from line 1 If zero, stop; you cannot take this credit 29.995 4 a Earned income (see separate instructions) Nontaxable combat pay (see separate instructions) b Is the amount on line 4a more than \$3,000? 5 No. Leave line 5 blank and enter -0- on line 6 26,995 Yes. Subtract \$3,000 from the amount on line 4a Enter the result Multiply the amount on line 5 by 15% (15) and enter the result Next. Do you have three or more qualifying children? 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 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

For Paperwork Reduction Act Notice, see your tax return instructions

Schedule 8812 (Form 1040A or 1040) 2015

F 11/19/15

Schedule 8812 (Form 1040A or 1040) 2015 Page 2 Part III Certain Filers Who Have Three or More Qualifying Children Withheld social security, Medicare and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's 7 amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions . . . 1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62. 1040A filers: Enter -0-. 8 1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60 9 10 1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 71. 1040A filers: Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions). 1040NR filers: Enter the amount from Form 1040NR, line 67. 0 11 Subtract line 10 from line 9. If zero or less, enter -0-. Enter the larger of line 6 or line 11. 12 12 Next, enter the smaller of line 3 or line 12 on line 13. Part IV Additional Child Tax Credit 462 This is your additional child tax credit 13 Enter this amount on Form 1040, line 67 Form 1040A, line 43, or Form 1040NR, line 64. Schedule 8812 (Form 1040A or 1040) 2015

8867

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.

Sequence No

OMB No 1545-1629

Taxpayer's name(s) shown on return

OMAR MATEEN & NOOR SALMAN

Taxpayer's social security number

	For the de	finitions of Qualifying Child and Earned Incom	ie , see Pub. 596.	
	Part I All Taxpayers			
1	Enter preparer's name and PTIN	Daniel Sprunger	P00158965	
2	Is the taxpayer's filing status married filing	separately?		Yes X No
	If you checked "Yes" on line 2, sto	; the taxpayer cannot take the EIC. Otherwise	e, continue.	
3		use if filing jointly) have a social security numbe for EIC purposes? See instructions before	er (SSN)	Yes No
	► If you checked "No" on line 3, stop	the taxpayer cannot take the EIC. Otherwise,	continue.	
4		f filing jointly) filing Form 2555 or Form 2555-EZ	r	Yes X No
	If you checked "Yes" on line 4, stop	c; the taxpayer cannot take the EIC. Otherwise	, continue.	
5	a Was the taxpayer (or the taxpayer's spous	e) a nonresident alien for any part of 2015?	<u>.</u>	Yes X No
	If you checked "Yes" on line 5a, go	to line 5b. Otherwise, skip line 5b and go to line	∌ 6.	
	o Is the taxpayer's filing status married filing	ointly?	<u></u> .	Yes 🗌 No
	If you checked "Yes" on line 5a and take the EIC. Otherwise, continue.	"No" on line 5b, stop; the taxpayer cannot		
6	Is the taxpayer's investment income more	than \$3,400? See the instructions before answ	vering	Yes X No
	► If you checked "Yes" on line 6, stop	; the taxpayer cannot take the EIC. Otherwise	, continue.	
7		f another person for 2015? If the taxpayer's filine, see instructions before answering	·	Yes 🗵 No
	If you checked "Yes" on line 7, stop or Part III, whichever applies	; the taxpayer cannot take the EIC. Otherwise	e, go to Part II	

For Paperwork Reduction Act Notice, see separate instructions.

F 11/16/15

MXA

Form **8867** (2015)

OMAR MATEEN & NOOR SALMAN

Form	8867 (2015)			Page 2
Pa	ort II Taxpayers With a Child			,
	Caution. If there is more than one child, complete lines 8 through 14 for	Child 1	Child 2	Child 3
	one child before going to the next column.	ZAKARIAYA OMAR		
8	Child's name	ZAKAKTATA UWAK		
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?	X Yes No	Yes No	Yes No
10	Was the child unmarried at the end of 2015?	ļ		
	If the child was married at the end of 2015, see the instructions before	X Yes No	Yes No	Yes No
	answering	M les No	☐ 162 ☐ 140	Yes No
11	Did the child live with the taxpayer in the United States for over half of 2015?	X Yes No	Yes No	Yes No
40	See the instructions before answering	KY ies NO	L Tes L 140	les l'ido
12	Was the child (at the end of 2015) - • 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?	X Yes No	Yes No	☐ 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	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.)	Yes X No	Yes No	Yes No
	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)			
С	Under the tiebreaker rules, is the child treated as the taxpayer's qualifying	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	child? See the instructions before answering	Don't know	☐ Don't know	☐ Don't know
	▶ 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	ļ		
	taxpayers who do not have a qualifying child. If there is more than one child,	ĺ		
	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	i 		
	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 and is	N Vac C Na	□ Vac □ Na	Yes No
	valid for EIC purposes? See the instructions before answering	X Yes No	∐ Yes ∐ No	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			
13	than the limit that applies to the taxpayer for 2015? See instructions			X 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.		profession for the second	
	Complete Schedule EIC and attach it to the taxpayer's return. If there are two	100-100-5		
	or three qualifying children with valid SSNs, list them on Schedule EIC in the same	100	Programme Commence	
	order as they are listed here. If the taxpayer's EIC was reduced or disallowed for	man tradesi	100	The second second
	a year after 1996, see Pub. 596 to see if Form 8862 must be filed. Go to line 20.	and the second		
	Note. If there is more than one child, complete lines 8 through 14 for the	f -		Section 2
	other child(ren) (but for no more than three qualifying children).			
F 11/1	6/15			Form 8867 (2015)

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P	art'lli 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 the	
	instructions before answering	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 2015? 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 eligible to be claimed as a dependent on anyone else's federal income tax return for 2015? 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 2015? See instructions	Yes No
	Note that the second "Me" are two 10 atom the toyogyer connect take the EIC If you checked "Vec"	
	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	
<u></u>	art IV Due Diligence Requirements	
20	Did you complete Form 8867 based on current information provided by the taxpayer or reasonably	ron
	obtained by you?	X Yes No
21	Did you complete the EIC worksheet found in the Form 1040 1040A or 1040EZ instructions (or your	X Yes ☐ No
	own worksheet that provides the same information as the 1040_1040A_ or 1040EZ worksheet)?	
22	If any qualifying child was not the taxpayer's son or daughter do you know or did you ask why the	Yes No
	parents were not claiming the child?	X 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	Yes No
	possible consequences of another person claiming your client's qualifying child?	Does not apply
24	Did you ask this taxpayer any additional questions that are necessary to meet your knowledge	X Yes No
	requirement? See the instructions before answering	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 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	
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	X Yes No
	result and (c) any additional questions you asked and the taxpayers answers?	Does not apply
▶	You have complied with all the due diligence requirements if you	
	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 & 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	
	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 & 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	
•	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	

OMAR MATEEN & NOOR SALMAN

Form	8867 (201			Page 4				
Pa	rt V	Documents Provided to You		er e				
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 Qualify	ing Ch	ild(ren)				
	а	No qualifying child	□i	Place of worship statement				
	□ь	School records or statement	□ j	Indian tribal official statement				
	□с	Landlord or property management statement	□k	Employer statement				
	Χd	Health care provider statement		Other (specify) ▼				
	□e	Medical records						
	□f	Child care provider records						
	□g	Placement agency statement						
	□h	Social service records or statement	☐ m	Did not rely on any documents, but made notes in file				
			n_	Did not rely on any documents				
		Disability of Qualify	<u>ing Ch</u>	ild(ren)				
	X o	No disabled child	∟ s	Other (specify) ▼				
	□р	Doctor statement						
	☐ q	Other health care provider statement						
	☐ r	Social services agency or program statement	∐ t	Did not rely on any documents, but made notes in file				
		<u> </u>	u	Did not rely on any documents				
27	on to p	nedule C is included with this return, identify below the information repare the Schedule C. Check all that apply. Keep a copy of any of answering. If there is no Schedule C, check box a.						
		Documents or Other	<u>r Inforr</u>	mation				
	X a	No Schedule C	∐ h	Bank statements				
	∐ b	Business license	∐ i	Reconstruction of income and expenses				
	∐ с	Forms 1099	∐ j	Other (specify) ▼				
	☐ d	Records of gross receipts provided by taxpayer						
	∐ e	Taxpayer summary of income	_					
	∐ f	Records of expenses provided by taxpayer	∐ k	Did not rely on any documents, but made notes in file				
	□ g	Taxpayer summary of expenses		Did not rely on any documents				
F 11/1	6/15			Form 8867 (2015)				

(Rev February 2015) Department of the Treasury

Injured Spouse Allocation

OMB No 1545-0074

Attachment Sequence No

104

▶ Information about Form 8379 and its separate instructions is at www.irs.gov/form8379. Should you file this form? You must complete this part. Enter the tax year for which you are filing this form

2015

Answer the following questions for that year Did you (or will you) file a joint return? X Yes. Go to line 3. No. Stop here. Do not file this form. You are not an injured spouse. Did (or will) the IRS use the joint overpayment to pay any of the following legally enforceable past-due debt(s) owed only by your spouse? (see instructions) ● Federal tax ● State income tax ● State Unemployment compensation ● Child support ● Spousal support • Federal nontax dept (Such as a student loan) X Yes. Go to line 4. No. Stop here. Do not file this form. You are not an injured spouse Note. If the past-due amount is for a joint federal tax, you may qualify for innocent spouse relief for the year to which the overpayment was (or will be) applied. See Innocent Spouse Relief, in the instructions for more information Are you legally obligated to pay this past-due amount? Yes. Stop here. Do not file this form. You are not an injured spouse. Note. If the past-due amount is for a joint federal tax, you may qualify for innocent spouse relief for the year to which the overpayment was (or will be) applied. See Innocent Spouse Relief, in the instructions for more information. No. Go to line 5. Were you a resident of a community property state at any time during the tax year entered on line 1? (See instructions) Yes. Enter name(s) of community property state(s) Go to line 5b. No. Skip line 5b and go to line 6 b If you answered "Yes" on line 5a, was your marriage recognized under the laws of the community property state(s)? (see instructions) Yes. Skip lines 6 through 9 and go to Part II and complete the rest of this form. No. Go to line 6. Did you make and report payments, such as federal income tax withholding or estimated tax payments? Yes. Skip lines 7 through 9 and go to Part II and complete the rest of this form. No. Go to line 7. Did you have earned income, such as wages, salaries, or self-employment income? Yes. Go to line 8. No. Skip line 8 and go to line 9. Did (or will) you claim the earned income credit or additional child tax credit? Yes. Skip line 9 and go to Part II and complete the rest of this form. No. Go to line 9 Did (or will) you claim a refundable tax credit (see instructions)? Yes. Go to Part II and complete the rest of this form. No. Stop here. Do not file this form You are not an injured spouse. Part II Information About the Joint Tax Return for Which This Form Is Filed Enter the following information exactly as it is shown on the tax return for which you are filing this form. The spouse's name and social security number shown first on that tax return must also be shown first below. First name, initial, and last name shown first on the return If Injured Spouse, OMAR MATEEN check here First name, initial, and last name shown second on the return If Injured Spouse, check here NOOR SALMAN Check this box only if you want your refund issued in both names. Otherwise, separate refunds will be issued for each П 12 Do you want any injured spouse refund mailed to an address different from the one on your joint return?

For Paperwork Reduction Act Notice, see separate instructions.

Number and street

Form 8379 (Rev.2-2015)

City, town, or post office, state, and ZIP code

F 03/09/15

If "Yes." enter the address.

Form 8379 (Rev	2-2015)				Page Z	
	Allocation Between Spouses	of Items on the J	oint Tax Return (See the	separate Form 8379 inst	ructions for Part III)	
	Allocated Items		(a) Amount shown	(b) Allocated to	(c) Allocated to	
	(Column(a) must equal columns (b)	+ (c))	on joint return	injured spouse	other spouse	
13 income	a. Income reported on Form(s) W-2		29,995	29,99	5	
	b. All other income					
14 Adjustme	ents to income					
15 Standard	deduction or Itemized deductions		12,600	6,300	6,300	
16 Number	of exemptions		3	2	11	
17 Credits (do not include any earned income cred	lıt)	1,000	1,000)	
18 Other tax	res					
19 Federalı	ncome tax withheld		1,293	1,293	3	
20 Payments	s					
Part IV	Signature. Complete this part only	ıf you are filing Form 8	3379 by itself and not with your	tax return		
Under penalties	of perjury I declare that I have examined this	form and any accompanyin	g schedules or statements and to the	e best of my knowledge and be	elief they are true	
correct, and con	nplete Declaration of preparer (other than taxe	payer) is based on all inform	nation of which preparer has any kno			
Keep a copy of this form for your records	Injured spouse's signature			Date	Phone number	
Paid	Print/Type preparer's name	Preparer s signa	ture	Date Check	employed PO0158965	
Preparer's	Firm s name > Jackson	Hewitt Tax Servic	e	Firm s E		
Use Only	Firm s Address Stuart, FL 34996				Phone no (772) 286-7005	

MXA F 03/09/15

Form **8379** (Rev 2-2015)

Safe, accurate, Visit the IRS Web Site at www.irs.gov/efile Employee Reference Copy

W-2 Wage and Tax 2

| Dept. | Corp. | Employer use only | WPB_B | SKE3 | A | 38070

c Employer's name, address, and ZIP code G4S SECURE SOLUTIONS USA INC 1395 UNIVERSITY BOULEVARD JUPITER, FL 33459-5289

TWC WPB01 WPB B AU20110110 P

eff Employee's name, address, and ZIP code

OMAR MATEEN 2513 S. 17TH STREET APARTMENT 107 FORT PIERCE, FL 34982

1		
b	Employer's FED ID number 59-0857245	a Employee's SSA number
1	Wages, tips, other comp.	2 Federal income tax withheld
	29995,12	1292.79
3	Social security wages	4 Social security tax withheld
1	29995.12	1859.70
5	Medicare wages and tips	6 Medicare tax withheld
L	29995.12	434.93_
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12 DD 2714.05
14	Other	12b
1		12c
1		12d
		13 Stat emp. Ret. plan 3rd party sick pay
15	State Employer's state ID no	. 16 State wages, tips, etc.
17	State income tax	18 Local wages, tips, etc.
19	Local income tax	20 Locality name

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

2015 W-2 and EARNINGS SUMMARY

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information, file a new W-4 with your payroll department.

OMAR MATEEN 2513 S. 17TH STREET APARTMENT 107 FORT PIERCE, FL 34982

Social Security Number: 090-78-2659 Taxable Marital Status: MARRIED

Exemptions/Allowances: Federal: 2

State: 0 Local: 0

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__ PAGE 01 OF 01

1 Wages, tips, othe	r comp.	2 Federa	al income tax withheld			
29	995 . 12		1292.79			
	ocial security wages 29995.12 4 Social security tax withheld 1859.70					
5 Medicare wages a	nd tips	6 Medicare tax withheld				
29	995.12	434,93				
d Control number	Dept.	Corp.	Employer use only			
0000063427 V2Q	WPB_B	SKE3	A 38070			

Employer's name, address, and ZIP code G4S SECURE SOLUTIONS USA INC 1395 UNIVERSITY BOULEVARD JUPITER, FL 33459-5289

TWC WPB01 WPB_B AU20110110 P

b Employer's FED ID number 59-0857245	r a Employee's SSA number				
7 Social security tips	8 Allocated tips				
9	10 Dependent care benefits				
11 Nonqualified plans	12a See instructions for box 12 DD 2714.05				
14 Other	12b				
	12c				
	12d				
	13 Stat emp. Ret. plan 3rd party sick par				
e/f Employee's name, address a	ind ZIP code				
OMAR MATEEN 2513 S. 17TH STREI APARTMENT 107 FORT PIERCE, FL					
15 State Employer's state ID no. 16 State wages, tips, etc.					
17 State income tax	18 Local wages, tips, etc.				
19 Local income tax	20 Locality name				

Federal Filing Copy

Wage and Tax

Statement

1	Wages, tips, other 29	995.12	2 Federal income tax withheld 1292.79			
5 Medicare wages and		ages 995.12	4 Social security tax withheld 1859.70			
		nd tips 995.12	6 Medicare tax withheld 434.9			
d 00	Control number 000063427 V2Q	Dept. WPB_B	Corp. SKE3	Employer use only A 3807		

c Employer's name, address, and ZIP code

G4S SECURE SOLUTIONS USA INC 1395 UNIVERSITY BOULEVARD JUPITER, FL 33459-5289

TWC WPB01 WPB_B AU20110110 P

b	Employer's FED ID number 59-0857245	a Employee's SSA number
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a DD 2714.05
14	Other	12b
		12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pay
- 16	Employee's name address of	d ZIP code

e/f Employee's name, address and ZIP code

OMAR MATEEN 2513 S. 17TH STREET APARTMENT 107 FORT PIERCE, FL 34982

TOTT FILITOL, TE 34302					
15 State Employer's state ID no.	16 State wages, tips, etc.				
17 State income tax	18 Local wages, tips, etc.				
19 Local income tax	20 Locality name				

State Filing Copy

V — 2 Wage and Tax 201

Statement 201

1	Wages, tips, other 299	comp. 95.12	2 Federa	ral income tax withhe		
3	Social security wa	ges 95.12	4 Social	security tax withhel		
5	Medicare wages a 299	nd tips 95.12	6 Medicare tax withheld 434.93			
d	Control number	Dept.	Corp.	Employer use only		
0000063427 V2Q		WPB_B	SKE3	A 380		

c Employer's name, address, and ZIP code

G4S SECURE SOLUTIONS USA INC 1395 UNIVERSITY BOULEVARD JUPITER, FL 33459-5289

TWC WPB01 WPB_B AU20110110 P

59-0857245	r a Employee's SSA number
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a DD 2714.0
14 Other	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sic

e/f Employee's name, address and ZIP code

OMAR MATEEN 2513 S. 17TH STREET APARTMENT 107 FORT PIERCE, FL 34982

	15	State	Employer's state ID no.	16	State wages, tips, etc.
	17	State	income tax	18	Local wages, tips, etc.
i	19	Local	income tax	20	Locality name

City or Local Filing Copy

Copy Wage and Tax 201

Statement
Copy 2 to be filed with employee's City or Local Income Tax Returns

Copy 2 to be filed with employee's City or Local Income Tax Returns

004563080101

Dec > > OMB No. 1545-2252 ş Z Form **1095-B** (2015) Page 2 22 Country and ZIP or foreign postal code 32301-5002 15 Country and ZIP or foreign postal code 7 Country and ZIP or foreign postal code 11 Employer identification number (EIN) 3 Date of birth (If SSN is not available) 9 Small Business Health Options Program (SHOP) Marketplace identifier, if applicable ಠ > 18 Contact telephone number 1-844-432-2843 USA 34982-5707 Sep > CORRECTED Aug > (e) Months of coverage Noin 3 > > Jun > 17 Employer identification number (FIN) May $\overline{\mathbf{x}}$ $\overline{\mathsf{x}}$ 2 Social security number (SSN) Cat. No. 60704B Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b. Apr > 21 State or province Florida 6 State or province 14 State or province ***-**-2659 Mar > > 593340183 Feb 교 > > Jan Part IV Covered Individuals (Enter the information for each covered individual(s).) Health Coverage > > \mathcal{C} (d) Covered all 12 months > > 5 City or town FORT PIERCE (c) DOB (If SSN is not available) 20 City or town Tallahassee 13 City or town For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Issuer or Other Coverage Provider (see instructions) Employer Sponsored Coverage (see instructions. Enter letter identifying Origin of the Policy (see instructions for codes) ***-**-4748 ***-**-2868 NSS (q) Responsible Individual (Policy Holder) 19 Street address (including room or suite no.)
2562 EXECUTIVE CENTER CIRCLE E SUITE 100 Florida Agency for Health Care Administration OMAR M SEDDIQUE MATEEN 12 Street address (including room or suite no) (a) Name of covered individual(s) 4 Street address (including apartment no) 2513 S 17TH ST APT 107 23 ZAKARIAYA O MATEEN 1 Name of responsible individual 24 NOOR Z SALMAN Department of the Treasury Internal Revenue Service Form 1095-B 10 Employer name Part

Receipt

14849

417 SI Coconut Avenue Stuart, 11 34996

For Year Round Service 417 Sh Coconut Wenue Stuart, FL 34996 (772) 286-7005

Date 03/11/2015

(***2) 286-7005 Z New Phot Customer -mm. my MATEEN OMAR XXX-XX-2659 Primary SSN MOOR LUCUER SALMAN XXX-XX-2868 Spouse SSN ACT OS 2513 S 17TH STREET APT 107 Filing Status Married Filing Joint FT PIERCE, FL 34982 Global Customer ID 3680677 (772) 812-5560 Eve Phone Day

Jackson Hewitt helped reduce your federal tax trability (or increase your federal refund) as shown below by claiming the following credits or deductions on your behalf Form 88

Earned Income Credit Adortional Child Tax Credit Child Tax Credit

2,352 00 502 00 448 00

ma ginal tax rate (the nighest federal tax rate that affects your tax calculation) is 10%

Tax Preparation Fees & Products and Services

APIEF, ARIPaper Federal Dispursement Mathe	\$300 (8) \$203 (8) \$11 (8)	PROFICE NOTES ROTES Accuracy Guarantee Riggest Retund for it mee Year Round Servic IRS Audit Assistance Returd Status Verts 11 2 Download Flectionic Liling Fealthcare Enrollment Help	FREF FREE FRIT TOFF FILE FREE FREE	Payment Type Credit Care	\$417400 \$17500
APIEF, ARIPaper Federal Dispurcement Math	od	PS D rec: Deposi		ustani sydmologogogogogonia kasian asoo kamisha aya saaba a qaysa kayada Alifah ka aasoo aha	er of \-2 to 1
A Just Part 175 00 100 100 100 100 100 100 100 100 100		2 Paid 03/11/2015 2 Paid / / 2 Daniel Sprunger	Method C	REDIT CARD	
A nount Sue Diffice # 16502 Federal and State Refund Federal Refund	d / Balanco 4, 124 (e Due Information			



Date Time Printed | 03/11/2015 12 11 25 PM EDT

are, accurate, Visit the IRS Web Site at www irs gov/efile **Employee Reference Copy** Wage and Tax

Statement opy C for employee's records

OMB No 1545 0008 Dept. Corp Employer use only Control number 000063427 V2Q WPB_B SKE3

Employer's name, address, and ZIP code G4S SECURE SOLUTIONS USA INC

1395 UNIVERSITY BOULEVARD JUPITER, FL 33459-5289

TWC WPB01 WPB B AU20110110 P

Employee's name, address, and ZIP code OMAR MATEEN 2513 S. 17TH STREET **APARTMENT 107** FORT PIERCE, FL 34982

TOTT FILTIOL, IL	34302
Employer's FED ID number 59 - 0857245	a Employee's SSA number
Wages, tips, other comp.	2 Federal income tax withheld
29223.05	1269.69
Social security wages	4 Social security tax withheld
29223.05	1811.83
Medicare wages and tips	6 Medicare tax withheld
29223,05	423.73
Social security tips	8 Allocated tips
	10 Dependent care benefits
1 Nonqualified plans	12a See instructions for box 12 DDI 3666.60
4 Other	12b
4 Other	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick par
15 State Employer's state ID no	o. 16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information, file a new W-4 with your payroll department.

OMAR MATEEN 2513 S. 17TH STREET **APARTMENT 107** FORT PIERCE, FL 34982 Social Security Number: 090-78-2659 Taxable Marıtal Status MARRIED

Exemptions/Allowances: Federal. 2 State

Local.

0 2014 ADP LLC

PAGE 01 OF 01

Wages, tips, othe	г сотр 223,05	2 Federal income tax withheld 1269.69			
Social security wa	4 Social security tax withheld 1811.83				
	Medicare wages and tips 29223.05		are tax wit	hheld 423.73	
Control number	Dept. WPB_B	Corp SKE3	Employ A	er use only 36431	

20 Locality name

Employer's name, address, and ZIP code G4S SECURE SOLUTIONS USA INC 1395 UNIVERSITY BOULEVARD JUPITER, FL 33459-5289

19 Local income tax

TWC WPB01 WPB_B AU20110110 P

Employer's FED ID number 59-0857245	a Employee's SSA number					
7 Social security tips	8 Allocated tips					
9	10 Dependent care benefits					
11 Nonqualified plans	12a See instructions for box 12 DD 3666.60					
14 Other	12b					
	12c					
	12d					
	13 Stat emp. Ret. plan 3rd party sick pay					
e'f Employee's name, address ar	nd ZIP code					
OMAR MATEEN 2513 S 17TH STREE APARTMENT 107 FORT PIERCE, FL 3						
3 State Employer's state ID no	16 State wages, tips, etc.					
17 State income tax	18 Local wages, tips, etc.					
19 Local income tax	20 Locality name					
Federal Filing						

Wage and Tax Statement ರ್ 6 to be filed with employee s Federal Income Tax Return

	Fold and [Detach Here -		PAGE 01	
		2 Federa		tax withheld 1269.69	
	4 Social security tax withheld 1811.83				
	6 Medic	are tax wit	hheld 423.73		
Control number 00063427 V2Q	Dept. WPB_B	Corp SKE3	Employ A	yer use only 36431	
	Social security w 29 Medicare wages a 29 Control number	Wages, tips, other comp 29223.05 Social security wages 29223.05 Medicare wages and tips 29223.05 Control number Dept.	Wages, tips, other comp 29223.05 Social security wages 29223.05 Medicare wages and tips 29223.05 Control number Dept. Corp	Wages, tips, other comp 29223.05 2 Federal income to 29223.05 Social security wages 29223.05 6 Medicare tax with 29223.05 Control number Dept. Corp Employ	

G4S SECURE SOLUTIONS USA INC

1395 UNIVERSITY BOULEVARD JUPITER, FL 33459-5289

TWC WPB01 WPB_B AU20110110 P

b	Employer's FED ID number 59-0857245	a Employee's SSA number					
7	Social security tips	8 Allocated tips					
9		10 Dependent care benefits					
11	Nonqualified plans	12a DD 3666,60					
14	Other	125					
		12c					
		12d					
		13 Stat emp. Ret. plan 3rd party sick pay					

e/f Employee's name, address and ZiP code

OMAR MATEEN 2513 S. 17TH STREET APARTMENT 107 FORT PIERCE, FL 34982

		,	
15	State	Employer's state ID no	16 State wages, tips, etc.
17	State	income tax	18 Local wages, tips, etc.
19	Local	income tax	20 Locality name

. State Filing Copy

Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return

1	Wages, tips, other	comp	2 Federal income tax within				
	292	23.05	1269.6				
3	Social security wa 292	ges 23.05	4 Social security tax withhel 1811.83				
5	Medicare wages at 292	nd tips 23.05	6 Medic	are tax withheld 423.73			
d	Control number	Dept.	Corp	Employer use only			
d	100063427 V2Q	WPB_B	SKE3	A 364			

c Employer's name, address, and ZIP code

G4S SECURE SOLUTIONS USA INC 1395 UNIVERSITY BOULEVARD JUPITER, FL 33459-5289

TWC WPB01 WPB B AU20110110 P

59-0857245	a Employee's SSA number
Social security tips	8 Allocated tips
	10 Dependent care benefits
Nonqualified plans	12a DDI 3666,66
Other	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick
	Social security tips Nonqualified plans

e/f Employee's name, address and ZIP code

OMAR MATEEN 2513 S. 17TH STREET **APARTMENT 107** FORT PIERCE, FL 34982

	FORT PIERCE, FL	34982
15	State Employer's state ID	no 16 State wages, tips, etc.
17	State income tax	18 Local wages, tips, etc.
19	Local income tax	20 Locality name

City or Local Filing Copy Wage and Tax Statement Copy 2 to be filed with employee a City or Local Inco

Print | Close | Enter New Payment

CREDIT CARD Transaction Successful

Transaction Receipt

Merchant:

jhhm16502

Date/Time:

03/11/2015 16:08:31

Transaction ID:

2015031116082801619

Transaction Type:

credit

Amount:

175.00

Payment Details

Customer Name:

(Name on Account)

omar s mateen

Card #:

XXXXXXXXXXXXX0773

Exp Date:

03/17

Merchant Defined Fields

Receipt Number

14849

Preparer ID:

425

Get Customer To Sign One Receipt:

yes

Retain Signed Receipt:

yes

Customer Authorization

Customer Signature

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^{*} Please Print Two Copies -- Keep a copy with customer's file & give the other to the customer

Injured Spous	Боро	artment of the Treasury - Internal Revenue Servic						
<u> 1040</u>	U.S	6. Individual Income Tax Return	n 2014	OMB No 1545-0074	IRS Use Or	nly - Do	not write or staple in this	s spa
		2014, or other tax year beginning	, 2014, ending	20			separate instructions	
Your first name and	initial		Last name			You	social security numbe	if.
OMAR			MATEEN			+		
If a joint return spo	use's first r	name and initial	Last name			Spor	use's social security nu	admu
NOOR			SALMAN		r	 		
		reet) If you have a P O box, see instructions			Apt no	A	Make sure the SSN(s) a and on line 6c are correct	
2513 S 17TH						Pres	idential Election Camp	
		and ZIP code. If you have a foreign address, als	so complete spaces below (see	instructions)		Chec	k here if you, or your sp	pouse
FT PIERCE, I							jointly, want \$3 to go to Checking a box below	
Foreign country nam	ie	roreign p	rovince/state/county	Foreign	postal code	1 —	ge your tax or refund	
							You Spo	
Filing Status	1 !	WT.					ing person). (See ins	
Check only	2	_					I but not your depen	den
one box	3	Married filing separately Enter spous		enter this child		-		
		full name here. ▶		Qualifying wid			Boxes checked	
Exemptions		Yourself. If someone can claim yo				ſ	on 6a and 6b	
	b			(2) 2			No. of children on 6c who:	
	С	Dependents:	(2) Dependent's social security number	(3) Dependent's relationship to	(4) √ if chil age 17 qua		lived with you	
	(4) =			you .	for child ta (see instruc		 did not live with you due to divorce 	
	(1) Fir	st name Last name		SON	[X]		or separation	
If more than four	_ ZANAN	TATA UNAN MATELIN	<u> </u>	JUN			(see instructions)	
dependents, see				<u> </u>	H		Dependents on 6c	
instructions and check here ▶					H		not entered above	
encommono p	A	Total number of exemptions claimed		I	ليبيا		Add numbers on lines above	
Incomo	7	Total number of exemptions claimed Wages, salaries, tips, etc. Attach Forme	(e) \\\ 2			7	29,	223
Income		Taxable interest. Attach Schedule B if	` '			8a	Loj	
		Tax-exempt interest Do not include of	·	i i		9 v. %		
Attach Form(s)		Ordinary dividends Attach Schedule B		· L		9a		
W-2 here. Also		Qualified dividends		96				
attach Forms	10	Taxable refunds, credits, or offsets of s				10		
W-2G and 1099-R if tax	11	Alimony received				11		
was withheld.	12	Business income or (loss). Attach Sche				12		
	13	Capital gain or (loss). Attach Schedule			. ▶ □	13		
	14	Other gains or (losses) Attach Form 47				14		
If you did not get a W-2, see	15 a	IRA distributions	5a	b Taxable amount		15b		
instructions.	16 a	Pensions and annuities 1	6a	b Taxable amount		16b		
	17	Rental real estate, royalties, partnership	os, S corporations, trusts, e	etc. Attach Schedule	Ε.	17		
	18	Farm income or (loss). Attach Schedule	eF			18		
	19	Unemployment compensation ,				19		
	20 a	Social security benefits 2	0a	b Taxable amount		20b		
	21	Other income. List type and amount				21		
	22	Combine the amounts in the far right c	olumn for lines 7 - 21, This	s is your total incom	e >	22	29,	<u>223</u>
Adjusted	23	Educator expenses		23				
Gross	24	Certain business expenses of reservists	s, performing artists, and			5 4 8		
Income		fee-basis government officials. Attach I		24				
	25	Health savings account deduction. Atta		25		(4.3)		
	26	Moving expenses. Attach Form 3903 .		26				
	27	Deductible part of self-employment tax		27				
	28	Self-employed SEP, SIMPLE, and qual	itied plans	28		2 100		

29

30

31a

32

33

34

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

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

Domestic production activities deduction. Attach Form 8903 . . .

Self-employed health insurance deduction

Student loan interest deduction

31 a Alimony paid b Recipient's SSN ▶___

Tuition and fees. Attach Form 8917.

29

30

32

33

34

35

36

F 12/31/14 Form 1040 (2014)

NONE

Form 1040 (2014) UMA	K MAI	EEN DAM14849.EIR 425 2014.10		Page 2
Tax and	38	Amount from line 37 (adjusted gross income)	38	29,223
Credits	39 a	Check if: You were born before January 2, 1950, Blind Total boxes		
Orcans	•••	Spouse was born before January 2, 1950, ☐ Blind. checked ▶ 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here	T	
Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,400
Deduction for -	41	Subtract line 40 from line 38	41	16,823
People who	42	Exemptions. If line 38 is \$152,525 or less, mulitiply \$3,950 by the number on line 6d. Otherwise, see instructions	42	11,850
check any box on line 39a or 39b	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	4,973
Of who can be claimed as a	44	Tax (see instr). Check if any from: a Form(s) 8814 b Form 4972 c	44	498
dependent, see	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
instructions	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
● Ail others	47	Add lines 44, 45 and 46	47	498
Single or Married	48	Foreign tax credit. Attach Form 1116 if required		
filing separately \$6 200	49	Credit for child and dependent care expenses. Attach Form 2441		
1	50	Education credits from Form 8863, line 19	7: []	
Married filing jointly or	51	Retirement savings contributions credit Attach Form 8880	7, 3	
Qualifying widow(er),	52	Child tax credit. Attach Schedule 8812, if required		
\$12 400	53	Residential energy credits Attach Form 5695		
Head of	54	Other credits from Form: a 3800 b 8801 c 54		
household	55	Add lines 48 through 54. These are your total credits	55	498
\$9 100	56	Subtract line 55 from line 47 If line 55 is more than line 47, enter -0-	56	NONE
Other	57	Self-employment tax. Attach Schedule SE	57	
Taxes	58	Unreported social security and Medicare tax from Form a 4137 b 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60 a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage. X	61	
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	62	
	63	Add lines 56 through 62. This is your total tax	63	NONE
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64 1,270		
•	65	2014 estimated tax payments and amount applied from 2013 return 65		
If you have a	66 a	Earned income credit (EIC)		
qualifying	b	Nontaxable combat pay election . 66b		
child, attach Schedule EIC.	67	Additional child tax credit. Attach Schedule 8812		
Scriedule Lic.	68	American opportunity credit from Form 8863, line 8		
	69	Net premium tax credit Attach Form 8962 69		
	70	Amount paid with request for extension to file		
	71	Excess social security and tier 1 RRTA tax withheld		
	72	Credit for federal tax on fuels. Attach Form 4136		
	73	Credits from Form, a 2439 b Reserv c Reserv d 73	-	4 404
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	4,124
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	4,124
		Amount of line 75 you want refunded to you. If Form 8888 is attached, check here .	76a	4,124
		Routing number 267084199	\$ 15th	
Direct deposit? See instructions		Account number 1203927433		
	77	Amount of line 75 you want applied to your 2015 estimated tax ► 77	1 1	
Amount		Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions Estimated tax penalty (see instructions) NONE	78	1.3.4. Sy
You Owe	79	Estimated tax penalty (see instructions)		
Third Party Designee	Do yo	ee's Phone Persona! id		. L No
	name	► 1011 Ann Arrovo	v > 0	0063
Sìgn		penalties of perjury. I declare that I have examined this return and accompanying schedules and statements, and to the they are true-correct, and complete-Declaration of preparer (other than taxpayer) is based on all information of which		
Here Joint return?	Your		Daytime phone	number
See instructions.	Cnai	use's signature. If a joint return, both must sign. Date. Spouse's occupation.	the IRS sent y	ou an Identity
Кеер а сору	Spot	lp	rotection Pin,	od an identity
or your records	Print/T	who preparer's name Proparer's come	nter it here	
Paid			Check if	PTIN
Preparer		or optidisor	-2201569	P00158965
Use Only	Firm's) 286-700:	<u> </u>
		Stuart FL 34996	/ 200-100	
F 12/31/14				Form 1040 (2014)

SCHEDULE EIC

(Form 1040A or 1040)

Earned Income Credit Qualifying Child Information

Complete and attach to Form 1040A or 1040 only if you have a qualifying child. ▶ Information about Schedule EIC (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleeic OMB No. 1545-0074

Your social security number

Attachment 43 Sequence No

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Before you begin:

OMAR MATEEN & NOOR SALMAN

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

CAUTION

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 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.

Qı	ualifying Child Information	Child 1		Cł	nild 2	Child 3		
1	Child's name	First name	Last name	First name	Last name	First name	Last name	
	If you have more than three qualifying children, you only have to list three to get the maximum credit.	ZAKARIAYA	OMAR MATEEN		_			
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.							
3	Child's year of birth	If born after i was younger spouse, if fili	2 012 1995 and the child than you (or your ng jointly), skip 4b; go to line 5.	was younger spouse, if fili	1995 and the child than you (or your ng jointly), skip 4b; go to line 5.	was youngei spouse, if fili	1995 and the child r than you (or your ing jointly), skip 4b; go to line 5.	
4 a	Was the child under age 24 at the end of 2014, a student, and younger than you (or your spouse, if filing jointly)?	Yes. Go to line 5.	☐ No. Go to line 4b.	Yes. Go to line 5.	☐ No. Go to line 4b.	Yes. Go to line 5.	No. Go to line 4b.	
b	Was the child permanently and totally disabled during any part of 2014?	Yes. Go to line 5.	No. The child is not a qualifying child.	☐ Yes. Go to line 5.	No. The child is not a qualifying child.	☐ Yes. Go to line 5.	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		0011		<u> </u>	- · · · · · · · · · · · · · · · · · · ·		
	 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." 	Do not ente 12 months.		Do not ente 12 months.	months er more than	Do not ente 12 months.	months er more than	

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

Schedule EIC (Form 1040A or 1040) 2014

F 12/15/14

MXA

SCHEDULE 8812 (Form 1040A or 1040)

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

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 1343 007

2014

Sequence No 47

Your social security number

OMAR MATEEN & NOOR SALMAN

Part I	Filers Who Have	Certain Child Depe	endents with an ITIN ((Individual Taxpaye	r Identification Number

Caution Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit if your dependent is not a qualifying child 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 is a qualifying child for the child tax credit by checking column (4) for that dependent

(maivic	iuai Taxpayei iueii	inication Number) and ti	nat you malcated is a qualitying cit	id for the child tax	credit by checking	column (4) for that de	pendent
	•	ent identified with an iTI separate instructions	IN and listed as a qualifying child fo	r the child tax credi	t did this child me	et the substantial	
	☐ Yes	☐ No					
	· ·	endent identified with an separato instructions	n ITIN and listed as a qualifying chil	d for the child tax o	redit, did this child	meet the substantial	
	Yes	☐ No					
		dent identified with an IT separate instructions	TN and listed as a qualifying child for	or the child tax cred	lit, did this child me	eet the substantial	
	Yes	□ No					
	•	ndent identified with an l' separate instructions	TIN and listed as a qualifying child	for the child tax cre	edit, did this child n	neet the substantial	
	Yes	□ No					
	and check here	han four dependents ide	entified with an ITIN and listed as a	qualitying child for	the child tax credit	t, see the instructions	▶ □
1	1040 filers:		n line 6 of your Child Tax Credit Wor	ksheet (see the			
	1040A filers:	Enter the amount from Instructions for Form 1	n line 6 of your Child Tax Credit Wor 040A, line 35)	ksheet (see the	}	1	1,000
	1040NR filers:		n line 6 of your Child Tax Credit Wor	ksheet (see the			
	If you used Pub	972 enter the amount f	from line 8 of the Child Tax Credit V	orksheet in the pul	blication		
2 3 4a b 5	Subtract line 2 fr Earned income (Nontaxable com- Is the amount on		structions) 4b	0NR, line 49	29,223	2 3 ***********************************	498 502
6	X Yes. Subtra		unt on line 4a Enter the result	5	26,223	6	3,933
J	Next. Do you have No. If line 6 of line	ve three or more qualify: 5 is zero, stop, you cann 3 or line 6 on line 13	•				* * * * * * * * * * * * * * * * * * *

Part IV Additional Child Tax Credit

Next, enter the smaller of line 3 or line 12 on line 13

13 This is your additional child tax credit

Enter this amount on Form 1040, line 67, Form 1040A, line 43 or Form 1040NR, line 64

Schedule 8812 (Form 1040A or 1040) 2014

F 12/01/14

Form **8867**

Paid Preparer's Earned Income Credit Checklist

2014

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.

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

Attachment Sequence No 17

OMB No 1545-1629

Taxpayer's name(s) shown on return
OMAR MATEEN & NOOR SALMAN

Taxpayer's social security number

_P	art I	All Taxpayers				
1	Ente	er preparer's name and PTIN	Daniel Sprunger	P00158965		
2	ls th	ne taxpayer's filing status married filing	separately?		☐ Yes	X No
	•	If you checked "Yes" on line 2, sto	o; the taxpayer cannot take the EIC Otherwise,	continue		
3	that		ouse if filing jointly) have a social security number for EIC purposes? See instructions before	(SSN)	X Yes	□ No
	>	If you checked "No" on line 3, stop	the taxpayer cannot take the EIC Otherwise, of	continue.		
4	excl	usion of foreign earned income)?	f filing jointly) filing Form 2555 or Form 2555-EZ (Yes	X No
5 a	ı Was	s the taxpayer (or the taxpayer's spous	e) a nonresident alien for any part of 2014?		Yes	X No
	•	If you checked "Yes" on line 5a, go	to line 5b. Otherwise, skip line 5b and go to line	6.		
Ł) Is th	e taxpayer's filing status married filing	ointly?		Yes	□ N o
		If you checked "Yes" on line 5a and ke the EIC. Otherwise, continue	"No" on line 5b, stop; the taxpayer cannot			
6	is th	e taxpayer's investment income more	than \$3,350? See the instructions before answer	ering	Yes	X No
	>	If you checked "Yes" on line 6, stop	; the taxpayer cannot take the EIC. Otherwise,	continue.		
7			f another person for 2014? If the taxpayer's filing e, see instructions before answering	g status is	Yes	X No
	▶ or	If you checked "Yes" on line 7, stop Part III, whichever applies.	; the taxpayer cannot take the EIC Otherwise,	go to Part II	**************************************	».

For Paperwork Reduction Act Notice, see separate instructions.

F 12/05/14

MXA

Form **8867** (2014)

Form	8867 (2014)			Page 2
<u>_P</u>	art II Taxpayers With a Child	T	I .	
	Caution. If there is more than one child, complete lines 8 through 14 for	Child 1	Child 2	Child 3
	one child before going to the next column	ZAKARIAYA OMAR		
8	Child's name	EARANTATA OWAN		
9	Is the child the taxpayer's son daughter stepchild foster child brother sister	1001 v		
	stepbrother, stepsister, half brother half sister, or a descendant of any of them?	X Yes No	Yes No	Yes No
10	Was the child unmarried at the end of 2014?			
	If the child was married at the end of 2014, see the instructions before	NOT V N-		
	answering	X Yes No	Yes No	Yes No
11	Did the child live with the taxpayer in the United States for over half of 2014?	IVI Van □ Na	□ Van □ Na	□ Van □ Na
	See the instructions before answering	X Yes No	Yes No	Yes No
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	N Vac D Na	□ Van □ Na	□ Yee □ Ne
	Any age and permanently and totally disabled?	X Yes No	Yes No	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			
40	12, the child is not the taxpayer's qualifying child, see the instructions for line 12			
13 :	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	Yes X No	□ Vec □ Ne	□ Vac □ Na
	taxpayer's spouse see the instructions before answering)	Yes X No	Yes No	Yes No
	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)			ПуПи
•	Under the tiebreaker rules is the child treated as the taxpayer's qualifying	☐ Yes ☐ No☐ Don't know	☐ Yes ☐ No ☐ Don't know	☐ Yes ☐ No☐ Don't know
	child? See the instructions before answering	Dontknow	Don't know	☐ DON'T KNOW
	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			
14	than one child, see the Note at the bottom of this page Does the qualifying child have an SSN that allows him or her to work and is			
14	valid for EIC purposes? See the instructions before answering	X Yes No	☐ Yes ☐ No	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 2014? See instructions			X Yes No
		\$ (2.00 m)	* * * * * * * * * * * * * * * * * * * *	
	▶ If you checked "No" on line 15, stop, the taxpayer cannot take the		- 11-10 m n-10	* 2
	EIC If you checked "Yes" on line 15, the taxpayer can take the EIC		The " I've	
	Complete Schedule EIC and attach it to the taxpayer's return. If there are two		~~ * ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	у.
	or three qualifying children with valid SSNs, list them on Schedule EIC in the same		**************************************	y **
	order as they are listed here. If the taxpayer's EIC was reduced or disallowed for	, ²	7,1	#
	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	*	* Agy 7 1	₹**

other child(ren) (but for no more than three qualifying children)

F 12/05/14

Form **8867** (2014)

F	Part III Taxpayers Without a Qualifying Child	
16		
	instructions before answering	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 2014? 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 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	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 2014? See instructions	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	à
F	Part IV Due Diligence Requirements	
20	Did you complete Form 8867 based on current information provided by the taxpayer or reasonably	
	obtained by you?	X Yes No
21	Did you complete the EIC worksheet found in the Form 1040 1040A or 1040EZ instructions (or your	N27
	own worksheet that provides the same information as the 1040 1040A or 1040EZ worksheet)?	X Yes No
22	If any qualifying child was not the taxpayer's son or daughter do you know or did you ask why the	Yes No
	parents were not claiming the child?	X Does not apply
23	If the answer to question 13a is "Yes" (indicating that the child lived for more than half the year with	l —
	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?	N 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	X Yes No
	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,	*
	that any information used to determine the taxpayer's enginitive 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	
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	X Yes No
	result and (c) any additional questions you asked and the taxpayer's answers?	Does not apply
>	You have complied with all the due diligence requirements if you	,rs
	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 & 25 (if they apply) and checked "Yes" (or	d.
	"Does not apply") on those lines	y y
	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 appartial in the	son bak a
	4 Keep all five of the following records for 3 years from the latest of the dates specified in the instructions under <i>Document Retention</i>	* * * **
	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	š. ~
	d A record of how when & 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	
•	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	

OMAR MATEEN & NOOR SALMAN

rt V	Documents Provided to You					
	y below any document that the taxpayer provided to you		· · ·			
•	eligibility Check all that apply Keep a copy of any documents you relied on. See the instructions before answering If there					
is no q	qualifying child check box a If there is no disabled child,	check box o				
	Residency of C	Qualifying Ch	ild(ren)			
Па	No qualifying child	Δi	Place of worship statement			
□ b	School records or statement	□i	Indian tribal official statement			
С	Landlord or property management statement	□k	Employer statement			
Χd	Health care provider statement	□ i	Other (specify) ▼			
□е	Medical records					
☐ f	Child care provider records					
g	Placement agency statement					
□h	Social service records or statement	□ m	Did not rely on any documents, but made notes in file			
		□ n	Did not rely on any documents			
	Disability of (Qualifying Ch				
Χo	No disabled child	□ s	Other (specify) ▼			
⊒ p	Doctor statement					
_ q	Other health care provider statement					
□ r	Social services agency or program statement	□t	Did not rely on any documents, but made notes in file			
			Did not rely on any documents			
f a Sc	hedule C is included with this return, identify below the in	formation that the	e taxpayer provided to you and that you relied			
on to p	prepare the Schedule C. Check all that apply Keep a copy	y of any docume	nts you relied on. See the instructions			
before	answering If there is no Schedule C check box a					
T 271		<u>or Other Inforr</u>				
X a	No Schedule C	∐ h	Bank statements			
_ b	Business license	<u> </u>	Reconstruction of income and expenses			
c	Forms 1099	ز لــا	Other (specify) ▼			
_ d	Records of gross receipts provided by taxpayer					
	Taxpayer summary of income	_				
e		П.				
∐ e ∐ f	Records of expenses provided by taxpayer	∐ k	Did not rely on any documents, but made notes in file			

00090922

Form **8379**

(Rev November 2012)
Department of the Treasury
Internal Revenue Service

Injured Spouse Allocation

▶ Information about Form 8379 and its separate instructions is at www.irs.gov/form8379.

OMB No 1545-0074

Attachment Sequence No

hment ence No 104

Should you file this form? You must complete this part Part I Enter the tax year for which you are filing this form > 2014 Answer the following questions for that year 2 Did you (or will you) file a joint return? X Yes. Go to line 3 No. Stop here. Do not file this form You are not an injured spouse 3 Did (or will) the IRS use the joint overpayment to pay any of the following legally enforceable past-due debt(s) owed only by your spouse? (see instructions) ● Federal tax ● State income tax ● State Unemployment compensation ● Child support ● Spousal support Federal nontax dept (Such as a student loan) X Yes. Go to line 4 No. Stop here. Do not file this form. You are not an injured spouse Note. If the past-due amount is for a joint federal tax, you may qualify for innocent spouse relief for the year to which the overpayment was applied See Innocent Spouse Relief, in the instructions for more information Are you legally obligated to pay this past-due amount? Yes. Stop here. Do not file this form. You are not an injured spouse Note. If the past-due amount is for a joint federal tax, you may qualify for innocent spouse relief for the year to which the overpayment was applied See Innocent Spouse Relief, in the instructions for more information No. Go to line 5 5 Were you a resident of a community property state at any time during the tax year entered on line 1? (See instructions) Yes. Enter name(s) of community property state(s) Skip lines 6 through 9 and go to Part II and complete the rest of this form No. Go to line 6 Did you make and report payments, such as federal income tax withholding or estimated tax payments? Yes. Skip lines 7 through 9 and go to Part II and complete the rest of this form No. Go to line 7 7 Did you have earned income, such as wages, salaries or self-employment income? Yes. Go to line 8 No. Skip line 8 and go to line 9 8 Did (or will) you claim the earned income credit or additional child tax credit? Yes. Skip line 9 and go to Part II and complete the rest of this form No. Go to line 9 Did (or will) you claim a refundable tax credit (see instructions)? Yes. Go to Part II and complete the rest of this form No. Stop here Do not file this form. You are not an injured spouse Information About the Joint Tax Return for Which This Form Is Filed Enter the following information exactly as it is shown on the tax return for which you are filing this form The spouse's name and social security number shown first on that tax return must also be shown first below First name initial and last name shown first on the return If Injured Spouse, OMAR MATEEN check here First name initial and last name shown second on the return Social security number shown second If Injured Spouse, NOOR SALMAN check here Check this box only if you are divorced or legally separated from the spouse with whom you filed the joint return and you want your refund issued in your name only Yes XNo 12 Do you want any injured spouse refund mailed to an address different from the one on your joint return? If "Yes," enter the address Number and street City town or post office state and ZIP code

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

Form **8379** (Rev 11 2012)

MXA

Form 8379 (Rev	11-2012)			Page 2
Part III	Allocation Between Spouses of Ite	ms on the Joint Tax Return (see	nstructions)	
	Allocated Items	(a) Amount shown on joint return	(b) Allocated to injured spouse	(c) Allocated to other spouse
13 Income:	a. Income reported on Form W-2	29,223	29,	,223
	b. All other income			
14 Adjustme	nts to income			
15 Standard	deduction or Itemized deductions	12,400	6,	,200 6,200
16 Number o	f exemptions	3	2	11
17 Credits (d	o not include any earned income credit)	1,000	1,	,000
18 Other taxe	es			
19 Federal in	come tax withheld	1,270	1,	,270
20 Payments				
Under penalties	Signature. Complete this part only if you are of perjury. I declare that I have examined this form and a	any accompanying schedules or statements and to th	e best of my knowledge ar	nd belief they are true,
correct and com Keep a copy of this form for your records	plete Declaration of preparer (other than taxpayer) is bailingured spouse's signature	ased on all information of which preparer has any kn	owledge Date	Phone number (optional)
Paid Preparer's	Print/Type preparer's name	Preparer's signature		Check if If PTIN PO0158965
Use Only	Firm's name Jackson Hewitt Firm's Address Stuart, FL 3499			m's EIN ► 59-2201569 none no (772) 286-7005
	Firm's Address Stuart, FL 3499	U	Pho	one no (//2) 280-/UU3

Form **8379** (Rev 11-2012)

UMAR MAILEN & NOOR SALMAN

Schedule EIC - Earned Income Credit Calculation

Cautio	n: If you are a minister or a member of a religious order, see Form 1040 instructions before completing this worksheet.		
1.	Enter the amount from Form 1040, line 7	1_1_	29,223
2.	If you received a taxable scholarship or fellowship grant that wasn't reported on a W-2 form, enter that amount here	2	
3.	Enter any amount paid to an inmate in a penal institution for work and included on line 1	3	
4.	Enter any amount received as a pension or annuity from a nonqualified deferred compensation plan or a	de al S	
	nongovernmental section 457 plan and included on line 1	4	
5.	Enter any amount received as qualified medicaid waiver payments included on line 1	5	
6.	Subtract lines 2, 3, 4 and 5 from line 1	6	29,223
7.	If you were self-employed or used Schedule C or C-EZ as a statutory employee, enter the amount		
	from the earned income worksheet(s)	7	
8.	Add lines 6 and 7	_8	29,223
9.	Combat pay included in earned income, if elected	9	
10.	Add lines 8 and 9	10	29,223
11.	Look up the amount on line 10, if applicable, in the EIC table to find your credit. Enter the credit here.		
	Note: If line 10 is zero, stop. You cannot take the credit. Enter "No" next to Form 1040, line 66a	11	2,352
12.	Enter your adjusted gross income from Form 1040	12	29,223
13.	Is line 12 less than -		
	\$8,110 (\$13,550 if MFJ) if you don't have a qualifying child?	1.0	
	\$17,850 (\$23,300 if MFJ) if you have at least one qualifying child?		
	Yes. Go to line 14 now.		
	No. Look up the amount on line 11 above in the EIC table to find your credit. Enter the credit here	13	2,352
14.			
	If you checked "No" on line 13, enter the smaller of line 11 or line 13	14	2,352

Next: Take the amount from line 14 above and enter it on Form 1040, line 66a.

AND

Complete Schedule EIC and attach it to your return ONLY if you have a qualifying child.

Schedule EIC - Investment Income Calculation

1.	Taxable interest income		_1	
2.	Nontaxable interest income		2	
2.	a. Child's nontaxable interest income		2a	
3.	Dividend income		3	
3.	a. Child's interest and dividend income		3a	
4.	Capital gain net income from Form 1040, line 13 minus Form 4797 line 7 col (g) or line 9 co	ol (g), if more than zero .	4	
5.	Income from rental of personal property reported on Form 1040, line 21, net of expenses			
	reported on Form 1040, line 37		_ 5	
6.	Rental income subject to 280A limitation.		_6	
7.	Royalty income net of expenses		7	
8.	Passive income/(loss)	······································		
	a. Rental real estate	8a		Section 1
	b. Form 4835	8b		
	c. Partnership	8c]	
	d. S corporation	8d		
	e Estate and trust	8e		
	f. Net passive income		8f	
9.	Total investment income		9	

D 6/23/14

OMAR MATEEN & NOOR SALMAN

Schedule EIC - Additional Information

Do y	rou_elect to include combat pay in earned income? If filing a joint return, include
	Yes Only taxpayer's combat pay
	□ No □ Only spouse's combat pay
A 11 F	
	ilers:
1.	Is your investment income more than \$3 350?
	No Go to question 2
_	Yes Stop You cannot take the credit
2.	Answer Yes if taxpayer, and spouse if MFJ, is not filing Form 2555 or Form 2555-EZ
	No Stop You cannot take the credit
	X Yes Go to question 3
3	Was your home in the United States for more than half of 2014?
	No Stop You cannot take the credit Enter "No" next to Form 1040, line 66a
	X Yes Go to question 4
4.	Do you and your spouse if filing a joint return, have a social security number that allows you to work?
	No Stop You cannot take the credit Enter "No" next to Form 1040, Line 66a
	X Yes Go to question 5
5.	Could you or your spouse if filing a joint return, be a qualifying child of another person?
	No Go to question 6
	Yes Stop You cannot take the credit Enter "No" next to Form 1040, Line 66a
6.	Do you have at least one qualifying child?
	No Skip to question 9
	X Yes Go to question 7
<u>lf Yo</u>	u Have At Least One Qualifying Child.
7	Is your AGI, less than \$38,511 (\$43,941 if MFJ) if you have one qualifying child, less than \$43,756 (\$49,186 if MFJ) if you have two
	qualifying children, less than \$46,997 (\$52,427 if MFJ) if you have more than two qualifying children?
	No Stop You cannot take the credit
	X Yes Go to question 8
8.	is your earned income, less than \$38,511 (\$43,941 if MFJ) if you have one qualifying child, less than \$43,756 (\$49,186 if MFJ) if you have two
	qualifying children, less than \$46,997 (\$52 427 if MFJ) if you have more than two qualifying children?
	No Stop You cannot take the credit
	X Yes You can take the credit Complete the earned income credit worksheet now
If Yo	u Don't Have a Qualifying Child:
9	Is your AGI less than \$14,590 (\$20,020 if MFJ)?
	No Stop You cannot take the credit
	Yes Go to question 10
10.	Were you, or your spouse if filing a joint return, at least age 25 but under age 65 at the end of 2014?
	No Stop You cannot take the credit
	Yes Go to question 11
11.	and the second s
	☐ No Go to question 12
	Yes Stop You cannot take the credit
12.	ls your earned income less than \$14,590 (\$20,020 if MFJ)?
	No Stop You cannot take the credit Enter "No" next to Form 1040, line 66a
	Yes Go to question 13
13	Is there a child in the household who could be both your qualifying child and the qualifying child of someone else?
	No You can take the credit Complete the earned income credit worksheet now
	Yes Stop You cannot take the credit Enter "No" next to Form 1040, line 66a
Disal	low EIC
	Disallow EIC if otherwise eligible
	Enter reason to disallow EIC

D 6/17/14

Form 1040 - Child Tax Credit

1	Enter the number of qualifying children1_ Multiply by \$1,000 and enter the result	1	1,000
2.	Adjusted gross income from Form 1040 or Form 1040A	2	29,223
3.	Enter the total of any, Form 1040 filers only	\$100 ·	*
	Exclusion of income from Puerto Rico,	. `	*
	Foreign earned income exclusion, housing exclusion and housing deduction from Form 2555/2555-EZ, and	1	٤
	Exclusion of income for bona fide residents of American Samoa from Form 4563	3	
4.	Add lines 2 and 3	4	29,223
5	Enter \$110,000 if married filing jointly, \$75,000 if single, head of household, or qualifying widow(er),	\	*
	\$55,000 if married filing separately	5	110,000
6.	Is line 4 above more than line 5?	* ~ ~	A
	X No Leave line 6 blank Enter -0- on line 7	4	
	Yes Subtract line 5 from line 4	6	
	If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to		
	\$1,000, increase \$1,025 to \$2,000 etc		
7.	Multiply line 6 by 5% (05)	7	0
8.	If line 7 is more than the amount on line 1, stop here. You cannot take this credit or the additional child	(^	* * * *
	tax credit, Form 8812 Otherwise, subtract line 7 from line 1	8	1,000
9	Enter the amount from Form 1040, line 47 or Form 1040A, line 30	9	498
10.	Enter the amounts from Form 1040, Lines 48, 49, 50, and 51, Form 8910, line15, Form 8936 line 23	77 Jan. J	** *** ***
	and Schedule R, line 22	10	
11.	Are you claiming the Form 8839 Adoption Credit, or Form 8396 mortgage interest credit, or Form 8859 District of	₹ [₹] `	
	Columbia first-time homebuyer credit or Form 5695, Part I residential energy efficient property credit?		* ** **
	No Enter the amount from line 10	840 m ² g *	^ ,
	Yes Enter the amount from the line 11 worksheet	11	
12.	Subtract line 11 above from line 9	12	498
13.	Enter the smaller of line 8 or line 12 here and on Form 1040 or Form 1040A	13	498

F 11/26/14



MATEEN, OMAR & SALMAN, NOOR XXX-XX-2659 DXM14849

TAX RETURN PENDING ISSUES AND/OR CUSTOMER NOTES THE FOLLOWING INFORMATION IS NEEDED TO COMPLETE THIS TAX RETURN

tax payer paid \$500.00 to correctional acacdemy 2013 filing injured spouse, sp owes student loan prior to married not enought o itemized 2014 tp blue cross blue shield, sp & dependent has medicare

Receipt



15514

417 SE Coconut Avenue Stuart, FL 34996 (772) 286-7005

For Year-Round Service 417 SE Coconut Avenue Stuart, FL 34996 (772) 286-7005 Customer

Date 03/04/2014

(772)	286-7005			(772) 200-7005	Customer	Prior	X	New	
Primary Spouse Address	MATEEN SALMAN 2513 S 17TH ST APT 107 FT PIERCE, FL 34982	OMAR NOOR	Day	(772) 812-5560	Primary SSN Spouse SSN Filing Status Global Custo Eve	XXX Mar	-XX-2 ried	868 Filing	Joint
				` '					

Jackson Hewitt helped reduce your federal tax liability (or increase your federal refund by claiming the following credits or deductions on your behalf:

Earned Income Credit
Child Tax Credit
Additional Child Tax Credit

Your marginal tax rate (the highest federal tax rate that affects your tax calculation) is 10% Jackson Hewitt helped reduce your federal tax liability (or increase your federal refund) as shown below

Tax Preparation Fees & Products and Services

				Total Fees Net Amount		\$165.00
ricing Retention FD State				Payment Type	Check	
☐ AR(EF) ☐ AR(Pap Federal Disbursement M		ect Deposit			Total Numbe	r of ₩-2's 1
Amount Paid 165.0 COD NO Amount Due Office # 16502	Date Paid	03/04/2014 / / 425 Daniel Sprunger	Method Method	eCHECK		

Date/Time Printed 03/04/2014 04 32 13 PM EST

Print | Close | Fater New Payment

CREDIT CARD Transaction Successful

Transaction Receipt

Merchant: jhhm16502

 Date/Time:
 03/04/2014 21 41:31

 Transaction ID:
 2014030421412909454

Transaction Type: credit
Amount: 165 00

Payment Details

Customer Name:
(Name on Account)

OMAR S MATEEN

Card #: XXXXXXXXXXXXXXXX773

Exp Date: 03/17

Merchant Defined Fields

Receipt Number 15514
Preparer ID: 425
Get Customer To Sign One Receipt: yes
Retain Signed Receipt: yes

Customer Authorization

*Customer Signature

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^{*} Please Print Two Copies -- Keep a copy with customer's file & give the other to the customer.



Get Refund Status Refund Help Take Survey Log Out

Your Personal Tax Data

Refund Status Results

Social Security Number or IRS Individual Taxpayer Identification Number ***-**-2659

Your tax return is still being processed.

Filing Status: Married-Filing Joint Return

A refund date will be provided when available.

Your Expected

Please Note:

Refund Amount: \$4,124.00

For refund information, please continue to check here, or use our free mobile app,

IRS2Go. Updates to refund status are made no more than once a day

IRS Privacy Policy

afe, accurate, as 2 ~ file Visit the IRS Web Site at www.irs.gov/efile Employee Reference Copy 2. Wage and Tax Statement Statement Dept. Corp Control number Employer use only 000063427 V2Q WPB_B SKE3 32324 Employer's name, address, and ZIP code G4S SECURE SOLUTIONS USA INC 1395 UNIVERSITY BOULEVARD JUPITER, FL 33459-5289 TWC WPB01 WPB B AU20110110 P /f Employee's name, address, and ZIP code OMAR MATEEN 2513 S. 17TH STREET APARTMENT 107 FORT PIERCE, FL 34982 Employer's FED ID number 59 - 0857245 a Employee's SSA number Wages, tips, other comp 2 Federal income tax withheld 30501.65 1406.98 Social security wages 30501 . 65 Social security tax withheld 1891.10 Medicare tax withheld Medicare wages and tips 30501.65 442.27 Social security tips 8 Allocated tips

10 Dependent care benefits 12a See instructions for box 12 DDI 1980.72 1 Nonqualified plans 12b 12c 4 Other 12d | 13 Stat emp Ret. plan 3rd party sick pay 5 State Employer's state ID no. 16 State wages, tips, etc. 7 State income tax 18 Local wages, tips, etc. 9 Local income tax 20 Locality name

Wages, tips, other con 30501.65 1406.98 Social security wages 30501 . 65 Social security tax withheld 1891.10 Medicare wages and tips 30501.65 442.27 Control number Dept Com Employer use only 000063427 V2Q WPB_B SKE₃ 32324 Α

Employer's name, address, and ZIP code G4S SECURE SOLUTIONS USA INC 1395 UNIVERSITY BOULEVARD JUPITER, FL 33459-5289

Employer's FED ID number | a Employee's SSA

TWC WPB01 WPB_B AU20110110 P

59-0857245									
Socia	security tips	8 Allocated tips							
		10 Deper	dent car	e benefits					
Nonq	alified plans	12a See instructions for box 12							
		DD.		1980.72					
1 Other		12b							
		12c							
		12d							
		13 Stat emp	Ret. plan	3rd party sick pay					
f Emplo	oyee's name, address a	nd ZIP cod	e						
2513 APA	R MATEEN S. 17TH STREE RTMENT 107 T PIERCE, FL								
State	Employer's state ID no	16 State	vages, tı	ps, etc.					
State	income tax	18 Local	18 Local wages, tips, etc.						
Local	income tax	20 Locali	ty name						
	Federal Filin	g Cop	у _						

Wage and Tax

2013 W-2 and EARNINGS SUMMARY

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information, file a new W-4 with your payroll department.

OMAR MATEEN 2513 S. 17TH STREET **APARTMENT 107** FORT PIERCE, FL 34982 Social Security Number: 090-78-2659 Taxable Marital Status: MARRIED Exemptions/Allowances Federal: 2

State

© 2011 ADP INC

PAGE 01 OF 01

					- 1		
1 Wages, tips, of	her comp. 30501.65	2 Feder	1	W			
3 Social security	wages 30501.65	4 Socia	4 Social security tax withheld 1891 . 10				
5 Medicare wage	s and tips 30501 . 65	6 Medic	5	M			
d Control number 0000063427 V2Q	Dept. WPB_B	Corp SKE3	Employ A	er use only 32324	d	Cc	
c Employer's nam	ne, address, a	nd ZIP cod	le		C	En	
G4S SECUI	RE SOLUT	TIONS L	ISA INC	}		G4	
1305 HNIVE	BOITY RO	THE EVA	RN		1	130	

Fold and Detach Here -

JUPITER, FL 33459-5289

TWC WPB01 WPB B AU20110110 P

b	Employer's FED ID number 59-0857245	a Employee's SSA number					
7	Social security tips	8 Allocated tips					
9	· · · · · · · · · · · · · · · · · · ·	10 Dependent care benefits					
11	Nonqualified plans	12a DD 1980,72					
14	Other	125					
		12c					
		12d					
		13 Stat emp Ret. plan 3rd party sick pay					
e/f	Employee's name, address a	and ZIP code					

OMAR MATEEN 2513 S. 17TH STREET APARTMENT 107

	FOR	T PIERCE, FL 3	4982
15	State	Employer's state ID no.	16 State wages, tips, etc.
17	State	income tax	18 Local wages, tips, etc.
19	Local	income tax	20 Locality name

. State Filing Copy Wage and Tax Statement Statement

1	Wages, tips, other 305	comp 01.65	2 Federal income tax withheld 1406.98				
3	Social security wa	ges 01.65	4 Social security tax withheld 1891 . 10				
5	Medicare wages a 305	nd tsps 01.65	6 Medic	are tax withheld 442.27			
d OC	Control number 000063427 V2Q	Dept. WPB_B	Corp. SKE3	Employer use only A 32324			

mployer's name, address, and ZIP code

4S SECURE SOLUTIONS USA INC 395 UNIVERSITY BOULEVARD JUPITER, FL 33459-5289

TWC WPB01 WPB_B AU20110110 P

b	Employer's FED ID number 59-0857245	a Emplovee's SSA number				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a DD 1980.72				
14	Other	12b				
		12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick p				
e#	Employee's name, address a	and 7IP code				

OMAR MATEEN 2513 S. 17TH STREET **APARTMENT 107** FORT PIERCE, FL 34982

-				
15	State	Employer's state ID no.	16	State wages, tips, etc.
17	State	income tax	18	Local wages, tips, etc.
19	Local	income tax	20	Locality name

City or Local Filing Copy Wage and Tax

injured Spouse 1040	БСР	artment of the Treasury Internal Re S. Individual Income Ta		(99)	2013	OMB No 1	545 0074	IRS Use Or	nly - Do	not write or staple in this space
For the year Jan 1 -	Dec 31	2013 or other tax year beginning			2013 ending]	20_		See	separate instructions
Your first name and i	nitial			Last nam					You	r social security number
If a joint return spou	se s first	name and initial		Last nam					Spor	use's social security number
Home address (numb		reet) If you have a P O box see ins	tructions					Apt no	A	Make sure the SSN(s) above and on line 6c are correct
		and ZIP code If you have a foreign	address also	complete sp	aces below (see	instructions)		<u></u>		idential Election Campaign ck here if you or your spouse if
FT PIERCE, F	3498	2							filing	jointly want \$3 to go to this
Foreign country name	•		Foreign prov	/ince/state/	county		Foreign	postal code	chan	Checking a box below will not ge your tax or refund You Spouse
Filing Status		Single						,		ing person) (See instr.) I but not your dependent,
Check only one box	3				ove and	ente	r this child	d's name he	re ▶	
Exemptions		full name here Yourself. If someone ca	n claim you	as a depe				low(er) with	depen	Boxes checked 2 on 6a and 6b
-		∑ Spouse Dependents:		(2) Depe	ndent's social	(3) Depe	ndent s	(4)√if chile	d under	No of children on 6c who
		st name Last	name	secui	rity number	relations you		age 17 qual for child tax (see instruc	credit	Iived with you did not live with you due to divorce
-	ZAKAR		lattie			SON		X		or separation (see instructions)
If more than four - dependents, see -										Dependents on 6c
instructions and					<u> </u>	ļ		<u> </u>		not entered above
check here ▶☐ _			l			i		ــــــــــــــــــــــــــــــــــــــ		Add numbers
	d 7	Total number of exemptions Wages, salaries, tips, etc. At		M-2					7	on lines above 30,502
Income		Taxable interest Attach Sch	• • • • • • • • • • • • • • • • • • • •						8a	
		Tax-exempt interest Do no		•		8b			THE REAL PROPERTY.	
Attach Form(s)		Ordinary dividends Attach S							9a	1
W-2 here. Also attach Forms	b	Qualified dividends 9b								
W-2G and	10	Taxable refunds, credits, or offsets of state and local income taxes					10			
1099-R if tax	11	Alimony received					11			
was withheld.	12	Business income or (loss) A							12	
	13	Capital gain or (loss) Attach Schedule D if required If not required, check here						13		
lf you did not	14	Other gains or (losses) Attac	i	ì		b Taxable	a amount		15b	
get a W-2, see instructions		Pensions and annuities	15a			b Taxable			16b	
mstractions	17	Rental real estate, royalties,			ations, trusts,	•			17	
	18	Farm income or (loss) Attacl			,				18	
	19	Unemployment compensatio	n .						19	
	20 a	Social security benefits	20a	<u> </u>		b Taxable	e amount		20b	
	21	Other income List type and							21	20 502
	22	Combine the amounts in the	far right coli	umn for lii	<u>nes 7 - 21 Thi</u>		tal incom	ie ►	22	30,502
Adjusted	23	Educator expenses	.f	no rformur	a advata and	23				
Gross	24	Certain business expenses of fee-basis government official			-	24			15.38	
Income	25	Health savings account dedu				25				
	26	Moving expenses Attach For			- -	26				
	27	Deductible part of self-emplo		Attach Sch	edule SE	27				
	28	Self-employed SEP, SIMPLE	, and qualifi	ed plans		28				
	29	Self-employed health insura		n		29				
	30	Penalty on early withdrawal of				30				
	31 a	*	SSN ►			31a				
	32	IRA deduction	on			32			7333	
	33 34	Student loan interest deducti				34				
	3 4 35	Tuition and fees Attach Form Domestic production activities		Attach Fo	rm 8903	35				
	36	Add lines 23 through 35	- acadelon	, KLOOII I	3030	<u> </u>			36	NONE
	37	Subtract line 36 from line 22	This is your	adjusted	gross incom	e		>	37	30,502

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

7 30,502 RF 1/25/14 Form 1040 (2013)

Form 1040 (2013) 0M/	<u> IR MAT</u>	EEN	DXM158	514.ET	R 425 20	13.11		Page 2
Tax and	38	Amount from line 37 (adjusted gross income)					38	30,502
Credits	39 a	Check if You were born before January 2, 1949,		,	Total boxes	1		
		Spouse was born before January 2, 19	49, 🗌 в	lınd ∫ d	hecked > 39	а		
		If your spouse itemizes on a separate return or you were a dual-status	alien check	here	> 39	b 🗌		
Standard	40	Itemized deductions (from Schedule A) or your standard	deductro	on (see	left margin)		40	12,200
Deduction for -	41	Subtract line 40 from line 38					41	18,302
 People who check any box 	42	Exemptions. If time 38 is \$150 000 or less mulitiply \$3 900 by the	number on li	ne 6d O	therwise see ins	tructions	42	11,700
on line 39a or 39b Or who can be	43	Taxable income. Subtract line 42 from line 41 If line 42 is	more tha	n line 4	1, enter -0-		43	6,602
claimed as a	44	Tax (see instr) Check if any from a Form(s) 8814	b 🔲 Form	n 4972	c 🗆		44	663
dependent see	45	Alternative minimum tax (see instructions) Attach Form	3251				45	
• All others	46	Add lines 44 and 45				>	46	663
Single or Married	47	Foreign tax credit Attach Form 1116 if required		47				
filing separately \$6 100	48	Credit for child and dependent care expenses Attach Form	2441	48				
Married filing	49	Education credits from Form 8863, line 19		49				
jointly or	50	Retirement savings contributions credit Attach Form 8880		50				
Qualifying widow(er)	51	Child tax credit Attach Schedule 8812, if required		51		663		
\$12 200	52	Residential energy credits Attach Form 5695		52				
Head of household	53	Other credits from Form a 3800 b 8801 c		53				cco
\$8 950	54	Add lines 47 through 53 These are your total credits				_	54	663
	55	Subtract line 54 from line 46 If line 54 is more than line 46	<u>, enter -0-</u>				55	NONE
Other	56	Self-employment tax Attach Schedule SE	¬	. —			56	
Taxes	57	Unreported social security and Medicare tax from Form a		ьЦ			57	
	58	Additional tax on IRAs, other qualified retirement plans, etc.	Attach Fo	orm 532	9 if required		58	
	59 a	Household employment taxes from Schedule H					59a	
		First-time homebuyer credit repayment Attach Form 5405					59b	
	60	Taxes From a Form 8959 b Form 8960 c	mst,	, enter c	code(s)		60	NONE
	61	Add lines 55 through 60 This is your total tax				1,407	61	NONL
Payments	62	Federal income tax withheld from Forms W-2 and 1099		62		1,407		
	63	2013 estimated tax payments and amount applied from 201	12 return	63		2,027		
If you have a		Earned Income credit (日C)	ļ	64a		2,021		
qualifying child, attach		Nontaxable combat pay election 64b				337	ents	
Schedule EIC	65	Additional child tax credit Attach Schedule 8812	}	65		331	است فرانوره سيس محانوره	
	66	American opportunity credit from Form 8863, line 8	ł	66				
	67	Reserved	}	67				
		Amount paid with request for extension to file		68				
	69	Excess social security and tier 1 FRTA tax withheld	-	69				
	70	Credit for federal tax on fuels Attach Form 4136	ł	70				
	71	Credits from Form a 2439 b Reserved c 8885 d		_71				3,771
	72	Add lines 62, 63, 64a, and 65 through 71 These are your to				. •	72	3,771
Refund		If line 72 is more than line 61, subtract line 61 from line 72					73	3,771
		Amount of line 73 you want refunded to you If Form 8888					74a	3,111
		4000007100	Гуре 🔀 (Jneckir	ig 🗀 Sav	rıngs		
Direct deposit? See instructions	_			75				
		Amount of line 73 you want applied to your 2014 estimate		75			RESERVATIONS AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PE	
Amount You Owe		Amount you owe. Subtract line 72 from line 61 For details	on now to	- 1	ee instruction	NONE	76	
	77	Estimated tax penalty (see instructions)	1	77				□ No
Third Party	Do yo	u want to allow another person to discuss this return with the	ie RS (see	e instru	ctions) / LZSI Y	es. Com	ipiete below	∟ NO
Designee	Design	ees ►Lori Ann Arroyo Pho	one (772)	286-	7005 ²⁰	ersonal id imber (PIN	entification	0063
<u> </u>	name	populties of positive. I declare that I have examined this return and acco	mnanying sc	hadulas	and statements	and to the	hest of my kno	wledne and
Sign	belief	they are true correct and complete Declaration of preparer (other than	n taxpayer) i	s based	on all information	of which	preparer has ar	ny knowledge
Here Joint return?	Your	signature Date	OFFICE			<u> </u>	Daytime phone	number
See instructions	Spor	ise's signature. If a joint return, both must sign. Date	Spouse s			lf	the IRS sent ye	ou an Identity
Keep a copy	у орос	ase a significant in a joint votarii.	HOUSEN		···	₽	rotection Pin	•
for your records	Print/T	ype preparer s name Preparer s signature	HOUSEN	1114	Date		nter it here	
Paid		el Sprunger					Check if self-employed	PTIN P00158965
Preparer	Firms				Firm s EIN		2201569	1 00 100300
Use Only		address >417 SF Coconut Avenue			Phone no		286-7005	
	3	Stuart FL 3499	96			(112	, 200 / 000	•
RF 1/25/14								Form 1040 (2013)
								,,

SCHEDULE EIC

(Form 1040A or 1040)

Earned Income Credit

Qualifying Child Information

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

Attachment

OMB No. 1545-0074

43 Sequence No

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99) ▶ Information about Schedule EIC (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleeic.

OMAR MATEEN & NOOR SALMAN

Your social security number

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 BC If the name or SSN on the child's social security card is not correct, call the Social Security Administration

CAUTION

- 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 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.

Qı	ualifying Child Information	CI	nild 1	Cl	nild 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 OMAR MATEEN	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.							
3	Child's year of birth	If born after was younger spouse, if fili	2012 1994 and the child than you (or your ing jointly), skip 4b; go to line 5.	was younger spouse, if fili	1994 and the child than you (or your ng jointly), skip 4b; go to line 5.	was younge spouse, if file	1994 and the child r than you (or your ing jointly), skip 4b; go to line 5.	
4 a	Was the child under age 24 at the end of 2013, a student, and younger than you (or your spouse, if filing jointly)?	Yes. Go to line 5.	☐ No. Go to line 4b.	☐ Yes. Go to line 5.	No. Go to line 4b.	Yes. Go to line 5.	☐ No. Go to line 4b.	
b	Was the child permanently and totally disabled during any part of 2013?	Yes. Go to line 5.	No. The child is not a qualifying child.	Yes. Go to line 5.	No. The child is not a qualifying child.	Yes. Go to line 5.	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 2013 If the child lived with you for more than half of 2013 but less than 7 months, enter "7." If the child was born or died in 2013 and your home was the child's home for more than half the time he or she was alive during 2013, enter "12."	Do not ent 12 months.	months er more than	Do not ent 12 months.	months er more than	Do not ent 12 months	months er more than	

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

Schedule EIC (Form 1040A or 1040) 2013

F 11/08/13

MXA

SCHEDULE 8812 (Form 1040A or 1040)

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

2013

Attachment

Attachment Sequence No 4

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

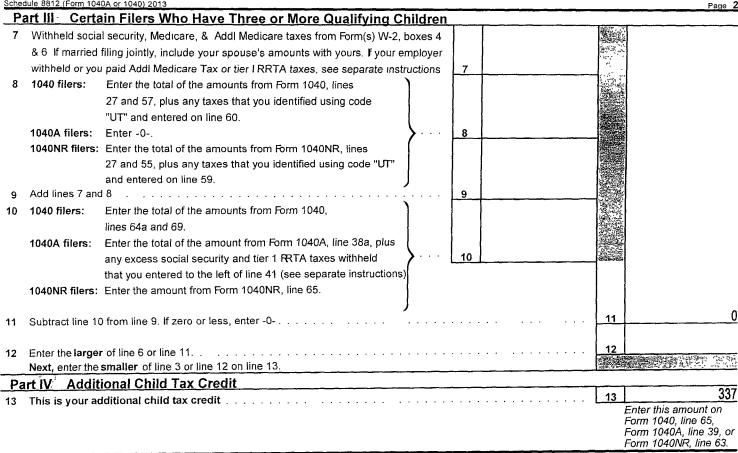
OMAR MATEEN & NOOR SALMAN

Your social security number

Pa	rt l	File	rs Wh	o Have Ce	tain Child Dependents with an ITIN (Individual Taxpayer Iden	tification Number)			
CAÜ	I				or each dependent who has an ITIN and for whom you are claiming the ch t qualify for the credit, you cannot include that dependent in the calculation				
					n dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line ber) and that you indicated qualified for the child tax credit by checking column (4				
Α	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				
В				endent identi e separate ins	ied with an ITIN and listed as a qualifying child for the child tax credit, did this child ructions	d meet the substantial			
			Yes		No				
С				dent identified e separate inst	with an ITIN and listed as a qualifying child for the child tax credit, did this child π ructions	eet the substantial			
			Yes		No				
D				ndent identifie e separate inst	d with an ITIN and listed as a qualifying child for the child tax credit, did this child ructions.	meet the substantial			
			Yes		No				
	and c	heck	here		dents identified with an ITIN and listed as a qualifying child for the child tax credit,				
Ρà	rt II🕾	Add	itional	Child Tax	Credit Filers				
1	1040 fii	ers:			ount from line 6 of your Child Tax Credit Worksheet (see the or Form 1040, line 51).				
	1040A 1	filers:			ount from line 6 of your Child Tax Credit Worksheet (see the or Form 1040A, line 33).	1 1,000			
	1040NF	Rfilers	s:		ount from line 6 of your Child Tax Credit Worksheet (see the or Form 1040NR, line 48).				
	If you u	sed P	ub. 972,	enter the amo	ount from line 8 of the Child Tax Credit Worksheet in the publication.				
					ne 51, Form 1040A, line 33, or Form 1040NR, line 48	2 663 3 337			
4 a	Earned	incom	ne (see s	separate instru	ctions)				
þ	Nontax	able c	ombat p	ay (see separ	ate instructions) 4b				
5				4a more than					
					oter -0- on line 6. amount on line 4a. Enter the result				
				•		6 4,125			
					% (.15) and enter the result	11120			
		lf li	ne 6 is z		cannot take this credit. Otherwise, skip Part III and enter thesmaller	diament of the second			
	Yes			qual to or mo go to line 7.	e than line 3, skip Part III and enter the amount from line 3 on line 13.				

Schedule 8812 (Form 1040A or 1040) 2013

MXA F 12/26/13



Schedule 8812 (Form 1040A or 1040) 2013

Form 8867

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 atwww.irs.gov/form8867

2013

/form8867. Sequence No. 17
Taxpaver's social security number

Taxpayer's name(s) shown on return

OMAR MATEEN & NOOR SALMAN For the definitions of the following terms, seePub. 596. • Investment Income Qualifying Child Earned Income Full-time Student Part I All Taxpayers Daniel Sprunger P00158965 Enter preparer's name and PTIN► 2 Is the taxpayer's filing status married filing separately? If you checked "Yes" on line 2, stop, the taxpayer cannot take the EIC Otherwise, continue 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 X Yes valid for EIC purposes? See the instructions before answering If you checked "No" on line 3, stop; the taxpayer cannot take the EIC Otherwise, continue Is the taxpayer (or the taxpayer's spouse if filing jointly) filing Form 2555 or Form 2555-EZ (relating to the exclusion of Yes X No foreign earned income)? ▶ If you checked "Yes" on line 4, stop; the taxpayer cannot take the EIC Otherwise, continue Yes Yes X No 5 a Was the taxpayer (or the taxpayer's spouse) a nonresident alien for any part of 2013? ▶ If you checked "Yes" on line 5a, go to line 5b Otherwise, skip line 5b and go to line 6 Yes ☐ No b Is the taxpayer's filing status married filing jointly? ▶ If you checked "Yes" on line 5a and "No" on line 5b, stop; the taxpayer cannot take the EIC Otherwise, continue

Is the taxpayer's investment income more than \$3,300? See Rule 6 in Pub 596 before answering

▶ If you checked "Yes" on line 6, stop; the taxpayer cannot take the EIC Otherwise, continue

Could the taxpayer be aqualifying child of another person for 2013?

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

► If you checked "Yes" on line 7, stop; the taxpayer cannot take the EIC Otherwise, go to Part II or Part III, whichever applies

Form **8867** (2013)

X No

Yes

For Paperwork Reduction Act Notice, see separate instructions.

F 11/13/13

MXA

Form 8867 (2013)

<u>_</u> P	art II Taxpayers With a Child			
	Caution. If there is more than one child, complete lines 8 through 14	Child 1	Child 2	Child 3
	for one child before going to the next column.			
8	Child's name	ZAKARIAYA OMAR		
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?	X Yes No	Yes No	Yes No
10	Was the child unmarried at the end of 2013?			
	If the child was married at the end of 2013, see the instructions before			
	answering	X Yes No	Yes No	Yes No
11	Did the child live with the taxpayer in the United States for over half of 2013?			
	See the instructions before answering	X Yes No	Yes No	Yes No
12	Was the child (at the end of 2013) -			
	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?	X Yes No	Yes No	☐ 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.		į	
13 a	Do you or the taxpayer know of another person who could check "Yes"		İ	
	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.)	Yes X No	☐ Yes ☐ No	☐ Yes ☐ No
	If you checked "No" on line 13a, go to line 14. Otherwise, go to line 13b.			
ł	Enter the child's relationship to the other person(s)	ļ		
	Under the tiebreaker rules, is the child treated as the taxpayer's qualifying child?	☐ Yes ☐ No	Yes No	Yes No
	See the instructions before answering	Don't know	Don't know	Don't know
	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 BC and			
	other tax benefits may be disallowed. Then, if the taxpayer wants to take the EC			
	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 tax-			
	payers 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	}		
17	valid for EIC purposes? See the instructions before answering.	X Yes No	Yes No	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			
15	limit that applies to the taxpayer for 2013? See Pub. 596 for the limit			X Yes No
	If you checked "No" on line 15, stop; the taxpayercannot take the EIC.			
	If you checked "Yes" on line 15, the taxpayer can take the ElC. 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.		100	
	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.			
	taxpayor is not taking the Elo based on this cillid.	A STATE OF THE PARTY OF THE PAR	Alter Production of Designation of Committee and Committee of the Committe	the state of the s

Form **8867** (2013)

_ <u>P</u>	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? (Mlitary	
	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 2013? See the instructions before answering	Yes No
	If you checked "No" on line 17, stop; the taxpayer cannot take the EIC. Otherwise, continue.	
40	to the terrorine and the terrorined analysis if filling jointly, aligible to be alaimed as a dependent on anyone else's	
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 2013? If the taxpayer's filing status is married filing jointly, check "No."	L Yes L 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 2013? 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 日C. 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.	
Pa	art IV: Due Diligence Requirements	
20	Did you complete Form 8867 based on current information provided by	
	the taxpayer or reasonably obtained by you?	X 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)?	X Yes No
22	If any qualifying child was not the taxpayer's son or daughter, do you know or did you ask why the	Yes No
	parents were not claiming the child?	X 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	☐ Yes ☐ No
	possible consequences of another person claiming your client's qualifying child?	X Does not apply
24	Did you ask this taxpayer any additional questions that are necessary to meet your knowledge	X Yes No
	requirement? See the instructions before answering	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 (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	🛛 Yes 🗌 No
	result, and (c) any additional questions you asked and the taxpayer's answers?	Does not apply
_		
	You have complied with all the due diligence requirements if you:	
	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, & 25 (f 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:	
	a. Form 8867, Paid Preparer's Earned Income Credit Checklist,	
	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 BC,	
	d. A record of how, when, & from whom the information used to prepare the form and worksheet(s) was obtained, &	
	e. A record of any additional questions you asked and your client's answers.	
>	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.	

F 11/13/13 Form **8867** (2013)

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26		fy below any document that the taxpayer provided to you and		
		thity Check all that apply Keep a copy of any documents you		ee the instructions before answering if there is no
	qualify	ying child, check box a If there is no disabled child, check box	x o	
		and the sufficient of the survey of the surv	, characters and	
		Residency of Qua	<u>litying-Cn</u>	
	<u></u> а	No qualifying child		Place of worship statement
		School records or statement	님	Indian tribal official statement
	⊢ c	Landlord or property management statement	⊢ k	Employer statement
	∐ d	Health care provider statement		Other (specify) ▼
	ΔJ e	Medical records		
	∐ f	Child care provider records		
	닏 g	Placement agency statement		
	∐ h	Social service records or statement	⊢⊔m	Did not rely on any documents, but made notes in file
		the many of the control of the contr		Did not rely on any documents
		Disability of Qua	lifying Ch	
	Χo	No disabled child	∟ s	Other (specify) ▼
	∐ р	Doctor statement		
	∐ q	Other health care provider statement		
	∐ r	Social services agency or program statement	∐ t	Did not rely on any documents, but made notes in file
			<u>L_l u</u>	Did not rely on any documents
27	If a Sc	hedule C is included with this return, identify below the informa	ation that the	taxpayer provided to you and that you relied
	on to p	prepare the Schedule C Check all that apply Keep a copy of a	ny documer	nts you relied on. See the instructions
	before	answering If there is no Schedule C, check box a		
		Comments of Other	her inforn	nation of the same
	Χa	No Schedule C	□h	Bank statements
	□b	Business license		Reconstruction of income and expenses
	□ c	Forms 1099		Other (specify) ▼
	□d	Records of gross receipts provided by taxpayer	•	
	□e	Taxpayer summary of income		
	□f	Records of expenses provided by taxpayer	□k	Did not rely on any documents, but made notes in file
	_ a	Taxpayer summary of expenses	Пі	Did not rely on any documents
	9	range for canality of experience	٠	end her long on only deposition to
11/1:	3/13			Form 8867 (2013
				·

Form **8379**

(Rev November 2012)
Department of the Treasury
Internal Revenue Service

Injured Spouse Allocation

OMB No 1545-0074

Attachment Sequence No

104

▶ Information about Form 8379 and its separate instructions is at www.irs.gov/form8379.

Pa	rt I . Should you file this form? You must complete this part		
1	Enter the tax year for which you are filing this form 2013 Answer the followin	g questions for that year	
2	Did you (or will you) file a joint return?		
	X Yes. Go to line 3		
	No. Stop here. Do not file this form You are not an injured spouse		
3	Did (or will) the IRS use the joint overpayment to pay any of the following legally enfor	ceable past-due debt(s) owed only	by
	your spouse? (see instructions) ● Federal tax ■ State income tax ■ State Unemployment compensation ■ Child si	innert • Sneugal cunnert	
	Federal nontax dept (Such as a student loan)	apport • apousar support	
	X Yes Go to line 4		
	No. Stop here. Do not file this form You are not an injured spouse		
	Note. If the past-due amount is for a joint federal tax, you may qualify for innocent spo	ouse relief for the year to which the	
	overpayment was applied See Innocent Spouse Relief, in the instructions for more inf		
Л	Are you legally obligated to pay this past-due amount?	omaton	
7	Yes. Stop here. Do not file this form You are not an injured spouse		
	Note. If the past-due amount is for a joint federal tax, you may qualify for innocent spo	ouse relief for the year to which the	
	overpayment was applied See Innocent Spouse Relief, in the instructions for more inf		
	X No. Go to line 5		
5	Were you a resident of a community property state at any time during the tax year enter	ered on line 1? (See instructions)	
	Yes. Enter name(s) of community property state(s) Skip lines 6 through 9 and go to Part II and complete the rest of this form		
	No. Go to line 6		
	NO. GO to line o		
6	Did you make and report payments, such as federal income tax withholding or estimate	ed tax payments?	
	Yes. Skip lines 7 through 9 and go to Part II and complete the rest of this form	. ,	
	No. Go to line 7		
7	Did you have earned income, such as wages, salaries, or self-employment income?		
	Yes. Go to line 8		
	No. Skip line 8 and go to line 9		
8	Did (or will) you claim the earned income credit or additional child tax credit?		
	Yes. Skip line 9 and go to Part II and complete the rest of this form		
	No. Go to line 9		
9	Did (ar will) you playe a refundable toy gradit (ago matruetions)?		
Ð	Did (or will) you claim a refundable tax credit (see instructions)? Yes. Go to Part II and complete the rest of this form		
	No. Stop here. Do not file this form You are not an injured spouse		
Pa	rt II Information About the Joint Tax Return for Which This For	m Is Filed	
10	Enter the following information exactly as it is shown on the tax return for which you are		
	The spouse's name and social security number shown first on that tax return must also		
	First name initial and last name shown first on the return	Social security number shown first	If Injured Spouse,
	OMAR MATEEN		check here ▶ X
	First name initial and last name shown second on the return	Social security number shown second	If Injured Spouse,
	NOOR SALMAN	. 61 141	check here ▶ □
11	Check this box only if you are divorced or legally separated from the spouse with whor	n you filed the joint return	
	and you want your refund issued in your name only		Ц
12	Do you want any injured engues refund mailed to an address different from the one on	your joint return?	☐ Yes X No
12	Do you want any injured spouse refund mailed to an address different from the one on If "Yes," enter the address	your joint return?	∟ites L⊘JNO
	Number and street	City town or post office state and	ZIP code

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

Form **8379** (Rev 11 2012)

FUIII 03/9 (Rev 11 2	2012)					Page Z	
Part III AII	location Between Spouses of Ite	ems on the	Joint Tax Return (see II	nstructions)			
	Allocated Items		(a) Amount shown on joint return	(b) Allocated injured spo		(c) Allocated to other spouse	
13 Income a.	Income reported on Form W-2		30,502		30,502		
b	All other income						
14 Adjustments to	to income			······································			
15 Standard dedu	uction or Itemized deductions		12,200		6,100	6,100	
16 Number of exe	emptions		3	2		1	
17 Credits (do no	ot include any earned income credit)		1,000		1,000		
18 Other taxes							
19 Federal incom	ne tax withheld		1,407		1,407		
20 Payments							
	nature. Complete this part only if you are	e filing Form 8	379 by itself and not with your	tax return			
Jnder penalties of per	rjury I declare that I have examined this form and a	any accompanying	schedules or statements and to the	best of my knowledg	e and belief	they are true	
	red spouse's signature	acca on an mann	<u>Guide</u>	Date	Pho	one number (optional)	
Print	it/Type preparer s name	Preparer's signal	ture	Date	Check self emp	If PTIN POINTS P	
Preparer's	s name Jackson Hewitt	Tax Service	3	Firm s EIN ► 59-2201569			
Jse Only Firm	ns Address ► Stuart, FL 34990	6			Phone no	(772) 286-7005	

Form 8379 (Rev 11 2012)

Schedule EIC - Earned Income Credit Calculation

Caution If you are a minister or a member of a religious order see Form 1040 instructions before completing this worksheet 30.502 1. Enter the amount from Form 1040 line 7 2 If you received a taxable scholarship or fellowship grant that wasn't reported on a W-2 form enter that amount here 3 Enter any amount paid to an inmate in a penal institution for work and included on line 1 4 Enter any amount received as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan and included on line 1 4 5 5 Subtract lines 2 3 and 4 from line 1 If you were self-employed or used Schedule C or C EZ as a statutory employee, enter the amount from the earned income worksheet(s) 6 30,502 7 Add lines 5 and 6 8 8 Combat pay included in earned income if elected 30,502 9 9 Add lines 7 and 8 10 Look up the amount on line 9, if applicable, in the EIC table to find your credit Enter the credit here 2,027 Note If line 9 is zero stop You cannot take the credit Enter "No" next to Form 1040 line 64a 30,502 11 11 Enter your adjusted gross income from Form 1040 12 Is line 11 less than -\$8 000 (\$13,350 if MFJ) if you don't have a qualifying child? \$17 550 (\$22,900 if MFJ) if you have at least one qualifying child? Yes Go to line 13 now 2,027 No Look up the amount on line 11 above in the EIC table to find your credit. Enter the credit here 13. • If you checked "Yes" on line 12, enter the amount from line 10 2,027 • If you checked "No" on line 12, enter the smaller of line 10 or line 12

Next Take the amount from line 13 above and enter it on Form 1040, line 64a

AND

Complete Schedule EIC and attach it to your return ONLY if you have a qualifying child

Schedule EIC - Investment Income Calculation

1	Taxable interest income			1	
2	Nontaxable interest income	2			
2	a Child's nontaxable interest income			<u>2a</u>	
3	Dividend income			3	
3	a Child's interest and dividend income			3a	
4.	Capital gain net income from Form 1040, line 13 minus Form 4797 line 7 col (g) or line 9	col (g)	, if more than zero	4	more forces, on all while. At The
5	Income from rental of personal property reported on Form 1040, line 21 net of expenses				
	reported on Form 1040, line 37			5_	
6	Rental income subject to 280A limitation			6_	
7	Royalty income net of expenses			7	NAME OF THE PARTY
8	Passive income/(loss)				
	a Rental real estate	8a			
	b Form 4835	8b			
	c. Partnership	8c			
	d S corporation	8d			
	e Estate and trust				
	f. Net passive income			8f	<u> </u>
9	Total investment income			9	<u></u>

D 7/10/13

Schedule ElC - Additional Information

Do y	rou elect to include combat pay in earned income? If filing a joint return, include
	Yes Only taxpayer's combat pay
	☐ Only spouse's combat pay
All F	illers:
1.	Is your investment income more than \$3,300?
••	No Go to question 2
	Yes Stop You cannot take the credit
2.	Answer Yes if taxpayer, and spouse if MFJ, is not filing Form 2555 or Form 2555-EZ
~.	No Stop You cannot take the credit
	X Yes Go to question 3
3.	Was your home in the United States for more than half of 2013?
٥.	No Stop You cannot take the credit Enter "No" next to Form 1040, line 64a
	X Yes Go to question 4
	·
4.	Do you and your spouse if filing a joint return, have a social security number that allows you to work? No Stop You cannot take the credit Enter "No" next to Form 1040, Line 64a
	X Yes Go to question 5
_	Could you or your spouse if filing a joint return, be a qualifying child of another person?
5.	
	X No Go to question 6 Yes Stop You cannot take the credit Enter "No" next to Form 1040, Line 64a
^	·
6.	Do you have at least one qualifying child?
	No Skip to question 9 X Yes Go to question 7
If Va	u Have At Least One Qualifying Child:
7	Is your AGI, less than \$37,870 (\$43,210 if MFJ) if you have one qualifying child, less than \$43,038 (\$48,378 if MFJ) if you have two
′	qualifying children, less than \$46,227 (\$51,567 if MFJ) if you have more than two qualifying children?
	No Stop You cannot take the credit
	X Yes Go to question 8
0	·
8.	Is your earned income, less than \$37,870 (\$43,210 if MFJ) if you have one qualifying child, less than \$43,038 (\$48,378 if MFJ) if you have two
	qualifying children, less than \$46,227 (\$51,567 if MFJ) if you have more than two qualifying children?
	No Stop You cannot take the credit
	Yes You can take the credit Complete the earned income credit worksheet now
	u Don't Have a Qualifying Child:
9.	Is your AGI less than \$14,340 (\$19,680 if MFJ)?
	No Stop You cannot take the credit
	Yes Go to question 10
10.	Were you, or your spouse if filing a joint return, at least age 25 but under age 65 at the end of 2013?
	No Stop You cannot take the credit
	☐ Yes Go to question 11
11.	
	□ No Go to question 12
	Yes Stop You cannot take the credit
12.	Is your earned income less than \$14,340 (\$19,680 if MFJ)?
	No Stop You cannot take the credit Enter "No" next to Form 1040, line 64a
	Yes Go to question 13
13.	Is there a child in the household who could be both your qualifying child and the qualifying child of someone else?
	No You can take the credit Complete the earned income credit worksheet now
_	☐ Yes Stop You cannot take the credit Enter "No" next to Form 1040, line 64a
Disal	iow EIC
	Disallow EIC if otherwise eligible
	Enter reason to disallow EIC

D 7/10/13

Form 1040 - Child Tax Credit

1.	Enter the number of qualifying children1 Multiply by \$1,000 and enter the result	1	1,000
2.	Adjusted gross income from Form 1040 or Form 1040A	2	30,502
3.	Enter the total of any, Form 1040 filers only:		
	Exclusion of income from Puerto Rico,		
	Foreign earned income exclusion, housing exclusion and housing deduction from Form 2555/2555-EZ, and		
	Exclusion of income for bona fide residents of American Samoa from Form 4563	3_	
4.	Add lines 2 and 3	4	30,502
5.	Enter: \$110,000 if married filing jointly; \$75,000 if single, head of household, or qualifying widow(er);		
	\$55,000 if married filing separately	5	110,000
6.	Is line 4 above more than line 5?	7757.4	
	No. Leave line 6 blank. Enter -0- on line 7.		
	Yes. Subtract line 5 from line 4	6	
	If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to		
	\$1,000, increase \$1,025 to \$2,000 etc.		
7.	Multiply line 6 by 5% (.05)	7	0
8.	If line 7 is more than the amount on line 1, stop here. You cannot take this credit or the additional child		
	tax credit, Form 8812. Otherwise, subtract line 7 from line 1	8	1,000
9.	Enter the amount from Form 1040, line 46 or Form 1040A, line 28	9	663
10.	Enter the amounts from Form 1040, Lines 47, 48, 49, and 50; Form 5695, line 11; Form 8834, line 22; Form 8910,	3 m	
	line 21; Form 8936, line 14 and Schedule R, line 24, or Form 1040A, Lines 29, 30, 31 and 32	10	
11.	Are you claiming the Form 8839 Adoption Credit, or Form 8396 mortgage interest credit, or Form 8859 District of		
	Columbia first-time homebuyer credit, or Form 5695, Part II, residential energy efficient property credit?		
	No Enter the amount from line 10.		
	Yes. Enter the amount from the line 11 worksheet	11	
12.	Subtract line 11 above from line 9	12	663
13.	Enter the smaller of line 8 or line 12 here and on Form 1040 or Form 1040A	13	663_

F 11/13/12



MATEEN, OMAR & SALMAN, NOOR XXX-XX-2659 DXM15514

TAX RETURN PENDING ISSUES AND/OR CUSTOMER NOTES THE FOLLOWING INFORMATION IS NEEDED TO COMPLETE THIS TAX RETURN

tax payer paid \$500.00 to correctional acacdemy 2013 filing injured spouse, sp owes student loan prior to married not enought o itemized

MATEEN, OMAR & SALMAN, NOOR 2012 XXX-XX-2659

Receipt

JACKSON HEWITT®

No. 14705

417 SE Coconut Avenue Stuart, FL 34996 (772) 286-7005 For Year-Round Service 417 SE Coconut Avenue Stuart, FL 34996 (772) 286-7005

Date 04/06/2013

(772) 2	86-7005			(//2) 286-/005	Customer	Pnor	X	New		
Spouse Address	MATEEN SALMAN 2513 S 17TH ST APT 107 FT PIERCE, FL 34982	OMAR NOOR Phone	Day	(772) 812-5560	Primary SSN Spouse SSN Filing Status Global Custo Eve	XXX Mar	-XX-2 ried	868 Filing	Joint	

For your information, here are several key deductions or credits claimed on your return which helped reduce your federal tax liability (or increase your federal refund) by the following amounts.

Form 8879

Earned Income Credit Child Tax Credit Additional Child Tax Credit 2,134.00 548.00 452.00

🕽 Your marginal tax rate (the highest federal tax rate that affects your tax calculation) is 10%.

Tax Preparation Fees Federal	306.00	Total Tax Preparation Fees Jackson Hewitt Products & Services Accuracy Guarantee	143.00 . FREE FREE				
		Data and Document Storage Fee	12.00				
Coupon N9MKD Dan discounts 2013	(163.00)	Total Products & Services Fees	12.00				
Total Tax Preparation Fees	143.00	Total Fees					
☐ AR (EF) ☐ AR (Paper) ☒ EF ☐ Paper Federal Disbursement Method IRS Direct Deposit Total Number o							
	04/06/2013	Method CHECK	_				
7 Milodite Bao	/ / 5 Daniel Sprunger	Method	_				

Federal and State Refund / Balance Due Information

Federal Refund 3,890.00

E 0/24/12

Date/Time Printed 04/06/2013 12 30 26 PM EDT



n 1040		artment of the Treasury Internal F		(99)	2012	OMB No 1	545 0074	IRS Use On	ly Do	not write or staple in th	us space
F the year Jan 1	Dec 31	2012 or other tax year beginning				e	nd 1g	<u> </u>	See	separate instructions	
Your first name and in	nitial			Last nai					Your	r social security numb	oer
If a joint return spous	se s first r	name and initial		Last nar					Spor	use's social security i	number
		eet) If you have a P O box see in	structions					Apt no		Make sure the SSN(s) and on line 6c are corn	
		and ZIP code If you have a forei	an address also	complete s	paces below (see	instructions)		L		idential Election Cam	
FT PIERCE, FL		·	9		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				ck here if you lor your: i jointly want \$3 to go	
Foreign country name		 	Foreign pro	vince/state	e/county		Foreign	postal code	chang	Checking a box below ge your tax or refund	
Filing Status	1	Single	<u> </u>			l ☐ Hea	d of hous	ehold (with	1 4-7	You Sp ring person) (See if	ouse nstr)
_	_	Married filing jointly (eve	en if only one h	ad incom	ne)			,		ld but not your depe	,
Check only one box	3					ente	r this chil	d's name he	re 🕨		
		full name here	·			Qua	lifying wi	dow(er) with	deper	ndent child	
Exemptions	6 a	T-T1	can claim you	as a dep	endent, do not	check box	6a		}	Boxes checked on 6a and 6b	2
-				(2) Dec	endent's social	(3) Dep	endent s	(4)√if chile	d under	No of children on 6c who	1
	·	Dependents:			urity number	relat on	ship to	age 17 qual	ifying	IIved with you	
	(1) Fire	et namo I ad	st name			y 0	u	for child tex (see instruc		 did not live with you due to divorce 	
-	ZAKAR		it none			SON		IXI		or separation (see instructions)	
If more than four					_ _						
dependents, see _ instructions and										Dependents on 6c not entered above	
check here ▶ 🔲										Add numbers	
_	d	Total number of exemption	is claimed							on lines above	3
Income	7	Wages salaries, tips, etc. A	Attach Form(s)	W-2					7	28	,757
	8 a	Taxable interest Attach S	chedule B if re	quired					8a		
	b	Tax-exempt interest Do n	ot include on	line 8a		8b					
Attach Form(s)	9 a	Ordinary dividends Attach	Schedule Birt	required					9a		
W-2 here. Also attach Forms	b	Qualified dividends				9 <u>b</u>			1 1		
W-2G and	10	Taxable refunds credits o	Taxable refunds credits or offsets of state and local income taxes								
1099-R if tax	11	Alimony received							11	ļ	
was withheld.	12	Business income or (loss) Attach Schedule C or C-EZ						12			
	13	Capital gain or (loss) Atta	ch Schedule	D if requi	red If not requir	ed, check h	ere	▶ ∐	13		
lf you did not	14	Other gains or (losses) Atta	ach Form 4797	7	1				14		
get a W-2, see	15 a	IRA distributions	15a			b Taxab	le amount		15b		
instructions	16 a	Pensions and annuities	16a				le amount		16b		
	17	, •			orations trusts	etc Attach	Schedule	E	17		
Enclose, but do not attach, any	18	Farm income or (loss) Atta		•					18		
payment Also	19	Unemployment compensati	on 20a	. 1	1	h Tayah	le amount		19 20b		
please use	20 a 21	Social security benefits	<u></u>	· L		DIAXQD	ie airiouni		21		
Form 1040-V.	22	Other income List type and Combine the amounts in the		lumn for	Innec 7 - 21 This	e is vour to	tal incom	e >	22	28	,757
Adjusted	23	Educator expenses	io iai rigiit co	iditir tot	113C3 7 - 21 11113	23	tai iricorii	<u> </u>			
Gross	24	Certain business expenses	of reservists.	performi	ng artists and					ı	
Income		fee-basis government offic		•	_	24				i	
oome	25	Health savings account de				25					
	26	Moving expenses Attach F	orm 3903			26					
	27	Deductible part of self-emp	oloyment tax A	Attach Sc	hedule SE	27					
	28	Self-employed SEP, SIMP	-			28					
	29	Self-employed health insur	rance deductio	n		29					
	30	Penalty on early withdrawal	of savings			30					
	31 a	Alimony paid b Recipient	's SSN ▶			31a					
	32	IRA deduction				32					
	33	Student Ioan interest deduc	ction			33					
	34	Tuition and fees Attach For				34					
	35	Domestic production activit	ties deduction	Attach F	orm 8903	35					HANT.
	36	Add lines 23 through 35							36		NONE

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

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

Form 1040 (2012) ()#/	AR MAT	EEN DXM14705.ETR 425 2012.12		Page 2
Tax and	38	Amount from line 37 (adjusted gross income)	38	28,757
Credits	39 a	Check if		
	b	If your spouse itemizes on a separate return or you were a dual status alien, check here 39b		
Standard	_40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	11,900
Deduction for -	41	Subtract line 40 from line 38	41	16,857
● People who check any box	42	Exemptions. Multiply \$3,800 by the number on line 6d	42	11,400
on line 39a or 39b or who can be	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41. enter -0-	43	5,457
claimed as a	44	Tax (see instr) Check if any from a Form(s) 8814 b Form 4972 c 962 election	44	548
dependent see	45	Alternative minimum tax (see Instructions) Attach Form 6251	45	
• All others	46	Add lines 44 and 45	46	548
Single or Married	47	Foreign tax credit Attach Form 1116 if required 47	1	
filing separately	48	Credit for child and dependent care expenses Attach Form 2441 48]	
\$5.950	49	Education credits from Form 8863, line 19		
Married filing jointly or	50	Retirement savings contributions credit Attach Form 8880 50]	
Qualify ng	51	Child tax credit Attach Schedule 8812 if required 51 548		
w dow(er) \$11 900	52	Residential energy credits Attach Form 5695 52]	
Head of	53	Other credits from Form a 3800 b 8801 c 53]	
household	54	Add lines 47 through 53 These are your total credits	54	548
\$8 700	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	NONE
Other	56	Self-employment tax. Attach Schedule SE	56	
Taxes	57	Unreported social security and Medicare tax from Form a 4137 b 8919	57	
Taxes	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
		Household employment taxes from Schedule H	59a	
		First-time homebuyer credit repayment Attach Form 5405 if required	59b	
		·	60	
	60	Other taxes Enter code(s) from instructions	61	NONE
Day	61	Add lines 55 through 60 This is your total tax Federal income tax withheld from Forms W-2 and 1099 62 1,304	61	HORL
Payments	62			
	63	2012 estimated tax payments and amount applied from 2011 return 63		
If you have a	<u>64</u> a	Earned income credit (EIC) 64a 2,134	1	
qualifying child, attach	1	Nontaxable combat pay election 64b		
Schedule EIC	65	Additional child tax credit Attach Schedule 8812 65 452	} }	
	66	American opportunity credit from Form 8863 line 8		
	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 2439 b Reserved c 8801 d 8885 71		
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	3,890
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	3,890
	74 a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74a	3,890
	▶ b	Routing number 267084199 ▶c Type ☒ Checking ☐ Savings		
Direct deposit?	▶ d	Account number 1203927433		
See instructions	75_	Amount of line 73 you want applied to your 2013 estimated tax > 75		
Amount	76	Amount you owe. Subtract line 72 from line 61 For details on how to pay, see instructions	76	
You Owe	77	Estimated tax penalty (see instructions) 77 NONE		
Third Party		ou want to allow another person to discuss this return with the IRS (see instructions)? 🛛 Yes. Com	nlete b	pelow No
Designee				
3	Design name	ees ►Corey P Miller Personal Identification Personal		° ⊳ 67937
Sign	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
Here		they are true correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which our signature. Date Your occupation		r nas any knowledge time phone number
Joint return?	.	OFFICER	",	
See instructions	Sr	ouse's signature. If a joint return both must sign. Date. Spouse's occupation	If the	RS sent you an Identity
Keep a copy for your records	,	HOUSEWIFE		e tion PIN rithere
Paid	Print/Tv	one preparer's name Proparer's signature	, PTIN	
		cl Sprunger self employe	17	P00158965
Preparer Use Only	Firm s	oprunger		
Use Unity			286-	
		Stuart FL 34996		
RF 1/15/13				Form 1040 (2012)

SCHEDULE EIC

(Form 1040A or 1040)

Department of the Treasury Internal Revenue Service (9

Earned Income Credit Qualifying Child Information

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

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

OMB No 1545 0074

43

Name(s) shown on return

OMAR MATEEN & NOOR SALMAN

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

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

in all lines that apply for each qualifying child

CAUTION

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 instructions for details It will take us longer to process your return and issue your refund if you do not fill

Qualifying Child Information Child 1 Child 2 Child 3 Child's name First name Last name First name Last name First name Last name If you have more than three qualifying children, you only have to list three to get the maximum credit ZAKARIAYA OMAR MATEEN 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 2012. If your child was born and died in 2012 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 2012 Child's year of birth Year Year Year If born after 1993 and the child If born after 1993 and the child If born after 1993 and the child was younger than you (or your was younger than you (or your was younger than you (or your spouse, if filing jointly), skip spouse, if filing jointly), skip spouse if filing jointly), skip lines 4a and 4b go to line 5 lines 4a and 4b, go to line 5 lines 4a and 4b, go to line 5 Yes. No. ☐ No. 4 a Was the child under age 24 at the end of Yes. ☐ No. Yes. 2012 a student, and younger than you (or Go to line 5. Go to line 5. Go to line 4b. Go to line 5. Go to line 4b. Go to line 4b. your spouse, if filing jointly)? ☐ No. No. Yes. No. Yes. Yes. b Was the child permanently and totally disabled during any part of 2012? Go to line 5. Go to line 5. The child is not a Go to line 5. The child is not a The child is not a qualifying child qualifying child qualifying child Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.) SON Number of months child lived with you in the United States during 2012 If the child lived with you for more than

12

Do not enter more than

12 months

_months

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

than half the time he or she was alive

during 2012, enter "12 '

half of 2012 but less than 7 months,

If the child was born or died in 2012 and your home was the child's home for more

Schedule EIC (Form 1040A or 1040) 2012

12 months

Do not enter more than

months

months

Do not enter more than

12 months

F 1/07/13

enter "7"

MXA

SCHEDULE 8812

(Form 1040A or 1040)

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

Attachment Sequence No

Department of the Treasury Internal Revenue Service (99)

ame	(s) shown	on reti	ırn										- }	Your social security number
OH	IAR MATI	EEN 8	NOOR	SALMAN					_				ĺ	
Pa	art I	File	rs Wi	no Have Ce	ertain Ch	ild Depe	ndents w	ith an ITII	V (Indi	ividual	Taxpa	ver Identi	ficat	ion Number)
CĂ	UTION		•	his part only ident does n		•				-		•		
				uestions for e entification N	-									vho has an ITIN at dependent
Α				ndent identifi ee instructions		TIN and lis	ted as a qu	alıfyıng child	for the c	:hild tax c	redit, did t	his child me	et the	substantial
			Yes		No									
В				ependent ider ee instructions	itified with a	an ITIN and	i listed as a	qualifying c	hild for t	he child t	ax credit,	did this child	meet	the substantial
			Yes		No									
С			•	endent identifi ee instructions	ed with an	ITIN and lis	sted as a qu	alifying child	for the	child tax	credit did	this child me	eet the	substantial
			Yes		No									
D			•	endent identi ee instructions	fied with ar	ı ITIN and I	isted as a c	jualifying chi	ld for the	e child tax	credit, di	d this child m	neet th	ne substantial
			Yes		No									
Not	-	u have check		than four dep	endents ide	entified with	n an ITIN ar	id listed as a	qualifyir	ng child fo	or the child	I tax credit s	see the	e instructions
Pa	ırt II	Add	itiona	al Child Tax	c Credit I	ilers								
1	1040 fil	ers:	-	Enter the ar		=	ur Child Tax	Credit Work	sheet (se	ee the)		
	1040A 1	filers:		Enter the ar		_		Credit Work	sheet (se	ee the			1	1,000
	1040NF	R filers	5.	Enter the ar		-		Credit Work	sheet (se	ee the				
	íf you u	ised F	Pub 972	2, enter the ar	nount from	line 8 of the	e Child Tax (Credit Works	heet in ti	he publica	ation)		
3	Subtrac	ct line	2 from	om Form 1040 line 1 If zero				orm 1040NR,	line 48	40.1		28,757	3	548 452
			•	instructions)	intiona)		46		ľ	4a		20,101		
b Nontaxable combat pay (see instructions) 5 Is the amount on line 4a more than \$3,000?														
จ				e 4a more mar : 5 blank and 6		ino 6			l					
				3 000 from th			nter the resul	t	ļ	5		25,757		
6				on line 5 by 1					L	<u> </u>		20].0.	6	3,864
•				hree or more	, ,		Jun						·····	
		lf li	ne 6 is	zero, stop, yo r line 6 on line	ou cannot ta		lit Otherwise	e, skip Part II	and ente	er the sm	aller			
	☐ Yes	. If li	ne 6 is	equal to or m , go to line 7		e 3, skip Pa	art II and en	ter the amour	nt from lii	ne 3 on li	ne 13			

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

Schedule 8812 (Form 1040A or 1040) 2012

Part IV Additional Child Tax Credit

13 This is your additional child tax credit

452 _13 Enter this amount on Form 1040, line 65, Form 1040A, line 39, or Form 1040NR, line 63

0

Schedule 8812 (Form 1040A or 1040) 2012

8867

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.

Taxpayer's social security number

MB No. 1545 1629 2012

Department of the Treasury Internal Revenue Service

Taxpayer's name(s) shown on return

0	MAR MA	TEEN & NOOR SALMAN					
For	the def	initions of the following terms see Pub. 596. ● Investment Income	● Qualifying Child	• Earned Income	• Full-time Stude	ent	
F	art I	All Taxpayers					
1	Enter	preparer's name and PTIN▶	Daniel Sprunger		P00158965		
2	is the	taxpayer's filing status married filing separately	Ŋ			Yes	⊠ No
	•	If you checked "Yes" on line 2 stop; the tax	payer cannot take the B	EIC Otherwise continue			
3	socia	the taxpayer (and the taxpayer's spouse if filing I security number (SSN) that allows him or her for EIC purposes? See the instructions before	to work or is			X Yes	□ No
	•	If you checked "No" on line 3, stop; the taxp	ayer cannot take the E	IC Otherwise, continue			
4	Is the	taxpayer filing Form 2555 or Form 2555-EZ	(relating to the exclusion	of foreign earned income)?	Yes	X No
	>	If you checked "Yes" on line 4, stop; the tax	payer cannot take the E	EIC Otherwise continue			
5 a	a Wasi	the taxpayer a nonresident alien for any part of	2012?			☐ Yes	X No
	•	If you checked "Yes" on line 5a go to line 5b	Otherwise skip line 5t	o and go to line 6			
ł) Is the	taxpayer's filing status married filing jointly?				☐ Yes	□ No
		If you checked "Yes" on line 5a and "No" or a the EIC Otherwise, continue	n line 5b, stop; the taxpa	yer cannot			
6	Is the	taxpayer's investment income more than \$3,	2007 See Rule 6 in Pub	596 before answering		Yes	⊠ No
	•	If you checked "Yes" on line 6, stop; the tax	payer cannot take the E	EIC Otherwise, continue			
7	for 20	I the taxpayer, or the taxpayer's spouse if filing i12? If the taxpayer's filing status is married fi 13 if the taxpayer does not have a qualifying	ling jointly, check "No " C	Otherwise, see Rule 10		☐ Yes	⊠ No_
		If you checked "Yes" on line 7, stop; the tax	· -	IC			

For Paperwork Reduction Act Notice, see instructions.

Form 8867 (2012)

D 8/23/12 МХн

Form	8867 (2012)			Page 2
P	art II Taxpayers With a Child			
	Caution. If there is more than one child, complete lines 8 through 14	Child 1	Child 2	Child 3
	for one child before going to the next column	ZAVADIAVA OMAD		
8	Child's name	ZAKARIAYA OMAR		
9	Is the child the taxpayer's son, daughter, stepchild, foster child, brother,			
	sister, stepbrother, stepsister, or a descendant of any of them?	Yes No	☐ Yes ☐ No	Yes No
10	Is either of the following true?	1	,	
	The child is unmarried, or	1		
	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)	X Yes No	U Yes □ No	Yes No
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	☐ Yes ☐ No	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	Yes No	L 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		n. n.	п., п.,
13 a	Could any other person check"Yes" on lines 9, 10, 11 and 12 for the child?	Yes 🛚 No	Yes No	Yes No
	If you checked "No" on line 13a go to line 14 Otherwise, go to line 13b			
	Enter the child's relationship to the other person(s)	 - - - - - - - - 		
c	Under the trebreaker rules, is the child treated as the taxpayer's qualifying child?	Yes No	☐ Yes ☐ No	☐ Yes ☐ No
	See the instructions before answering	Don't know	Don't know	Don't know
	If you checked "Yes" on line 13c, go to line 14 If you checked "No,"	ĺ		
	the taxpayer cannot take the EIC based on this child and cannot take the EIC for	Ì		
	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,"		ļ	
	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 tax-			
	payers 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		☐ Yes ☐ No	□ Ves □ No
	valid for EIC purposes? See the instructions before answering		☐ Yes ☐ No	L Yes L 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			
45	Are the terregrand partial income and adjusted group income each loss than the			
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			X Yes No
	If you checked "No" on line 15, stop; the taxpayer cannot take the EIC	······································		KW 162 C MO
	If you checked "Yes" on line 15, stop, the taxpayer can take the EIC Complete			
	Schedule EIC and attach it to the taxpayer's return. If there are two or three			
	gualifying 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			
	arter 1990, 900 r dp 500 to 300 m r orm oddz migst pe med Go to ime 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			
D 8/23				Form 8867 (2012)

Part I/I Taxpayers Without a Qualifying Child	□ No □ No
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.) ▶ 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? ▶ 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" ▶ 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 ▶ If you checked "Yes" on line 19, stop; the taxpayer cannot 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 filled. Go to line 20 Part W. Due Diligence Requirements 20 Did you complete Form 8867 based on current information provided by the taxpayer or reasonably obtained by you? 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?) 22 If any qualifying child was not the taxpayer's son or daughter, did you ask why the parents were not	□ No
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.) ▶ 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? ▶ 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" ▶ 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 ▶ If you checked "No" on line 19, stop; the taxpayer cannot 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? 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?) 22 If any qualifying child was not the taxpayer's son or daughter, did you ask why the parents were not	□ No
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If you checked "No" on line 16, stop; the taxpayer cannot take the EIC Otherwise, continue	□ No
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? ▶ 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" ▶ 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 ▶ If you checked "No" on line 19, stop; the taxpayer cannot 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? 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)? 22 If any qualifying child was not the taxpayer's son or daughter, did you ask why the parents were not	
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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" 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 If you checked "No" on line 19, stop; the taxpayer cannot take the EIC If you checked "No" on line 19, stop; the taxpayer cannot 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? 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)? 22 If any qualifying child was not the taxpayer's son or daughter, did you ask why the parents were not Yes	
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provides the same information as the 1040, 1040A or 1040EZ worksheet)? 22 If any qualifying child was not the taxpayer's son or daughter, did you ask why the parents were not Yes	
22 If any qualifying child was not the taxpayer's son or daughter, did you ask why the parents were not	
The state of the s	∐ No
claiming the child and document the answer?	No
Significant and a second secon	ot 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	☐ No
	ot apply
24 Did you ask this taxpayer any additional questions that are necessary to meet your knowledge	□ No
requirement? See the instructions before answering	ot 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.	☐ No
25 Did you document the additional guestions you asked and your client's answers? Does n	of apply

D 8/23/12 Form **8867** (2012)

Check	all that apply Keep a copy of any documents you relied o	n. See the in	, , ,
	Residency of Qu	alifying Chi	ild(ren)
a b c d f	No qualifying child School records or statement Landlord or property management statement Health care provider statement Medical records Child care provider records Placement agency statement Social service records or statement		Place of worship statement Indian tribal official statement Employer statement Other (specify) ▼ Did not rely on any documents, but made notes in file Did not rely on any documents
	Disability of Qu	alifying Ch	
p	No disabled child Doctor statement Other health care provider statement Social services agency or program statement	□ t	Other (specify) Did not rely on any documents, but made notes in file Did not rely on any documents
apply box a	Keep a copy of any documents you relied on. See the in	structions before	ore answering if there is no Schedule C, check
☐ b ☐ c ☐ d ☐ e	Business license Forms 1099 Records of gross receipts provided by taxpayer Taxpayer summary of income	□ i □ j	Reconstruction of income and expenses Other (specify) ▼
☐ f ☐ g	Records of expenses provided by taxpayer Taxpayer summary of expenses	□ k	Did not rely on any documents but made notes in file Did not rely on any documents
1 Co 2 Co tho 3 Su 4 Ke	mpleted the actions described on lines 20 and 21 and check mpleted the actions described on lines 22, 23, 24, and 25 (see lines bmit Form 8867 in the manner required and ep all five of the following records for 3 years from the latest tention Form 8867, Paid Preparer's Earned Income Credit Checklist The EIC worksheet(s) or your own worksheet(s),	of they apply) are tof the dates s	nd checked "Yes" (or "Does not apply") on specified in the instructions under <i>Document</i>
	Check qualify a b c d g f g h So p q r If a Sc exister apply box a b c d c exister apply box a Cou have 1 Co 2 Co 3 Kee a b	Check all that apply Keep a copy of any documents you relied of qualifying child check box a. If there is no disabled child check box a. If there is no disabled child check box a. If there is no disabled child check b. Residency of Qualifying child B. School records or statement	b School records or statement j c Landlord or property management statement k d Health care provider statement l e Medical records f Child care provider records g Placement agency statement m n Disability of Qualifying Child g Placement agency statement m n Disability of Qualifying Child g O No disabled child s g O No disabled child s g O O No disabled child s g O O O O Cher health care provider statement t g O O O O Cher health care provider statement t g O O O O Cher health care provider statement t g O O O O Cher health care provider statement t g O O O O Cher health care provider statement t g O O O O Cher health care provider statement t g O O O O Cher health care provider statement t g O O O O O Cher health care provider statement t g O O O O O O O O O O O O O O O O O O O

D 8/24/12 Form **8867** (2012)

Form **8379**

(Rev December 2010) Department of the Treasury Internal Revenue Service

Injured Spouse Allocation

► See instructions.

OMB No 1545 0074

Attachment Sequence No

104

Pa	art I Should you file this form? You must complete this part			
1	Enter the tax year for which you are filing this form 2012 Answer the following	questions for that year		
2	Did you (or will you) file a joint return?			
	Yes. Go to line 3			
	No. Stop here. Do not file this form You are not an injured spouse			
3	Did (or will) the IRS use the joint overpayment to pay any of the following legally enfor	cooble past due debt/s) awad only	by	
,	your spouse? (see instructions)	ceable past-due debt(s) owed only	ы	
	Federal tax State income tax Child support Spousal support	● Federal nontax debt (such a	as a student loan)	
	Yes. Go to line 4	- Fodoral floridax dobt (5doil t	ao a ordaone roun,	
	No. Stop here. Do not file this form. You are not an injured spouse			
	Note. If the past-due amount is for a joint federal tax, you may qualify for innocent spo	ouse relief for the year to which the		
	overpayment was applied See Innocent Spouse Relief, in the instructions for more info	rmation		
4	Are you legally obligated to pay this past-due amount?			
	Yes. Stop here. Do not file this form. You are not an injured spouse			
	Note. If the past-due amount is for a joint federal tax, you may qualify for innocent spo			
	overpayment was applied See <i>Innocent Spouse Relief</i> , in the instructions for more info No. Go to line 5	rmation		
	ES NO. GO to line 3			
5	Were you a resident of a community property state (Arizona, California, Idaho, Louisiana	, Nevada, New Mexico, Texas,		
	Washington, or Wisconsin) at any time during the tax year entered on line 1? (see instru			
	Yes. Enter name(s) of community property state(s)			
	Skip lines 6 through 9 and go to Part II and complete the rest of this form			
	No. Go to line 6			
_				
6	Did you make and report payments, such as federal income tax withholding or estimate	d tax payments?		
	Yes. Skip lines 7 through 9 and go to Part II and complete the rest of this form No. Go to line 7			
	No. Go to line ?			
7	Did you have earned income, such as wages, salaries or self-employment income?			
	Yes. Go to line 8			
	No. Skip line 8 and go to line 9			
8	Did (or will) you claim the earned income credit or additional child tax credit?			
	☐ Yes. Skip line 9 and go to Part II and complete the rest of this form ☐ No. Go to line 9			
	No. Go to line 9			
9	Did (or will) you claim a refundable tax credit (see instructions)?			
	Yes. Go to Part II and complete the rest of this form			
	No. Stop here. Do not file this form You are not an injured spouse			
Pa	art II Information About the Joint Tax Return for Which This Forn			
10	Enter the following information exactly as it is shown on the tax return for which you are	-		
	The spouse's name and social security number shown first on that tax return must also First name initial and last name shown first on the return	Social security number shown first	If Injured Spous	
	OMAR MATEEN	,	check here	 [X]
	First name initial and last name shown second on the return	Social security number shown second	If Injured Spous	e,
	NOOR SALMAN		check here	
11	Check this box only if you are divorced or legally separated from the spouse with whom	n you filed the joint return		
	and you want your refund issued in your name only			Ш
12	Do you want any injured engine refund mouled to an address different from the	vour joint return?	☐ Yes	⊠No
12	Do you want any injured spouse refund mailed to an address different from the one on If "Yes" enter the address	your joint return?	∟ res	RYI IAO
	Number and street	City town or post office state and	ZIP code	
				

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

Form **8379** (Rev 12 2010)

8/10/11

Form 8379 (Rev				<u></u>			Page 2
Part III	Allocation Between Spo	uses of Ite	ms on the Jo	int Tax Return (see i	nstructions)		
	Allocated Items			(a) Amount shown on joint return	(b) Allocated injured spo		(c) Allocated to other spouse
13 Income	a. Wages			28,757		28,757	
	b. All other income						
14 Adjustme	ents to income	<u></u>					
15 Standard	deduction or Itemized deductions			11,900		5,950	5,950
16 Number	of exemptions			3	2		11
17 Credits (do not include any earned income	credit)		1,000		1,000	
18 Other taxe	es						
19 Federalı	ncome tax withheld			1,304		1,304	
20 Payments							
Part IV	Signature. Complete this part	only if you ar	re filing Form 837	9 by itself and not with you	r tax return		
Under penalties	of perjury. I declare that I have examined	i this form and a	iny accompanying sci	nedules or statements and to th	e best of my knowle	dge and belie	ef they are true
correct, and com	plete Declaration of preparer (other tha	n taxpayer) is ba	ised on all information	n of which preparer has any kno	owledge	Tob	one number (optional)
Keep a copy of this form for your records	Injured spouse's signature				Date		
Paid	Print/Type preparer's name		Preparer's signature		Date	Check self em	PTIN POIN P00158965
Preparer's	Firm s name > Jacks	on Howitt 1	Tax Service		<u> </u>		▶59-2301569
Use Only		FL 34996				Phone no	(772) 286-7005

Form **8379** (Rev 12 2010)

Schedule EIC - Earned Income Credit Calculation

Cautic	in If you are a minister or a member of a religious order, see Form 1040 instructions before completing this worksheet		
1.	Enter the amount from Form 1040, line 7	1	28,757
2.	If you received a taxable scholarship or fellowship grant that wasn't reported on a W-2 form, enter that amount here	2	
3.	Enter any amount paid to an inmate in a penal institution for work and included on line 1	3	
4.	Enter any amount received as a pension or annuity from a nonqualified deferred compensation plan or a		
	nongovernmental section 457 plan and included on line 1	4	
5.	Subtract lines 2, 3 and 4 from line 1	5	28,757
6.	If you were self-employed or used Schedule C or C-EZ as a statutory employee enter the amount		
	from the earned income worksheet(s)	6	
7.	Add lines 5 and 6	7	28,757
8.	Combat pay included in earned income, if elected	8	
9.	Add lines 7 and 8	9	28,757
10.	Look up the amount on line 9, if applicable, in the EIC table to find your credit. Enter the credit here		
	Note If line 9 is zero, stop. You cannot take the credit. Enter "No" next to Form 1040, line 64a	10	2,134
11.	Enter your adjusted gross income from Form 1040	11	28,757
12.	Is line 11 less than -		
	• \$7,800 (\$13,000 if MFJ) if you don't have a qualifying child?	1	
	• \$17 100 (\$22,300 if MFJ) if you have at least one qualifying child?		
	Yes Go to line 13 now		
	No Look up the amount on line 11 above in the EIC table to find your credit. Enter the credit here	12	2,134
13.	 If you checked "Yes" on line 12, enter the amount from line 10 		
	If you checked "No" on line 12, enter the smaller of line 10 or line 12	13	2,134

Next Take the amount from line 13 above and enter it on Form 1040 line 64a $$\operatorname{AND}$$

Complete Schedule EIC and attach it to your return ONLY if you have a qualifying child

Schedule EIC - Investment Income Calculation

1.	Taxable interest income			1	
2.	Nontaxable interest income			2	
2.	a. Child's nontaxable interest income			2a	
3.	Dividend income			3_	
3.	a. Child's interest and dividend income			3 <u>a</u>	
4.	Capital gain net income from Form 1040, line 13 minus Form 4797 line 7 col (g) or line 9	col (g)	, if more than zero	4	
5.	Income from rental of personal property reported on Form 1040 line 21, net of expenses	<u></u>			
	reported on Form 1040, line 37	_5_			
6.	Rental income subject to 280A limitation	6			
7.	Royalty income net of expenses	7			
8.	Passive income/(loss)				
	a. Rental real estate	8a_			
	b. Form 4835	8b			
	c. Partnership	8c			
	d. S corporation	8d			
	e Estate and trust	8e			
	f. Net passive income			8f	
9.	Total investment income			9	

D 8/27/12

OMAR MATEEN & NOOR SALMAN Schedule EIC - Additional Information

Do y	ou elect to include combat pay in earned income? If filing a joint return, include
	☐ Yes ☐ Only taxpayer's combat pay
	☐ No ☐ Only spouse's combat pay
	th
	ilers.
1.	Is your investment income more than \$3,200?
	No Go to question 2
_	Li Yes Stop You cannot take the credit
2.	Answer Yes If taxpayer, and spouse if MFJ is not filing Form 2555 or Form 2555-EZ
	☐ No Stop You cannot take the credit ☐ Yes Go to question 3
3.	Was your home in the United States for more than half of 2012? No Stop You cannot take the credit Enter "No" next to Form 1040 line 64a
	☐ No Stop You cannot take the credit Enter "No" next to Form 1040 line 64a ☐ Yes Go to question 4
4.	Do you and your spouse if filing a joint return, have a social security number that allows you to work? No Stop You cannot take the credit Enter "No" next to Form 1040, Line 64a
	Yes Go to question 5
5.	Could you or your spouse if filing a joint return, be a qualifying child of another person?
J.	No Go to question 6
	Yes Stop You cannot take the credit Enter "No" next to Form 1040, Line 64a
6.	Do you have at least one qualifying child?
u.	No Skip to question 9
	X Yes Go to question 7
lf Yo	u Have At Least One Qualifying Child:
7.	Is your AGI, less than \$36 920 (\$42 130 if MFJ) if you have one qualifying child, less than \$41 952 (\$47 162 if MFJ) if you have two
٠.	qualifying children less than \$45,060 (\$50,270 if MFJ) if you have more than two qualifying children?
	No Stop You cannot take the credit
	☐ Yes Go to question 8
8.	Is your earned income less than \$36,920 (\$42 130 if MFJ) if you have one qualifying child, less than \$41,952 (\$47 162 if MFJ) if you have two
	qualifying children less than \$45,060 (\$50,270 if MFJ) if you have more than two qualifying children?
	No Stop You cannot take the credit
	X Yes You can take the credit Complete the earned income credit worksheet now
lf Yo	u Don't Have a Qualifying Child:
9.	Is your AGI less than \$13,980 (\$19,190 if MFJ)?
٠.	☐ No Stop You cannot take the credit
	Yes Go to guestion 10
10.	Were you, or your spouse if filing a joint return, at least age 25 but under age 65 at the end of 2012?
	☐ No Stop You cannot take the credit
	Yes Go to question 11
11.	Can your parents, or someone else, claim you as a dependent on their 2010 tax return?
	No Go to question 12
	Yes Stop You cannot take the credit
12.	Is your earned income less than \$13,980 (\$19,190 if MFJ)?
	No Stop You cannot take the credit Enter "No" next to Form 1040 line 64a
	Yes Go to guestion 13
13.	Is there a child in the household who could be both your qualifying child and the qualifying child of someone else?
	No You can take the credit Complete the earned income credit worksheet now
	Yes Stop You cannot take the credit Enter "No" next to Form 1040, line 64a
<u>Disa</u> l	low EIC
	Disaflow EIC if otherwise eligible
	Enter reason to disallow EIC

D 8/27/12

Form 1040 - Child Tax Credit

1.	Enter the number of qualifying children Multiply by \$1,000 and enter the result	1	1,000
2.	Adjusted gross income from Form 1040 or Form 1040A	2	28,757
3.	Enter the total of any, Form 1040 filers only		
	Exclusion of income from Puerto Rico,		
	Foreign earned income exclusion, housing exclusion and housing deduction from Form 2555/2555-EZ, and		
	Exclusion of income for bona fide residents of American Samoa from Form 4563	3	
4.	Add lines 2 and 3	4	28,757
5.	Enter \$110 000 if married filing jointly, \$75,000 if single, head of household, or qualifying widow(er)		
	\$55,000 if married filing separately	5	110,000
6.	Is line 4 above more than line 5?		
	No Leave line 6 blank Enter -0- on line 7		
	Yes Subtract line 5 from line 4	6	
	If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to		
	\$1,000, increase \$1,025 to \$2,000 etc		
7.	Multiply line 6 by 5% (05)	7	0
8.	If line 7 is more than the amount on line 1 stop here. You cannot take this credit or the additional child		
	tax credit, Form 8812 Otherwise, subtract line 7 from line 1	8	1,000
9.	Enter the amount from Form 1040 line 46 or Form 1040A, line 28	9	548
10.	Enter the amounts from Form 1040, Lines 47, 48, 49, and 50, Form 5695, line 11, Form 8834, line 22, Form 8910,		
	line 21 Form 8936, line 14 and Schedule R line 24, or Form 1040A, Lines 29, 30, 31 and 32	10	
11.	Are you claiming the Form 8839 Adoption Credit or Form 8396 mortgage interest credit or Form 8859 District of		
	Columbia first-time homebuyer credit, or Form 5695, Part II, residential energy efficient property credit?		
	No Enter the amount from line 10	1	
	Yes Enter the amount from the line 11 worksheet	11	
12.	Subtract line 11 above from line 9	12	548
13.	Enter the smaller of line 8 or line 12 here and on Form 1040 or Form 1040A	13	548

F 11 13'12

MAR & SALMAN, NOOR Phone: 17726396-7005

DXM14705

ENDING ISSUES AND/OR CUSTORMATION IS NEEDED TO COMPLE

tax payer paid \$500.00 to correctional acacdemy

្ខំ 1040		rtment of the Treasury - Internal R 6. Individual Income T		(99)	2011	OMB No 15	45 0074	IPS Hee On	lv Don	ot write or staple in this space
		2011, or other tax year beginning				L	ding	110 030 011		separate instructions
Your first name and initial				Last name					Your social security number	
OMAR				MATEE	N					
If a joint return, spouse's first name and initial				Last name					Spou	se's social security number
NOOR				SALMAN						
Home address (number and street) If you have a P O box, see instructions				Apt no				Apt no	Make sure the SSN(s) above and on line 6c are correct	
2513 S 17TH										dential Election Campaign
• • • • • • • • • • • • • • • • • • • •		and ZIP code. If you have a foreig	n address, also	complete s	paces below (see	instructions)			Chec	k here if you, or your spouse if
FT PIERCE, F		<u> </u>	T Foreign prov	vince/coup			T Face on	nastal anda	fund	jointly, want \$3 to go to this Checking a box below will not
Foreign country name			Foreign province/county			Foreign postal code		change your tax or refund Spouse		
Filing Status	1	Single	<u> </u>			↓ ☐ Head	of house	ehold (with o	qualifyi	ng person). (See instr.)
Check only	2	f X Married filing jointly (ever	n if only one h	ad incom	e)	If the	qualifyin	g person is	a child	but not your dependent,
one box.	3	Married filing separately.				enter	this child	l's name he	re. ▶	_
		full name here. ▶ 5 ☐ Qualifying widow(er) with o							depen	
Exemptions		Yourself. If someone o	•						- /	Boxes checked 2
		Spouse	<u> </u>							No. of children on 6c who:
	С	Dependents:			endent's social irity number	(3) Deper relations		(4)√ if child age 17 qual		● lived with you ———
	(4) =				,	you		for child tax (see instruc		 did not live with you due to divorce
	(1) Fir	st name Las	name							or separation
If more than four										(see instructions)
dependents, see instructions and										Dependents on 6c not entered above
check here ▶										
	d	Total number of exemptions	s claimed .							Add numbers on lines above 2
Income	7	Wages, salaries, tips, etc. A	ttach Form(s)	W-2					7	37,057
	8 a	Taxable interest. Attach Sc	hedule B if re	quired .					8a	
	b	Tax-exempt interest. Do no	ot include on	line 8a		. 8b]	
Attach Form(s)	9 a	Ordinary dividends. Attach	Schedule B if	required					9a	
W-2 here. Also attach Forms	b	Qualified dividends				9b				
W-2G and	10	Taxable refunds, credits, or	offsets of sta	te and lo	cal income taxe	S			10	
1099-R if tax	11	Alimony received							11	
was withheld.	12	Business income or (loss). Attach Schedule C or C-EZ							12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here							13	
If you did not	14	• ,	1	1		h Tayabla			14 15b	
get a W-2, see instructions.	15 a	IRA distributions					16b			
manuciona.	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E					17			
Enclose, but do	18	Farm income or (loss). Attach Schedule F							18	
not attach, any	19	Unemployment compensation							19	
payment. Also, please use	20 a	Social security benefits	20a	<u> </u>		b Taxable	amount		20b	
Form 1040-V.	21	Other income. List type and	amount STA	<u>TE REFU</u>	ND				21	29
	22	Combine the amounts in the	e far right col	umn for I	nes 7 - 21. This	is your tot	al incom	e >	22	37,086
Adjusted	23	Educator expenses				23				
Gross	24	Certain business expenses		-	-					
Income		fee-basis government officia				24				
	25	Health savings account deduction. Attach Form 8889								
	26	Moving expenses. Attach Form 3903						[. [
	27	Deductible part of self-employment tax. Attach Schedule SE						^		
	28									
	29 30	Self-employed health insurance deduction								
	31 a									
	32	IRA deduction				32				
	33	Student loan interest deduc				33			,	
	34	Tuition and fees. Attach Form				34				
	35	Domestic production activities				35				
	36	Add lines 23 through 35							36	NONE

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

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

F 11/7/11 Form **1040** (2011)

Form 1040 (2011) ()	IAR MAT	EEN DXM10268.ETR 425 2011.07		age 2			
Tax and	38	Amount from line 37 (adjusted gross income)	38 37,	,086			
Credits	39 a	Check if: You were born before January 2, 1947, Blind. Total boxes	* -				
		Spouse was born before January 2, 1947, ☐ Blind. checked ▶ 39a	4				
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b	} }				
Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		<u>,600</u>			
Deduction for -	41	Subtract line 40 from line 38		,486			
 People who check any box 	42	Exemptions. Multiply \$3,700 by the number on line 6d		<u>,400</u>			
on line 39a or 39b Or who can be	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0		<u>,086</u>			
claimed as a	44	Tax (see instr). Check if any from a ☐ Form(s) 8814 b ☐ Form 4972 c ☐ 962 election	44 1,	,861			
dependent, see	45	Alternative minimum tax (see instructions). Attach Form 6251	45				
All others	46	Add lines 44 and 45	46 1,	,861			
Single or Married	47	Foreign tax credit. Attach Form 1116 if required	<u> </u>				
filing separately, \$5,800	48	Credit for child and dependent care expenses Attach Form 2441 . 48	4 1				
Married filing	49	Education credits from Form 8863, line 23	4 1				
jointly or	50	Retirement savings contributions credit. Attach Form 8880 50]				
Qualifying widow(er),	51	Child tax credit (see instructions)	4				
\$11,600	52	Residential energy credits. Attach Form 5695	_				
Head of household,	53	Other credits from Form: a 3800 b 8801 c 53	<u> </u>				
\$8,500	54	Add lines 47 through 53. These are your total credits	_54	004			
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	 	,861			
Other	56	Self-employment tax. Attach Schedule SE	56				
Taxes	57	Unreported social security and Medicare tax from Form: a 4137 b 8919	57				
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58				
	59 a	Household employment taxes from Schedule H	59a				
		First-time homebuyer credit repayment. Attach Form 5405 if required	59b				
	60	Other taxes. Enter code(s) from instructions	60	861			
	61	Add lines 55 through 60 This is your total tax Federal income tax withheld from Forms W-2 and 1099	61 1,	001			
Payments	62		1				
	63	2011 estimated tax payments and amount applied from 2010 return 63	1 1				
If you have a	<u>64</u> а	Earned income credit (EIC)	1 1				
qualifying child, attach	1	Nontaxable combat pay election . 64b					
Schedule EIC.	65	Additional child tax credit. Attach Form 8812	1				
	-¹ 66	American opportunity credit from Form 8863, line 14]]				
	67 68	First-time homebuyer credit from Form 5405, line 10	1				
	68	Amount paid with request for extension to file	1 1				
	69 70	Excess social security and tier 1 RRTA tax withheld	1				
	70 71	Credit for federal tax on fuels. Attach Form 4136	1 1				
	72		72 1,	887			
Defund	73	Add lines 62, 63, 64a, and 65 through 71. These are your total payments. If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	26			
Refund		Amount of line 73 you want refunded to you . If Form 8888 is attached, check here	74a	26			
		Routing number	1740				
Direct deposit?		Account number Savings					
See instructions	75	Amount of line 73 you want applied to your 2012 estimated tax > 75	-				
Amount	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76				
You Owe	77	Estimated tax penalty (see instructions)	* *				
Third Party		by want to allow another person to discuss this return with the IRS (see instructions)? X	plete below.	No			
Designee	•						
	Desigr name	Phone no ► (772) 286-7005 Personal ide number (PIN)					
Sign	Under	penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which produces the contract of the c	best of my knowledge and				
Here		tries are tide, correct, and complete Declaration of preparer (other than taxpayer) is based on an information of which so our signature Date Your occupation	Daytime phone number				
Joint return?		OFFICER					
See instructions. Keep a copy	s	Spouse's signature if a joint return, both must sign Date Spouse's occupation Identity Protection Pl					
for your records.	· 	CASHIER					
Paid	Print/T	ype preparer's name Preparer's signature Date Check	If PTIN				
Preparer	Dani	el Sprunger self-employe	P00158965				
Use Only	Fırm's	7 000 (CO.) 110 (CO.) 110 (CO.)					
-	Firm's	address ►417 SE Coconut Avenue Phone no (772)	286-7005	-			
		Stuart FI 34996					

F 11/7/11

Form **1040** (2011)

Modified Adjusted Gross Income Calculations

		Social	Net		Education Credits Coverdell	Tuition and Fees
Form 1040, Page 1, Income	Form 8815 37,057	Security 37,057	Operating Losses 37,057		37,057	Deduction 37,057
7. Wages, salary, tips, etc	31,001	31,001	31,031	31,007	31,031	31,031
8 a. Interest before series EE excl			, ,		/	/
b. Less: series EE interest			<u> </u>			
9. Dividends		 	 	 	 	
10. Taxable refunds		 	 	 	 	
11. Alimony		<u> </u>				
12. Business income	<u></u>		<u> </u>	<u> </u>		
13. Capital gain or loss						
14. Other gains or losses	<u> </u>		<u> </u>	 		
15 b. Taxable IRA distributions	 					
16 b. Taxable pensions	<u> </u>		<u> </u>			
17. Rents, royalties, pships, etc.						
a. Recharacterized passive loss			Product Newpolics			
b. Recharacterized passive gain			Para de la companya d			
c. Overall gains from PTPs						Box and the State of the State
18. Farm income						
19. Unemployment compensation						
20 b. Taxable social security				20		20
21. Other income	29	29	29	29	29	29
a. Frgn earned inc/housing excl	No. Cont. (Cont.)					
 b. Net operating loss deduction 						4,00
 c. Excluded adoption benefits. 						
d. Exluded American Samoa inc	·					Section 2
e. Excluded Puerto Rican inc .						
22. Total income	37,086	37,086	37,086	37,086	37,086	<u>37,086</u>
Adjustments						
23. Educator expenses						
24. Certain business expenses .						
25. Health savings acct deduction	- · · · · · · · · · · · · · · · · · · ·					
26. Moving expenses	 					
27. Deductible part of SE tax						·
28. Keogh/SEP deduction						
29. SE health deduction					 	·
30. Penalty on early withdrawal.			<u> </u>			
31.a. Alimony paid.						
32. IRA deduction						
33. Student loan interest		and the second		2		
34. Tuition and fees						Control of the Contro
35. Dom prod activities ded		Period Company of the				
36.a. Other adjustments						
b. Foreign housing deduction .	(()		()		
c . Total adjustments						
37. Modified AGI	37,086	37,086	37,086	37,086	37,086	37,086
F 2/7/08						

Form 1040, Line 40 - Standard Deduction

1.	Enter the amount shown below for your filing status:		
	Single or married filing separately, enter \$5,800		
	Married filing jointly or Qualifying widow(er), enter \$11,600	1	11,600
	Head of household, enter \$8,500		
2.	Can you or your spouse if filing jointly be claimed as a dependent?		
	No. Skip line 3; enter the amount from line 1 on line 4 and go to line 5.		
	Yes. Go to line 3.		
3.	is your earned income more than \$650?		
	Yes. Add \$300 to your earned income. Enter the total	3	
	□ No. Enter \$950		
4.	Enter the smaller of line 1 or line 3	4	11,600
5.	If born before January 2, 1946, or blind, multiply the number on Form 1040, line 39a, by \$1,150,		
	\$1,450 if single or head of household). Otherwise, enter -0-	5	0
6.	Standard deduction. Add lines 4 and 5. Enter the total here and on Form 1040, line 40a	6	11,600

6. F 5/5/11