



# Internal Revenue Service

## United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 05-11-2015  
 Response Date: 05-11-2015  
 Tracking Number: [REDACTED]

### Tax Return Transcript

SSN Provided: [REDACTED]  
 Tax Period Ending: Dec. 31, 2014

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

NAME(S) SHOWN ON RETURN: [REDACTED] SSN: [REDACTED]  
 SPOUSE SSN: [REDACTED]

ADDRESS: [REDACTED]

FILING STATUS: Single  
 FORM NUMBER: 1040A  
 CYCLE POSTED: 20150705  
 RECEIVED DATE: Apr.15, 2015  
 REMITTANCE: \$0.00  
 EXEMPTION NUMBER: 2  
 DEPENDENT 1 NAME CTRL: [REDACTED]  
 DEPENDENT 1 SSN: [REDACTED]  
 DEPENDENT 2 NAME CTRL: [REDACTED]  
 DEPENDENT 2 SSN: [REDACTED]  
 DEPENDENT 3 NAME CTRL: [REDACTED]  
 DEPENDENT 3 SSN: [REDACTED]  
 DEPENDENT 4 NAME CTRL: [REDACTED]  
 DEPENDENT 4 SSN: [REDACTED]  
 PTIN: [REDACTED]  
 PREPARER EIN: [REDACTED]

#### Income

WAGES, SALARIES, TIPS, ETC:.....	\$9,445.00
TAXABLE INTEREST INCOME:.....	\$0.00
TAX-EXEMPT INTEREST:.....	\$0.00
ORDINARY DIVIDEND INCOME: SCH B:.....	\$0.00
QUALIFIED DIVIDENDS:.....	\$0.00
CAPITAL GAIN OR LOSS: (Schedule D):.....	\$0.00
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:.....	\$0.00
TOTAL IRA DISTRIBUTIONS:.....	\$0.00
TAXABLE IRA DISTRIBUTIONS:.....	\$0.00
TOTAL PENSIONS AND ANNUITIES:.....	\$0.00
TAXABLE PENSION/ANNUITY AMOUNT:.....	\$0.00
UNEMPLOYMENT COMPENSATION:.....	\$0.00
TOTAL SOCIAL SECURITY BENEFITS:.....	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS:.....	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:.....	\$0.00
SCH EIC DISQUALIFIED INC COMPUTER:.....	\$0.00
TOTAL INCOME:.....	\$9,445.00
TOTAL INCOME PER COMPUTER:.....	\$9,445.00

#### Adjustments to Income

EDUCATOR EXPENSES:.....	\$0.00
EDUCATOR EXPENSES PER COMPUTER:.....	\$0.00
EARLY WITHDRAWAL OF SAVINGS PENALTY:.....	\$0.00
IRA DEDUCTION:.....	\$0.00
IRA DEDUCTION PER COMPUTER:.....	\$0.00
STUDENT LOAN INTEREST DEDUCTION:.....	\$0.00
STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:.....	\$0.00
TUITION AND FEES DEDUCTION:.....	\$0.00
TUITION AND FEES DEDUCTION PER COMPUTER:.....	\$0.00
JURY DUTY PAY DEDUCTION:.....	\$0.00
TOTAL ADJUSTMENTS:.....	\$0.00
TOTAL ADJUSTMENTS PER COMPUTER:.....	\$0.00
ADJUSTED GROSS INCOME:.....	\$9,445.00
ADJUSTED GROSS INCOME PER COMPUTER:.....	\$9,445.00

#### Tax and Credits

65-OR-OVER:.....NO  
 BLIND:.....NO

SPOUSE 65-OR-OVER:.....NO  
SPOUSE BLIND:.....NO  
EXEMPTION AMOUNT PER COMPUTER:.....\$7,900.00  
TAXABLE INCOME:.....\$0.00  
TAXABLE INCOME PER COMPUTER:.....\$0.00  
TENTATIVE TAX:.....\$0.00  
TENTATIVE TAX PER COMPUTER:.....\$0.00  
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT:.....\$0.00  
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT:.....\$0.00  
CHILD & DEPENDENT CARE CREDIT:.....\$0.00  
CHILD & DEPENDENT CARE CREDIT PER COMPUTER:.....\$0.00  
CREDIT FOR ELDERLY AND DISABLED:.....\$0.00  
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:.....\$0.00  
EDUCATION CREDIT:.....\$0.00  
EDUCATION CREDIT PER COMPUTER:.....\$0.00  
GROSS EDUCATION CREDIT PER COMPUTER:.....\$1,500.00  
RETIREMENT SAVINGS CNTRB CREDIT:.....\$0.00  
RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:.....\$0.00  
PRIM RET SAV CNTRB: F8880 LN6A:.....\$0.00  
SEC RET SAV CNTRB: F8880 LN6B:.....\$0.00  
CHILD TAX CREDIT:.....\$0.00  
CHILD TAX CREDIT PER COMPUTER:.....\$0.00  
ADOPTION CREDIT: F8839:.....\$0.00  
ADOPTION CREDIT PER COMPUTER:.....\$0.00  
TOTAL CREDITS:.....\$0.00  
TOTAL CREDITS PER COMPUTER:.....\$0.00

Other Taxes

OTHER TAXES PER COMPUTER:.....\$0.00  
TOTAL TAX LIABILITY TP FIGURES:.....\$0.00  
TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:.....\$0.00

Payments

FEDERAL INCOME TAX WITHHELD:.....\$63.00  
HEALTH CARE: INDIVIDUAL RESPONSIBILITY:.....\$0.00  
HEALTH CARE FULL-YEAR COVERAGE INDICATOR:.....0  
ESTIMATED TAX PAYMENTS:.....\$0.00  
OTHER PAYMENT CREDIT AMOUNT:.....\$0.00  
REFUNDABLE EDUCATION CREDIT:.....\$1,000.00  
REFUNDABLE EDUCATION CREDIT PER COMPUTER:.....\$1,000.00  
REFUNDABLE EDUCATION CREDIT VERIFIED:.....\$0.00  
EARNED INCOME CREDIT:.....\$3,205.00  
EARNED INCOME CREDIT PER COMPUTER:.....\$3,205.00  
EARNED INCOME CREDIT NONTAXABLE COMBAT PAY:.....\$0.00  
SCHEDULE 8812 NONTAXABLE COMBAT PAY:.....\$0.00  
SCHEDULE 8812 TOT SS/MEDICARE WITHHELD:.....\$0.00  
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT:.....\$967.00  
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:.....\$967.00  
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:.....\$0.00  
PREMIUM TAX CREDIT AMOUNT:.....\$0.00  
PREMIUM TAX CREDIT VERIFIED AMOUNT:.....\$0.00  
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:.....\$0.00  
TOTAL PAYMENTS:.....\$5,235.00  
TOTAL PAYMENTS PER COMPUTER:.....\$5,235.00

Refund or Amount Owed

REFUND AMOUNT:.....\$-5,235.00  
APPLIED TO NEXT YEAR'S ESTIMATED TAX:.....\$0.00  
ESTIMATED TAX PENALTY:.....\$0.00  
BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:.....\$-5,235.00  
BAL DUE/OVER PYMT USING COMPUTER FIGURES:.....\$-5,235.00  
FORM 8888 TOTAL REFUND PER COMPUTER:.....\$0.00

Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER:.....  
AUTHORIZATION INDICATOR:.....0  
THIRD PARTY DESIGNEE NAME:.....

Schedule EIC--Earned Income Credit

QUALIFIED EIC DEPENDENTS:.....1

CHILD 1

CHILD'S NAME CNTRL:.....  
SSN:.....  
YEAR OF BIRTH:.....  
STUDENT/DISABLED:.....  
NUMBER OF MONTHS CHILD LIVED WITH YOU:.....  
CHILD'S RELATIONSHIP TO YOU:.....

CHILD 2

CHILD'S NAME CNTRL:.....  
SSN:.....  
YEAR OF BIRTH:.....0000  
STUDENT/DISABLED:.....0

NUMBER OF MONTHS CHILD LIVED WITH YOU:.....  
CHILD'S RELATIONSHIP TO YOU:  
.....no relationship indicated or determination can be made

CHILD 3

CHILD'S NAME CNTRL:.....  
SSN:.....  
YEAR OF BIRTH:.....0000  
STUDENT/DISABLED:.....0  
NUMBER OF MONTHS CHILD LIVED WITH YOU:.....  
CHILD'S RELATIONSHIP TO YOU:  
.....no relationship indicated or determination can be made

Form 8863 - Education Credits (Hope and Lifetime Learning Credits)

Part I - EDUCATION CREDITS

STUDENT 1 NAME CNTRL:.....  
STUDENT 1 SSN:.....  
STUDENT 2 NAME CNTRL:.....  
STUDENT 2 SSN:.....  
STUDENT 3 NAME CNTRL:.....  
STUDENT 3 SSN:.....  
TENTATIVE CREDIT AMOUNT:.....

PART II - LIFETIME LEARNING CREDITS

TOTL LIFETIM LRNING CR QLFD EXP:.....\$0.00  
EDUCATIONAL INSTITUTION FEDERAL ID NUMBER STUDENT 1:.....000000000  
SECOND EDUCATIONAL INSTITUTION FEDERAL ID NUMBER, STUDENT 1:.....000000000  
EDUCATIONAL INSTITUTION FEDERAL ID NUMBER STUDENT 2:.....000000000  
SECOND EDUCATIONAL INSTITUTION FEDERAL ID NUMBER STUDENT 2:.....000000000  
EDUCATIONAL INSTITUTION FEDERAL ID NUMBER STUDENT 3:.....000000000  
SECOND EDUCATIONAL INSTITUTION FEDERAL ID NUMBER STUDENT 3:.....000000000  
PRIOR YEAR HOPE SCHOLARSHIP OR AOT CREDIT CLAIMED STUDENT 1:.....NO  
ACADEMIC ELIGIBILITY, STUDENT 1:.....YES  
POST-SECONDARY COMPLETE STUDENT 1:.....NO  
FELONY CONVICTION STUDENT 1:.....NO  
PRIOR YEAR HOPE SCHOLARSHIP OR AOT CREDIT CLAIMED STUDENT 2:.....NONE  
ACADEMIC ELIGIBILITY STUDENT 2:.....NONE  
POST-SECONDARY COMPLETE STUDENT 2:.....NONE  
FELONY CONVICTION STUDENT 2:.....NONE  
PRIOR YEAR HOPE SCHOLARSHIP OR AOT CREDIT CLAIMED STUDENT 3:.....NONE  
ACADEMIC ELIGIBILITY STUDENT 3:.....NONE  
POST-SECONDARY COMPLETE STUDENT 3:.....NONE  
FELONY CONVICTION STUDENT 3:.....NONE  
VERIFIED NUMBER OF EDUCATION CREDIT ELIGIBLE STUDENTS:.....00  
TOTL LIFETIM LRNING CR QLFD EXP PER COMPUTER:.....\$0.00

PART III - ALLOWABLE EDUCATION CREDITS

GROSS EDUCATION CR PER COMPUTER:.....\$1,500.00  
TOTAL EDUCATION CREDIT AMOUNT:.....\$0.00  
TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:.....\$0.00

Form 8867 Paid Preparer's Earned Income Credit Checklist

TAXPAYER QUALIFYING CHILD OF ANOTHER:.....No box checked  
CHILD 1 RELATIONSHIP TO TAXPAYER:.....Yes box checked  
CHILD 2 RELATIONSHIP TO TAXPAYER:.....Neither box checked  
CHILD 3 RELATIONSHIP TO TAXPAYER:.....Neither box checked  
CHILD 1 LIVE WITH TAXPAYER:.....Yes box checked  
CHILD 2 LIVE WITH TAXPAYER:.....Neither box checked  
CHILD 3 LIVE WITH TAXPAYER:.....Neither box checked  
CHILD 1 CLAIMED BY OTHER PERSON:.....No box checked  
CHILD 2 CLAIMED BY OTHER PERSON:.....Neither box checked  
CHILD 3 CLAIMED BY OTHER PERSON:.....Neither box checked  
CHILD 1 RELATIONSHIP TO OTHERS:  
.....no relationship indicated or determination can be made  
CHILD 2 RELATIONSHIP TO OTHERS:  
.....no relationship indicated or determination can be made  
CHILD 3 RELATIONSHIP TO OTHERS:  
.....no relationship indicated or determination can be made  
CHILD 1 TIEBREAKER RULES:.....None of the boxes checked  
CHILD 2 TIEBREAKER RULES:.....None of the boxes checked  
CHILD 3 TIEBREAKER RULES:.....None of the boxes checked  
FORM 8867 INFORMATION PROVIDED BY TAXPAYER:.....Yes box checked  
PARENTS NOT CLAIMING CHILD:.....3  
TIEBREAKER RULES EXPLAINED:.....Yes  
ADDITIONAL QUESTIONS TO MEET KNOWLEDGE REQUIREMENT:.....Yes  
ADDITIONAL QUESTIONS DOCUMENTED:.....Yes  
RESIDENCY OF QUALIFYING CHILD/CHILDREN:.....Health care provider records  
RESIDENCY OF QUALIFYING CHILD/CHILDREN:.....Other  
RESIDENCY OF QUALIFYING CHILD/CHILDREN:.....No documents, but made notes in file  
DISABILITY OF QUALIFYING CHILD/CHILDREN:.....No disabled child  
DOCUMENTS OR OTHER INFORMATION TO CONFIRM EXISTENCE OF BUSINESS:  
.....No Schedule C

Form 8965

HOUSEHOLD INCOME BELOW FILING THRESHOLD EXEMPTION:.....3  
 SSN INDIVIDUAL 1:.....  
 EXEMPTION INDIVIDUAL 1:.....  
 FULL YEAR INDICATOR INDIVIDUAL 1:.....0  
 MONTH INDICATOR INDIVIDUAL 1 - MONTHS CHECKED:.....None  
 SSN INDIVIDUAL 2:.....  
 EXEMPTION INDIVIDUAL 2:.....  
 FULL YEAR INDICATOR INDIVIDUAL 2:.....0  
 MONTH INDICATOR INDIVIDUAL 2 - MONTHS CHECKED:.....None  
 SSN INDIVIDUAL 3:.....  
 EXEMPTION INDIVIDUAL 3:.....  
 FULL YEAR INDICATOR INDIVIDUAL 3:.....0  
 MONTH INDICATOR INDIVIDUAL 3 - MONTHS CHECKED:.....None  
 SSN INDIVIDUAL 4:.....  
 EXEMPTION INDIVIDUAL 4:.....  
 FULL YEAR INDICATOR INDIVIDUAL 4:.....0  
 MONTH INDICATOR INDIVIDUAL 4 - MONTHS CHECKED:.....None  
 SSN INDIVIDUAL 5:.....  
 EXEMPTION INDIVIDUAL 5:.....  
 FULL YEAR INDICATOR INDIVIDUAL 5:.....0  
 MONTH INDICATOR INDIVIDUAL 5 - MONTHS CHECKED:.....None  
 SSN INDIVIDUAL 6:.....  
 EXEMPTION INDIVIDUAL 6:.....  
 FULL YEAR INDICATOR INDIVIDUAL 6:.....0  
 MONTH INDICATOR INDIVIDUAL 6 - MONTHS CHECKED:.....None  
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