

LATEST #8

FORMS REQUIRED: FORM 1040A, SCH EIC, SCH M, FORM 2441, FORM 8867, FORM 8812, IT540, SCH E, SCH F, NONREFUNDABLE CHILD CARE CREDIT WORKSHEET

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040A LINE 8A CHASE BANK 125

NAME: JANE SMITH

PHONE: 123-456-7890

PIN: 34567

TAXPAYER:

NAME: LATEST U LEE

SSN: 400-00-4308

DOB: 06/12/1964

OCCUPATION: MILITARY

DISABLED: NO

PRES ELEC FUND: YES

DAYTIME PHONE: NOT GIVEN

BLIND: NO

ADDRESS: 1832 NORTH POLE LANE APT2

BATON ROUGE LA 70808

FILING STATUS: HEAD OF HOUSEHOLD

LINE 6D: 4

DEPENDENT INFORMATION: CHILD TAX

NAME	DOB	AGE	SSN	RELATIONSHIP	#MO	CREDIT	DISABILITY
JESSICA LEE	011790	19	400-55-3008	DAUGHTER	12		
TAMMY LEE	031700	9	400-55-4008	DAUGHTER	12	X	DEAF
SAMMY LEE	042805	5	400-55-5008	SON	12	X	LOSS OF LIMB

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SCHEDULE EIC:

	(CHILD 1)	(CHILD 2)	(CHILD 2)
LINE 1:	TAMMY LEE	SAMMY LEE	JESSICA LEE
LINE 2:	400-55-4008	400-55-5008	400-55-3008
LINE 3:	2000	2005	1990
LINE 4A:			YES
LINE 5:	DAUGHTER	SON	DAUGHTER
LINE 6:	12	12	12

LA AMENDED RETURN

**LA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM PREVIOUS YEARS
2008** **109**

STAR RATING **2**

EDUCATION CREDIT

MILITARY PAY EXCLUSION **14650**

DRIVERS LICENSE NUMBER **LA 23456789** **FEE 24**

RECREATION VOLUNTEER **500**

COMPUTER CONTRIBUTION TO EDUCATIONAL INSTITUTION **280**

BANK OF AMERICA

RTN: 0650090

ACCOUNT NUMBER: 451239680

CHECKING

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FORMS INCLUDED: FORM 1040A, FORM W-2 (2)

FORM 1040A:

TAXPAYER'S FIRST NAME INITIAL LAST NAME	LATEST U LEE
TAXPAYER'S SOCIAL SECURITY NUMBER	400-00-4308
HOME ADDRESS (NUMBER AND STREET)	1832 NORTH POLE LN APT 2
CITY STATE & ZIP	BATON ROUGE LA 70808
TAXPAYER'S PRESIDENTIAL ELECTION CAMPAIGN FUND	YES
FILING STATUS	HEAD OF HOUSEHOLD
LINE 6A: YOURSELF (EXEMPTION)	X
NUMBER OF BOXES CHECKED ON 6A & 6B	1
LINE 6C: DEPENDENT #1	
NAME	JESSICA LEE
SOCIAL SECURITY NUMBER	400-55-3008
RELATIONSHIP	DAUGHTER
QUALIFYING CHILD	X
DEPENDENT #2	
NAME	TAMMY LEE
SOCIAL SECURITY NUMBER	400-55-4008
RELATIONSHIP	DAUGHTER
QUALIFYING CHILD	X
DEPENDENT #3	
NAME	SAMMY LEE
SOCIAL SECURITY NUMBER	400-55-5008
RELATIONSHIP	SON
QUALIFYING CHILD	X
NUMBER OF CHILDREN WHO LIVED WITH YOU	3

LINE 6D: TOTAL NUMBER OF EXEMPTIONS CLAIMED	4
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LINE 7: WAGES SALARIES TIPS ETC.	42775
LINE 8A: TAXABLE INTEREST	120
LINE 15: TOTAL INCOME	42895
LINE 21: AGI	42895
LINE 22: AGI	42895
LINE 24A: STANDARD DEDUCTION	8350
LINE 25: SUBTRACT	34545
LINE 26: EXEMPTIONS	14600
LINE 27: TAXABLE INCOME	19945
LINE 28: TAX	2391
LINE 29: CREDIT FOR CHILD AND DEPENDENT CARE	1008
LINE 33: CHILD TAX CREDIT	1383
LINE 34: TOTAL CREDITS	2391
LINE 37: TOTAL TAX	0
LINE 38: FEDERAL INCOME TAX WITHHELD	2024
LINE 40: MAKING WORK PAY CREDIT	400
LINE 41A: EIC	85
LINE 41: ADDITIONAL CHILD TAX CREDIT	617
LINE 43: TOTAL PAYMENTS	3126
LINE 44: OVERPAID	3126
LINE 45A: REFUND	3126

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FORM 2441

NAME **LATEST LEE**

SSN **400-00-4308**

PART 1

1(A) CARE PROVIDER'S NAME **KINDERCARE**

(B) ADDRESS (NUMBER STREET) **12350 FLORIDA ST**
BATON ROUGE LA 70809

(C) IDENTIFYING NUMBER **72-1234567**

(D) AMOUNT PAID **4800**

PART II

LINE 2:

(A) QUALIFYING PERSON'S NAME **TAMMY LEE**

(B) SSN **400-55-4008**

(C) QUALIFIED EXPENSES **1800**

(A) QUALIFYING PERSON'S NAME **SAMMY LEE**

(B) SSN **400-55-5008**

(C) QUALIFIED EXPENSES **3000**

LINE 3: ADD **4800**

LINE 4: EARNED INCOME **42775**

LINE 5: ALL OTHERS **42775**

LINE 6: SMALLEST **4800**

LINE 7: **42895**

LINE 8: **.21**

LINE 9: **1008**

LINE 10: **2391**

LINE 12: **2391**

LINE 13: CREDIT FOR CHILD AND DEPENDENT 1008

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FORM 8812

NAME	LATEST LEE
SSN	400-00-4308
LINE 1:	2000
LINE 2:	1383
LINE 3:	617
LINE 4A:	42775
LINE 5:	39775
LINE 6: NO	5966
LINE 13:	617

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FORM W-2

BOX A: EMPLOYEE'S SOCIAL SECURITY NUMBER	400-00-4308
BOX B: EMPLOYERS IDENTIFICATION NUMBER	01-1234567
BOX C: EMPLOYER'S NAME ADDRESS AND ZIP CODE	US MILITARY 101 SW WASHINGTON ST WASHINGTON DC 20044
BOX E: EMPLOYEE'S FIRST NAME INITIAL LAST NAME	LATEST U LEE
BOX F: EMPLOYEE'S ADDRESS AND ZIP CODE	1832 NORTH POLE LN APT 2 BATON ROUGE LA 70808
BOX 1: WAGES, TIPS, OTHER COMPENSATION	42775
BOX 2: FEDERAL INCOME TAX WITHHELD	2024
BOX 3: SOCIAL SECURITY WAGES	42775
BOX 4: SOCIAL SECURITY TAX WITHHELD	2652
BOX 5: MEDICARE WAGES AND TIPS	42775
BOX 6: MEDICARE TAX WITHHELD	620
BOX 15: STATE	LA
EMPLOYER'S STATE ID NUMBER	5698711001
BOX 16: STATE WAGES, TIPS, ETC	42775
BOX 17: STATE INCOME TAX	124