

ATS Test 13

Filing Status: Head of Household – Married (WI); Head of Household (federal)

Residency Status: Mary is a part-year resident of WI (moved in); spouse is a nonresident of WI

Other Items of Note: Mary was discharged from active duty military service on 1-Feb-2013, and subsequently moved to WI with her dependent child for the rest of the year. She provided more than ½ the cost of keeping the home for the child, and lived apart from her spouse for the rest of the year.

Applicable WI Forms: 1NPR, Legal Residency Questionnaire

Applicable Income Forms: W-2 (2)

Applicable Federal Forms: 1040A, Schedule EIC

Taxpayer Information:

	Taxpayer:	Spouse:
First name:	Mary	Test
Middle name:	N	
Last name:	Sorrel	Sorrel
Address line 1:	123 Anywhere Ave	
Address line 2:		
City:	Cataract	Unknown
State:	WI	Unknown
Zip code:	54656	
SSN:	400-00-5483	400-00-5413
DOB:	04/15/1972	8/16/1970
Other:		

Dependent Information:

	Dependent 1
First name:	Sunny
Middle name:	
Last name:	Sorrel
Address line 1:	123 Anywhere Ave
Address line 2:	
City:	Cataract
State:	WI
Zip code:	54656
SSN:	400-00-5443
DOB:	12/30/2003
Other:	

Nonresident & part-year resident Wisconsin income tax

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

Check here if this is an amended return Complete form using BLACK INK

DO NOT STAPLE

Form fields for personal information: Your legal last name (SORREL), Legal first name (MARY), M.I. (N), Your social security number (400 00 5483), Spouse's legal last name, Spouse's legal first name, Spouse's social security number (400 00 5413).

Form fields for address: Home address (123 ANYWHERE AVE), City or post office (CATARACT), State (WI), Zip code (54656), Tax district (LITTLE FALLS).

Filing status section: Single, Married filing joint return, Married filing separate return, Head of household (checked), Special conditions (14 5000), County of (MONROE), School district number (3682).

Resident status section: Check the status that applies (Full-year resident of Wisconsin, Nonresident of Wisconsin, Part-year resident of Wisconsin from 02 01 2013 to 12 31 2013).



PAPER CLIP withholding statements here

PAPER CLIP check or money order here

Table with 4 columns: Income description, Federal column (A), Wisconsin column (B), and Total. Rows include Wages, salaries, tips, etc. (20000 .00), Taxable interest (.00), Ordinary dividends (.00), Taxable refunds, credits, or offsets of state and local income taxes (.00), Alimony received (.00), Business income or (loss) (.00), Capital gain or (loss) (.00), Other gains or (losses) (.00), IRA distributions (.00), Pensions and annuities (.00), Rental real estate, royalties, partnerships, S corporations, trusts, etc. (.00), Farm income or (loss) (.00), Unemployment compensation (.00), Social security benefits (.00), Other income (.00), and Add lines 1 through 15 (20000 .00).

Adjustments to Income		A. Federal column	B. Wisconsin column
17	Educator expenses (see page 21)	17	Not deductible for Wisconsin
18	Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 21)	18	.00 .00
19	Health savings account deduction (see page 21)	19	.00 .00
20	Moving expenses (see page 21)	20	.00 .00
21	Deductible part of self-employment tax (see page 21)	21	.00 .00
22	Self-employed SEP, SIMPLE, and qualified plans (see page 21)	22	.00 .00
23	Self-employed health insurance deduction (see page 21)	23	.00 .00
24	Penalty on early withdrawal of savings (see page 21)	24	.00 .00
25	Alimony paid (see page 21)	25	.00 .00
26	IRA deduction (see page 21)	26	.00 .00
27	Student loan interest deduction (see page 22)	27	.00 .00
28	Tuition and fees (see page 22)	28	Not deductible for Wisconsin
29	Domestic production activities deduction (see page 22)	29	Not deductible for Wisconsin
30	Other adjustments included in Form 1040, line 36 (see page 22) (list type and amount)	30	.00 .00
31	Total adjustments to income. Add lines 17 through 30	31	.00 .00
Adjusted Gross Income			
32	Wisconsin income. Subtract line 31, column B from line 16, column B	32	15000 .00
33	Federal income. Subtract line 31, column A from line 16, column A	33	20000 .00
34	Divide line 32 by line 33. Carry the decimal to four places. If amount on line 32 is more than amount on line 33, fill in 1.0000. (See page 22)	34	0.7500
Tax Computation			
35	Fill in the larger of Wisconsin income from line 32, column B or federal income from line 33, column A. But , if Wisconsin income from line 32 is zero or less, fill in 0 (zero)	35	20000 .00
36a	If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 36c on page 22	36a	<input type="checkbox"/>
36b	Aliens (see page 22 to determine if you must check line 36b)	36b	<input type="checkbox"/>
36c	Find the standard deduction for amount on line 33 using table on page 37	36c	11483 .00
37	Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero)	37	8517 .00
38	Exemptions (Caution: see page 23)		
a	Fill in exemptions from your federal return <u>2</u> x \$700	38a	1400 .00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250	38b	.00
c	Add lines 38a and 38b	38c	1400 .00
39	Subtract line 38c from line 37. If line 38c is more than line 37, fill in 0 (zero)	39	7117 .00
40	Tax (see table on page 40)	40	315 .00
41	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)	41	.00
42	School property tax credits (part-year and full-year residents only)		
a	Rent paid in 2013—heat included <u>3300 .00</u> } Find credit from table page 24	42a	80 .00
	Rent paid in 2013—heat not included <u>.00</u> }		
b	Property taxes paid on home in 2013 <u>.00</u> } Find credit from table page 25	42b	.00
43	Add credits on lines 41, 42a, and 42b	43	80 .00
44	Subtract line 43 from line 40. If line 43 is more than line 40, fill in 0 (zero)	44	235 .00
45	Fill in ratio from line 34	45	x .7500
46	Multiply line 44 by ratio on line 45	46	176 .00



Name(s) shown on Form 1NPR SORREL	MARY	Your social security number 400 00 5483
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47	Fill in amount from line 46	47	176 .00
48	Armed forces member credit. (Full-year Wisconsin residents only)	48	.00
49	Historic rehabilitation credits. Enclose Schedule HR	49	.00
50	Working families tax credit. (Full-year Wisconsin residents only)	50	.00
51	Certain nonrefundable credits from line 15 of Schedule CR	51	.00
52	Add lines 48 through 51	52	.00
53	Subtract line 52 from line 47. If line 52 is more than line 47, fill in 0 (zero)	53	176 .00
54	Alternative minimum tax. Enclose Schedule MT	54	.00
55	Add lines 53 and 54	55	176 .00
56	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	56	.00
57	Other credits from Schedule CR, line 28. Enclose Schedule CR	57	.00
58	Net income tax paid to another state. Enclose Schedule OS	58	.00
59	Add lines 56, 57, and 58	59	.00
60	Subtract line 59 from line 55. If line 59 is more than line 55, fill in 0 (zero). This is your net tax	60	176 .00
61	Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page 28) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	61	.00
62	Donations (decreases refund or increases amount owed)		
	a Endangered resources .00	f Firefighters memorial .00	
	b Packers football stadium .00	g Military family relief .00	
	c Cancer research .00	h Second Harvest/Feeding Amer. .00	
	d Veterans trust fund .00	i Red Cross WI Disaster Relief .00	
	e Multiple sclerosis .00	j Special Olympics .00	
	Total (add lines a through j) →		62k .00
63	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 29) $.00 \times .33 =$	63	.00
64	Credit repayments and other penalties (see page 29)	64	.00
65	Add lines 60 through 64	65	176 .00

Payments and Credits

66	Wisconsin income tax withheld. Enclose readable withholding statements	66	427 .00
67	2013 Wisconsin estimated tax paid and amount applied from 2012 return	67	.00
68	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children <input type="checkbox"/> Federal credit $.00 \times \text{ } \% =$	68	.00
69	Farmland preservation credit. a. Schedule FC, line 18	69a	.00
	b. Schedule FC-A, line 13	69b	.00
70	Repayment credit	70	.00
71	Homestead credit. (Full-year Wisconsin residents only)	71	.00
72	Eligible veterans and surviving spouses property tax credit	72	.00
73	Refundable credits from Schedule CR, line 39	73	.00
74	AMENDED RETURN ONLY – amount previously paid (see page 32)	74	.00
75	Add lines 66 through 74	75	427 .00
76	AMENDED RETURN ONLY – amounts previously refunded (see page 33)	76	.00
77	Subtract line 76 from line 75	77	427 .00



Refund or Amount You Owe

Table with 2 columns: Line number and Amount. Rows include: 78 (Amount you overpaid 251.00), 79 (Amount refunded to you 51.00), 80 (Amount applied to 2014 estimated tax 200.00), 81 (Amount you owe .00), 82 (Underpayment interest .00).

Third Party Designee section. Includes fields for Designee's name, Phone no., and Personal identification number (PIN).

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Sign here section. Includes lines for Your signature, Spouse's signature (if filing jointly), and Date.

Mail your return to section. Includes addresses for Wisconsin Department of Revenue (if tax is due, if refund or no tax due, if amended return) and boxes for Department Use Only.

Schedule 1 - Wisconsin Itemized Deduction Credit (see line 41 instructions)

Table for Schedule 1 with 2 columns: Line number and Amount. Rows include: 1 (Medical and dental expenses .00), 2 (Interest paid .00), 3 (Gifts to charity .00), 4 (Casualty losses .00), 5 (Add lines 1 through 4 .00), 6a (Wisconsin standard deduction .00), 6b (Ratio x), 6c (Multiply line 6a by ratio .00), 7 (Subtract line 6c from line 5 .00), 8 (Rate of credit is .05 (5%) x .05), 9 (Multiply line 7 by line 8 .00).

Schedule 2 - Married Couple Credit May be claimed only when both spouses have earned income taxable by Wisconsin.

Table for Schedule 2 with 3 columns: Line number, (A) YOURSELF, and (B) YOUR SPOUSE. Rows include: 1 (Wages, salaries, tips, etc. .00), 2 (Net profit or (loss) from self-employment .00), 3 (Combine lines 1 and 2 .00), 4 (Add amounts on Form 1NPR, lines 18, 22, 26, and 30, column B .00), 5 (Subtract line 4 from line 3 .00), 6 (Compare the amount in columns (A) and (B) of line 5 .00), 7 (Rate of credit is .03 (3%) x .03), 8 (Multiply line 6 by line 7 .00).



LEGAL RESIDENCE (DOMICILE) QUESTIONNAIRE

Your answers to these questions will be used to determine your legal residence. Certain types of income are either taxable or nontaxable to Wisconsin based upon whether you were a legal resident of Wisconsin at the time you received such income. Form 1NPR may be returned to you or its processing delayed if the questionnaire is not completed. If the questionnaire does not fit your situation or you want to submit additional information, enclose an additional sheet describing your particular circumstances.

NAME(S) MARY SORREL SOCIAL SECURITY NUMBER 400-00-5483

Please one: (If married filing joint return check one box for each spouse.)

You	Spouse	
<input type="checkbox"/>	<input type="checkbox"/>	Full-year Wisconsin resident; did not change domicile from Wisconsin during 2013.
<input type="checkbox"/>	<input type="checkbox"/>	Changed legal residence from Wisconsin during 2013; have not moved back to Wisconsin.
<input type="checkbox"/>	<input type="checkbox"/>	Changed legal residence from Wisconsin during or before 2013; have moved back to Wisconsin.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Changed legal residence to Wisconsin from <u> MN </u> (state) on <u>02/01/2013</u> (date) during 2013; no previous Wisconsin residency. If you check this box, do not complete the rest of the questionnaire.
<input type="checkbox"/>	<input type="checkbox"/>	Was a nonresident of Wisconsin for all of 2013. Resident of _____ (Nonresident alien; please indicate country)

If you changed your legal residence from Wisconsin during 2012 or 2013 and you did not previously complete a questionnaire for that change, answer the following questions.

1. a. On what date did you move from Wisconsin? _____
b. When you moved from Wisconsin, did you intend to move back to Wisconsin? _____ If yes, when? _____
c. If you moved back to Wisconsin, indicate date and explain the circumstances under which you moved back to Wisconsin.

2. Did you establish a legal residence in another state? _____ If yes, in which state and on what date? _____

3. After establishing legal residency in the new state, list the dates you were in Wisconsin. _____
4. When were you physically present in your new state of legal residence (please list dates)? _____
5. Did your spouse and dependent children (if any) move to your new state of legal residence? _____ If yes, when? _____
6. a. On what date did you begin working in your new state of legal residence? _____
b. Was your job permanent, temporary, or seasonal? Check one and explain _____
7. In your new state of legal residence, referred to in question 2, did you:
a. Register to vote? _____ If yes, when? _____ If no, why not? _____
b. Purchase a home? _____ If yes, when? _____ If no, why not? _____
c. Obtain a driver's license? _____ If yes, when? _____ If no, why not? _____
d. Register an auto or other vehicle? _____ If yes, when? _____ If no, why not? _____
e. File resident income tax returns? _____ If yes, what years filed? _____ If no, why not? _____
8. Since changing your legal residence from Wisconsin, have you:
a. Performed services for income in Wisconsin? _____ If yes, when? _____
b. Purchased/renewed Wisconsin auto license plates? _____ If yes, when? _____
c. Renewed a Wisconsin driver's license? _____ If yes, when? _____
d. Voted in Wisconsin, in person or by absentee ballot? _____ If yes, when? _____
e. Attended or sent your children to Wisconsin schools? _____ If yes, when? _____
f. Purchased a Wisconsin resident hunting, fishing, or trapping license? _____ If yes, when? _____
Type of license? _____ County purchased in? _____
g. Listed Wisconsin as your state of legal residence for purposes of your auto insurance? _____
h. Listed Wisconsin as your state of legal residence for purposes of your will? _____
i. Listed Wisconsin as your state of legal residence for purposes of any legal proceedings? _____ If yes, when? _____
j. Obtained or renewed any Wisconsin trade or professional licenses or union memberships? _____ If yes, when? _____
9. If you answered "yes" to any of the questions 8a through 8j, please explain why you have taken such action. _____
10. Did you or your spouse own the real estate you occupied as your home while living in Wisconsin? _____ If yes, have you disposed of it? _____ If yes, when? _____ If you still own the Wisconsin home, what use do you make of it and how often? _____
11. If you established a legal residence in a new state but are using a Wisconsin address on your 2013 tax returns, please explain.

22222		Void <input type="checkbox"/>	a Employee's social security number 400-00-5483		For Official Use Only ▶ OMB No. 1545-0008		
b Employer identification number (EIN) 53-9990123			1 Wages, tips, other compensation 5,000.00		2 Federal income tax withheld 2,600.00		
c Employer's name, address, and ZIP code DFAS - Military 1240 East Ninth Street Cleveland, OH 44199			3 Social security wages 10,328.00		4 Social security tax withheld 640.00		
			5 Medicare wages and tips 10,328.00		6 Medicare tax withheld 150.00		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial Mary N		Last name Sorrel	Suff.	11 Nonqualified plans		12a See instructions for box 12 Q 5,328.00	
f Employee's address and ZIP code 3RD LIGHT ARMORED RECON BN 2NDMARDIV BCX 123456 CAMP PENDLETON CA 92055-5564 DSSN 9246 RDC 12800 MCC 2GR PLT CHQT			13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b	
			14 Other			12c	12d
			15 State			Employer's state ID number	16 State wages, tips, etc.
MN	5216876	5,000.00	62.00				

22222		Void <input type="checkbox"/>	a Employee's social security number 400-00-5483		For Official Use Only ▶ OMB No. 1545-0008				
b Employer identification number (EIN) 39-1245789			1 Wages, tips, other compensation 15,000.00		2 Federal income tax withheld 1,000.00				
c Employer's name, address, and ZIP code Cheapo Mart 66 Industrial Way Sparta, WI 54656			3 Social security wages 15,000.00		4 Social security tax withheld 930.00				
			5 Medicare wages and tips 15,000.00		6 Medicare tax withheld 217.00				
			7 Social security tips		8 Allocated tips				
d Control number			9		10 Dependent care benefits				
e Employee's first name and initial Mary N		Last name Sorrel		Suff.	11 Nonqualified plans		12a See instructions for box 12		
f Employee's address and ZIP code 123 Anywhere Ave Cataract, WI 54656			13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b		C U S A	
			14 Other			12c		C U S A	
						12d		C U S A	
15 State	Employer's state ID number		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
WI	036-1234567890-05		15,000.00	427.00					

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

2013

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

Cat. No. 10134D

Do Not Cut, Fold, or Staple Forms on This Page

Your first name and initial MARY N	Last name SORREL	OMB No. 1545-0074 Your social security number 4 0 0 0 5 4 8 3
If a joint return, spouse's first name and initial	Last name	Spouse's social security number : : : : :

Home address (number and street). If you have a P.O. box, see instructions. 123 ANWHERE AVE	Apt. no.	▲ 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. <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). CATARACT, WI 54656		
Foreign country name	Foreign province/state/county	Foreign postal code

Filing status Check only one box.

1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	4 <input checked="" type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)
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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)	
SUNNY SORREL		400-00-5443	daughter	<input checked="" type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

If more than six dependents, see instructions.

Boxes checked on 6a and 6b 1
No. of children on 6c who:
• **lived with you** 1
• **did not live with you due to divorce or separation (see instructions)**
Dependents on 6c not entered above
Add numbers on lines above ▶ 2

d Total number of exemptions claimed.

Income

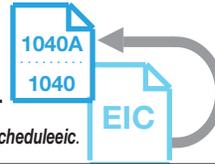
7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7	20000
8a	Taxable interest. Attach Schedule B if required.	8a	
b	Tax-exempt interest. Do not include on line 8a.	8b	
9a	Ordinary dividends. Attach Schedule B if required.	9a	
b	Qualified dividends (see instructions).	9b	
10	Capital gain distributions (see instructions).	10	
11a	IRA distributions.	11a	
11b	Taxable amount (see instructions).	11b	
12a	Pensions and annuities.	12a	
12b	Taxable amount	12b	
13	Unemployment compensation and Alaska Permanent Fund dividends.	13	
14a	Social security benefits.	14a	
14b	Taxable amount (see instructions).	14b	
15	Add lines 7 through 14b (far right column). This is your total income .	15	20000
Adjusted gross income			
16	Educator expenses (see instructions).	16	
17	IRA deduction (see instructions).	17	
18	Student loan interest deduction (see instructions).	18	
19	Tuition and fees. Attach Form 8917.	19	
20	Add lines 16 through 19. These are your total adjustments .	20	
21	Subtract line 20 from line 15. This is your adjusted gross income .	21	20000

Tax, credits, and payments	22 Enter the amount from line 21 (adjusted gross income). 22 20000		
	23a Check <input type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind if: <input type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind } Total boxes checked ▶ 23a <input type="checkbox"/>		
	b If you are married filing separately and your spouse itemizes deductions, check here ▶ 23b <input type="checkbox"/>		
Standard Deduction for— • People who check any box on line 23a or 23b 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	24 Enter your standard deduction . 24 8950		
	25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-. 25 11050		
	26 Exemptions. Multiply \$3,900 by the number on line 6d. 26 7800		
	27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income . ▶ 27 3250		
	28 Tax , including any alternative minimum tax (see instructions). 28 328		
	29 Credit for child and dependent care expenses. Attach Form 2441. 29 328		
	30 Credit for the elderly or the disabled. Attach Schedule R. 30		
	31 Education credits from Form 8863, line 19. 31		
	32 Retirement savings contributions credit. Attach Form 8880. 32		
	33 Child tax credit. Attach Schedule 8812, if required. 33		
	34 Add lines 29 through 33. These are your total credits . 34 328		
	35 Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-. This is your total tax . 35 0		
	36 Federal income tax withheld from Forms W-2 and 1099. 36 3600		
	37 2013 estimated tax payments and amount applied from 2012 return. 37		
	38a Earned income credit (EIC) . 38a 2852		
	b Nontaxable combat pay election. 38b		
	39 Additional child tax credit. Attach Schedule 8812. 39 1000		
	40 American opportunity credit from Form 8863, line 8. 40		
	41 Add lines 36, 37, 38a, 39, and 40. These are your total payments . ▶ 41 7452		
Refund	42 If line 41 is more than line 35, subtract line 35 from line 41. This is the amount you overpaid . 42 7452		
	43a Amount of line 42 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/> 43a 7452		
	▶ b Routing number <input type="text"/> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings ▶ d Account number <input type="text"/>		
	44 Amount of line 42 you want applied to your 2014 estimated tax . 44		
Amount you owe	45 Amount you owe . Subtract line 41 from line 35. For details on how to pay, see instructions. ▶ 45		
	46 Estimated tax penalty (see instructions). 46		
Third party designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes . Complete the following. <input checked="" type="checkbox"/> No		
	Designee's name ▶ <input type="text"/>	Phone no. ▶ <input type="text"/>	Personal identification number (PIN) ▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.		
	Your signature <input type="text"/>	Date <input type="text"/>	Your occupation <input type="text"/>
	Spouse's signature. If a joint return, both must sign. <input type="text"/>	Date <input type="text"/>	Spouse's occupation <input type="text"/>
			Daytime phone number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Paid preparer use only	Print/type preparer's name Michele Taxpro	Preparer's signature <input type="text"/>	Date <input type="text"/>
	Firm's name ▶ <input type="text"/>	Check <input type="checkbox"/> if self-employed	
	Firm's address ▶ <input type="text"/>	PTIN P13333333	
			Firm's EIN ▶ <input type="text"/>
		Phone no. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit

Qualifying Child Information



OMB No. 1545-0074

2013

Attachment
Sequence No. **43**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

Mary Sorrel

Your social security number

400-00-5483

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 the 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
1 Child's name If you have more than three qualifying children, you only have to list three to get the maximum credit.	Sunny Sorrel					
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2013. If your child was born and died in 2013 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	400-00-5443					
3 Child's year of birth	Year <u>2</u> <u>0</u> <u>0</u> <u>3</u>		Year _____		Year _____	
	<i>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.</i>		<i>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.</i>		<i>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.</i>	
4 a Was the child under age 24 at the end of 2013, a student, and younger than you (or your spouse, if filing jointly)?	<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.
	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2013?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	<i>Go to line 5.</i>	The child is not a qualifying child.	<i>Go to line 5.</i>	The child is not a qualifying child.	<i>Go to line 5.</i>	The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	daughter					
6 Number of months child lived with you in the United States during 2013 • If the child lived with you for more than half of 2013 but less than 7 months, enter "7." • If the child was born or died in 2013 and your home was the child's home for more than half the time he or she was alive during 2013, enter "12."	11 months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>	