

Ack 3/7/16 0

# Receipt

13124

**Jackson Hewitt**  
TAX SERVICE

No **13124**

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 **03/06/2016**

Customer Prior ☒ New ☐

Primary **MATEEN**  
Spouse **SALMAN**  
Address **2513 S 17TH STREET APT 107**  
**FORT PIERCE, FL 34982**

**OMAR**  
**NOOR**

Primary SSN **XXX-XX-2659**  
Spouse SSN **XXX-XX-2868**  
Filing Status **Married Filing Joint**  
Global Customer ID **3680677**

Phone Day **(772) 812-5560**

Eve

Form 8879

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

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

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

## Tax Preparation Fees & Products and Services

### TAX PREPARATION FEES

Federal	\$394.00
Total Discounts	\$100.00
Data & Document Storage	\$20.00

### PRODUCTS AND SERVICES

Accuracy Guarantee	FREE
Maximum Refund Guarantee	FREE
Year-Round Service	FREE
IRS Audit Assistance	FREE
W-2 Download	FREE
Electronic Filing	FREE
Healthcare Enrollment Help	FREE

### PAYMENT INFORMATION

Federal Refund	\$4,100.00
Total Fees	\$314.00

☐ AR (EF) ☐ AR (Paper) ☒ EF ☐ Paper

Federal Disbursement Method

IRS Direct Deposit

Total Number of W-2s 1

You have selected IRS Direct. Payment is required upon completion of services, which is when we file your return.

Amount Paid **314.00**

Date Paid **03/06/2016**

Method **CREDIT CARD**

COD **NO**

Amount Due

Date Paid **/ /**

Method

Office # **16502**

Employee # **425 Daniel Sprunger**

### Federal and State Refund / Balance Due Information

Federal Refund **4,100.00**

F 2/10/16

Date/Time Printed 03/06/2016 08 29 38 PM EST

00090892

MATEEN, OMAR & SALMAN, NOOR  
2015 XXX-XX-2659



[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 #:** XXXXXXXXXXXX5574  
**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

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

© 2012, Plug and Pay Technologies, Inc. All rights reserved.

!endif]-->

[Home](#) | [Get Refund Status](#) | [Refund Help](#) | [Take Survey](#) | [Log Out](#)

Your Personal  
Tax Data

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

Filing Status  
**Married-Filing Joint Return**

Tax Period Ending  
**December 31, 2015**

Your Refund Amount:  
**\$4,124.72**


Deposit Date:  
**June 15, 2016**

**Refund Status Results**

Return Received

Refund Approved

Refund Sent



Your tax refund is scheduled to be sent to your bank by **June 15, 2016**

If your refund is not credited to your account by **June 20, 2016**, check with your bank to see if it has been received

**Please Note:**  
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](#)



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

# 2015 REAL ESTATE NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

Skip the trip and pay at [www.tcslc.com](http://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!

*Big 11*  
*#107*

ACCOUNT

2421-612-0007-000/7

ESCROW

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

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

\$57.40

03/24/2016

0025-20160324-015422

Paid

RETAIN THIS PORTION FOR YOUR RECORDS

Receipt #

AD VALOREM TAXES						
TAXING AUTHORITY		MILLAGE RATE	ASSESSED VALUE	EXEMPTION AMOUNT	TAXABLE VALUE	TAXES LEVIED
County Parks MSTU	772-462-1670	0.2313	19,400	19,400	0	0.00
Co Public Transit MSTU	772-462-1670	0.1269	19,400	19,400	0	0.00
Erosion District E	772-462-1670	0.0925	19,400	19,400	0	0.00
Law Enf/Jail/Judicial Sys	772-462-1670	3.2699	19,400	19,400	0	0.00
Co General Revenue Fund	772-462-1670	4.1273	19,400	19,400	0	0.00
St Lucie County Port Bond	772-462-1670	0.0154	19,400	19,400	0	0.00
Childrens Service Council	772-408-1100	0.4765	19,400	19,400	0	0.00
St Lucie Co Fire District	772-621-3338	3.0000	19,400	19,400	0	0.00
FL Inland Navigation Dist	561-627-3386	0.0320	19,400	19,400	0	0.00
City of Fort Pierce	772-467-3073	6.9000	19,400	19,400	0	0.00
School Discretionary	772-429-3970	0.7480	19,400	19,400	0	0.00
School Capital Improvemnt	772-429-3970	1.5000	19,400	19,400	0	0.00
School Reg Local Effort	772-429-3970	5.0350	19,400	19,400	0	0.00
Mosquito Control	772-462-1670	0.2413	19,400	19,400	0	0.00
S FL Wtr Mgmt District	561-686-8800	0.3551	19,400	19,400	0	0.00
MILLAGE CODE 0022		TOTAL MILLAGE 26.1512		TOTAL AD VALOREM TAXES		\$0.00



Go paperless  
and receive your  
tax bill by email.

[www.tcslc.com](http://www.tcslc.com)

## NON AD VALOREM ASSESSMENTS

LEVYING AUTHORITY	AMOUNT
FP23 Fort Pierce Stormwater Mgmt Maint	772-467-3777
NS40 N St Lucie Wtr Mgmt Dist	772-461-5050

TOTAL ASSESSMENTS

\$57.40

## COMBINED TAXES AND ASSESSMENTS

\$57.40

Scan to  
view  
your  
bill  
online

Pay One Amount (Discount Voucher Deducted)	If Postmarked By Please Pay	Mar 31, 2016 \$0.00			
---	--------------------------------	------------------------	--	--	--



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

# 2015 REAL ESTATE

ACCOUNT

2421-612-0007-000/7

Pay online at [www.tcslc.com](http://www.tcslc.com)

## AMOUNT DUE

I am paying the following amount (check only one box)

Mar 31, 2016

\$0.00

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

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

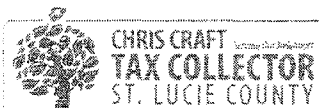
Receipt #

0025-20160324-015422

\$57.40

00090895





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

## 2015 REAL ESTATE

### NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

Skip the trip and pay at [www.tcslc.com](http://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!

#### ACCOUNT

3420-635-0092-000/0

#### ESCROW

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

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

\$3,176.35

11/30/2015

Receipt # 0133-20151130-000350

AD VALOREM TAXES						
TAXING AUTHORITY		MILLAGE RATE	ASSESSED VALUE	EXEMPTION AMOUNT	TAXABLE VALUE	TAXES LEVIED
County Parks MSTU	772-462-1670	0.2313	102,190	0	102,190	23.64
Co Public Transit MSTU	772-462-1670	0.1269	102,190	0	102,190	12.97
Erosion District E	772-462-1670	0.0925	102,190	0	102,190	9.45
Law Enf. Jail/Judicial Sys	772-462-1670	3.2699	102,190	0	102,190	334.15
Co General Revenue Fund	772-462-1670	4.1273	102,190	0	102,190	421.77
St Lucie County Port Bond	772-462-1670	0.0154	102,190	0	102,190	1.57
Childrens Service Council	772-408-1100	0.4765	102,190	0	102,190	48.69
St Lucie Co Fire District	772-621-3338	3.0000	102,190	0	102,190	306.57
FL Inland Navigation Dist	561-627-3886	0.0320	102,190	0	102,190	3.27
City of Port St Lucie	772-871-5069	5.4096	102,190	0	102,190	552.81
City of PSL Voted Debt	772-871-5069	1.2193	102,190	0	102,190	124.60
School Discretionary	772-429-3970	0.7480	105,900	0	105,900	79.21
School Capital Improvemnt	772-429-3970	1.5000	105,900	0	105,900	158.85
School Reg Local Effort	772-429-3970	5.0350	105,900	0	105,900	533.21
Mosquito Control	772-462-1670	0.2413	102,190	0	102,190	24.66
S FL Wtr Mgmt District	561-686-8800	0.3551	102,190	0	102,190	36.29
MILLAGE CODE 0011		TOTAL MILLAGE 25.8801	TOTAL AD VALOREM TAXES		\$2,671.71	



Go paperless  
and receive your  
tax bill by email.

[www.tcslc.com](http://www.tcslc.com)

#### NON AD VALOREM ASSESSMENTS

##### LEVYING AUTHORITY

	AMOUNT
PS12 PSL Dist 1 Phase 2 MSBU	772-871-5069 215.63
PS61 Port St Lucie Stormwater Improv/Maint	772-871-5069 153.00
PSSW PSL Solid Waste Assessment	772-871-5069 268.36

##### TOTAL ASSESSMENTS

\$636.99

#### COMBINED TAXES AND ASSESSMENTS

\$3,308.70

Scan to  
view  
your  
bill  
online

#### Pay One Amount

(Discount Already Deducted)

If Postmarked By  
Please Pay

Nov 30, 2015  
\$0.00



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

## 2015 REAL ESTATE

#### ACCOUNT

3420-635-0092-000/0

Pay online at [www.tcslc.com](http://www.tcslc.com)

#### AMOUNT DUE

I am paying the following amount (check only one box)  
Nov 30, 2015 \$0.00

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

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

Paid

11/30/2015

Receipt #

0133-20151130-000350

\$3,176.35

00090896

## ESS Forms Barcode Page

This page intentionally left blank. Please continue to next page.



JHESSDOC010

For the year Jan 1 - Dec 31, 2015, or other tax year beginning 2015, ending 20		See separate instructions
Your first name and initial OMAR	Last name MATEEN	Your social security number
If a joint return, spouse's first name and initial NOOR	Last name SALMAN	Spouse's social security number
Home address (number and street) If you have a P O box, see instructions 2513 S 17TH STREET APT 107		▲ Make sure the SSN(s) above and on line 6c are correct <b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code If you have a foreign address, also complete spaces below (see instructions) FORT PIERCE, FL 34982		
Foreign country name	Foreign province/state/county	Foreign postal code

**Filing Status**

1 ☐ Single

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

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

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

5 ☐ Qualifying widow(er) with dependent child

**Exemptions**

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

b ☒ Spouse

c Dependents:

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

If more than four dependents, see instructions and check here ☐

d Total number of exemptions claimed

Boxes checked on 6a and 6b: 2

No. of children on 6c who:

- lived with you: 1
- did not live with you due to divorce or separation (see instructions):

Dependents on 6c not entered above

Add numbers on lines above: 3

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 29,995

8a Taxable interest. Attach Schedule B if required

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

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends 9b

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions 15a b Taxable amount 15b

16a Pensions and annuities 16a b Taxable amount 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits 20a b Taxable amount 20b

21 Other income. List type and amount

22 Combine the amounts in the far right column for lines 7 - 21. This is your total income. 22 29,995

**Adjusted Gross Income**

23 Educator expenses 23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24

25 Health savings account deduction. Attach Form 8889. 25

26 Moving expenses. Attach Form 3903. 26

27 Deductible part of self-employment tax. Attach Schedule SE 27

28 Self-employed SEP, SIMPLE, and qualified plans 28

29 Self-employed health insurance deduction 29

30 Penalty on early withdrawal of savings. 30

31a Alimony paid b Recipient's SSN ▶ 31a

32 IRA deduction 32

33 Student loan interest deduction 33

34 Tuition and fees. Attach Form 8917 34

35 Domestic production activities deduction. Attach Form 8903 35

36 Add lines 23 through 35 36 NONE

37 Subtract line 36 from line 22. This is your adjusted gross income 37 29,995

<b>Tax and Credits</b>	38	Amount from line 37 (adjusted gross income)	38	29,995
	39 a	Check if: <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind. Total boxes checked <b>39a</b>		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>39b</b>		
<b>Standard Deduction for</b>	40	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	40	12,600
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions	41	Subtract line 40 from line 38	41	17,395
• All others	42	<b>Exemptions.</b> If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions.	42	12,000
Single or Married filing separately, \$6,300	43	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	5,395
Married filing jointly or Qualifying widow(er), \$12,600	44	<b>Tax</b> (see instr). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	538
Head of household, \$9,250	45	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962.	46	
	47	Add lines 44, 45 and 46	47	538
	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Child tax credit. Attach Schedule 8812, if required	52	538
	53	Residential energy credits. Attach Form 5695	53	
	54	Other credits from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55	Add lines 48 through 54. These are your <b>total credits</b>	55	538
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	NONE
<b>Other Taxes</b>	57	Self-employment tax. Attach Schedule SE	57	
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 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 <input checked="" type="checkbox"/>	61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
	63	Add lines 56 through 62. This is your <b>total tax</b>	63	NONE
<b>Payments</b>	64	Federal income tax withheld from Forms W-2 and 1099	64	1,293
	65	2015 estimated tax payments and amount applied from 2014 return	65	
	66 a	<b>Earned income credit (EIC)</b>	66a	2,345
If you have a qualifying child, attach Schedule EIC.	b	Nontaxable combat pay election <b>66b</b>		
	67	Additional child tax credit. Attach Schedule 8812	67	462
	68	American opportunity credit from Form 8863, line 8	68	
	69	Net premium tax credit. Attach Form 8962.	69	
	70	Amount paid with request for extension to file	70	
	71	Excess social security and tier 1 RRTA tax withheld	71	
	72	Credit for federal tax on fuels. Attach Form 4136	72	
	73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	74	4,100
<b>Refund</b>	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	75	4,100
	76 a	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	76a	4,100
	b	Routing number <b>267084199</b> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
Direct deposit? See instructions	d	Account number <b>7433</b>		
	77	Amount of line 75 you want <b>applied to your 2016 estimated tax</b>	77	
<b>Amount You Owe</b>	78	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions	78	
	79	Estimated tax penalty (see instructions)	79	NONE
<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
	Designee's name	Lori Ann Arroyo	Phone no	(772) 286-7005
			Personal identification number (PIN)	00063
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation	Daytime phone number
			OFFICER	
	Spouse's signature. If a joint return, <b>both</b> must sign	Date	Spouse's occupation	If the IRS sent you an Identity Protection Pin, Enter it here
			HOUSEWIFE	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Daniel Sprunger			P00158965
	Firm's name	Jackson Hewitt Tax Service	Firm's EIN	59-2201569
	Firm's address	417 SE Coconut Avenue Stuart FL 34996	Phone no	(772) 286-7005

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

 Department of the Treasury  
 Internal Revenue Service (99)

**Earned Income Credit**  
**Qualifying Child Information**

▶ Complete and attach to Form 1040A or 1040 only if you have a qualifying child.  
 ▶ Information about Schedule EIC (Form 1040A or 1040) and its instructions is at [www.irs.gov/scheduleeic](http://www.irs.gov/scheduleeic).

OMB No 1545-0074

**2015**

 Attachment  
 Sequence No **43**

Name(s) shown on return

OMAR MATEEN &amp; NOOR SALMAN

Your social security number

**Before you begin:**

- See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

- 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**
**Child 1**
**Child 2**
**Child 3**

1 Child's name	First name	Last name	First name	Last name	First name	Last name
If you have more than three qualifying children, you 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 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	Year <u>2012</u> If born after 1996 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.		Year _____ If born after 1996 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.		Year _____ If born after 1996 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 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)?	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Go to line 4b.	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Go to line 4b.	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Go to line 4b.
b Was the child permanently and totally disabled during any part of 2015?	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	SON					
6 Number of months child lived with you in the United States during 2015	_____ months Do not enter more than 12 months.		_____ months Do not enter more than 12 months.		_____ months Do not enter more than 12 months.	

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)**

**Child Tax Credit**

C EF

Department of the Treasury  
Internal Revenue Service (99)

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

OMB No. 1545-0074

**2015**

Attachment  
Sequence No **47**

Name(s) shown on return

Your social security number

OMAR MATEEN & NOOR SALMAN

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



Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit  
If your dependent 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

**A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions

☐ Yes ☐ No

**B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions

☐ Yes ☐ No

**C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions

☐ Yes ☐ No

**D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions

☐ Yes ☐ No

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

**Part II Additional Child Tax Credit Filers**

<b>1</b> If you file Form 2555 or 2555-EZ <b>stop</b> 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			
<b>1040 filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 52)		1	1,000
<b>1040A filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35)			
<b>1040NR filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49)			
<b>2</b> Enter the amount from Form 1040, line 52, Form 1040A, line 35, or Form 1040NR, line 49		2	538
<b>3</b> Subtract line 2 from line 1. If zero, <b>stop</b> ; you cannot take this credit		3	462
<b>4a</b> Earned income (see separate instructions)	4a		29,995
<b>b</b> Nontaxable combat pay (see separate instructions)	4b		
<b>5</b> Is the amount on line 4a more than \$3,000?			
<input type="checkbox"/> <b>No.</b> Leave line 5 blank and enter -0- on line 6			
<input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 4a. Enter the result	5		26,995
<b>6</b> Multiply the amount on line 5 by 15% ( .15 ) and enter the result		6	4,049
<b>Next.</b> Do you have three or more qualifying children? <input checked="" type="checkbox"/> <b>No.</b> If line 6 is zero, stop, you cannot take this credit. Otherwise, skip Part III and enter the <b>smaller</b> of line 3 or line 6 on line 13. <input type="checkbox"/> <b>Yes.</b> If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.			

For Paperwork Reduction Act Notice, see your tax return instructions

Schedule 8812 (Form 1040A or 1040) 2015

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

<b>7</b>	Withheld social security, Medicare and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions . . . . .	<b>7</b>		
<b>8</b>	<b>1040 filers:</b> 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.	<b>8</b>		
	<b>1040A filers:</b> Enter -0-.			
	<b>1040NR filers:</b> 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			
<b>9</b>	Add lines 7 and 8 . . . . .	<b>9</b>		
<b>10</b>	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 66a and 71.			
	<b>1040A filers:</b> 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).	<b>10</b>		
	<b>1040NR filers:</b> Enter the amount from Form 1040NR, line 67.			
<b>11</b>	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	<b>11</b>		<b>0</b>
<b>12</b>	Enter the <b>larger</b> of line 6 or line 11. . . . .	<b>12</b>		
<b>Next, enter the smaller of line 3 or line 12 on line 13.</b>				

**Part IV Additional Child Tax Credit**

<b>13</b>	This is your additional child tax credit . . . . .	<b>13</b>	<b>462</b>
		Enter this amount on Form 1040, line 67, Form 1040A, line 43, or Form 1040NR, line 64.	

Form

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

- To be completed by preparer and filed with Form 1040, 1040A, or 1040EZ.  
 ► Information about Form 8867 and its separate instructions is at [www.irs.gov/form8867](http://www.irs.gov/form8867).

OMB No 1545-1629

**2015**Attachment  
Sequence No 177

Taxpayer's name(s) shown on return

OMAR MATEEN &amp; NOOR SALMAN

Taxpayer's social security number

For the definitions of **Qualifying Child** and **Earned Income**, see Pub. 596.**Part I All Taxpayers**

<p>1 Enter preparer's name and PTIN <u>Daniel Sprunger</u> <u>P00158965</u></p> <p>2 Is the taxpayer's filing status married filing separately? . . . . .</p> <p style="padding-left: 40px;">If you checked "Yes" on line 2, <b>stop</b>; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.</p> <p>3 Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work and is valid for EIC purposes? See instructions before answering . . . . .</p> <p style="padding-left: 40px;">If you checked "No" on line 3, <b>stop</b>; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.</p> <p>4 Is the taxpayer (or the taxpayer's spouse if filing jointly) filing Form 2555 or Form 2555-EZ (relating to the exclusion of foreign earned income)? . . . . .</p> <p style="padding-left: 40px;">If you checked "Yes" on line 4, <b>stop</b>; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.</p> <p>5 a Was the taxpayer (or the taxpayer's spouse) a nonresident alien for any part of 2015? . . . . .</p> <p style="padding-left: 40px;">If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.</p> <p>b Is the taxpayer's filing status married filing jointly? . . . . .</p> <p style="padding-left: 40px;">If you checked "Yes" on line 5a and "No" on line 5b, <b>stop</b>; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.</p> <p>6 Is the taxpayer's <b>investment income</b> more than \$3,400? See the instructions before answering. . . . .</p> <p style="padding-left: 40px;">If you checked "Yes" on line 6, <b>stop</b>; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.</p> <p>7 Could the taxpayer be a <b>qualifying child</b> of another person for 2015? If the taxpayer's filing status is married filing jointly, check "No." Otherwise, see instructions before answering . . . . .</p> <p style="padding-left: 40px;">If you checked "Yes" on line 7, <b>stop</b>; the taxpayer <b>cannot</b> take the EIC. Otherwise, go to Part II or Part III, whichever applies</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
--	---

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2015)

F 11/16/15

MXA

00090903



OMAR MATEEN &amp; NOOR SALMAN

Form 8867 (2015)

Page 2

**Part II Taxpayers With a Child**

	Child 1	Child 2	Child 3
<b>Caution.</b> If there is more than one child, complete lines 8 through 14 for one child before going to the next column.	ZAKARIAYA OMAR		
<b>8</b> Child's name . . . . .			
<b>9</b> 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? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>10</b> Was the child unmarried at the end of 2015? If the child was married at the end of 2015, see the instructions before answering . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>11</b> Did the child live with the taxpayer in the United States for over half of 2015? See the instructions before answering . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>12</b> Was the child (at the end of 2015) - <ul style="list-style-type: none"> <li>• Under age 19 and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly),</li> <li>• 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</li> <li>• Any age and permanently and totally disabled? . . . . .</li> </ul> <p>► 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.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>13 a</b> 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.) . . . . . <p>► If you checked "No" on line 13a, go to line 14. Otherwise, go to line 13b.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b> Enter the child's relationship to the other person(s) . . . . .			
<b>c</b> Under the tiebreaker rules, is the child treated as the taxpayer's qualifying child? See the instructions before answering . . . . . <p>► If you checked "Yes" on line 13c, go to line 14. If you checked "No," the taxpayer <b>cannot</b> 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 <b>Note</b> at the bottom of this page. If you checked "Don't know," explain to the taxpayer that, under the tiebreaker rules, the taxpayer's EIC and other tax benefits may be disallowed. Then, if the taxpayer wants to take the EIC based on this child, complete lines 14 and 15. If not, and there are no other qualifying children, the taxpayer cannot take the EIC, including the EIC for taxpayers without a qualifying child; do not complete Part III. If there is more than one child, see the <b>Note</b> at the bottom of this page.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<b>14</b> Does the qualifying child have an SSN that allows him or her to work and is valid for EIC purposes? See the instructions before answering . . . . . <p>► If you checked "No" on line 14, the taxpayer <b>cannot</b> 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 <b>Note</b> at the bottom of this page. If you checked "Yes" on line 14, continue.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>15</b> Are the taxpayer's <b>earned income</b> and <b>adjusted gross income</b> each less than the limit that applies to the taxpayer for 2015? See instructions . . . . . <p>► If you checked "No" on line 15, <b>stop</b>; the taxpayer <b>cannot</b> take the EIC. If you checked "Yes" on line 15, the taxpayer can take the EIC. Complete <b>Schedule EIC</b> 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 <b>Form 8862</b> must be filed. Go to line 20.</p>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Note.</b> If there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than three qualifying children).			

**Part III Taxpayers Without a Qualifying Child**

- 16 Was the taxpayer's main home and the main home of the taxpayer's spouse if filing jointly in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period.) See 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
- ▶ If you checked "No" on line 19 **stop**, the taxpayer **cannot** take the EIC. If you checked "Yes" on line 19 the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996 see Pub 596 to find out if **Form 8862** must be filed. Go to line 20.

**Part IV Due Diligence Requirements**

- 20 Did you complete Form 8867 based on current information provided by the taxpayer or reasonably obtained by you?
- ☒ Yes ☐ No
- 21 Did you complete the EIC worksheet found in the Form 1040 1040A or 1040EZ instructions (or your own worksheet that provides the same information as the 1040 1040A or 1040EZ worksheet)?
- ☒ Yes ☐ No
- 22 If any qualifying child was not the taxpayer's son or daughter do you know or did you ask why the parents were not claiming the child?
- ☐ Yes ☐ No  
☒ Does not apply
- 23 If the answer to question 13a is "Yes" (indicating that the child lived for more than half the year with someone else who could claim the child for the EIC) did you explain the tiebreaker rules and possible consequences of another person claiming your client's qualifying child?
- ☐ Yes ☐ No  
☒ Does not apply
- 24 Did you ask this taxpayer any additional questions that are necessary to meet your knowledge requirement? See the instructions before answering.
- ☒ Yes ☐ No  
☐ Does not apply
- To comply with the EIC knowledge requirement, you must not know or have reason to know that any information used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to 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 result and (c) any additional questions you asked and the taxpayer's answers?
- ☒ Yes ☐ No  
☐ Does not apply
- ▶ You have complied with all the due diligence requirements if you
- Completed the actions described on lines 20 and 21 and checked "Yes" on those lines
  - Completed the actions described on lines 22 23 24 & 25 (if they apply) and checked "Yes" (or "Does not apply") on those lines
  - Submit Form 8867 in the manner required **and**
  - Keep all five of the following records for 3 years from the latest of the dates specified in the instructions under *Document Retention*
    - Form 8867
    - The EIC worksheet(s) or your own worksheet(s)
    - Copies of any taxpayer documents you relied on to determine eligibility for or amount of EIC
    - A record of how when & from whom the information used to prepare the form and worksheet(s) was obtained and
    - A record of any additional questions you asked and your client's answers
- ▶ 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 &amp; NOOR SALMAN

Form 8867 (2015)

Page 4

**Part V Documents Provided to You**

- 26** Identify below any document that the taxpayer provided to you and that you relied on to determine the taxpayer's EIC eligibility. Check all that apply. **Keep a copy of any documents you relied on.** See the instructions before answering. If there is no qualifying child, check box a. If there is no disabled child, check box o.

**Residency of Qualifying Child(ren)**

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

**Disability of Qualifying Child(ren)**

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

- 27** If a Schedule C is included with this return, identify below the information that the taxpayer provided to you and that you relied on to prepare the Schedule C. Check all that apply. **Keep a copy of any documents you relied on.** See the instructions before answering. If there is no Schedule C, check box a.

**Documents or Other Information**

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

F 11/16/15

Form 8867 (2015)

00090906

# 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](http://www.irs.gov/form8379).

## Part I Should you file this form? You must complete this part.

1 Enter the tax year for which you are filing this form ► **2015** 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 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)

☒ **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.

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 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.

5a 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.

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

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

10 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

**OMAR MATEEN**

Social security number shown first

If Injured Spouse,  
check here ► ☒

First name, initial, and last name shown second on the return

**NOOR SALMAN**

Social security number shown second

If Injured Spouse,  
check here ► ☐

11 Check this box only if you want your refund issued in both names. Otherwise, separate refunds will be issued for each spouse, if applicable ☐

12 Do you want any injured spouse refund mailed to an address different from the one on your joint return? ☐ Yes ☒ No

If "Yes," enter the address.

Number and street

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

For Paperwork Reduction Act Notice, see separate instructions.

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

F 03/09/15

MXA

00090907

**Part III Allocation Between Spouses of Items on the Joint Tax Return** (See the separate Form 8379 instructions for Part III.)

Allocated Items (Column (a) must equal columns (b) + (c))	(a) Amount shown on joint return	(b) Allocated to injured spouse	(c) Allocated to other spouse
<b>13</b> Income a. Income reported on Form(s) W-2	29,995	29,995	
b. All other income			
<b>14</b> Adjustments to income			
<b>15</b> Standard deduction or Itemized deductions	12,600	6,300	6,300
<b>16</b> Number of exemptions	3	2	1
<b>17</b> Credits (do not include any earned income credit)	1,000	1,000	
<b>18</b> Other taxes			
<b>19</b> Federal income tax withheld	1,293	1,293	
<b>20</b> Payments			

**Part IV Signature.** Complete this part only if you are filing Form 8379 by itself and not with your tax return.

Under penalties of perjury, I declare that I have examined this form and any accompanying schedules or statements and to the best of my knowledge and belief they are true

correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy of this form for your records	Injured spouse's signature		Date	Phone number	
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self employed	PTIN
	Firm's name ▶ Jackson Hewitt Tax Service	Firm's EIN ▶ 59-2201569			
Paid Preparer's Use Only	Firm's Address ▶ Stuart, FL 34996	Phone no (772) 286-7005			

Employee Reference Copy  
**W-2 Wage and Tax Statement 2015**

Copy C for employee's records. OMB No. 1545-0008  
d Control number Dept. Corp. Employer use only  
0000063427 V2Q 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

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

b Employer's FED ID number 59-0857245	a Employee's SSA number
1 Wages, tips, other comp. 29995.12	2 Federal income tax withheld 1292.79
3 Social security wages 29995.12	4 Social security tax withheld 1859.70
5 Medicare wages and tips 29995.12	6 Medicare tax withheld 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 12c 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.

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



© 2014 ADP, LLC

PAGE 01 OF 01

1 Wages, tips, other comp. 29995.12		2 Federal income tax withheld 1292.79	
3 Social security wages 29995.12		4 Social security tax withheld 1859.70	
5 Medicare wages and tips 29995.12		6 Medicare tax withheld 434.93	
d Control number 0000063427 V2Q	Dept. WPB B	Corp. SKE3	Employer use only 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

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 See instructions for box 12 DD 2714.05
14 Other	12b 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

Federal Filing Copy  
**W-2 Wage and Tax Statement 2015**

Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

1 Wages, tips, other comp. 29995.12	2 Federal income tax withheld 1292.79		
3 Social security wages 29995.12	4 Social security tax withheld 1859.70		
5 Medicare wages and tips 29995.12	6 Medicare tax withheld 434.93		
d Control number 0000063427 V2Q	Dept. WPB_B	Corp. SKE3	Employer use only 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

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

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  
**W-2 Wage and Tax Statement 2015**

Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

1 Wages, tips, other comp. 29995.12	2 Federal income tax withheld 1292.79		
3 Social security wages 29995.12	4 Social security tax withheld 1859.70		
5 Medicare wages and tips 29995.12	6 Medicare tax withheld 434.93		
d Control number 0000063427 V2Q	Dept WPB_B	Corp. SKE3	Employer use only 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

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

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

City or Local Filing Copy  
**W-2 Wage and Tax Statement 2015**

Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008



Form **1095-B**

Department of the Treasury  
Internal Revenue Service

# Health Coverage

OMB No. 1545-2252

**2015**

☐ VOID

☐ CORRECTED

Page **2**

Information about Form 1095-B and its separate instructions is at [www.irs.gov/form1095b](http://www.irs.gov/form1095b).

## Part I Responsible Individual (Policy Holder)

1 Name of responsible individual

OMAR M SEDDIQUE MATEEN

2 Social security number (SSN)

\*\*\*-\*\*-2659

3 Date of birth (if SSN is not available)

4 Street address (including apartment no.)

2513 S 17TH ST APT 107

5 City or town

FORT PIERCE

6 State or province

FL

7 Country and ZIP or foreign postal code

USA 34982-5707

8 Enter letter identifying Origin of the Policy (see instructions for codes)

C

9 Small Business Health Options Program (SHOP) Marketplace Identifier, if applicable

## Part II Employer Sponsored Coverage (see instructions.)

10 Employer name

11 Employer identification number (EIN)

12 Street address (including room or suite no.)

13 City or town

14 State or province

15 Country and ZIP or foreign postal code

## Part III Issuer or Other Coverage Provider (see instructions)

16 Name

Florida Agency for Health Care Administration

17 Employer identification number (EIN)

593340183

18 Contact telephone number

1-844-432-2843

19 Street address (including room or suite no.)

2562 EXECUTIVE CENTER CIRCLE E SUITE 100

20 City or town

Tallahassee

21 State or province

Florida

22 Country and ZIP or foreign postal code

32301-5002

## Part IV Covered Individuals (Enter the information for each covered individual(s).)

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23 ZAKARIAYA O MATEEN	***-**-4748		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
24 NOOR Z SALMAN	***-**-2868		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

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

Cat. No. 60704B

Form **1095-B** (2015)

00090910

## Receipt

**JACKSON HEWITT**  
TAX SERVICENo **14849**417 SE Coconut Avenue  
Stuart, FL 34996  
(772) 286-7005For Year Round Service  
417 SE Coconut Avenue  
Stuart, FL 34996  
(772) 286-7005

Date 03/11/2015

Customer      Print ☒ New ☐Primary **MATEEN**  
Spouse **SALMAN**  
Address **2513 S 17TH STREET APT 107**  
**FT PIERCE, FL 34982****OMAR**  
**NOOR**Primary SSN **XXX-XX-2659**  
Spouse SSN **XXX-XX-2868**  
Filing Status **Married Filing Joint**  
Global Customer ID **3680677**Phone Day **(772) 812-5560**

Eve

**Form 8879** 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

Earned Income Credit	2,352.00
Additional Child Tax Credit	502.00
Child Tax Credit	498.00

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

**Tax Preparation Fees & Products and Services**

TAX PREPARATION FEES	PRODUCTS AND SERVICES	PAYMENT INFORMATION
Federal Refund <b>\$4,124.00</b>	Accuracy Guarantee <b>FREE</b>	Federal Refund <b>\$4,124.00</b>
Child Tax Credits <b>\$2,352.00</b>	Biggest Refund Guarantee <b>FREE</b>	Total Fees <b>\$175.00</b>
1040 & Income Tax Storage <b>\$175.00</b>	Year Round Service <b>FREE</b>	
	Tax Audit Assistance <b>FREE</b>	
	Refund Status Alerts <b>FREE</b>	
	1040 Download <b>FREE</b>	
	Electronic Filing <b>FREE</b>	
	Healthcare Enrollment Help <b>FREE</b>	

☐ AP (EF) ☐ AR (Paper) ☒ EF ☐ Paper

Federal Disbursement Method

PS Direct Deposit

Total Number of W-2's 1

Amount Paid **175.00**Date Paid **03/11/2015**Method **CREDIT CARD**COD **NO**

Amount Due

Date Paid

Method

Office # **16502**Employee # **425 Daniel Sprunger****Federal and State Refund / Balance Due Information**Federal Refund **4,124.00**

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



**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2014**  
OMB No. 1545-0008

Control number Dept. Corp. Employer use only  
000063427 V2Q WPB\_B SKE3 A 36431

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

Employer's FED ID number 59-0857245	a Employee's SSA number
Wages, tips, other comp. 29223.05	2 Federal income tax withheld 1269.69
Social security wages 29223.05	4 Social security tax withheld 1811.83
Medicare wages and tips 29223.05	6 Medicare tax withheld 423.73
Social security tips	8 Allocated tips
	10 Dependent care benefits
1 Nonqualified plans	12a See instructions for box 12 DD 3666.60
4 Other	12b 12c 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.

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



© 2014 ADP LLC

PAGE 01 OF 01

1 Wages, tips, other comp. 29223.05	2 Federal income tax withheld 1269.69
3 Social security wages 29223.05	4 Social security tax withheld 1811.83
5 Medicare wages and tips 29223.05	6 Medicare tax withheld 423.73
d Control number 0000063427 V2Q	Dept. WPB_B Corp. SKE3 Employer use only A 36431

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

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

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

**Federal Filing Copy**  
**W-2 Wage and Tax Statement 2014**  
OMB No. 1545-0008  
Copy 2 to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 29223.05	2 Federal income tax withheld 1269.69
3 Social security wages 29223.05	4 Social security tax withheld 1811.83
5 Medicare wages and tips 29223.05	6 Medicare tax withheld 423.73
d Control number 0000063427 V2Q	Dept. WPB_B Corp. SKE3 Employer use only A 36431

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

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

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**  
**W-2 Wage and Tax Statement 2014**  
OMB No. 1545-0008  
Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 29223.05	2 Federal income tax withheld 1269.69
3 Social security wages 29223.05	4 Social security tax withheld 1811.83
5 Medicare wages and tips 29223.05	6 Medicare tax withheld 423.73
d Control number 0000063427 V2Q	Dept. WPB_B Corp. SKE3 Employer use only A 364

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

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

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

**City or Local Filing Copy**  
**W-2 Wage and Tax Statement 2014**  
OMB No. 1545-0008  
Copy 2 to be filed with employee's City or Local Income Tax Return.

[Print](#) | [Close](#) | [Enter New Payment](#)**CREDIT CARD  
Transaction Successful****Transaction Receipt**

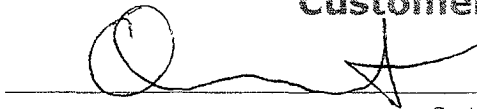
**Merchant:** jhhm16502  
**Date/Time:** 03/11/2015 16:08:31  
**Transaction ID:** 2015031116082801619  
**Transaction Type:** credit  
**Amount:** 175.00

**Payment Details**

**Customer Name:**  
(Name on Account) omar s mateen  
**Card #:** XXXXXXXXXXXX0773  
**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

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

© 2012, Plug and Pay Technologies, Inc. All rights reserved.

For the year Jan 1 - Dec 31, 2014, or other tax year beginning		2014, ending	20	See separate instructions
Your first name and initial OMAR		Last name MATEEN		Your social security number
If a joint return spouse's first name and initial NOOR		Last name SALMAN		Spouse's social security number
Home address (number and street) If you have a P O box, see instructions 2513 S 17TH STREET APT 107			Apt no	▲ Make sure the SSN(s) above and on line 6c are correct  <b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City town or post office, state, and ZIP code If you have a foreign address, also complete spaces below (see instructions) FT PIERCE, FL 34982				
Foreign country name		Foreign province/state/county		

**Filing Status**

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

Check only one box

**Exemptions**

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

b ☒ Spouse

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

If more than four dependents, see instructions and check here ☐

d Total number of exemptions claimed

Boxes checked on 6a and 6b: 2

No. of children on 6c who:  
● lived with you: 1  
● did not live with you due to divorce or separation (see instructions):

Dependents on 6c not entered above:

Add numbers on lines above: 3

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	29,223
8a Taxable interest. Attach Schedule B if required	8a	
b Tax-exempt interest Do not include on line 8a	8b	
9a Ordinary dividends Attach Schedule B if required	9a	
b Qualified dividends	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes	10	
11 Alimony received	11	
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 <input type="checkbox"/>	13	
14 Other gains or (losses) Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount	15b	
16a Pensions and annuities	16a	
b Taxable amount	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	
b Taxable amount	20b	
21 Other income. List type and amount	21	
22 Combine the amounts in the far right column for lines 7 - 21. This is your total income	22	29,223

**Adjusted Gross Income**

23 Educator expenses	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 Health savings account deduction. Attach Form 8889	25	
26 Moving expenses. Attach Form 3903	26	
27 Deductible part of self-employment tax. Attach Schedule SE	27	
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN	31a	
32 IRA deduction	32	
33 Student loan interest deduction	33	
34 Tuition and fees. Attach Form 8917	34	
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 through 35	36	NONE
37 Subtract line 36 from line 22. This is your adjusted gross income	37	29,223

<b>Tax and Credits</b>	38	Amount from line 37 (adjusted gross income).	38	29,223
	39 a	Check if: <input type="checkbox"/> You were born before January 2, 1950, <input type="checkbox"/> Blind <input type="checkbox"/> Spouse was born before January 2, 1950, <input type="checkbox"/> Blind. Total boxes checked <b>39a</b>		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>39b</b>		
<b>Standard Deduction for -</b>	40	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	40	12,400
• People who check any box on line 39a or 39b OR who can be claimed as a dependent, see instructions	41	Subtract line 40 from line 38	41	16,823
• All others	42	<b>Exemptions.</b> If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions	42	11,850
Single or Married filing separately \$6,200	43	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	4,973
Married filing jointly or Qualifying widow(er), \$12,400	44	<b>Tax</b> (see instr). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	498
Head of household \$9,100	45	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962.	46	
	47	Add lines 44, 45 and 46	47	498
	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Child tax credit. Attach Schedule 8812, if required	52	498
	53	Residential energy credits. Attach Form 5695	53	
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55	Add lines 48 through 54. These are your <b>total credits</b>	55	498
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	NONE
<b>Other Taxes</b>	57	Self-employment tax. Attach Schedule SE	57	
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 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 <input checked="" type="checkbox"/>	61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
	63	Add lines 56 through 62. This is your <b>total tax</b>	63	NONE
<b>Payments</b>	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	
	66 a	<b>Earned income credit (EIC)</b>	66a	2,352
	b	Nontaxable combat pay election <b>66b</b>		
	67	Additional child tax credit. Attach Schedule 8812	67	502
	68	American opportunity credit from Form 8863, line 8	68	
	69	Net premium tax credit. Attach Form 8962	69	
	70	Amount paid with request for extension to file	70	
	71	Excess social security and tier 1 RRTA tax withheld	71	
	72	Credit for federal tax on fuels. Attach Form 4136	72	
	73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserv c <input type="checkbox"/> Reserv d <input type="checkbox"/>	73	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	74	4,124
<b>Refund</b>	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	75	4,124
	76 a	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	76a	4,124
	b	Routing number <b>267084199</b> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <b>1203927433</b>		
Direct deposit? See instructions	77	Amount of line 75 you want <b>applied to your 2015 estimated tax</b>	77	
<b>Amount You Owe</b>	78	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions	78	
	79	Estimated tax penalty (see instructions)	79	NONE

<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No		
Designee's name	Phone no	Personal identification number (PIN)	
Lori Ann Arroyo	(866) 467-1040	00063	
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Joint return? See instructions. Keep a copy for your records	Your signature	Date	Your occupation
			OFFICER
	Spouse's signature. If a joint return, both must sign	Date	Spouse's occupation
			HOUSEWIFE
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	Daniel Sprunger		
	Firm's name	Firm's EIN	Check <input type="checkbox"/> if self-employed
	Jackson Hewitt Tax Service	59-2201569	PTIN P00158965
	Firm's address	Phone no	
	417 SE Coconut Avenue Stuart FL 34996	(772) 286-7005	

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

 Department of the Treasury  
 Internal Revenue Service (99)

**Earned Income Credit**  
**Qualifying Child Information**

- Complete and attach to Form 1040A or 1040 only if you have a qualifying child.
- Information about Schedule EIC (Form 1040A or 1040) and its instructions is at [www.irs.gov/scheduleic](http://www.irs.gov/scheduleic).

OMB No. 1545-0074

**2014**  
 Attachment

 Sequence No **43**

Name(s) shown on return

Your social security number

OMAR MATEEN &amp; NOOR SALMAN

**Before you begin:**

- See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

**!**  
**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.

**Qualifying Child Information**
**Child 1**
**Child 2**
**Child 3**

	First name	Last name	First name	Last name	First name	Last name
<b>1 Child's name</b> If you have more than three qualifying children, you only have to list three to get the maximum credit.	ZAKARIAYA OMAR MATEEN					
<b>2 Child's SSN</b> 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.						
<b>3 Child's year of birth</b>	Year <u>2012</u> If born after 1995 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.		Year _____ If born after 1995 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.		Year _____ If born after 1995 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	
<b>4 a</b> Was the child under age 24 at the end of 2014, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.		<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.		<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.	
<b>b</b> Was the child permanently and totally disabled during any part of 2014?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.		<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.		<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.	
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	SON					
<b>6 Number of months child lived with you in the United States during 2014</b> <ul style="list-style-type: none"> <li>If the child lived with you for more than half of 2014 but less than 7 months, enter "7."</li> <li>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."</li> </ul>	<u>12</u> months Do not enter more than 12 months.		_____ months Do not enter more than 12 months.		_____ months Do not enter more than 12 months.	

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)

**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](http://www.irs.gov/schedule8812).

OMB No 1545 0074

**2014**

Attachment  
Sequence No **47**

Name(s) shown on return

OMAR MATEEN & NOOR SALMAN

Your social security number

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

**!** Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit  
**CAUTION** 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

**A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions

☐ Yes

☐ No

**B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions

☐ Yes

☐ No

**C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions

☐ Yes

☐ No

**D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions

☐ Yes

☐ No

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

**Part II Additional Child Tax Credit Filers**

<b>1</b>	<b>1040 filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 52)			
	<b>1040A filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35)			
	<b>1040NR filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49)			
	If you used Pub 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication			
<b>2</b>	Enter the amount from Form 1040, line 52, Form 1040A, line 35, or Form 1040NR, line 49		<b>2</b>	498
<b>3</b>	Subtract line 2 from line 1. If zero, <b>stop</b> ; you cannot take this credit		<b>3</b>	502
<b>4a</b>	Earned income (see separate instructions)	<b>4a</b>		29,223
<b>b</b>	Nontaxable combat pay (see separate instructions)	<b>4b</b>		
<b>5</b>	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 5 blank and enter -0- on line 6 <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 4a. Enter the result	<b>5</b>		26,223
<b>6</b>	Multiply the amount on line 5 by 15% ( 15) and enter the result <b>Next.</b> Do you have three or more qualifying children? <input checked="" type="checkbox"/> <b>No.</b> If line 6 is zero, stop, you cannot take this credit. Otherwise, skip Part III and enter the <b>smaller</b> of line 3 or line 6 on line 13 <input type="checkbox"/> <b>Yes.</b> If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7	<b>6</b>		3,933

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

Schedule 8812 (Form 1040A or 1040) 2014

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

7	Withheld social security, Medicare and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions.	7		
8	<b>1040 filers:</b> 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.	8		
	<b>1040A filers:</b> Enter -0-			
	<b>1040NR filers:</b> 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		
9	Add lines 7 and 8.			
10	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 66a and 71.	10		
	<b>1040A filers:</b> 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).			
	<b>1040NR filers:</b> Enter the amount from Form 1040NR, line 67.			
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		0
12	Enter the <b>larger</b> of line 6 or line 11. <b>Next</b> , enter the <b>smaller</b> of line 3 or line 12 on line 13.	12		

**Part IV Additional Child Tax Credit**

13	This is your additional child tax credit.	13	502
----	---	----	-----

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

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

► To be completed by preparer and filed with Form 1040, 1040A, or 1040EZ.  
 ► Information about Form 8867 and its separate instructions is at [www.irs.gov/form8867](http://www.irs.gov/form8867).

OMB No 1545-1629

**2014**Attachment  
Sequence No 177

Taxpayer's name(s) shown on return

OMAR MATEEN &amp; NOOR SALMAN

Taxpayer's social security number

For the definitions of **Qualifying Child** and **Earned Income**, see Pub. 596.**Part I All Taxpayers**

1	Enter preparer's name and PTIN <u>Daniel Sprunger</u> <u>P00158965</u>	
2	Is the taxpayer's filing status married filing separately? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If you checked "Yes" on line 2, <b>stop</b> ; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue	
3	Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work and is valid for EIC purposes? See instructions before answering . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	► If you checked "No" on line 3, <b>stop</b> ; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.	
4	Is the taxpayer (or the taxpayer's spouse if filing jointly) filing Form 2555 or Form 2555-EZ (relating to the exclusion of foreign earned income)? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	► If you checked "Yes" on line 4, <b>stop</b> ; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.	
5 a	Was the taxpayer (or the taxpayer's spouse) a nonresident alien for any part of 2014? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	► If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.	
b	Is the taxpayer's filing status married filing jointly? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
	► If you checked "Yes" on line 5a and "No" on line 5b, <b>stop</b> ; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue	
6	Is the taxpayer's <b>investment income</b> more than \$3,350? See the instructions before answering. . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	► If you checked "Yes" on line 6, <b>stop</b> ; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.	
7	Could the taxpayer be a <b>qualifying child</b> of another person for 2014? If the taxpayer's filing status is married filing jointly, check "No." Otherwise, see instructions before answering . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	► If you checked "Yes" on line 7, <b>stop</b> ; the taxpayer <b>cannot</b> take the EIC. Otherwise, go to Part II or Part III, whichever applies.	

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2014)

F 12/05/14

MXA

00090919



**Part II Taxpayers With a Child**

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

- 8 Child's name
- 9 Is the child the taxpayer's son daughter stepchild foster child brother sister stepbrother, stepsister, half brother half sister, or a descendant of any of them?
- 10 Was the child unmarried at the end of 2014?  
If the child was married at the end of 2014, see the instructions before answering
- 11 Did the child live with the taxpayer in the United States for over half of 2014?  
See the instructions before answering
- 12 Was the child (at the end of 2014) -
- Under age 19 and younger than the taxpayer (or the taxpayer's spouse if the taxpayer files jointly),
  - Under age 24 a student (defined in the instructions) and younger than the taxpayer (or the taxpayer's spouse if the taxpayer files jointly) or
  - Any age and permanently and totally disabled?
    - If you checked "Yes" on lines 9, 10, 11 and 12, the child is the taxpayer's qualifying child go to line 13a. If you checked "No" on line 9, 10 11 or 12, the child is not the taxpayer's qualifying child, see the instructions for line 12
- 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 )  
► If you checked "No" on line 13a, go to line 14. Otherwise go to line 13b
- b Enter the child's relationship to the other person(s)
- c Under the tiebreaker rules is the child treated as the taxpayer's qualifying child? See the instructions before answering  
► If you checked "Yes" on line 13c, go to line 14. If you checked "No," the taxpayer **cannot** take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If there is more than one child, see the **Note** at the bottom of this page. If you checked "Don't know," explain to the taxpayer that, under the tiebreaker rules, the taxpayer's EIC and other tax benefits may be disallowed. Then if the taxpayer wants to take the EIC based on this child, complete lines 14 and 15. If not and there are no other qualifying children the taxpayer cannot take the EIC including the EIC for taxpayers without a qualifying child, do not complete Part III. If there is more than one child, see the **Note** at the bottom of this page
- 14 Does the qualifying child have an SSN that allows him or her to work and is valid for EIC purposes? See the instructions before answering  
► If you checked "No" on line 14 the taxpayer **cannot** take the EIC based on this child and cannot take the EIC available to taxpayers without a qualifying child. If there is more than one child see the **Note** at the bottom of this page. If you checked "Yes" on line 14, continue
- 15 Are the taxpayer's **earned income** and **adjusted gross income** each less than the limit that applies to the taxpayer for 2014? See instructions  
► If you checked "No" on line 15, **stop**, the taxpayer **cannot** take the EIC. If you checked "Yes" on line 15, the taxpayer can take the EIC. Complete **Schedule EIC** and attach it to the taxpayer's return. If there are two or three qualifying children with valid SSNs, list them on Schedule EIC in the same order as they are listed here. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub 596 to see if **Form 8862** must be filed. Go to line 20

**Note.** If there is more than one child complete lines 8 through 14 for the other child(ren) (but for no more than three qualifying children)

Child 1	Child 2	Child 3
ZAKARIAYA OMAR		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

**Part III Taxpayers Without a Qualifying Child**

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

**Part IV Due Diligence Requirements**

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☐ Yes ☐ No  
☒ Does not apply

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

☐ Yes ☐ No  
☒ Does not apply

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

☒ Yes ☐ No  
☐ Does not apply

**To comply with the EIC knowledge requirement, you must not know or have reason to know that any information used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to 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 result, and (c) any additional questions you asked and the taxpayer's answers?

☒ Yes ☐ No  
☐ 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 Submitted Form 8867 in the manner required **and**
- 4 Kept 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 &amp; NOOR SALMAN

Form 8867 (2014)

Page **4****Part V Documents Provided to You**

- 26 Identify below any document that the taxpayer provided to you and that you relied on to determine the taxpayer's EIC eligibility. Check all that apply. **Keep a copy of any documents you relied on.** See the instructions before answering. If there is no qualifying child, check box a. If there is no disabled child, check box o.

**Residency of Qualifying Child(ren)**

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

**Disability of Qualifying Child(ren)**

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

- 27 If a Schedule C is included with this return, identify below the information that the taxpayer provided to you and that you relied on to prepare the Schedule C. Check all that apply. **Keep a copy of any documents you relied on.** See the instructions before answering. If there is no Schedule C, check box a.

**Documents or Other Information**

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

# 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](http://www.irs.gov/form8379).

## Part I Should you file this form? You must complete this part

- 1 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?  
☒ **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 debt (Such as a student loan)  
☒ **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
- 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 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
- 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
- 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

- 10 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

OMAR MATEEN

Social security number shown first

If Injured Spouse,  
check here ► ☒

First name initial and last name shown second on the return

NOOR SALMAN

Social security number shown second

If Injured Spouse,  
check here ► ☐

- 11 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 ☐

- 12 Do you want any injured spouse refund mailed to an address different from the one on your joint return? ☐ Yes ☒ No  
 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)

**Part III Allocation Between Spouses of Items on the Joint Tax Return** (see instructions)

Allocated Items	(a) Amount shown on joint return	(b) Allocated to injured spouse	(c) Allocated to other spouse
<b>13</b> Income: <b>a.</b> Income reported on Form W-2	29,223	29,223	
<b>b.</b> All other income			
<b>14</b> Adjustments to income			
<b>15</b> Standard deduction or Itemized deductions	12,400	6,200	6,200
<b>16</b> Number of exemptions	3	2	1
<b>17</b> Credits ( <b>do not</b> include any earned income credit)	1,000	1,000	
<b>18</b> Other taxes			
<b>19</b> Federal income tax withheld	1,270	1,270	
<b>20</b> Payments			

**Part IV Signature.** Complete this part only if you are filing Form 8379 by itself and not with your tax return.

Under penalties of perjury, I declare that I have examined this form and any accompanying schedules or statements and to the best of my knowledge and belief they are true,

correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy of this form for your records	Injured spouse's signature		Date		Phone number (optional)	
	Print/Type preparer's name		Preparer's signature		Date	
Paid Preparer's Use Only					Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ Jackson Hewitt Tax Service				Firm's EIN ▶ 59-2201569	
	Firm's Address ▶ Stuart, FL 34996				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.

1. Enter the amount from Form 1040, line 7 . . . . .	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 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 - <ul style="list-style-type: none"> <li>• \$8,110 (\$13,550 if MFJ) if you don't have a qualifying child?</li> <li>• \$17,850 (\$23,300 if MFJ) if you have at least one qualifying child?</li> <li><input type="checkbox"/> Yes. Go to line 14 now.</li> <li><input checked="" type="checkbox"/> No. Look up the amount on line 11 above in the EIC table to find your credit. Enter the credit here. . . . .</li> </ul>	13	2,352
14. <ul style="list-style-type: none"> <li>• If you checked "Yes" on line 13, enter the amount from line 11.</li> <li>• If you checked "No" on line 13, enter the smaller of line 11 or line 13 . . . . .</li> </ul>	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 col (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) <ul style="list-style-type: none"> <li>a. Rental real estate . . . . .</li> <li>b. Form 4835 . . . . .</li> <li>c. Partnership . . . . .</li> <li>d. S corporation . . . . .</li> <li>e. Estate and trust . . . . .</li> <li>f. Net passive income . . . . .</li> </ul>	8a 8b 8c 8d 8e 8f	
9. Total investment income . . . . .	9	

OMAR MATEEN &amp; NOOR SALMAN

**Schedule EIC - Additional Information**

Do you elect to include combat pay in earned income?

- ☐ Yes  
☐ No

If filing a joint return, include

- ☐ Only taxpayer's combat pay  
☐ Only spouse's combat pay

**All Filers:**

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  
☒ 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  
☒ 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  
☒ 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  
☒ Yes Go to question 7

**If You 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  
☒ 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  
☒ Yes You can take the credit Complete the earned income credit worksheet now

**If You 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. Can your parents, or someone else, claim you as a dependent on their 2014 tax return?  
☐ No Go to question 12  
☐ Yes Stop You cannot take the credit
12. Is 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

**Disallow EIC**

- ☐ Disallow EIC if otherwise eligible  
 Enter reason to disallow EIC \_\_\_\_\_

**Form 1040 - Child Tax Credit**

1	Enter the number of qualifying children <u>1</u> 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 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	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? <input checked="" type="checkbox"/> No Leave line 6 blank Enter -0- on line 7 <input type="checkbox"/> Yes Subtract line 5 from line 4 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	6	
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, line 15, Form 8936 line 23 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? <input checked="" type="checkbox"/> No Enter the amount from line 10 <input type="checkbox"/> 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



**JACKSON HEWITT<sup>®</sup>**  
TAX SERVICE  
Phone: (772) 286-7005

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 academy  
2013 filing injured spouse, sp owes student loan prior to married  
not enough o itemized  
2014 tp blue cross blue shield, sp & dependent has medicare

# Receipt

15514



No 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

Date 03/04/2014

Customer Prior ☒ New ☐

Primary MATEEN  
Spouse SALMAN  
Address 2513 S 17TH ST APT 107  
FT PIERCE, FL 34982

OMAR  
NOOR

Primary SSN XXX-XX-2659  
Spouse SSN XXX-XX-2868  
Filing Status Married Filing Joint  
Global Customer ID 3680677

Phone Day (772) 812-5560

Eve

Form 8879

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:

Earned Income Credit	2,027.00
Child Tax Credit	663.00
Additional Child Tax Credit	337.00

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

## Tax Preparation Fees & Products and Services

### TAX PREPARATION FEES

Federal/State \$153.00  
Data & Document Storage \$12.00

### PRODUCTS AND SERVICES

Accuracy Guarantee FREE  
Electronic Filing FREE

### PAYMENT INFORMATION

Federal Refund \$3,771.00  
Total Fees \$165.00  
Net Amount

Payment Type Check

Pricing Retention FD/State

☐ AR (EF) ☐ AR (Paper) ☒ EF ☐ Paper

Federal Disbursement Method IRS Direct Deposit

Total Number of W-2's 1

Amount Paid 165.00

Date Paid 03/04/2014

Method eCHECK

COD NO

Amount Due

Date Paid / /

Method

Office # 16502

Employee # 425 Daniel Sprunger

### Federal and State Refund / Balance Due Information

Federal Refund 3,771.00

F 11/13/13



JHFD0FFC010

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

00090929

MATEEN, OMAR & SALMAN, NOOR  
2013 XXX-XX-2659

[Print](#) | [Close](#) | [Enter 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:** OMAR S MATEEN  
*(Name on Account)*  
**Card #:** XXXXXXXXXXXX0773  
**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

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

© 2012, Plug and Pay Technologies, Inc. All rights reserved

[Home](#)[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  
Refund Amount:  
**\$4,124.00**

### Please Note:

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](#)

**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2013**  
Copy C for employee's records. OMB No. 1545-0008

Control number 000063427 V2Q	Dept. WPB_B	Corp. SKE3	Employer use only A 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

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 30501.65	2 Federal income tax withheld 1406.98
Social security wages 30501.65	4 Social security tax withheld 1891.10
Medicare wages and tips 30501.65	6 Medicare tax withheld 442.27
Social security tips	8 Allocated tips
	10 Dependent care benefits

1 Nonqualified plans	12a See instructions for box 12 DD 1980.72
4 Other	12b 12c 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

Control number 000063427 V2Q	Dept. WPB_B	Corp. SKE3	Employer use only A 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

Employer's FED ID number 59-0857245	a Employee's SSA number
Social security tips	8 Allocated tips
	10 Dependent care benefits
1 Nonqualified plans	12a See instructions for box 12 DD 1980.72
4 Other	12b 12c 12d
	13 Stat emp Ret. plan 3rd party sick pay

Employer's name, address, and ZIP code OMAR MATEEN 2513 S. 17TH STREET APARTMENT 107 FORT PIERCE, FL 34982	16 State wages, tips, etc.
State income tax	18 Local wages, tips, etc.
Local income tax	20 Locality name

Federal Filing Copy  
**W-2 Wage and Tax Statement 2013**  
OMB No. 1545-0008

**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: 0  
Local: 0



© 2011 ADP INC

PAGE 01 OF 01

Fold and Detach Here

Wages, tips, other comp 30501.65	2 Federal income tax withheld 1406.98
Social security wages 30501.65	4 Social security tax withheld 1891.10
Medicare wages and tips 30501.65	6 Medicare tax withheld 442.27
Control number 000063427 V2Q	Dept. WPB_B
Corp. SKE3	Employer use only A 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

Employer's FED ID number 59-0857245	a Employee's SSA number
Social security tips	8 Allocated tips
	10 Dependent care benefits
1 Nonqualified plans	12a See instructions for box 12 DD 1980.72
4 Other	12b 12c 12d
	13 Stat emp Ret. plan 3rd party sick pay

Employer's name, address, and ZIP code OMAR MATEEN 2513 S. 17TH STREET APARTMENT 107 FORT PIERCE, FL 34982	16 State wages, tips, etc.
State income tax	18 Local wages, tips, etc.
Local income tax	20 Locality name

Federal Filing Copy  
**W-2 Wage and Tax Statement 2013**  
OMB No. 1545-0008

Wages, tips, other comp 30501.65	2 Federal income tax withheld 1406.98
Social security wages 30501.65	4 Social security tax withheld 1891.10
Medicare wages and tips 30501.65	6 Medicare tax withheld 442.27
d Control number 000063427 V2Q	Dept. WPB_B
Corp. SKE3	Employer use only A 32324

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
	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 DD 1980.72
14 Other	12b 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	16 State wages, tips, etc.
State income tax	18 Local wages, tips, etc.
Local income tax	20 Locality name

State Filing Copy  
**W-2 Wage and Tax Statement 2013**  
OMB No. 1545-0008

Wages, tips, other comp 30501.65	2 Federal income tax withheld 1406.98
Social security wages 30501.65	4 Social security tax withheld 1891.10
Medicare wages and tips 30501.65	6 Medicare tax withheld 442.27
d Control number 000063427 V2Q	Dept. WPB_B
Corp. SKE3	Employer use only A 32324

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
	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 DD 1980.72
14 Other	12b 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	16 State wages, tips, etc.
State income tax	18 Local wages, tips, etc.
Local income tax	20 Locality name

City or Local Filing Copy  
**W-2 Wage and Tax Statement 2013**  
OMB No. 1545-0008

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

2013 ending

20

See separate instructions

Your first name and initial

OMAR

Last name

MATEEN

Your social security number

If a joint return spouse's first name and initial

NOOR

Last name

SALMAN

Spouse's social security number

Home address (number and street) If you have a P O box see instructions

2513 S 17TH ST APT 107

Apt no

▲ Make sure the SSN(s) above and on line 6c are correct

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

FT PIERCE, FL 34982

Foreign country name

Foreign province/state/county

Foreign postal code

**Presidential Election Campaign**  
Check here if you or your spouse if filing jointly want \$3 to go to this fund. Checking a box below will not change your tax or refund  
☐ You ☐ Spouse

## Filing Status

Check only one box

1 ☐ Single2 ☒ Married filing jointly (even if only one had income)3 ☐ Married filing separately Enter spouse's SSN above and full name here ▶4 ☐ Head of household (with qualifying person) (See instr )

If the qualifying person is a child but not your dependent, enter this child's name here ▶

5 ☐ Qualifying widow(er) with dependent child

## Exemptions

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

c Dependents:

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if child under age 17 qualifying for child tax credit (see instructions)

(1) First name Last name

ZAKARIAYA OMAR MATEEN

SON

If more than four dependents, see instructions and check here ☐

Boxes checked on 6a and 6b 2

No. of children on 6c who

● lived with you 1

● did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶ 3

d Total number of exemptions claimed

## Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions

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

8a Taxable interest Attach Schedule B if required

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

9a Ordinary dividends Attach Schedule B if required

b Qualified dividends

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss) Attach Schedule C or C-EZ

13 Capital gain or (loss) Attach Schedule D if required If not required, check here ☐

14 Other gains or (losses) Attach Form 4797

15a IRA distributions

15a

b Taxable amount

16a Pensions and annuities

16a

b Taxable amount

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc Attach Schedule E

18 Farm income or (loss) Attach Schedule F

19 Unemployment compensation

20a Social security benefits

20a

b Taxable amount

21 Other income List type and amount

22 Combine the amounts in the far right column for lines 7 - 21 This is your total income ▶

## Adjusted Gross Income

23 Educator expenses

24 Certain business expenses of reservists, performing artists, and fee-basis government officials Attach Form 2106 or 2106-EZ

25 Health savings account deduction Attach Form 8889

26 Moving expenses Attach Form 3903

27 Deductible part of self-employment tax Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN ▶

32 IRA deduction

33 Student loan interest deduction

34 Tuition and fees Attach Form 8917

35 Domestic production activities deduction Attach Form 8903

36 Add lines 23 through 35

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

**Tax and Credits**

38 Amount from line 37 (adjusted gross income)

38

30,502

39 a Check if ☐ You were born before January 2, 1949, ☐ Blind ☐ Spouse was born before January 2, 1949, ☐ Blind Total boxes checked ☐ 39ab If your spouse itemizes on a separate return or you were a dual-status alien, check here ☐ 39b

**Standard Deduction for -**

- People who check any box on line 39a or 39b OR who can be claimed as a dependent see instructions
- All others

- Single or Married filing separately \$6,100

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

- Head of household \$8,950

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)

40

12,200

41 Subtract line 40 from line 38

41

18,302

42 Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions

42

11,700

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-

43

6,602

44 Tax (see instr). Check if any from a ☐ Form(s) 8814 b ☐ Form 4972 c ☐

44

663

45 Alternative minimum tax (see instructions). Attach Form 6251

45

46 Add lines 44 and 45

46

663

47 Foreign tax credit. Attach Form 1116 if required

47

48 Credit for child and dependent care expenses. Attach Form 2441

48

49 Education credits from Form 8863, line 19

49

50 Retirement savings contributions credit. Attach Form 8880

50

51 Child tax credit. Attach Schedule 8812, if required

51

663

52 Residential energy credits. Attach Form 5695

52

53 Other credits from Form a ☐ 3800 b ☐ 8801 c ☐

53

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, enter -0-

55

NONE

**Other Taxes**

56 Self-employment tax. Attach Schedule SE

56

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

b First-time homebuyer credit repayment. Attach Form 5405 if required

59b

60 Taxes From a ☐ Form 8959 b ☐ Form 8960 c ☐ Inst, enter code(s) \_\_\_\_\_

60

61 Add lines 55 through 60. This is your total tax

61

NONE

**Payments**

62 Federal income tax withheld from Forms W-2 and 1099

62

1,407

63 2013 estimated tax payments and amount applied from 2012 return

63

64 a Earned income credit (EIC)

64a

2,027

b Nontaxable combat pay election

64b

65 Additional child tax credit. Attach Schedule 8812

65

337

66 American opportunity credit from Form 8863, line 8

66

67 Reserved

67

68 Amount paid with request for extension to file

68

69 Excess social security and tier 1 RRTA tax withheld

69

70 Credit for federal tax on fuels. Attach Form 4136

70

71 Credits from Form a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐

71

72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments

72

3,771

**Refund**

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid

73

3,771

74 a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ☐

74a

3,771

b Routing number 267084199 c Type ☒ Checking ☐ Savings

d Account number 1203927433

Direct deposit? See instructions

75 Amount of line 73 you want applied to your 2014 estimated tax

75

**Amount You Owe**

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions

76

77 Estimated tax penalty (see instructions)

77

NONE

**Third Party Designee**Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below ☐ NoDesignee's name **Lori Ann Arroyo**Phone no **(772) 286-7005**Personal identification number (PIN) **00063****Sign Here**

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

Your signature

Date

Your occupation

Daytime phone number

Spouse's signature. If a joint return, both must sign

Date

Spouse's occupation

If the IRS sent you an Identity Protection Pin, enter it here

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

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed PTIN **P00158965****Paid Preparer Use Only**

Daniel Sprunger

Firm's name **Jackson Hewitt Tax Service**Firm's EIN **59-2201569**Firm's address **417 SE Coconut Avenue Stuart FL 34996**Phone no **(772) 286-7005**

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

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

**Earned Income Credit**  
**Qualifying Child Information**

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

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

OMB No. 1545-0074

**2013**

Attachment  
Sequence No **43**

Your social security number

OMAR MATEEN & NOOR SALMAN

**Before you begin:**

- See the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

**Qualifying Child Information**

**Child 1**

**Child 2**

**Child 3**

	First name	Last name	First name	Last name	First name	Last name
<b>1 Child's name</b> If you have more than three qualifying children, you only have to list three to get the maximum credit.	ZAKARIAYA OMAR MATEEN					
<b>2 Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2013. If your child was born and died in 2013 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.						
<b>3 Child's year of birth</b>	Year <u>2012</u> If born after 1994 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.		Year _____ If born after 1994 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.		Year _____ If born after 1994 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	
<b>4 a</b> Was the child under age 24 at the end of 2013, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.		<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.		<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.	
<b>b</b> Was the child permanently and totally disabled during any part of 2013?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.		<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.		<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.	
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	SON					
<b>6 Number of months child lived with you in the United States during 2013</b> • If the child lived with you for more than half of 2013 but less than 7 months, enter "7." • If the child was born or died in 2013 and your home was the child's home for more than half the time he or she was alive during 2013, enter "12."	<u>12</u> months Do not enter more than 12 months.		_____ months Do not enter more than 12 months.		_____ months Do not enter more than 12 months.	

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

Schedule EIC (Form 1040A or 1040) 2013

F 11/08/13

MXA

00090935



**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](http://www.irs.gov/schedule8812).

OMB No 1545-0074

**2013**

Attachment  
Sequence No **47**

Your social security number

OMAR MATEEN & NOOR SALMAN

**Part I Filers Who Have Certain Child Dependents with an ITIN (Individual Taxpayer 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 the dependent does not qualify for the credit, you cannot include that dependent in the calculation of this credit.

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an ITIN (Individual Taxpayer Identification Number) and that you indicated qualified for the child tax credit by checking column (4) for that dependent.

**A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ Yes ☐ No

**B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ Yes ☐ No

**C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ Yes ☐ No

**D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

☐ Yes ☐ No

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

**Part II Additional Child Tax Credit Filers**

<b>1</b>	<b>1040 filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51).		
	<b>1040A filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).		
	<b>1040NR filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).		
If you used Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.			
<b>2</b>	Enter the amount from Form 1040, line 51, Form 1040A, line 33, or Form 1040NR, line 48.	<b>1</b>	1,000
<b>3</b>	Subtract line 2 from line 1. If zero, <b>stop</b> ; you cannot take this credit.	<b>3</b>	337
<b>4a</b>	Earned income (see separate instructions).	<b>4a</b>	30,502
<b>b</b>	Nontaxable combat pay (see separate instructions).	<b>4b</b>	
<b>5</b>	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 4a. Enter the result.	<b>5</b>	27,502
<b>6</b>	Multiply the amount on line 5 by 15% (.15) and enter the result. <b>Next.</b> Do you have three or more qualifying children? <input checked="" type="checkbox"/> <b>No.</b> If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> <b>Yes.</b> If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.	<b>6</b>	4,125

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

Schedule 8812 (Form 1040A or 1040) 2013

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

7 Withheld social security, Medicare, & Addl Medicare taxes from Form(s) W-2, boxes 4 & 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Addl Medicare Tax or tier 1 RRTA taxes, see separate instructions	7		
8 <b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on line 60.	8		
1040A filers: Enter -0-.			
1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 55, plus any taxes that you identified using code "UT" and entered on line 59.			
9 Add lines 7 and 8	9		
10 <b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 64a and 69.			
1040A filers: Enter the total of the amount from Form 1040A, line 38a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 41 (see separate instructions)	10		
1040NR filers: Enter the amount from Form 1040NR, line 65.			
11 Subtract line 10 from line 9. If zero or less, enter -0-	11		0
12 Enter the <b>larger</b> of line 6 or line 11. Next, enter the <b>smaller</b> of line 3 or line 12 on line 13.	12		

**Part IV: Additional Child Tax Credit**

13 This is your additional child tax credit	13	337
---	----	-----

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

Department of the Treasury  
Internal Revenue Service

## Paid Preparer's Earned Income Credit Checklist

OMB No. 1545-1629

2013

Attachment  
Sequence No. 177▶ 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](http://www.irs.gov/form8867).

Taxpayer's name(s) shown on return

OMAR MATEEN &amp; NOOR SALMAN

Taxpayer's social security number

For the definitions of the following terms, see Pub. 596.

● Investment Income ● Qualifying Child ● Earned Income ● Full-time Student

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

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

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

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

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

5 a Was the taxpayer (or the taxpayer's spouse) a nonresident alien for any part of 2013?

☐ Yes ☒ No

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

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

☐ Yes ☐ No▶ If you checked "Yes" on line 5a and "No" on line 5b, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue

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

☐ Yes ☒ No▶ If you checked "Yes" on line 6, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue

7 Could the taxpayer be a qualifying 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

☐ Yes ☒ No▶ If you checked "Yes" on line 7, **stop**; the taxpayer **cannot** take the EIC. Otherwise, go to Part II or Part III, whichever applies

For Paperwork Reduction Act Notice, see separate instructions.


Form 8867 (2013)

**Part II Taxpayers With a Child**

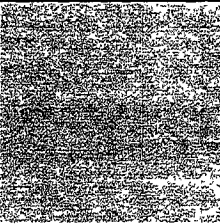
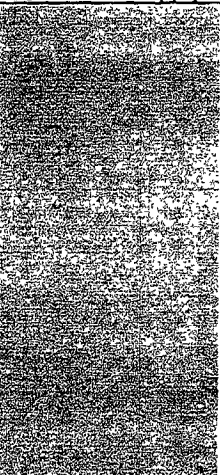
**Caution.** If there is more than one child, complete lines 8 through 14 for one child before going to the next column.

	Child 1	Child 2	Child 3
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? . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10 Was the child unmarried at the end of 2013? If the child was married at the end of 2013, see the instructions before answering . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11 Did the child live with the taxpayer in the United States for over half of 2013? See the instructions before answering . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12 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? . . . . . ▶ 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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.) . . . . . ▶ If you checked "No" on line 13a, go to line 14. Otherwise, go to line 13b.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b Enter the child's relationship to the other person(s) . . . . .			
c Under the tiebreaker rules, is the child treated as the taxpayer's qualifying child? See the instructions before answering . . . . . ▶ If you checked "Yes" on line 13c, go to line 14. If you checked "No," the taxpayer <b>cannot</b> 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 <b>Note</b> at the bottom of this page. If you checked "Don't know," explain to the taxpayer that, under the tiebreaker rules, the taxpayer's EC 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 taxpayers without a qualifying child; do not complete Part III. If there is more than one child, see the <b>Note</b> at the bottom of this page.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
14 Does the qualifying child have an SSN that allows him or her to work or is valid for EIC purposes? See the instructions before answering. . . . . ▶ If you checked "No" on line 14, the taxpayer <b>cannot</b> 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 <b>Note</b> at the bottom of this page. If you checked "Yes" on line 14, continue.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15 Are the taxpayer's <b>earned income</b> and <b>adjusted gross income</b> each less than the limit that applies to the taxpayer for 2013? See Pub. 596 for the limit . . . . . ▶ If you checked "No" on line 15, <b>stop</b> ; the taxpayer <b>cannot</b> take the EIC. If you checked "Yes" on line 15, the taxpayer can take the EIC. Complete <b>Schedule EIC</b> 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 <b>Form 8862</b> must be filed. Go to line 20. <b>Note.</b> 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.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Part III Taxpayers Without a Qualifying Child**

<p>16 Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period. See Pub 596.)</p> <p>▶ If you checked "No" on line 16, <b>stop</b>; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>17 Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of 2013? See the instructions before answering.</p> <p>▶ If you checked "No" on line 17, <b>stop</b>; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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 "1."</p> <p>▶ If you checked "Yes" on line 18, <b>stop</b>; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>19 Are the taxpayer's <b>earned income</b> and <b>adjusted gross income</b> each less than the limit that applies to the taxpayer for 2013? See Pub. 596 for the limit.</p> <p>▶ If you checked "No" on line 19, <b>stop</b>; the taxpayer <b>cannot</b> take the EIC.</p> <p>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 <b>Form 8862</b> must be filed. Go to line 20.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No 

**Part IV Due Diligence Requirements**

<p>20 Did you complete Form 8867 based on current information provided by the taxpayer or reasonably obtained by you?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>21 Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or your own worksheet that provides the same information as the 1040, 1040A, or 1040EZ worksheet)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>22 If any qualifying child was not the taxpayer's son or daughter, do you know or did you ask why the parents were not claiming the child?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Does not apply
<p>23 If the answer to question 13a is "Yes" (indicating that the child lived for more than half the year with someone else who could claim the child for the EIC), did you explain the tiebreaker rules and possible consequences of another person claiming your client's qualifying child?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Does not apply
<p>24 Did you ask this taxpayer any additional questions that are necessary to meet your knowledge requirement? See the instructions before answering.</p> <p>To comply with the EIC knowledge requirement, you must not know or have reason to know that any information 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.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply 
<p>25 Did you document (a) the taxpayer's answer to question 22 (if applicable), (b) whether you explained the tiebreaker rules to the taxpayer and any additional information you got from the taxpayer as a result, and (c) any additional questions you asked and the taxpayer's answers?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply 

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

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

- 26 Identify below any document that the taxpayer provided to you and that you relied on to determine the taxpayer's BC eligibility. Check all that apply. **Keep a copy of any documents you relied on.** See the instructions before answering. If there is no qualifying child, check box a. If there is no disabled child, check box o.

**Residency of Qualifying Child(ren)**

- ☐ a No qualifying child  
☐ b School records or statement  
☐ c Landlord or property management statement  
☐ d Health care provider statement  
☒ e Medical records  
☐ f Child care provider records  
☐ g Placement agency statement  
☐ h Social service records or statement

- ☐ i Place of worship statement  
☐ j Indian tribal official statement  
☐ k Employer statement  
☐ l Other (specify) ▼  
 \_\_\_\_\_  
 \_\_\_\_\_

- ☐ m Did not rely on any documents, but made notes in file  
☐ n Did not rely on any documents

**Disability of Qualifying Child(ren)**

- ☒ o No disabled child  
☐ p Doctor statement  
☐ q Other health care provider statement  
☐ r Social services agency or program statement

- ☐ s Other (specify) ▼  
 \_\_\_\_\_  
 \_\_\_\_\_

- ☐ t Did not rely on any documents, but made notes in file  
☐ u Did not rely on any documents

- 27 If a Schedule C is included with this return, identify below the information that the taxpayer provided to you and that you relied on to prepare the Schedule C. Check all that apply. **Keep a copy of any documents you relied on.** See the instructions before answering. If there is no Schedule C, check box a.

**Documents or Other Information**

- ☒ a No Schedule C  
☐ b Business license  
☐ c Forms 1099  
☐ d Records of gross receipts provided by taxpayer  
☐ e Taxpayer summary of income  
☐ f Records of expenses provided by taxpayer  
☐ g Taxpayer summary of expenses

- ☐ h Bank statements  
☐ i Reconstruction of income and expenses  
☐ j Other (specify) ▼  
 \_\_\_\_\_  
 \_\_\_\_\_

- ☐ k Did not rely on any documents, but made notes in file  
☐ l Did not rely on any documents

## 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](http://www.irs.gov/form8379).

### Part 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 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 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 debt (Such as a student loan)  
☒ **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
- 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 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
- 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
- 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

- 10 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

OMAR MATEEN

Social security number shown first

If Injured Spouse,  
check here ► ☒

First name, initial, and last name shown second on the return

NOOR SALMAN

Social security number shown second

If Injured Spouse,  
check here ► ☐

- 11 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 ☐

- 12 Do you want any injured spouse refund mailed to an address different from the one on your joint return? ☐ Yes ☒ No

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)

F 11/1/12

MXA

00090942

**Part III Allocation Between Spouses of Items on the Joint Tax Return** (see instructions)

Allocated Items	(a) Amount shown on joint return	(b) Allocated to injured spouse	(c) Allocated to other spouse
<b>13 Income</b> a. Income reported on Form W-2	30,502	30,502	
b. All other income			
<b>14 Adjustments to income</b>			
<b>15 Standard deduction or Itemized deductions</b>	12,200	6,100	6,100
<b>16 Number of exemptions</b>	3	2	1
<b>17 Credits (do not include any earned income credit)</b>	1,000	1,000	
<b>18 Other taxes</b>			
<b>19 Federal income tax withheld</b>	1,407	1,407	
<b>20 Payments</b>			

**Part IV Signature.** Complete this part only if you are filing Form 8379 by itself and not with your tax return

Under penalties of perjury, I declare that I have examined this form and any accompanying schedules or statements and to the best of my knowledge and belief, they are true

correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy of this form for your records	Injured spouse's signature		Date	Phone number (optional)	
	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
Paid Preparer's Use Only	Firm's name ▶ Jackson Hewitt Tax Service			Firm's EIN ▶ 59-2201569	
	Firm's Address ▶ Stuart, FL 34996			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

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
5. Subtract lines 2, 3 and 4 from line 1
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)
7. Add lines 5 and 6
8. Combat pay included in earned income if elected
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.  
Note: If line 9 is zero stop. You cannot take the credit. Enter "No" next to Form 1040 line 64a.
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
  - ☒ 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
  - If you checked "No" on line 12, enter the smaller of line 10 or line 12

1	30,502
2	
3	
4	
5	30,502
6	
7	30,502
8	
9	30,502
10	2,027
11	30,502
12	2,027
13	2,027

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
2. Nontaxable interest income
- 2 a. Child's nontaxable interest income
3. Dividend income
- 3 a. Child's interest and dividend income
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
5. Income from rental of personal property reported on Form 1040, line 21 net of expenses reported on Form 1040, line 37
6. Rental income subject to 280A limitation
7. Royalty income net of expenses
8. Passive income/(loss)
  - a. Rental real estate
  - b. Form 4835
  - c. Partnership
  - d. S corporation
  - e. Estate and trust
  - f. Net passive income
9. Total investment income

8a	
8b	
8c	
8d	
8e	
8f	
9	

OMAR MATEEN & NOOR SALMAN  
**Schedule EIC - Additional Information**

Do you elect to include combat pay in earned income?

- ☐ Yes  
☐ No

If filing a joint return, include

- ☐ Only taxpayer's combat pay  
☐ Only spouse's combat pay

**All Filers:**

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  
☒ Yes Go to question 3
3. Was your home in the United States for more than half of 2013?  
☐ 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?  
☒ 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  
☒ Yes Go to question 7

**If You 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  
☒ Yes Go to question 8
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

**If You 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. Can your parents, or someone else, claim you as a dependent on their 2013 tax return?  
☐ 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

**Disallow EIC**

- ☐ Disallow EIC if otherwise eligible

Enter reason to disallow EIC \_\_\_\_\_

**Form 1040 - Child Tax Credit**

1. Enter the number of qualifying children <u>1</u> . 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? <input checked="" type="checkbox"/> No. Leave line 6 blank. Enter -0- on line 7. <input type="checkbox"/> Yes. Subtract line 5 from line 4 . . . . . 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.	6	
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, 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? <input checked="" type="checkbox"/> No. Enter the amount from line 10. <input type="checkbox"/> 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



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 academy  
2013 filing injured spouse, sp owes student loan prior to married  
not enough o itemized

## Receipt

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

No 14705

Date 04/06/2013

Customer Prior ☒ New ☐

Primary **MATEEN**  
Spouse **SALMAN**  
Address **2513 S 17TH ST APT 107**  
**FT PIERCE, FL 34982**

**OMAR**  
**NOOR**

Primary SSN **XXX-XX-2659**  
Spouse SSN **XXX-XX-2868**  
Filing Status **Married Filing Joint**  
Global Customer ID **3680677**

Phone Day (772) 812-5560

Eve

Form 8879

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.

Earned Income Credit	2,134.00
Child Tax Credit	548.00
Additional Child Tax Credit	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 ..... 143.00

Jackson Hewitt Products & Services  
Accuracy Guarantee..... FREE

Electronic Filing..... FREE

Data and Document Storage Fee ..... 12.00

Coupon *N9MKD* Dan discounts 2013..... (163.00)

Total Products &amp; Services Fees ... 12.00

Total Tax Preparation Fees ..... 143.00

Total Fees ..... 155.00

☐ AR (EF) ☐ AR (Paper) ☒ EF ☐ Paper

Federal Disbursement Method IRS Direct Deposit

Total Number of W-2's 1

Amount Paid 155.00

Date Paid 04/06/2013

Method CHECK

COD NO

Amount Due

Date Paid / /

Method

Office # 16502

Employee # 425 Daniel Sprunger

## Federal and State Refund / Balance Due Information

Federal Refund 3,890.00

F 9/24/12



JHFD0FFC010

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

00090948

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

Injured Spouse  
m 1040Department of the Treasury Internal Revenue Service (99)  
U.S. Individual Income Tax Return

2012

OMB No 1545-0074

IRS Use Only

Do not write or staple in this space

For the year Jan 1 Dec 31 2012 or other tax year beginning

ending

See separate instructions

Your first name and initial

OMAR

Last name

MATEEN

Your social security number

If a joint return spouse's first name and initial

NOOR

Last name

SALMAN

Spouse's social security number

Home address (number and street) If you have a P.O. box see instructions

2513 S 17TH ST APT 107

Apt. no.

▲ Make sure the SSN(s) above and on line 6c are correct

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

FT PIERCE, FL 34982

Presidential Election Campaign

Check here if you or your spouse if filing jointly want \$3 to go to this fund. Checking a box below will not change your tax or refund.

☐ You ☐ Spouse

## Filing Status

1 ☐ Single2 ☒ Married filing jointly (even if only one had income)3 ☐ Married filing separately Enter spouse's SSN above and full name here4 ☐ Head of household (with qualifying person) (See instr.)

If the qualifying person is a child but not your dependent enter this child's name here

5 ☐ Qualifying widow(er) with dependent child

## Exemptions

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

c Dependents:

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ If child under age 17 qualifying for child tax credit (see instructions)

(1) First name Last name

ZAKARIAYA OMAR MATEEN

SON

Boxes checked on 6a and 6b

2

No. of children on 6c who

● lived with you

1

● did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above

3

d Total number of exemptions claimed

## Income

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

8a Taxable interest Attach Schedule B if required

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

8b

9a Ordinary dividends Attach Schedule B if required

b Qualified dividends

9b

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss) Attach Schedule C or C-EZ

13 Capital gain or (loss) Attach Schedule D if required If not required, check here

14 Other gains or (losses) Attach Form 4797

15a IRA distributions

15a

b Taxable amount

16a Pensions and annuities

16a

b Taxable amount

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss) Attach Schedule F

19 Unemployment compensation

20a Social security benefits

20a

b Taxable amount

21 Other income List type and amount

22 Combine the amounts in the far right column for lines 7 - 21. This is your total income

7

28,757

8a

9a

10

11

12

13

14

15b

16b

17

18

19

20b

21

22

28,757

## Adjusted Gross Income

23 Educator expenses

23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials Attach Form 2106 or 2106-EZ

24

25 Health savings account deduction Attach Form 8889

25

26 Moving expenses Attach Form 3903

26

27 Deductible part of self-employment tax Attach Schedule SE

27

28 Self-employed SEP, SIMPLE, and qualified plans

28

29 Self-employed health insurance deduction

29

30 Penalty on early withdrawal of savings

30

31a Alimony paid b Recipient's SSN

31a

32 IRA deduction

32

33 Student loan interest deduction

33

34 Tuition and fees Attach Form 8917

34

35 Domestic production activities deduction Attach Form 8903

35

36 Add lines 23 through 35

36

NONE

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

37

28,757

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

RF 1/15/13 Form 1040 (2012)

00090949

**Tax and Credits**

38 Amount from line 37 (adjusted gross income)

38 28,757

39 a Check if ☐ You were born before January 2, 1948, ☐ Blind ☐ Spouse was born before January 2, 1948 ☐ Blind Total boxes checked ☐ 39ab If your spouse itemizes on a separate return or you were a dual status alien, check here ☐ 39b**Standard Deduction for -**

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

• All others  
Single or Married filing separately \$5,950

Married filing jointly or Qualifying widow(er) \$11,900

Head of household \$8,700

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)

40 11,900

41 Subtract line 40 from line 38

41 16,857

42 Exemptions. Multiply \$3,800 by the number on line 6d

42 11,400

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-

43 5,457

44 Tax (see instr.) Check if any from a ☐ Form(s) 8814 b ☐ Form 4972 c ☐ 962 election

44 548

45 Alternative minimum tax (see instructions). Attach Form 6251

45

46 Add lines 44 and 45

46 548

47 Foreign tax credit. Attach Form 1116 if required

47

48 Credit for child and dependent care expenses. Attach Form 2441

48

49 Education credits from Form 8863, line 19

49

50 Retirement savings contributions credit. Attach Form 8880

50

51 Child tax credit. Attach Schedule 8812 if required

51

548

52 Residential energy credits. Attach Form 5695

52

53 Other credits from Form a ☐ 3800 b ☐ 8801 c ☐

53

54 Add lines 47 through 53. These are your total credits

54 548

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-

55 NONE

**Other Taxes**

56 Self-employment tax. Attach Schedule SE

56

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

b First-time homebuyer credit repayment. Attach Form 5405 if required

59b

60 Other taxes. Enter code(s) from instructions

60

61 Add lines 55 through 60. This is your total tax

61 NONE

**Payments**

62 Federal income tax withheld from Forms W-2 and 1099

62

1,304

63 2012 estimated tax payments and amount applied from 2011 return

63

64 a Earned income credit (EIC)

64a

2,134

b Nontaxable combat pay election

64b

65 Additional child tax credit. Attach Schedule 8812

65

452

66 American opportunity credit from Form 8863, line 8

66

67 Reserved

67

68 Amount paid with request for extension to file

68

69 Excess social security and tier 1 RRTA tax withheld

69

70 Credit for federal tax on fuels. Attach Form 4136

70

71 Credits from Form a ☐ 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

d Account number 1203927433

Direct deposit? See instructions

75 Amount of line 73 you want applied to your 2013 estimated tax

75

**Amount You Owe**

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions

76

77 Estimated tax penalty (see instructions)

77

NONE

**Third Party Designee**Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below ☐ NoDesignee's name **Corey P Miller**Phone no **(863) 467-1040**Personal identification number (PIN) **67937****Sign Here**

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

Your signature

Date

Your occupation

Daytime phone number

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

Spouse's signature. If a joint return, both must sign

Date

Spouse's occupation

If the IRS sent you an Identity Protection PIN, Enter it here

**Paid Preparer Use Only**Print/Type preparer's name **Daniel Sprunger**

Preparer's signature

Date

Check ☐ if self-employedPTIN **P00158965**Firm's name **Jackson Hewitt Tax Service**Firm's EIN **59-2301569**Firm's address **417 SE Coconut Avenue  
Stuart**

FL 34996

Phone no **(772) 286-7005**

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

 Department of the Treasury  
 Internal Revenue Service (99)

**Earned Income Credit**  
**Qualifying Child Information**

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

 ▶ Information about Schedule EIC (Form 1040A or 1040) and its instructions is at [www.irs.gov/form1040](http://www.irs.gov/form1040)

OMB No. 1545-0074

**2012**

 Attachment  
 Sequence No. **43**

Name(s) shown on return

Your social security number

**OMAR MATEEN & NOOR SALMAN**

**Before you begin:**

- See the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

**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.

**Qualifying Child Information**
**Child 1**
**Child 2**
**Child 3**

	First name	Last name	First name	Last name	First name	Last name
<b>1 Child's name</b> If you have more than three qualifying children, you only have to list three to get the maximum credit.	ZAKARIAYA OMAR MATEEN					
<b>2 Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, unless the child was born and died in 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.						
<b>3 Child's year of birth</b>	Year <u>2012</u> If born after 1993 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b, go to line 5.		Year _____ If born after 1993 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b, go to line 5.		Year _____ If born after 1993 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b, go to line 5.	
<b>4 a</b> Was the child under age 24 at the end of 2012, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.		<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.		<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.	
<b>b</b> Was the child permanently and totally disabled during any part of 2012?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.		<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.		<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.	
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	SON					
<b>6 Number of months child lived with you in the United States during 2012</b> <ul style="list-style-type: none"> <li>If the child lived with you for more than half of 2012 but less than 7 months, enter "7"</li> <li>If the child was born or died in 2012 and your home was the child's home for more than half the time he or she was alive during 2012, enter "12"</li> </ul>	<u>12</u> months Do not enter more than 12 months		_____ months Do not enter more than 12 months		_____ months Do not enter more than 12 months	

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

Schedule EIC (Form 1040A or 1040) 2012

F 1/07/13

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/form1040](http://www.irs.gov/form1040).

OMB No. 1545-0074

**2012**

Attachment  
Sequence No **47**

Your social security number

**OMAR MATEEN & NOOR SALMAN**

**Part I Filers Who Have Certain Child Dependents with an ITIN (Individual Taxpayer 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 the dependent does not qualify for the credit, you cannot include that dependent in the calculation of this credit.

Answer the following questions for each dependent listed on Form 1040, line 6c, Form 1040A line 6c, or Form 1040NR, line 7c, who has an ITIN (Individual Taxpayer Identification Number) and that you indicated qualified for the child tax credit by checking column (4) for that dependent.

**A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See instructions.

☐ Yes ☐ No

**B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See instructions.

☐ Yes ☐ No

**C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See 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 instructions.

☐ Yes ☐ No

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

**Part II Additional Child Tax Credit Filers**

<b>1</b> <b>1040 filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51).	}	<b>1</b>	<b>1,000</b>
<b>1040A filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).			
<b>1040NR filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).			
If you used Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.			
<b>2</b> Enter the amount from Form 1040, line 51, Form 1040A, line 33, or Form 1040NR, line 48.		<b>2</b>	<b>548</b>
<b>3</b> Subtract line 2 from line 1. If zero, stop; you cannot take this credit.		<b>3</b>	<b>452</b>
<b>4a</b> Earned income (see instructions).	<b>4a</b>		<b>28,757</b>
<b>b</b> Nontaxable combat pay (see instructions).	<b>4b</b>		
<b>5</b> Is the amount on line 4a more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 4a. Enter the result.	<b>5</b>		<b>25,757</b>
<b>6</b> Multiply the amount on line 5 by 15% (15) and enter the result. <b>Next.</b> Do you have three or more qualifying children? <input checked="" type="checkbox"/> <b>No.</b> If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part II and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> <b>Yes.</b> If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.		<b>6</b>	<b>3,864</b>

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

Schedule 8812 (Form 1040A or 1040) 2012

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

7	Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6 If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see instructions.	7		
8	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on line 60.	8		
	<b>1040A filers:</b> Enter -0-			
	<b>1040NR filers:</b> Enter the total of the amounts from Form 1040NR, lines 27 and 55, plus any taxes that you identified using code "UT" and entered on line 59.	9		
9	Add lines 7 and 8			
10	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 64a and 69.	10		
	<b>1040A filers:</b> Enter the total of the amount from Form 1040A, line 38a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 41 (see instructions).			
	<b>1040NR filers:</b> Enter the amount from Form 1040NR, line 65.			
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		0
12	Enter the larger of line 6 or line 11. Next, enter the smaller of line 3 or line 12 on line 13.	12		

**Part IV Additional Child Tax Credit**

13	This is your additional child tax credit	13	452
----	--	----	-----

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

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

► To be completed by preparer and filed with Form 1040, 1040A, or 1040EZ.  
 ► Information about Form 8867 and its separate instructions is at [www.irs.gov/form8867](http://www.irs.gov/form8867).

OMB No. 1545-1629

**2012**Attachment  
Sequence No. **177**

Taxpayer's name(s) shown on return

**OMAR MATEEN & NOOR SALMAN**

Taxpayer's social security number

For the definitions of the following terms see Pub. 596.

● Investment Income

● Qualifying Child

● Earned Income

● Full-time Student

**Part I All Taxpayers**

<p><b>1</b> Enter preparer's name and PTIN ► <b>Daniel Sprunger</b> <b>P00158965</b></p> <p><b>2</b> Is the taxpayer's filing status married filing separately?</p> <p>► If you checked "Yes" on line 2 <b>stop</b>; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.</p> <p><b>3</b> Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work or is valid for EIC purposes? See the instructions before answering.</p> <p>► If you checked "No" on line 3, <b>stop</b>; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.</p> <p><b>4</b> Is the taxpayer filing Form 2555 or Form 2555-EZ (relating to the exclusion of foreign earned income)?</p> <p>► If you checked "Yes" on line 4, <b>stop</b>; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.</p> <p><b>5 a</b> Was the taxpayer a nonresident alien for any part of 2012?</p> <p>► If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.</p> <p><b>b</b> Is the taxpayer's filing status married filing jointly?</p> <p>► If you checked "Yes" on line 5a and "No" on line 5b, <b>stop</b>; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.</p> <p><b>6</b> Is the taxpayer's investment income more than \$3,200? See Rule 6 in Pub. 596 before answering.</p> <p>► If you checked "Yes" on line 6, <b>stop</b>; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.</p> <p><b>7</b> Could the taxpayer, or the taxpayer's spouse if filing jointly, be a <b>qualifying child</b> of another person for 2012? If the taxpayer's filing status is married filing jointly, check "No." Otherwise, see Rule 10 (Rule 13 if the taxpayer does not have a qualifying child) in Pub. 596 before answering.</p> <p>► If you checked "Yes" on line 7, <b>stop</b>; the taxpayer <b>cannot</b> take the EIC. Otherwise, go to Part II or Part III, whichever applies.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
---	---

For Paperwork Reduction Act Notice, see instructions.

Form **8867** (2012)

D 8/13/12

MXA

00090954

## OMAR MATEEN &amp; NOOR SALMAN

Form 8867 (2012)

Page 2

**Part II Taxpayers With a Child**

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

	Child 1	Child 2	Child 3
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10 Is either of the following true? <ul style="list-style-type: none"> <li>The child is unmarried, or</li> <li>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)</li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11 Did the child live with the taxpayer in the United States for over half of the year? See the instructions before answering	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12 Was the child (at the end of 2012) - <ul style="list-style-type: none"> <li>Under age 19 and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly),</li> <li>Under age 24, a full-time student, and younger than the taxpayer (or the taxpayer's spouse if the taxpayer files jointly) or</li> <li>Any age and permanently and totally disabled?</li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13 a Could any other person check "Yes" on lines 9, 10, 11 and 12 for the child? ▶ If you checked "No" on line 13a go to line 14. Otherwise, go to line 13b	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b Enter the child's relationship to the other person(s)			
c Under the tiebreaker rules, is the child treated as the taxpayer's qualifying child? See the instructions before answering ▶ If you checked "Yes" on line 13c, go to line 14. If you checked "No," the taxpayer <b>cannot</b> 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 <b>Note</b> at the bottom of this page. If you checked "Don't know," explain to the taxpayer that, under the tiebreaker rules the taxpayer's EIC and other tax benefits may be disallowed. Then, if the taxpayer wants to take the EIC based on this child, complete lines 14 and 15. If not, and there are no other qualifying children, the taxpayer cannot take the EIC, including the EIC for taxpayers without a qualifying child. Do not complete Part III. If there is more than one child, see the <b>Note</b> at the bottom of this page.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
14 Does the qualifying child have an SSN that allows him or her to work or is valid for EIC purposes? See the instructions before answering ▶ If you checked "No" on line 14, the taxpayer <b>cannot</b> 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 <b>Note</b> at the bottom of this page. If you checked "Yes" on line 14, continue	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15 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 15, stop; the taxpayer <b>cannot</b> take the EIC. If you checked "Yes" on line 15, the taxpayer can take the EIC. Complete <b>Schedule EIC</b> 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 <b>Form 8862</b> must be filed. Go to line 20			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**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.

## OMAR MATEEN &amp; NOOR SALMAN

Form 8867 (2012)

Page 3

**Part III Taxpayers Without a Qualifying Child**

<p><b>16</b> Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period. See Pub 596.)</p> <p>▶ If you checked "No" on line 16, stop; the taxpayer cannot take the EIC. Otherwise, continue</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>17</b> Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of 2012?</p> <p>▶ If you checked "No" on line 17, stop; the taxpayer cannot take the EIC. Otherwise, continue</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>18</b> 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."</p> <p>▶ If you checked "Yes" on line 18, stop; the taxpayer cannot take the EIC. Otherwise, continue</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>19</b> 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.</p> <p>▶ If you checked "No" on line 19, stop; the taxpayer cannot take the EIC. If you checked "Yes" on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub 596 to find out if Form 8862 must be filed. Go to line 20.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**Part IV Due Diligence Requirements**

<p><b>20</b> Did you complete Form 8867 based on current information provided by the taxpayer or reasonably obtained by you?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>21</b> Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or your own worksheet that provides the same information as the 1040, 1040A or 1040EZ worksheet)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>22</b> If any qualifying child was not the taxpayer's son or daughter, did you ask why the parents were not claiming the child and document the answer?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Does not apply</p>
<p><b>23</b> If the answer to question 13a is "Yes" (indicating that the child lived for more than half the year with someone else who could claim the child for the EIC), did you explain the tiebreaker rules and possible consequences of another person claiming your client's qualifying child?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Does not apply</p>
<p><b>24</b> Did you ask this taxpayer any additional questions that are necessary to meet your knowledge requirement? See the instructions before answering.</p> <p>To comply with the EIC knowledge requirement, you must not know or have reason to know that any information 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.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Does not apply</p>
<p><b>25</b> Did you document the additional questions you asked and your client's answers?</p>	<p><input type="checkbox"/> Does not apply</p>

## OMAR MATEEN &amp; NOOR SALMAN

Form 8867 (2012)

Page 4

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

**Residency of Qualifying Child(ren)**

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

**Disability of Qualifying Child(ren)**

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

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

**Documents or Other Information**

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

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

- 1 Completed the actions described on lines 20 and 21 and checked "Yes" on those lines,
- 2 Completed the actions described on lines 22, 23, 24, and 25 (if they apply) and checked "Yes" (or "Does not apply") on those lines
- 3 Submit Form 8867 in the manner required **and**
- 4 Keep all five of the following records for 3 years from the latest of the dates specified in the instructions under *Document Retention*
  - 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 EIC
  - d A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained, and
  - e A record of any additional questions you asked and your client's answers

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

# Injured Spouse Allocation

OMB No. 1545-0074

Attachment  
Sequence No. **104**

▶ See instructions.

## Part 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 enforceable past-due debt(s) owed only by your spouse? (see instructions)  
☒ **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
- 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 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 (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin) 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
- 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
- 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

- 10 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<br><b>OMAR MATEEN</b>  | Social security number shown first  | If Injured Spouse, check here ▶ <input checked="" type="checkbox"/> |
| First name, initial, and last name shown second on the return<br><b>NOOR SALMAN</b> | Social security number shown second | If Injured Spouse, check here ▶ <input type="checkbox"/>            |
- 11 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 ☐
- 12 Do you want any injured spouse refund mailed to an address different from the one on your joint return? ☐ Yes ☒ No  
 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. 12-2010)

F 8/10/11

MXA

00090958

**Part III Allocation Between Spouses of Items on the Joint Tax Return** (see instructions)

Allocated Items	(a) Amount shown on joint return	(b) Allocated to injured spouse	(c) Allocated to other spouse
<b>13</b> Income <b>a.</b> Wages	28,757	28,757	
<b>b.</b> All other income			
<b>14</b> Adjustments to income			
<b>15</b> Standard deduction or Itemized deductions	11,900	5,950	5,950
<b>16</b> Number of exemptions	3	2	1
<b>17</b> Credits (do not include any earned income credit)	1,000	1,000	
<b>18</b> Other taxes			
<b>19</b> Federal income tax withheld	1,304	1,304	
<b>20</b> Payments			

**Part IV Signature.** Complete this part only if you are filing Form 8379 by itself and not with your tax return

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

Keep a copy of this form for your records	Injured spouse's signature		Date	Phone number (optional)	
	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00158965
<b>Paid Preparer's Use Only</b>	Firm's name ► Jackson Hewitt Tax Service			Firm's EIN 59-2301569	
	Firm's Address ► Stuart, FL 34996			Phone no. (772) 286-7005	

Form 8379 (Rev. 12-2010)



**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

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 - <ul style="list-style-type: none"> <li>• \$7,800 (\$13,000 if MFJ) if you don't have a qualifying child?</li> <li>• \$17,100 (\$22,300 if MFJ) if you have at least one qualifying child?</li> </ul> <input type="checkbox"/> Yes Go to line 13 now <input checked="" type="checkbox"/> 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. <ul style="list-style-type: none"> <li>• If you checked "Yes" on line 12, enter the amount from line 10</li> <li>• If you checked "No" on line 12, enter the smaller of line 10 or line 12</li> </ul>	13	2,134

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	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 col (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	
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

**Schedule EIC - Additional Information**

Do you elect to include combat pay in earned income?

- ☐ Yes  
☐ No

If filing a joint return, include

- ☐ Only taxpayer's combat pay  
☐ Only spouse's combat pay

**All Filers.**

1. Is your investment income more than \$3,200?  
☒ 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  
☒ 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  
☒ 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?  
☒ 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  
☒ Yes Go to question 7

**If You 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 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  
☒ Yes You can take the credit Complete the earned income credit worksheet now

**If You Don't Have a Qualifying Child:**

9. Is your AGI less than \$13,980 (\$19,190 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 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 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

**Disallow EIC**

- ☐ Disallow EIC if otherwise eligible

Enter reason to disallow EIC \_\_\_\_\_

**Form 1040 - Child Tax Credit**

1.	Enter the number of qualifying children <u>1</u> Multiply by \$1,000 and enter the result	1	<u>1,000</u>
2.	Adjusted gross income from Form 1040 or Form 1040A	2	<u>28,757</u>
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	<u>28,757</u>
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	<u>110,000</u>
6.	Is line 4 above more than line 5? <input checked="" type="checkbox"/> No Leave line 6 blank Enter -0- on line 7 <input type="checkbox"/> Yes Subtract line 5 from line 4 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	6	
7.	Multiply line 6 by 5% (.05)	7	<u>0</u>
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	<u>1,000</u>
9.	Enter the amount from Form 1040 line 46 or Form 1040A, line 28	9	<u>548</u>
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? <input checked="" type="checkbox"/> No Enter the amount from line 10 <input type="checkbox"/> Yes Enter the amount from the line 11 worksheet	11	
12.	Subtract line 11 above from line 9	12	<u>548</u>
13.	Enter the smaller of line 8 or line 12 here and on Form 1040 or Form 1040A	13	<u>548</u>

F 11 13/12



JACKSON HEWITT  
TAX SERVICE  
MARTIN, OMAR & SALMAN, NOOR  
Phone: (772) 286-7005  
XXX-XX-2659

DXM14705

# ENDING ISSUES AND/OR CUS ORMATION IS NEEDED TO COMPLE

tax payer paid \$500.00 to correctional  
academy

For the year Jan 1 - Dec 31, 2011, or other tax year beginning ending See separate instructions

Your first name and initial Last name Your social security number

OMAR MATEEN

If a joint return, spouse's first name and initial Last name Spouse's social security number

NOOR SALMAN

Home address (number and street) If you have a P O box, see instructions Apt no

2513 S 17TH ST APT 107

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

FT PIERCE, FL 34982

Foreign country name Foreign province/county Foreign postal code

Make sure the SSN(s) above and on line 6c are correct

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund

You Spouse

Filing Status 1 Single 4 Head of household (with qualifying person). (See instr.)

Check only one box. 2 Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this child's name here.

3 Married filing separately. Enter spouse's SSN above and full name here. 5 Qualifying widow(er) with dependent child

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

b Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) if child under age 17 qualifying for child tax credit (see instructions)

If more than four dependents, see instructions and check here

Boxes checked on 6a and 6b 2

No. of children on 6c who:

lived with you

did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above 2

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 37,057

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

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

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

b Qualified dividends 9b

10 Taxable refunds, credits, or offsets of state and local income taxes 10

11 Alimony received 11

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

14 Other gains or (losses). Attach Form 4797 14

15a IRA distributions 15a b Taxable amount 15b

16a Pensions and annuities 16a b Taxable amount 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17

18 Farm income or (loss). Attach Schedule F 18

19 Unemployment compensation 19

20a Social security benefits 20a b Taxable amount 20b

21 Other income. List type and amount STATE REFUND 21 29

22 Combine the amounts in the far right column for lines 7 - 21. This is your total income. 22 37,086

Adjusted Gross Income 23 Educator expenses. 23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24

25 Health savings account deduction. Attach Form 8889. 25

26 Moving expenses. Attach Form 3903. 26

27 Deductible part of self-employment tax. Attach Schedule SE 27

28 Self-employed SEP, SIMPLE, and qualified plans 28

29 Self-employed health insurance deduction 29

30 Penalty on early withdrawal of savings. 30

31a Alimony paid b Recipient's SSN 31a

32 IRA deduction 32

33 Student loan interest deduction 33

34 Tuition and fees. Attach Form 8917 34

35 Domestic production activities deduction Attach Form 8903 35

36 Add lines 23 through 35 36 NONE

37 Subtract line 36 from line 22. This is your adjusted gross income 37 37,086

**Tax and Credits**

38 Amount from line 37 (adjusted gross income) 38 37,086

39 a Check if: ☐ You were born before January 2, 1947, ☐ Blind. ☐ Spouse was born before January 2, 1947, ☐ Blind. Total boxes checked 39a ☐

b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b ☐

Standard Deduction for -

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

- Single or Married filing separately, \$5,800

- Married filing jointly or Qualifying widow(er), \$11,600

- Head of household, \$8,500

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 11,600

41 Subtract line 40 from line 38 41 25,486

42 Exemptions. Multiply \$3,700 by the number on line 6d 42 7,400

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 18,086

44 Tax (see instr). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐ 962 election 44 1,861

45 Alternative minimum tax (see instructions). Attach Form 6251 45

46 Add lines 44 and 45 46 1,861

47 Foreign tax credit. Attach Form 1116 if required 47

48 Credit for child and dependent care expenses. Attach Form 2441 48

49 Education credits from Form 8863, line 23 49

50 Retirement savings contributions credit. Attach Form 8880 50

51 Child tax credit (see instructions) 51

52 Residential energy credits. Attach Form 5695 52

53 Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐ 53

54 Add lines 47 through 53. These are your total credits 54

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 1,861

**Other Taxes**

56 Self-employment tax. Attach Schedule SE 56

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

b First-time homebuyer credit repayment. Attach Form 5405 if required. 59b

60 Other taxes. Enter code(s) from instructions 60

61 Add lines 55 through 60. This is your total tax 61 1,861

**Payments**

62 Federal income tax withheld from Forms W-2 and 1099 62 1,887

63 2011 estimated tax payments and amount applied from 2010 return 63

64 a Earned income credit (EIC) 64a

b Nontaxable combat pay election 64b

65 Additional child tax credit. Attach Form 8812 65

66 American opportunity credit from Form 8863, line 14 66

67 First-time homebuyer credit from Form 5405, line 10 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 ☐ 8839 c ☐ 8801 d ☐ 8885 71

72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments 72 1,887

**Refund**

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 73 26

74 a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here 74a 26

b Routing number c Type: ☐ Checking ☐ Savings

Direct deposit? See instructions

d Account number

75 Amount of line 73 you want applied to your 2012 estimated tax 75

**Amount You Owe**

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions 76

77 Estimated tax penalty (see instructions) 77 NONE

**Third Party Designee**

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

Designee's name CHRISTOPHER GALL

Phone no (772) 286-7005

Personal identification number (PIN) 34994

**Sign Here**

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

Your signature Date Your occupation Daytime phone number

Spouse's signature If a joint return, both must sign Date Spouse's occupation Identity Protection PIN (see instr)

**Paid Preparer Use Only**

Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN

Daniel Sprunger P00158965

Firm's name Jackson Hewitt Tax Service Firm's EIN 59-2201569

Firm's address 417 SE Coconut Avenue FL 34996 Phone no (772) 286-7005

**Modified Adjusted Gross Income Calculations**

<b>Form 1040, Page 1, Income</b>	<b>Form 8815</b>	<b>Social Security</b>	<b>Net Operating Losses</b>	<b>Form 8582-CR</b>	<b>Education Credits Coverdell ESA</b>	<b>Tuition and Fees Deduction</b>
7. Wages, salary, tips, etc. . . . .	37,057	37,057	37,057	37,057	37,057	37,057
8 a. Interest before series EE excl						
b. Less: series EE interest . . . .			( )		( )	( )
9. Dividends . . . . .						
10. Taxable refunds . . . . .						
11. Alimony . . . . .						
12. Business income . . . . .						
13. Capital gain or loss . . . . .						
14. Other gains or losses . . . . .						
15 b. Taxable IRA distributions . . . .						
16 b. Taxable pensions . . . . .						
17. Rents, royalties, pships, etc.						
a. Reclassified passive loss						
b. Reclassified passive gain						
c. Overall gains from PTPs . . . .						
18. Farm income . . . . .						
19. Unemployment compensation						
20 b. Taxable social security . . . .						
21. Other income . . . . .	29	29	29	29	29	29
a. Frgn earned inc/housing excl						
b. Net operating loss deduction						
c. Excluded adoption benefits.						
d. Excluded American Samoa inc						
e. Excluded Puerto Rican inc . .						
22. Total income. . . . .	37,086	37,086	37,086	37,086	37,086	37,086
<b>Adjustments</b>						
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.						
31.a. Alimony paid. . . . .						
32. IRA deduction . . . . .						
33. Student loan interest . . . . .						
34. Tuition and fees . . . . .						
35. Dom prod activities ded. . . . .						
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

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	
• Head of household, enter \$8,500	
2. Can you or your spouse if filing jointly be claimed as a dependent?	
<input checked="" type="checkbox"/> No. Skip line 3; enter the amount from line 1 on line 4 and go to line 5.	
<input type="checkbox"/> Yes. Go to line 3.	
3. Is your earned income more than \$650?	
<input type="checkbox"/> Yes. Add \$300 to your earned income. Enter the total	}
<input type="checkbox"/> No. Enter \$950	
4. Enter the smaller of line 1 or line 3.	
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-	
6. Standard deduction. Add lines 4 and 5. Enter the total here and on Form 1040, line 40a.	

F 5/5/11