Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

1040		ent of the Treasury— Individual				20	13	OMB 1	No. 1545-0074	IRS Use	Only—Do	o not write or staple in thi	s space.
For the year Jan. 1-De						. 21	013, ending				See	e separate instructi	ons.
Your first name and		, or other tax your b		Last name)	,	o ro, onding		,		_	ır social security nui	
If a joint return, spou	use's first	name and initial	L	_ast name)						Spo	use's social security n	umber
Home address (num	ber and s	treet). If you have	a P.O. box	, see instr	ructions.					Apt. no.	A	Make sure the SSN(s and on line 6c are c	
City, town or post office	ce, state, a	nd ZIP code. If you	have a foreig	gn address,	, also complete	spaces be	elow (see inst	tructions)	. State	ZIP		residential Election Cal k here if you, or your spous	
Foreign country nam	ne				Foreign pr	ovince/st	ate/county		Foreigr	n postal cod		r, want \$3 to go to this fund below will not change your d. You	
Filing Status	1	Single					4	He	ad of househol	ld (with qua	alifying p	person). (See instruction	ons.) If
rilling Status	2	Married filing	g jointly (e	ven if on	ly one had ir	ncome)		the	qualifying per	son is a ch	ild but n	ot your dependent, er	nter this
Check only one	3	Married filing	g separate	ely. Enter	spouse's S	SN abov	/e	chi	ld's name here	. 🕨			
box.		and full nam	e here. >				5	☐ Qu	alifying widow	w(er) with	depend	dent child	
Evomptions	6a	Yourself.	If someon	ne can cla	aim you as a	depend	lent, do n	ot chec	k box 6a .		. \	Boxes checked	
Exemptions	b	Spouse										on 6a and 6b No. of children	
	C	Dependents:			(2) Dependent	t's	(3) Depen	dent's	(4) / if child			on 6c who:	
	(1) First		Last name	5	social security nu		relationship		qualifying for (see ins	child tax cre tructions)	edit	lived with you did not live with	
	()									7		you due to divorce	
If more than four										-		or separation (see instructions)	
dependents, see										<u> </u>		Dependents on 6c	
instructions and check here ►										-		not entered above	
oneok nere z	d	Total number	of exempt	ions clai	med							Add numbers on lines above ▶	
Incomo	7	Wages, salarie	es. tips. et	c. Attach	Form(s) W-	2 .					7		
Income	8a	Taxable interes									8a		
	b	Tax-exempt in			•		8t	,					
Attach Form(s)	9a	Ordinary divid									9a		
W-2 here. Also attach Forms	b	Qualified divid					9t	,					
W-2G and	10	Taxable refund	ds, credits	s, or offse	ets of state a	ınd local	l income ta	axes			10		
1099-R if tax	11	Alimony received											
was withheld.	12	Business inco	me or (los	s). Attacl	h Schedule (C or C-E	Z				12		
	13	Capital gain or	r (loss). At	tach Sch	nedule D if re	quired.	If not requ	ired, cl	neck here		13		
If you did not	14	Other gains or	(losses).	Attach F	orm 4797 .						14		
get a W-2, see instructions.	15a	IRA distributio	ns .	15a			b T	axable	amount .		15b		
	16a	Pensions and a	annuities	16a			b T	axable	amount .		16b		
	17	Rental real est	tate, royalt	ties, part	nerships, S	corporat	ions, trust	s, etc.	Attach Sche	dule E	17		
	18	Farm income	` '								18		
	19	Unemploymer		sation							19		
	20a	Social security		20a			b T	axable a	amount .		20b		
	21	Other income. Combine the an	List type	and amo	ount	7.11		la tanta ana			21		
	22								our total incol	ne ►	22		
Adjusted	23	Educator expe						3			-		
Gross	24	Certain business	•		•	-	1						
Income	0E	fee-basis govern									-		
	25 26	Health savings									-		
		Moving expen									-		
	27 28	Deductible part Self-employed								-	-		
	29	Self-employed								+			
	30	Penalty on ear								_			
	31a	Alimony paid											
	32	IRA deduction											
	33	Student loan in											
	34	Tuition and fee											
	35	Domestic produ											
	36	Add lines 23 th									36		Ť
	37	Subtract line 3	-								37		

Form 1040 (2013	3)		Page
Tax and	38	Amount from line 37 (adjusted gross income)	38
	39a	Check \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Credits		if: Spouse was born before January 2, 1949, ☐ Blind. checked ▶ 39a	
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b 39b	
Deduction for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40
People who	41	Subtract line 40 from line 38	41
check any	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions	42
box on line 39a or 39b or	43 _	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43
who can be claimed as a	44	Tax (see instructions). Check if any from:a Form(s) 8814 b Form 4972 c	44
dependent, see	45	Alternative minimum tax (see instructions). Attach Form 6251	45
instructions.	46	Add lines 44 and 45	46
All others:	47	Foreign tax credit. Attach Form 1116 if required 47	
Single or Married filing	48	Credit for child and dependent care expenses. Attach Form 2441 48	1
separately, \$6,100	49	Education credits from Form 8863, line 19	1
Married filing	50	Retirement savings contributions credit. Attach Form 8880 50	1
jointly or Qualifying	51	Child tax credit. Attach Schedule 8812, if required 51	1
widow(er),	52	Residential energy credits. Attach Form 5695	1
\$12,200 Head of	53	Other credits from Form: a 3800 b 8801 c 53	1
household,	54	Add lines 47 through 53. These are your total credits	54
\$8,950	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0	55
Other	56	Self-employment tax. Attach Schedule SE	56
	57	Unreported social security and Medicare tax from Form: a 4137 b 8919	57
Taxes	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58
	59a	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 Instructions; enter code(s)	60
	61	Add lines 55 through 60. This is your total tax	61
Payments Payments	62	Federal income tax withheld from Forms W-2 and 1099 62	_
If you have a	63	2013 estimated tax payments and amount applied from 2012 return 63	-
If you have a qualifying	64a	Earned income credit (EIC) 64a	-
child, attach	b	Nontaxable combat pay election 64b	
Schedule EIC.	65	Additional child tax credit. Attach Schedule 8812	-
	66	American opportunity credit from Form 8863, line 8 66	-
	67	Reserved	4
	68	Amount paid with request for extension to file	-
	69 70	Excess social security and tier 1 RRTA tax withheld 69 Credit for federal tax on fuels. Attach Form 4136 70	-
	71	Credit 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
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here \rightarrow	74a
Direct deposit?	▶ b	Routing number	
See	▶ d	Account number	
instructions.	75	Amount of line 73 you want applied to your 2014 estimated tax ▶ 75	
Amount	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76
You Owe	77	Estimated tax penalty (see instructions)	
Third Party	, Do	you want to allow another person to discuss this return with the IRS (see instructions)?	s. Complete below.
Designee		signee's Phone Personal identif	fication
	nar	me ▶ no. ▶ number (PIN)	>
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to be a grant true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	
Here			
Joint return? See	YO	ur signature Date Your occupation	Daytime phone number
instructions. Keep a copy for	0:-	ouse's signature. If a joint return, both must sign. Date Spouse's occupation	If the IDS cont you as Identity Dusts -+!
your records.	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it
-	Pri	nt/Type preparer's name	here (see inst.)
Paid		Date	Check if self-employed
Preparer	F:	mis name. N	John Chiployed
Use Only		m's name ► Firm's EIN ►	
	FIFE	m's address ► Phone no.	