

# Electronic Filing Instructions for your 2013 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Zakieh Shirafkan & Casey A Carnnia  
1958 Teasel ct  
Woodbridge, VA 22192

<b>Balance Due/Refund</b>	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$5,020.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 004131834691 Routing Transit Number: 051000017.		
<b>When Will You Get Your Refund?</b>	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2014. To get your estimated refund date from TurboTax, log into My TurboTax at <a href="http://www.turbotax.com">www.turbotax.com</a> . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check <a href="http://www.irs.gov">www.irs.gov</a> and select the "Where's my refund?" link.		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
<b>2013 Federal Tax Return Summary</b>	Adjusted Gross Income	\$	104,259.00
	Taxable Income	\$	57,273.00
	Total Tax	\$	6,199.00
	Total Payments/Credits	\$	11,219.00
	Amount to be Refunded	\$	5,020.00
	Effective Tax Rate		4.99%



Hi Zakieh and Casey,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Deluxe:

Your Head Start On Next Year:

When you come back next year, taxes will be so easy! We'll have all your information saved and ready to transfer in to your new return. We'll ask you questions about what changed since we last talked, and we'll be ready to get you the credits and deductions you deserve, no matter what life throws at you.

Here's the final wrap up for your 2013 taxes:

Your federal refund is: \$ 5,020.00

We reviewed over 350 deductions and credits so you can be sure you didn't miss a thing and that you got the maximum refund - guaranteed.  
Your Deductions and Credits:

Your itemized deductions for this year: \$31,386.00

You qualified for these important credits:

- Education Credits

Your Guarantee of Accuracy:

Breathe easy. The calculations on your return are backed with our 100% Accuracy Guarantee.

- We double checked your return for errors along the way.
- We helped with step-by-step guidance to get your answers on the right IRS forms.
- We made sure you didn't miss a deduction even if something in your life changed, like a new job, new house - or more kids!

Also included:

- We e-filed your federal returns for free, so you could get your refund the fastest way possible.
- We provide the Audit Support Center free of charge, in the unlikely event you get audited.

Many happy returns from TurboTax.

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning , 2013, ending , 20		See separate instructions.
Your first name and initial Zakieh	Last name Shirafkan	<b>Your social security number</b> 691-01-5408
If a joint return, spouse's first name and initial Casey A	Last name Carnnia	<b>Spouse's social security number</b> 578-11-4072
Home address (number and street). If you have a P.O. box, see instructions. 1958 Teasel ct		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). Woodbridge VA 22192		<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
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 instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ 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 . . . . .

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 2

Add numbers on lines above ▶ 4

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			
Lotfollah	Shirafkan	177-23-0356	Parent	<input type="checkbox"/>
Tahereh	Taheri	753-24-0918	Parent	<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 . . . . .

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	102,422.
	8a	Taxable interest. Attach Schedule B if required . . . . .	8a	
	b	Tax-exempt interest. <b>Do not</b> 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	1,837.
	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	
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	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 through 21. This is your <b>total income</b> ▶	22	104,259.	

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

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	
	37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b> ▶	37	104,259.

**Tax and Credits****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

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	104,259.
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1949, <input type="checkbox"/> <b>Blind.</b> <b>Total boxes checked</b> <input type="checkbox"/> <b>39a</b>		
	if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1949, <input type="checkbox"/> <b>Blind.</b>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> <b>39b</b>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	31,386.
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	72,873.
<b>42</b>	<b>Exemptions.</b> If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions	<b>42</b>	15,600.
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	57,273.
<b>44</b>	<b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	7,699.
<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
<b>46</b>	Add lines 44 and 45	<b>46</b>	7,699.
<b>47</b>	Foreign tax credit. Attach Form 1116 if required	<b>47</b>	
<b>48</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>48</b>	
<b>49</b>	Education credits from Form 8863, line 19	<b>49</b>	1,500.
<b>50</b>	Retirement savings contributions credit. Attach Form 8880	<b>50</b>	
<b>51</b>	Child tax credit. Attach Schedule 8812, if required	<b>51</b>	
<b>52</b>	Residential energy credits. Attach Form 5695	<b>52</b>	
<b>53</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>53</b>	
<b>54</b>	Add lines 47 through 53. These are your <b>total credits</b>	<b>54</b>	1,500.
<b>55</b>	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	<b>55</b>	6,199.
<b>56</b>	Self-employment tax. Attach Schedule SE	<b>56</b>	
<b>57</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>57</b>	
<b>58</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>58</b>	
<b>59a</b>	Household employment taxes from Schedule H	<b>59a</b>	
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>59b</b>	
<b>60</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>60</b>	
<b>61</b>	Add lines 55 through 60. This is your <b>total tax</b>	<b>61</b>	6,199.
<b>62</b>	Federal income tax withheld from Forms W-2 and 1099	<b>62</b>	10,219.
<b>63</b>	2013 estimated tax payments and amount applied from 2012 return	<b>63</b>	
<b>64a</b>	<b>Earned income credit (EIC)</b>	<b>64a</b>	
<b>b</b>	Nontaxable combat pay election <b>64b</b>		
<b>65</b>	Additional child tax credit. Attach Schedule 8812	<b>65</b>	
<b>66</b>	American opportunity credit from Form 8863, line 8	<b>66</b>	1,000.
<b>67</b>	Reserved	<b>67</b>	
<b>68</b>	Amount paid with request for extension to file	<b>68</b>	
<b>69</b>	Excess social security and tier 1 RRTA tax withheld	<b>69</b>	
<b>70</b>	Credit for federal tax on fuels. Attach Form 4136	<b>70</b>	
<b>71</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>71</b>	
<b>72</b>	Add lines 62, 63, 64a, and 65 through 71. These are your <b>total payments</b>	<b>72</b>	11,219.
<b>73</b>	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you <b>overpaid</b>	<b>73</b>	5,020.
<b>74a</b>	Amount of line 73 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>74a</b>	5,020.
<b>b</b>	Routing number 0 5 1 0 0 0 0 1 7 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number 0 0 4 1 3 1 8 3 4 6 9 1		
<b>75</b>	Amount of line 73 you want <b>applied to your 2014 estimated tax</b>	<b>75</b>	
<b>76</b>	<b>Amount you owe.</b> Subtract line 72 from line 61. For details on how to pay, see instructions	<b>76</b>	
<b>77</b>	Estimated tax penalty (see instructions)	<b>77</b>	

**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 ▶

Phone no. ▶

Personal identification number (PIN) ▶

**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.

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

Your signature

Date

Your occupation

Daytime phone number

Analyst - Instructor

(703) 863-3967

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 (see inst.)

Web Developer

**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶ Self-Prepared

Firm's EIN ▶

Firm's address ▶

Phone no.

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Itemized Deductions**

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

OMB No. 1545-0074

**2013**  
Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Zakieh Shirafkan & Casey A Carnnia

Your social security number

691-01-5408

<b>Medical and Dental Expenses</b>		<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions) . . . . .	1			
2	Enter amount from Form 1040, line 38 <b>2</b>				
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1949, multiply line 2 by 7.5% (.075) instead	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
<b>Taxes You Paid</b>		<b>5 State and local (check only one box):</b>			
a	<input checked="" type="checkbox"/> Income taxes, or	5	4,930.		
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions) . . . . .	6	2,652.		
7	Personal property taxes . . . . .	7	459.		
8	Other taxes. List type and amount ►	8			
9	Add lines 5 through 8 . . . . .	9		8,041.	
<b>Interest You Paid</b>		<b>10 Home mortgage interest and points reported to you on Form 1098</b>		10	23,086.
<b>Note.</b> Your mortgage interest deduction may be limited (see instructions).		<b>11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►</b>		11	
		<b>12 Points not reported to you on Form 1098. See instructions for special rules . . . . .</b>		12	
		<b>13 Mortgage insurance premiums (see instructions) . . . . .</b>		13	
		<b>14 Investment interest. Attach Form 4952 if required. (See instructions.)</b>		14	
		<b>15 Add lines 10 through 14 . . . . .</b>		15	23,086.
<b>Gifts to Charity</b>		<b>16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions. . . . .</b>		16	
If you made a gift and got a benefit for it, see instructions.		<b>17 Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .</b>		17	259.
		<b>18 Carryover from prior year . . . . .</b>		18	
		<b>19 Add lines 16 through 18 . . . . .</b>		19	259.
<b>Casualty and Theft Losses</b>		<b>20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . .</b>		20	
<b>Job Expenses and Certain Miscellaneous Deductions</b>		<b>21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►</b>		21	
		<b>22 Tax preparation fees . . . . .</b>		22	190.
		<b>23 Other expenses—investment, safe deposit box, etc. List type and amount ►</b>		23	
		<b>24 Add lines 21 through 23 . . . . .</b>		24	190.
		<b>25 Enter amount from Form 1040, line 38 <b>25</b> 104,259.</b>		25	
		<b>26 Multiply line 25 by 2% (.02) . . . . .</b>		26	2,085.
		<b>27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . .</b>		27	0.
<b>Other Miscellaneous Deductions</b>		<b>28 Other—from list in instructions. List type and amount ►</b>		28	
<b>Total Itemized Deductions</b>		<b>29 Is Form 1040, line 38, over \$150,000?</b>		29	31,386.
		<input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			
		<input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
		<b>30 If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . .</b>			

**Education Credits**  
**(American Opportunity and Lifetime Learning Credits)**► Information about Form 8863 and its separate instructions is at [www.irs.gov/form8863](http://www.irs.gov/form8863).  
► Attach to Form 1040 or Form 1040A.

OMB No. 1545-0074

**2013**  
Attachment  
Sequence No. **50**

Name(s) shown on return

Zakieh Shirafkan &amp; Casey A Carnnia

Your social security number

691-01-5408

*Complete a separate Part III on page 2 for each student for whom you are claiming either credit before you complete Parts I and II.***Part I Refundable American Opportunity Credit**

<b>1</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . . . .	<b>1</b>	2,500.
<b>2</b>	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . . . .	<b>2</b>	180,000.
<b>3</b>	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>3</b>	104,259.
<b>4</b>	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you cannot take any education credit . . . . .	<b>4</b>	75,741.
<b>5</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>5</b>	20,000.
<b>6</b>	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 . . . . . • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>6</b>	1.000
<b>7</b>	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>cannot</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box . . . . . <input type="checkbox"/>	<b>7</b>	2,500.
<b>8</b>	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (.40). Enter the amount here and on Form 1040, line 66, or Form 1040A, line 40. Then go to line 9 below. . . . .	<b>8</b>	1,000.

**Part II Nonrefundable Education Credits**

<b>9</b>	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	<b>9</b>	1,500.
<b>10</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . . . .	<b>10</b>	
<b>11</b>	Enter the smaller of line 10 or \$10,000 . . . . .	<b>11</b>	
<b>12</b>	Multiply line 11 by 20% (.20) . . . . .	<b>12</b>	
<b>13</b>	Enter: \$127,000 if married filing jointly; \$63,000 if single, head of household, or qualifying widow(er) . . . . .	<b>13</b>	
<b>14</b>	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>14</b>	
<b>15</b>	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 . . . . .	<b>15</b>	
<b>16</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>16</b>	
<b>17</b>	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>17</b>	
<b>18</b>	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ►	<b>18</b>	
<b>19</b>	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 49, or Form 1040A, line 31 . . . . .	<b>19</b>	1,500.

Name(s) shown on return

Zakieh Shirafkan &amp; Casey A Carnnia

Your social security number

691-01-5408



**Complete Part III for each student for whom you are claiming either the American opportunity credit or lifetime learning credit. Use additional copies of Page 2 as needed for each student.**

**Part III Student and Educational Institution Information**

See instructions.

<b>20</b> Student name (as shown on page 1 of your tax return) Casey A Carnnia	<b>21</b> Student social security number (as shown on page 1 of your tax return)  578-11-4072
<b>22</b> Educational institution information (see instructions)	
<b>a.</b> Name of first educational institution  Northern Virginia Community College	<b>b.</b> Name of second educational institution (if any)
<b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.  3001 North Beauregard st Alexandria VA 22311	<b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
<b>(2)</b> Did the student receive Form 1098-T from this institution for 2013? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>(2)</b> Did the student receive Form 1098-T from this institution for 2013? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(3)</b> Did the student receive Form 1098-T from this institution for 2012 with Box 2 filled in and Box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>(3)</b> Did the student receive Form 1098-T from this institution for 2012 with Box 2 <input type="checkbox"/> Yes <input type="checkbox"/> No filled in and Box 7 checked?
If you checked "No" in <b>both (2) and (3)</b> , skip <b>(4)</b> .	
<b>(4)</b> If you checked "Yes" in <b>(2) or (3)</b> , enter the institution's federal identification number (from Form 1098-T).  54-1268263	<b>(4)</b> If you checked "Yes" in <b>(2) or (3)</b> , enter the institution's federal identification number (from Form 1098-T).
<b>23</b> Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2013? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.	
<b>24</b> Was the student enrolled at least half-time for at least one academic period that began in 2013 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? (see instructions) <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — <b>Stop!</b> Go to line 31 for this student.	
<b>25</b> Did the student complete the first 4 years of post-secondary education before 2013? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 26.	
<b>26</b> Was the student convicted, before the end of 2013, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — See <i>Tip</i> below and complete <b>either</b> lines 27-30 <b>or</b> line 31 for this student.	



When you figure your taxes, you may want to compare the American opportunity credit and lifetime learning credits, and choose the credit for each student that gives you the lower tax liability. You **cannot** take the American opportunity credit and the lifetime learning credit for the **same student** in the same year. If you complete lines 27 through 30 for this student, do not complete line 31.

**American Opportunity Credit**

<b>27</b> Adjusted qualified education expenses (see instructions). <b>Do not enter more than \$4,000</b>	<b>27</b>	4,000.
<b>28</b> Subtract \$2,000 from line 27. If zero or less enter -0-	<b>28</b>	2,000.
<b>29</b> Multiply line 28 by 25% (.25)	<b>29</b>	500.
<b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30 on Part I, line 1	<b>30</b>	2,500.

**Lifetime Learning Credit**

<b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	<b>31</b>	
---	-----------	--

# Tax History Report

2013

► Keep for your records

Name(s) Shown on Return

Zakieh Shirafkan & Casey A Carnnia

## Five Year Tax History:

	2009	2010	2011	2012	2013
Filing status .....					MFJ
Total income .....					104,259.
Adjustments to income .....					
Adjusted gross income .....					104,259.
Tax expense .....					8,041.
Interest expense .....					23,086.
Contributions .....					259.
Miscellaneous deductions .....					0.
Other itemized deductions .....					
Total itemized/standard deduction ...					31,386.
Exemption amount .....					15,600.
Taxable income .....					57,273.
Tax .....					7,699.
Alternative minimum tax .....					
Total credits .....					1,500.
Other taxes .....					
Payments .....					11,219.
Form 2210 penalty .....					
Amount owed .....					
Applied to next year's estimated tax .....					
Refund .....					5,020.
Effective tax rate % .....					4.99
**Tax bracket % .....					15.0

\*\*Tax bracket % is based on Taxable income.



# Charitable Organization Worksheet

2013

► Keep for your records

Name(s) Shown on Return Zakieh Shirafkan & Casey A Carnnia	Social Security Number 691-01-5408
---	---------------------------------------

Charity Name . . . Salvation Army  
 Address . . . . .  
 City . . . . . State . . . . . ZIP code . . . . .

## Combined Amounts Worksheet

**Note:** Amounts entered in worksheets below will be summarized in this worksheet.

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	05/04/2013	Summary	Items - ItsDeductible	72.00
2	08/15/2013	Summary	Items - ItsDeductible	187.00
			Total:	259.00
Prior Year Total:				

## ItsDeductible Item Donations Worksheet

**Note:** Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value
1	05/04/2013	1	Laserdisc Player	39.00	1	28.00	0	39.00
1	05/04/2013	1	Fax Machine	22.00	1	15.00	0	22.00
1	05/04/2013	1	Slow Cooker/Crock Pot	11.00	1	8.00	0	11.00
2	08/15/2013	1	Boots: Fashion: Adult	10.00	2	7.00	0	20.00
			See Detail of Item Donations - Continued					167.00

\* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

Zakieh Shirafkan &amp; Casey A Carnnia

691-01-5408

## Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date Acquired Date	Donation Description Donation Type How Acquired	Donation Cost How Valued Donation Value	Donation Allowed

## Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring				2013 Amount
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	

## Detail of Mileage and Transportation Costs Worksheet

Ref. No.	Donation Date	Description of Trip				Total Donation Value
Miles Per Trip	Trips Per Yr	Once or Recurring		Miles Driven		
Other Costs	Description of Other Costs			Value of Miles		
			<input type="checkbox"/> Once <input type="checkbox"/> Recur			
			<input type="checkbox"/> Once <input type="checkbox"/> Recur			
			<input type="checkbox"/> Once <input type="checkbox"/> Recur			
			<input type="checkbox"/> Once <input type="checkbox"/> Recur			

Zakieh Shirafkan &amp; Casey A Carnnia

691-01-5408

Detail of Stock Donations Worksheet						
Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

## Charitable Organization Questions

- 1 Was the **entire interest** given for all property donated to this charity? . . . . . ☒ Yes ☐ No
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? . . . . . ☐ Yes ☐ No
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ☐ Yes ☐ No
- 4 What Type of charitable organization was it? Check one:  
☒ (a) 50% charity ☐ (b) Other than 50% charity

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☐ No

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

\* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

**Part IV – Earned Income Credit Information** (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? . . . . . ☐ Yes ☐ No

Was the taxpayer's (and spouse's if married filing jointly) home in the United States  
for more than half of 2013? . . . . . ☐ Yes ☐ No

If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to  
get a federally funded benefit, such as Medicaid, and the Social Security card  
contains the legend **Not Valid for Employment**, check this box (see Help) . . . . . ☐

Check if you are filing head of household **and** your spouse is a nonresident alien  
**and** you lived with your spouse during the last six months of 2013 . . . . . ☐

Was EIC disallowed or reduced in a previous year and are you required to file  
Form 8862 this year? . . . . . ☐ Yes ☐ No

Check if you were notified by the IRS that EIC cannot be claimed in 2013 or  
if you are ineligible to claim the EIC in 2013 for any other reason . . . . . ☐

**Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)**

Do you want to elect **direct deposit** of any federal tax refund? . . . . . ☒ Yes ☐ No

Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☐ Yes ☐ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) . . . . . ▶ Bank of America

Check the appropriate box . . . . .	▶	Checking	X
-------------------------------------	---	----------	---

Routing number . . . . . ▶ 051000017

Account number . . . . . ► 004131834691

**Enter the following information only if you are requesting direct debit of balance due:**

Enter the payment date to withdraw from the account above . . . . . ▶ \_\_\_\_\_

Balance-due amount from this return . . . . . ▶ \_\_\_\_\_

## Part VI – Additional Information for Your Federal Return

**Standard Deduction/Itemized Deductions:**

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction . . . . . ☐

Check this box if you are married filing separately and your spouse itemized deductions . . . . . ☐

Check this box to take the standard deduction even if less than itemized deductions . . . . . ☐

**Main Form Selection:**

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ. . . . . ☐

### Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) . . . . . ☐ Yes ☐ No

**Credit for Qualified Retirement Savings Contributions (Form 8880):**

Is the taxpayer a full-time student? . . . . . ☐ Yes ☐ No

Is the spouse a full-time student? . . . . . ☐ Yes ☐ No

**Foreign Tax Credit (Form 1116):**

Check this box to file Form 1116 even if you're not required to file Form 1116 ☐

Resident country  USA

**Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:**

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands . . . . . \_\_\_\_\_

Excludable income from Puerto Rico . . . . . \_\_\_\_\_

### Dual Status Alien Return:

Check this box if you are a dual-status alien . . . . . ☐

**Third Party Designee:**

**Caution:** Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? . . . . . ☐ Yes ☐ No

If Yes, complete the following:

Third party designee name . . . . . ►

Third party designee phone number . . . ▶

Personal Identification number (enter any 5 numbers) . . ▶

If you are entitled to a filing extension or other disaster relief provision as declared by the IRS, enter the appropriate information (see Help) . . . . . ►

**Part VI – Additional Information for Your Federal Return - Continued****Personal Representative for deceased taxpayers:**

Name of personal representative required for E-filed  
returns when Form 1310 is not filed or it is not the  
surviving spouse . . . . . ▶ \_\_\_\_\_

**Part VII – State Filing Information****Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here . . . . . ▶ \_\_\_\_\_

If the IRS sent the spouse an Identity Protection PIN, enter it here . . . . . ▶ \_\_\_\_\_

**Taxpayer:**

Enter the taxpayer's state of residence as of December 31, 2013 . . . . . ▶ VA

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year . . . . . ▶ ☒

Taxpayer is a resident of the state above for only part of year . . . . . ▶ ☐

Date the taxpayer established residence in state above . . . . . ▶ \_\_\_\_\_

In which state (or foreign country) did the taxpayer reside before this change? . . . . . ▶ \_\_\_\_\_

**Spouse:**

Enter the spouse's state of residence as of December 31, 2013 . . . . . ▶ VA

Check the appropriate box:

Spouse is a resident of the state above for the entire year . . . . . ▶ ☒

Spouse is a resident of the state above for only part of year . . . . . ▶ ☐

Date the spouse established residence in state above . . . . . ▶ \_\_\_\_\_

In which state (or foreign country) did the spouse reside before this change? . . . . . ▶ \_\_\_\_\_

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint
_____	_____
_____	_____
_____	_____
_____	_____

Check this box if you are in a Registered Domestic Partnership or a civil union . . . . . ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS . . . . . ▶ ☐

Check if this is the joint return created to file joint state tax return (see Help) . . . . . ▶ ☐

Check this box if you are in a same-sex marriage . . . . . ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your federal return to be filed. . . . . ▶ ☐

Check if this is your individual return for filing state return only (see Help) . . . . . ▶ ☐

**Personal Information Worksheet  
For the Taxpayer**

**2013**

► Keep for your records

**QuickZoom** to another copy of Personal Information Worksheet . . . . . ►  
**QuickZoom** to Federal Information Worksheet . . . . . ►

**Part I – Taxpayer's Personal Information**

First name . . . Zakieh Middle initial . . .      Last name . . . Shirafkan  
Suffix . . . . .     

Social security no. . . 691-01-5408 Member of U.S. Armed Forces in 2013? . . ☐ Yes ☒ No

Date of birth . . . . . 08/21/1976 (mm/dd/yyyy) age as of 1-1-2014 . . . . . 37

Occupation . . . Analyst - Instructor Daytime phone . . . (703) 863-3967 Ext     

Marital status . . . Married

If widowed, check the appropriate box for the year your spouse died:

After 2013 ► ☐ 2013 ► ☐ 2012 ► ☐ 2011 ► ☐ Before 2011 ► ☐

Are you retired on total and permanent disability? (for Schedule R, see Help) . . . . . ► ☐ Yes ☐ No

Check if this person is legally blind . . . . . ► ☐

If deceased, enter the date of death . . . . . ► (mm/dd/yyyy)     

Were you under the age of 16 as of 1-1-2014 and this is the first year you  
are filing a tax return? . . . . . ► ☐ Yes ☐ No

Do you want \$3 to go to Presidential Election Campaign Fund? . . . . . ► ☐ Yes ☐ No

**Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer**

**1** Can someone (such as your parent) claim you as a dependent? . . . . . ► ☐ Yes ☒ No

**2** If you answered 'Yes' to question 1, are you actually claimed as a dependent  
on that person's tax return? . . . . . ► ☐ Yes ☐ No

*Questions 3 through 5 are only required for individuals who claim the  
American Opportunity Credit.*

**3** Were you a full-time student during any part of five months during 2013? . . . . . ► ☐ Yes ☒ No

**4** Did your earned income exceed one-half of your support? . . . . . ► ☐ Yes ☐ No

**5** Was at least one of your parents alive on December 31, 2013? . . . . . ► ☐ Yes ☐ No

**Part III – Taxpayer's State Residency Information**

Enter this person's state of residence as of December 31, 2013 . . . . . VA

Check the appropriate box:

This person is a resident of the state above for the entire year . . . . . ☒

This person is a resident of the state above for only part of year . . . . . ☐

Date this person established residence in state above . . . . . ►     

In which state (or foreign country) did this person reside before this change? . . . . . ►     

**Part IV – Dependent Care Expenses**

Qualified dependent care expenses incurred and paid for this person in 2013 . . . . .

**Personal Information Worksheet  
For the Spouse**

**2013**

► Keep for your records

**QuickZoom** to another copy of Personal Information Worksheet . . . . . ►  
**QuickZoom** to Federal Information Worksheet . . . . . ►

**Part I – Spouse's Personal Information**

First name . . . Casey Middle initial . A Last name . . . Carnnia  
Suffix . . . . .

Social security no. . . 578-11-4072 Member of U.S. Armed Forces in 2013? . . ☐ Yes ☒ No

Date of birth . . . . . 06/10/1968 (mm/dd/yyyy) age as of 1-1-2014 . . . . . 45

Occupation . . . Web Developer Daytime phone . . . . . Ext . . . . .

Marital status . . . . .

If widowed, check the appropriate box for the year your spouse died:

After 2013 ► ☐ 2013 ► ☐ 2012 ► ☐ 2011 ► ☐ Before 2011 ► ☐

Are you retired on total and permanent disability? (for Schedule R, see Help) . . . . . ► ☐ Yes ☐ No

Check if this person is legally blind . . . . . ► ☐

If deceased, enter the date of death . . . . . ► (mm/dd/yyyy) . . . . .

Were you under the age of 16 as of 1-1-2014 and this is the first year you  
are filing a tax return? . . . . . ► ☐ Yes ☐ No

Do you want \$3 to go to Presidential Election Campaign Fund? . . . . . ► ☐ Yes ☐ No

**Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer**

**1** Can someone (such as your parent) claim you as a dependent? . . . . . ► ☐ Yes ☒ No

**2** If you answered 'Yes' to question 1, are you actually claimed as a dependent  
on that person's tax return? . . . . . ► ☐ Yes ☐ No

*Questions 3 through 5 are only required for individuals who claim the  
American Opportunity Credit.*

**3** Were you a full-time student during any part of five months during 2013? . . . . . ► ☐ Yes ☒ No

**4** Did your earned income exceed one-half of your support? . . . . . ► ☐ Yes ☐ No

**5** Was at least one of your parents alive on December 31, 2013? . . . . . ► ☐ Yes ☐ No

**Part III – Spouse's State Residency Information**

Enter this person's state of residence as of December 31, 2013 . . . . . VA

Check the appropriate box:

This person is a resident of the state above for the entire year . . . . . ☒

This person is a resident of the state above for only part of year . . . . . ☐

Date this person established residence in state above . . . . . ► . . . . .

In which state (or foreign country) did this person reside before this change? . . . . . ► . . . . .

**Part IV – Dependent Care Expenses**

Qualified dependent care expenses incurred and paid for this person in 2013 . . . . .



# Dependent and Nondependent Information Worksheet

2013

► Keep for your records

**QuickZoom** to another copy of Dependent and Nondependent Information Worksheet . . . . . ►

**QuickZoom** to Federal Information Worksheet . . . . . ►

## Part I – Personal Information

First name . . . Lotfollah Middle initial . . .      Last name . . . Shirafkan  
Suffix . . . . .     

Social security no. . . . 177-23-0356

Date of birth . . . . . 09/17/1945 (mm/dd/yyyy) age as of 12-31-2013 . . . . . 68

Did this person pass away in 2013 (deceased)? . . . . . ☐ Yes ☒ No

Relationship to taxpayer or spouse . . . . . Parent

**CAUTION:** If claiming a child other than your own, see **Relationship** in the Tax Help.

**NOTE:** The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? . . . . . ► ☐ Yes ☐ No

Dependency code \*. 0 — Other dependent

\*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled . . . . . ☐

## Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? . . . . . ☒ Yes ☐ No

Is this person a resident of Canada or Mexico? . . . . . ☐ Yes ☐ No

This person is adopted and you are a U.S. citizen or U.S. national  
The adopted child lived with you all year ☐

\*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Qualifying for the earned income credit \* . N — Non-qualifying person

\*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Months lived with taxpayer in the United States . . . . .     

Check if this person is **not** a qualifying child for the child tax credit . . . . . ☐

If this dependent has an ITIN issued by the IRS instead of a social security number issued by the social security administration, did they meet the substantial presence test? (see Schedule 8812 Instructions) ☐ Yes ☐ No

## Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2013 . . . . .

# Dependent and Nondependent Information Worksheet

2013

► Keep for your records

**QuickZoom** to another copy of Dependent and Nondependent Information Worksheet . . . . . ►

**QuickZoom** to Federal Information Worksheet . . . . . ►

## Part I – Personal Information

First name . . . Tahereh Middle initial . . .      Last name . . . Taheri  
Suffix . . . . .     

Social security no. . . . 753-24-0918

Date of birth . . . . . 08/06/1956 (mm/dd/yyyy) age as of 12-31-2013 . . . . . 57  
Did this person pass away in 2013 (deceased)? . . . . . ☐ Yes ☒ No

Relationship to taxpayer or spouse . . . . . Parent

**CAUTION:** If claiming a child other than your own, see **Relationship** in the Tax Help.

**NOTE:** The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? . . . . . ► ☐ Yes ☐ No

Dependency code \*. 0 — Other dependent

\*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled . . . . . ☐

## Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? . . . . . ☒ Yes ☐ No  
Is this person a resident of Canada or Mexico? . . . . . ☐ Yes ☐ No

This person is adopted and you are a U.S. citizen or U.S. national  
The adopted child lived with you all year ☐

\*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Qualifying for the earned income credit \* . N — Non-qualifying person

\*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Months lived with taxpayer in the United States . . . . .     

Check if this person is **not** a qualifying child for the child tax credit . . . . . ☐

If this dependent has an ITIN issued by the IRS instead of a social security number issued by the social security administration, did they meet the substantial presence test? (see Schedule 8812 Instructions) ☐ Yes ☐ No

## Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2013 . . . . .

# Student Information Worksheet

2013

► Keep for your records

Name of Student Casey A Carnnia	Social Security Number 578-11-4072
------------------------------------	---------------------------------------

## Part I – Student Status

- Was this person a student during 2013? ☒ Yes ☐ No
- What kind of school did the student attend during 2013? (Check all that apply.)
 

a <input type="checkbox"/> Elementary	c <input checked="" type="checkbox"/> College (postsecondary)	e <input type="checkbox"/> Military academy
b <input type="checkbox"/> High school (secondary)	d <input type="checkbox"/> Vocational school	f <input type="checkbox"/> Not applicable
- Did the student receive scholarships or other education assistance? ☐ Yes ☐ No

## Part II – College Student Information

- Did the student complete the first 4 years of postsecondary education as of 1/1/2013? ☐ Yes ☒ No ☐ NA
- Was this student enrolled at an eligible education institution during 2013? ☒ Yes ☐ No ☐ NA
- Was this student enrolled in a program that leads to a degree, certificate, or credential? ☒ Yes ☐ No ☐ NA
- Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? ☒ Yes ☐ No ☐ NA
- Did this student take at least one-half the normal full-time workload for one academic period? ☒ Yes ☐ No ☐ NA
- Has this student been convicted of a felony for possessing or distributing a controlled substance? ☐ Yes ☒ No ☐ NA
- Is this student an eligible dependent of the taxpayer? ☐ Yes ☐ No ☒ NA
- In how many prior years has an American Opportunity Credit been claimed for this student? . . . ►
- In how many prior years has a Hope Credit been claimed for this student . . . ►

## Part III – Education Credit and Deduction Qualifications (Determined based entries in Part II)

- Is this student qualified for the American Opportunity Credit? ☒ Yes ☐ No
- Is this student qualified for the Lifetime Learning Credit? ☒ Yes ☐ No
- Is this student qualified for the Tuition and Fees Deduction? ☒ Yes ☐ No

## Part IV – Educational Institution and Tuition Summary

Received 2012 1098T with Box 2 filled and box 7 checked?					
School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
Northern Virginia Community College 54-1268263	3001 North Beauregard st Alexandria VA 22311	3,719.	0.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Totals . . . . .		3,719.	0.		

## Part V – Education Assistance (Scholarships, Fellowships, Grants, etc.)

	Total	Taxable	Tax-free
1 Educational assistance that is always tax-free:			
a Veteran or employer assistance from Form 1098-T Worksheets . . .	_____		
b Other veteran assistance . . . . .	_____		
c Other tax-free employer-provided assistance . . . . .	_____		
d Total . . . . .			_____
2 Scholarships, fellowships, and grants not reported on Form W-2:			
a Scholarships and grants from Part IV above . . . . .	_____		
b Other scholarships, fellowships and grants . . . . .	_____		
c Total . . . . .	_____		
3 Amount representing payment for teaching, research, or other services		_____	
4 Amount required to be used for other than qualified education expenses		_____	
5 Subtract lines 3 and 4 from line 2e . . . . .	_____		
6 Total qualified education expenses from Part VI below. . . . .	<u>5,268.</u>		
7 If student is a candidate for a degree, enter the amount used for qualified education expenses, otherwise, enter -0-. . . . .			_____
8 Subtract line 7 from line 5 . . . . .		_____	
9 Taxable part. Add lines 3, 4, and 8. . . . .		_____	
10 Tax-free educational assistance. Add lines 1e and 7 . . . . .			_____

## Part VI – Education Expenses

[illegible]

**Part VII – Education Credit or Deduction Election**

1	Elect credit or deduction which results in best tax outcome. . . . .	<input checked="" type="checkbox"/>
2	Elect the American Opportunity Credit . . . . .	<input type="checkbox"/>
3	Elect the Lifetime Learning Credit . . . . .	<input type="checkbox"/>
4	Elect the tuition and fees deduction . . . . .	<input type="checkbox"/>
5	Not applicable . . . . .	<input type="checkbox"/>

**Part VIII – Qualified Tuition Program (Section 529 Plan)**

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Qualified Tuition Plan (QTP) distributions from Form 1099-Q . . . . .	
2	Adjusted Qualified Higher Education Expenses . . . . .	
3	Qualified Higher Education Expenses applied to QTP distributions . . . . .	
4	Excess distributions. Subtract line 3 from line 1. . . . . If line 4 is greater than zero, complete lines 5 through 8.	
5	Total distributed earnings from Form 1099-Q box 2 . . . . .	
6	Fraction. Divide line 3 by line 1. . . . .	
7	Multiply line 5 by line 6. . . . .	
8	Earnings taxable to recipient. Subtract line 7 from line 5. . . . .	

**Part IX – Education Savings Account (ESA)**

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Education Savings Account (ESA) distributions from Form 1099-Q. . .	
2	Qualified Elementary and Secondary Education Expenses . . . . .	
3	Qualified Elementary and Secondary Education Expenses applied . . . . .	
4	Subtract line 3 from line 1. . . . .	
5	Adjusted Qualified Higher Education Expenses . . . . .	
6	Qualified Higher Education Expenses applied to ESA distributions . . . . .	
7	Excess distributions. Subtract line 6 from line 4. . . . .	
8	Distributions taxable to recipient . . . . .	

**Part X – Series EE and I U.S. Savings Bonds Issued After 1989**

1	Total proceeds from U.S. Savings Bonds cashed during 2013 for this student. . . . .	_____
2	Adjusted Qualified Higher Education Expenses. . . . .	_____
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest . . . . .	_____
4	Interest included in line 1 . . . . .	_____
5	Name and address of eligible educational institution(s) attended:	
	Institution Name	Institution Name
	Street address	Street address
	City	City
	State	State
	Zip Code	Zip Code

► Keep for your records

Name(s) Shown on Return

Zakieh Shirafkan &amp; Casey A Carnnia

Social Security Number

691-01-5408

## Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	42,271.	60,151.	102,422.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .			
<b>2</b>	Total federal tax withheld . . . . .	4,354.	5,865.	10,219.
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .	45,597.	71,618.	117,215.
<b>4</b>	Total social security tax withheld . . . . .	2,827.	4,440.	7,267.
<b>5</b>	Total Medicare wages and tips . . . . .	45,597.	71,618.	117,215.
<b>6</b>	Total Medicare tax withheld . . . . .	662.	1,038.	1,700.
<b>8</b>	Total allocated tips . . . . .			
<b>9</b>	Not used . . . . .			
<b>10</b>	Total dependent care benefits . . . . .			
<b>11</b>	Total distributions from nonqualified plans . . .			
<b>12 a</b>	Total from Box 12 . . . . .	3,335.	27,528.	30,863.
<b>b</b>	Elective deferrals to qualified plans . . . . .	3,326.	11,466.	14,792.
<b>c</b>	Roth contributions to 401(k) & 403(b) plans . .			
<b>d</b>	Deferrals to government 457 plans . . . . .			
<b>e</b>	Deferrals to non-government 457 plans . . . .			
<b>f</b>	Deferrals 409A nonqual deferred comp plan . .			
<b>g</b>	Income 409A nonqual deferred comp plan . . .			
<b>h</b>	Uncollected Medicare tax . . . . .			
<b>i</b>	Uncollected social security and RRTA tier 1 . .			
<b>j</b>	Uncollected RRTA tier 2 . . . . .			
<b>k</b>	Income from nonstatutory stock options . . . .			
<b>l</b>	Non-taxable combat pay . . . . .			
<b>m</b>	Total other items from box 12 . . . . .	9.	16,062.	16,071.
<b>14 a</b>	Total deductible mandatory state tax . . . . .			
<b>b</b>	Total deductible charitable contributions . . . .			
<b>c</b>	This line does not apply to TurboTax . . . . .			
<b>d</b>	Total RR Compensation . . . . .			
<b>e</b>	Total RR Tier 1 tax . . . . .			
<b>f</b>	Total RR Tier 2 tax . . . . .			
<b>g</b>	Total RR Medicare tax . . . . .			
<b>h</b>	Total RR Additional Medicare tax . . . . .			
<b>i</b>	Total RRTA tips. . . . .			
<b>j</b>	Total other items from box 14 . . . . .			
<b>16</b>	Total state wages and tips . . . . .	42,271.	60,151.	102,422.
<b>17</b>	Total state tax withheld . . . . .	2,008.	2,922.	4,930.
<b>19</b>	Total local tax withheld. . . . .			

Name  
Zakieh Shirafkan

Social Security Number  
691-01-5408

☐
**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below

**a** Employee's social security No. 691-01-5408  
**b** Employer's ID number . . . . 33-1019021  
**c** Employer's name, address, and ZIP code  
International Communication Associa  
DBA ICA Language Services  
 Street 1901 N Moore St. ML02  
 City Arlington  
 State VA ZIP Code 22209  
 Foreign Country \_\_\_\_\_

**d** Control number . \_\_\_\_\_

☒
**Transfer employee information from the Federal Information Worksheet**

**e** Employee's name  
 First Zakieh M.I. \_\_\_\_\_  
 Last Shirafkan Suff. \_\_\_\_\_  
**f** Employee's address and ZIP code  
 Street 1958 Teasel ct  
 City Woodbridge  
 State VA ZIP Code 22192  
 Foreign Country \_\_\_\_\_

**1** Wages, tips, other compensation  
20,527.50

**3** Social security wages  
20,527.50

**5** Medicare wages and tips  
20,527.50

**7** Social security tips  
 \_\_\_\_\_

**9** \_\_\_\_\_

**11** Nonqualified plans  
 \_\_\_\_\_

**12** Enter box 12 below  
 \_\_\_\_\_

**13** ☐ Statutory employee  
☐ Retirement plan  
☐ Third-party sick pay

**14** Enter box 14 below **after** entering boxes 18, 19, and 20.  
**NOTE:** Enter box 15 **before** entering box 14.

**2** Federal income tax withheld  
1,746.89

**4** Social security tax withheld  
1,272.71

**6** Medicare tax withheld  
297.65

**8** Allocated tips  
 \_\_\_\_\_

**10** Dependent care benefits  
 \_\_\_\_\_  
 Distributions from sect. 457 and nonqualified plans  
*(Important, see Help)*

**Box 12**  
Code

**Box 12**  
Amount

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_

M: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_

P: Double click to link to Form 3903, line 4. . . \_\_\_\_\_

R: Enter MSA contribution for Taxpayer . . . \_\_\_\_\_

Spouse . . . . \_\_\_\_\_

W: Enter HSA contribution for Taxpayer . . . \_\_\_\_\_

Spouse . . . . \_\_\_\_\_

G: ☐ Employer is **not** a state or local government

**Box 15**  
State

Employer's state I.D. no.

**Box 16**

State wages, tips, etc.

**Box 17**

State income tax

VA

33-331019021F-00

20,527.50

900.67

**Box 20**

Locality name

**Box 18**

Local wages, tips, etc.

**Box 19**

Local income tax

Associated  
State

**Box 14**

Description or Code  
on Actual Form W-2

Amount

TurboTax Identification of Description or Code  
(Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Name  
Zakieh ShirafkanSocial Security Number  
691-01-5408☐**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below

**a** Employee's social security No. 691-01-5408  
**b** Employer's ID number . . . . 52-2033599  
**c** Employer's name, address, and ZIP code  
Array Information Technology  
 Street 7474 Greenway CTR Dr, STE 600  
 City Greenbelt  
 State MD ZIP Code 20770  
 Foreign Country \_\_\_\_\_

**d** Control number . \_\_\_\_\_☒**Transfer employee information from the Federal Information Worksheet**

**e** Employee's name  
 First Zakieh M.I. \_\_\_\_\_  
 Last Shirafkan Suff. \_\_\_\_\_  
**f** Employee's address and ZIP code  
 Street 1958 Teasel ct  
 City Woodbridge  
 State VA ZIP Code 22192  
 Foreign Country \_\_\_\_\_

**1** Wages, tips, other compensation  
21,742.59  
**3** Social security wages  
25,068.84  
**5** Medicare wages and tips  
25,068.84  
**7** Social security tips  
 \_\_\_\_\_

**9** \_\_\_\_\_**11** Nonqualified plans  
 \_\_\_\_\_**12** Enter box 12 below  
 \_\_\_\_\_

**13** ☐ Statutory employee  
☒ Retirement plan  
☐ Third-party sick pay

**14** Enter box 14 below **after** entering boxes 18, 19, and 20.  
**NOTE:** Enter box 15 **before** entering box 14.

**2** Federal income tax withheld  
2,607.23  
**4** Social security tax withheld  
1,554.27  
**6** Medicare tax withheld  
363.51  
**8** Allocated tips  
 \_\_\_\_\_

**10** Dependent care benefits  
 \_\_\_\_\_  
 Distributions from sect. 457 and nonqualified plans  
*(Important, see Help)*  
 \_\_\_\_\_

**Box 12**

Code

CD**Box 12**

Amount

9.043,326.25

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_

M: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_

P: Double click to link to Form 3903, line 4. . . \_\_\_\_\_

R: Enter MSA contribution for Taxpayer . . . \_\_\_\_\_

Spouse . . . . \_\_\_\_\_

W: Enter HSA contribution for Taxpayer . . . \_\_\_\_\_

Spouse . . . . \_\_\_\_\_

G: ☐ Employer is **not** a state or local government**Box 15**

State

VA

Employer's state I.D. no.

30522033599F001**Box 16**

State wages, tips, etc.

21,742.59**Box 17**

State income tax

1,106.84**Box 20**

Locality name

**Box 18**

Local wages, tips, etc.

**Box 19**

Local income tax

Associated  
State**Box 14**Description or Code  
on Actual Form W-2

Amount

TurboTax Identification of Description or Code  
(Identify this item by selecting the identification from the drop down list. If not on the list, select Other).



Name  
Casey A CarnniaSocial Security Number  
578-11-4072
☒ **Spouse's W-2**  
☐ **Do not transfer this W-2 to next year**
**Military:** Complete **Part VI** on Page 2 below

**a** Employee's social security No. 578-11-4072  
**b** Employer's ID number . . . . 53-6002523  
**c** Employer's name, address, and ZIP code  
U.S. House of Representatives  
Payroll and Benefits  
Street B215 Longworth HOB  
City Washington  
State DC ZIP Code 20515  
Foreign Country \_\_\_\_\_

**1** Wages, tips, other compensation  
60,151.32  
**3** Social security wages  
71,617.80  
**5** Medicare wages and tips  
71,617.80  
**7** Social security tips  
\_\_\_\_\_

**2** Federal income tax withheld  
5,865.24  
**4** Social security tax withheld  
4,440.30  
**6** Medicare tax withheld  
1,038.46  
**8** Allocated tips  
\_\_\_\_\_

**d** Control number . \_\_\_\_\_
☒ **Transfer employee information from the Federal Information Worksheet**

**e** Employee's name  
First Casey M.I. A  
Last Carnnia Suff. \_\_\_\_\_  
**f** Employee's address and ZIP code  
Street 1958 Teasel ct  
City Woodbridge  
State VA ZIP Code 22192  
Foreign Country \_\_\_\_\_

**9** \_\_\_\_\_**11** Nonqualified plans  
\_\_\_\_\_**12** Enter box 12 below  
\_\_\_\_\_

**13** ☐ Statutory employee  
☒ Retirement plan  
☐ Third-party sick pay

**10** Dependent care benefits  
\_\_\_\_\_

Distributions from sect. 457 and nonqualified plans  
*(Important, see Help)*

**14** Enter box 14 below **after** entering boxes 18, 19, and 20.  
**NOTE:** Enter box 15 **before** entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is: A: Enter amount attributable to RRTA Tier 2 tax _____ M: Enter amount attributable to RRTA Tier 2 tax _____ P: Double click to link to Form 3903, line 4. . . . R: Enter MSA contribution for Taxpayer . . . . Spouse . . . . W: Enter HSA contribution for Taxpayer . . . . Spouse . . . . G: <input type="checkbox"/> Employer is <b>not</b> a state or local government
D	11,466.48	
DD	16,062.24	

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
VA	001070368-9	60,151.32	2,921.73

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

**1098-T**  
Worksheet

**Tuition Statement**  
► Keep for your records

**2013**

Taxpayer's name <u>Zakieh Shirafkan &amp; Casey A Carnnia</u>	Social Security No. <u>691-01-5408</u>
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**1098-T Information (Required):**

- A** A Form 1098-T was received from this institution . . . . . Yes ☒ No ☐
- B** A Form 1098-T was received from this institution in **2012** with Box 2 filled in and Box 7 checked . . . . . Yes ☐ No ☒

**Identify Student (Required):**

- A** If student is Zakieh or Casey  
**Double-click to link this 1098-T to the applicable Taxpayer or Spouse Student Information Worksheet** . . . . . ► Casey
- B** If student is Lotfollah or Tahereh  
**Double-click to link this 1098-T to the applicable Dependent Student Information Worksheet** . . . . . ► \_\_\_\_\_

Filer's name <u>Northern Virginia Community College</u> Street address <u>3001 North Beauregard st</u> City State Zip Code <u>Alexandria VA 22311</u> Foreign province/county _____ Foreign postal code Foreign country _____		<b>1</b> Payments received for qualified tuition and related expenses . . . . \$ <u>3,719.</u>	
<b>Filer's</b> Federal identification number <u>54-1268263</u>		<b>Student's</b> Social Security Number. <u>578-11-4072</u>	
<b>Student's</b> name <u>Casey</u> Street address Apt. No. <u>1958 Teasel ct</u> City State Zip Code <u>Woodbridge VA 22192</u>		<b>4</b> Adjustments made for a prior year \$ _____	<b>5</b> Scholarships or grants \$ _____
Service Provider/ Acct No _____		<b>6</b> Adjustments to scholarships or grants for a prior year \$ _____	<b>7</b> Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2014 . . . . ► <input type="checkbox"/>
<b>8</b> Check if at least half-time student ► <input checked="" type="checkbox"/>		<b>9</b> Checked if a graduate student . . ► <input type="checkbox"/>	<b>10</b> Ins. contract reimb./refund \$ _____

**Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses**

- A** Enter box 1 amount **not** paid during 2013 . . . . . 0.
- B** Enter box 1 amount actually paid during 2013 . . . . . 3,719.

**Reconciliation of Box 2, Amounts Billed for Qualified Tuition and Related Expenses**

- A** Enter box 2 amount **not** paid during 2013. . . . . \_\_\_\_\_
- B** Enter box 2 amount actually paid during 2013 . . . . . \_\_\_\_\_

**Reconciliation of Box 5, Veteran- or Employer-Provided Assistance Included in Box 5**

- A** Enter portion of box 5 amount from veteran- or tax free employer-provided assistance . . . . \_\_\_\_\_
- B** Enter portion of box 5 amount from employer-provided assistance included in income . . . . \_\_\_\_\_
- C** Portion of box 5 amount from scholarships or grants . . . . . \_\_\_\_\_
- D** Box 5 amount includes veteran- or employer-provided educational assistance . . . . . ☐

# Tax Payments Worksheet

**2013**

► Keep for your records

Name(s) Shown on Return <u>Zakieh Shirafkan &amp; Casey A Carnnia</u>	Social Security Number <u>691-01-5408</u>
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## Estimated Tax Payments for 2013 (If more than 4 payments for any state or locality, see Tax Help)

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID
1 <u>04/15/13</u>		<u>04/15/13</u>			<u>04/15/13</u>		
2 <u>06/17/13</u>		<u>06/17/13</u>			<u>06/17/13</u>		
3 <u>09/16/13</u>		<u>09/16/13</u>			<u>09/16/13</u>		
4 <u>01/15/14</u>		<u>01/15/14</u>			<u>01/15/14</u>		
5							
<b>Tot Estimated Payments . . .</b>							

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2013 . . . .					
7	Credited by estates and trusts . . . .					
8	<b>Totals</b> Lines 1 through 7 . . . . .					
9	2013 extensions . . . . .					

Taxes Withheld From:				Federal	State	Local
10	Forms W-2 . . . . .			10,219.	4,930.	
11	Forms W-2G . . . . .					
12	Forms 1099-R . . . . .					
13	Forms 1099-MISC and 1099-G . . . . .					
14	Schedules K-1 . . . . .					
15	Forms 1099-INT, DIV and OID . . . . .					
16	Social Security and Railroad Benefits . . . . .					
17	Form 1099-B . . . . .	St	Loc			
18 a	Other withholding . . . .	St	Loc			
b	Other withholding . . . .	St	Loc			
c	Other withholding . . . .	St	Loc			
d	Positive Adjustment . . .	St	Loc			
e	Negative Adjustment . .	St	Loc			
f	Additional Medicare Tax. . . . .					
19	<b>Total Withholding</b> Lines 10 through 18f . . . .			10,219.	4,930.	
20	<b>Total Tax Payments for 2013</b> . . . . .			10,219.	4,930.	

Prior Year Taxes Paid In 2013 (If multiple states or localities, see Tax Help)				State	ID	Local	ID
21	Tax paid with 2012 extensions . . . . .						
22	2012 estimated tax paid after 12/31/2012 . . . . .						
23	Balance due paid with 2012 return . . . . .						
24	Other (amended returns, installment payments, etc) . .						

**Schedule A**  
**Lines 5 - 12**

**Tax and Interest Deduction Worksheet**

**2013**

► Keep for your records

Name(s) Shown on Return Zakieh Shirafkan & Casey A Carnnia	Social Security Number 691-01-5408
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**Tax Deductions**

**1 State and local taxes:**

**Optional Sales Tax Tables**

**a Available Income:**

(1) Income from Form 1040, line 38 . . . . .	104,259.
(2) Nontaxable income entered elsewhere on return . . . . .	
(3) Available income: 2012 refundable credits in excess of tax . . . . .	0.
(4) Enter any additional nontaxable income . . . . .	
(5) Total available income . . . . .	104,259.

**b Sales Tax Per State of Residence:**

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

*Arizona, Colorado, Louisiana, New Jersey, New York or South Carolina only:*

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

**c** Total general sales tax using tables . . . . .

**d Sales Tax Paid on Specific Items (see help):**

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

**e** Total sales tax deduction on specific items . . . . .

**f** Total general sales tax per tables plus sales tax on specific items . . . . .

**g Actual State and Local General Sales Tax:**

Actual sales taxes (enter the total sales taxes paid during the year on all items). . . . .

**h State and Local Income Taxes:**

State and Local Income taxes . . . . . 4,930.00

**i State and Local Tax Deduction to Schedule A, line 5:**

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5) . . . . . 4,930.00

**j** Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . ☐ Sales Taxes . . . . ☐ Greater amount . ☒

**2 Real estate taxes:**

**a** Real estate taxes paid on principal residence **not** entered on Form 1098 . . . . . 2,652.24

<b>b</b>	Real estate taxes paid on principal residence entered on Form 1098 . . . . .	_____
<b>c</b>	Real estate taxes paid on additional homes or land . . . . .	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
<b>d</b>	Principal residence . . . . .	_____
<b>e</b>	Vacation home . . . . .	_____
<b>f</b>	Less real estate taxes deducted on Form 8829 . . . . .	_____
<b>g</b>	Add lines 2a through 2f (to Schedule A, line 6) . . . . .	<u>2,652.24</u>
<b>3</b>	<b>Personal property taxes:</b>	
<b>a</b>	Auto registration fees based on the value of the vehicle.	
	2012 Amount	Enter 2013 description:
	_____	<u>Chrysler PT Cruiser Wagon 4D</u>
	_____	<u>Honda Fit</u>
	_____	_____
	_____	_____
<b>b</b>	Non-business portion of personal property taxes from Car & Truck Exp Wks . . . . .	_____
<b>c</b>	Other personal property taxes . . . . .	<u>295.30</u>
<b>d</b>	Add lines 3a through 3c (to Schedule A, line 7) . . . . .	<u>459.30</u>
<b>4</b>	<b>Other taxes:</b>	
<b>a</b>	Other taxes from Schedule(s) K-1 . . . . .	
<b>b</b>	Foreign taxes from interest and dividends . . . . .	
<b>c</b>	Foreign taxes from Schedule(s) K-1 . . . . .	
<b>d</b>	Other foreign taxes (not used to claim a foreign tax credit) . . . . .	
<b>e</b>	Other taxes.	
	2012 Amount	Enter 2013 description:
	_____	_____
	_____	_____
	_____	_____
<b>f</b>	Add lines 4a through 4e (to Schedule A, line 8) . . . . .	_____

**Interest Deductions**

<b>5</b>	<b>Home mortgage interest and points reported on Form 1098:</b>	
<b>a</b>	Mortgage interest and points from the Home Mortgage Interest Worksheet . . . . .	<u>23,085.51</u>
<b>b</b>	Qualified mortgage interest from Schedule E Worksheet . . . . .	_____
<b>c</b>	Less home mortgage interest/points deducted on Form 8829 . . . . .	_____
<b>d</b>	Less home mortgage interest from Form 8396, line 3 . . . . .	_____
<b>e</b>	Add lines 5a through 5d (to Sch A, line 10) or line A2 from above . . . . .	<u>23,085.51</u>
<b>6</b>	<b>Home mortgage interest not reported on Form 1098:</b>	
<b>a</b>	Mortgage interest from the Home Mortgage Interest Worksheet . . . . .	_____
<b>b</b>	Less home mortgage interest deducted on Form 8829 . . . . .	_____
<b>c</b>	Add lines 6a and 6b (to Sch A, line 11) or line B2 from above . . . . .	_____
<b>7</b>	<b>Points not reported on Form 1098:</b>	
<b>a</b>	Amortizable points from the Home Mortgage Interest Worksheet . . . . .	_____
<b>b</b>	Other points not on Form 1098 from the Home Mortgage Interest Worksheet . . . . .	_____
<b>c</b>	Less points deducted on Form 8829 . . . . .	_____
<b>d</b>	Add lines 7a through 7c (to Schedule A, line 12) or line C2 from above . . . . .	_____

**Schedule A**  
**Lines 10 - 12**

**Home Mortgage Interest Worksheet**

**2013**

► Keep for your records

Name(s) Shown on Return <u>Zakieh Shirafkan &amp; Casey A Carnnia</u>	Social Security Number <u>691-01-5408</u>
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**Note:** Use this worksheet to report home mortgage interest you paid on your main home or second home.  
Enter mortgage interest you paid for business property other than a home office on the appropriate schedule or form for the business activity (Schedule C, Schedule E, etc.).

- 1 Was the mortgage interest reported to you on Form 1098? . . . . . Yes ☒ No ☐
- 2 Recipient's/lender's name. . . . . Wells Fargo Bank, N.A.
- 3 Mortgage interest paid on your main home or second home in 2013 23,085.51
- 4 Points paid in 2013 to buy your main home from Form 1098, box 2. . . . . \_\_\_\_\_

**QuickZoom** if you paid more interest than is shown on Form 1098 . . . . . \_\_\_\_\_

- 5 If you bought your home from the recipient and did **NOT** receive a Form 1098, enter the recipient's identifying number and address:  
Recipient's SSN or ID number . \_\_\_\_\_  
Recipient's address . . . . . \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- 6 If you and someone else were liable for this mortgage and the **other person** received the Form 1098, enter the other person's name and address:  
Name . . . . . \_\_\_\_\_  
Address. . . . . \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Points NOT reported on Form 1098:**

- 7 Points not reported on Form 1098 that you paid in 2013 to purchase or improve your **main home**. . . . . \_\_\_\_\_
- 8 If you paid other points to this lender which must be spread over the life of the loan, for example points you paid on your second home, on a home equity loan, or when you refinanced, enter the following:
- a Total points originally paid on a loan for which the points must be amortized . . . . . \_\_\_\_\_
- b Date loan was made or date of refinance . . . . . \_\_\_\_\_
- c Length of loan (years) . . . . . \_\_\_\_\_
- d Points deducted in prior years for this loan . . . . . \_\_\_\_\_
- e Amortized points allowable this year . . . . . \_\_\_\_\_
- f Check this box if the points remaining for this loan are deductible in full in 2013 because you refinanced with a different lender or paid off the loan . . . . . ☐
- g Amortizable points deducted this year (to Tax and Interest Deduction Wkst., line 7a) . . . . . \_\_\_\_\_

**Schedule A**  
**Line 17**

**Noncash Contributions Worksheet**

**2013**

► Keep for your records

Name(s) Shown on Return

Zakieh Shirafkan & Casey A Carnnia

Social Security Number

691-01-5408

**Part I Name of Charity and Donation Value**

**1** Name of charity . . . . . Salvation Army

**2 a** Value of contribution . . . . . 72.00

**Part II Type of Donated Property**

**3** Check one:

**Tangible personal property**

- a** ☒ Household items & clothing  
**b** ☐ Motor vehicle, boat, or airplane  
**c** ☐ Art, Other than self-created  
**d** ☐ Art, Self-created  
**e** ☐ Collectibles  
**f** ☐ Business equipment  
**g** ☐ Business inventory  
**h** ☐ Other

**Intangible property**

- i** ☐ Stock, Publicly traded  
**j** ☐ Stock, Other than publicly traded  
**k** ☐ Securities, Other than stock  
**l** ☐ Intellectual property  
**m** ☐ Other

**Real property**

- n** ☐ Real property, Conservation property  
**o** ☐ Real property, Other than conservation

**Part III Additional Information**

If **total** noncash contributions are more than \$500, complete Part III

**4 a** Street address of charity . . . . . \_\_\_\_\_

**b** Charity City or Town . . \_\_\_\_\_ State . . \_\_\_\_\_ ZIP . \_\_\_\_\_

**5** Unique description of donated property . . . . . Clothing, Footwear, Accessories & Household items

**6** Date of donation (mm/dd/yyyy or Various) . . . . . 05/04/2013

**7** Method used to determine the fair market value . . Comparative sales

**Part IV Acquisition Information**

If the value of this contribution is more than \$500, complete Part IV

**8** Date the donated property was acquired (mm/dd/yyyy) . . . . . \_\_\_\_\_

**9** How the donated property was acquired . . . . . \_\_\_\_\_

**10** Cost or adjusted basis in the donated property . . . . . \_\_\_\_\_

**11** If business equipment, enter accumulated depreciation . . . . . \_\_\_\_\_

**Part V Deduction**

**12** Amount claimed as a deduction . . . . . 72.

**Part VI Type of Charitable Organization**

13 Check one: ☒ (a) 50% charity ☐ (b) Other than 50% charity

**Part VII Charity's Use of Certain Appreciated Property**

Complete when value is greater than cost.

14 Is the charity's use of property related to its exempt purpose? . . . . . ☐ Yes ☐ No  
Check 'No' if the charity sold the donated property.

**Part VIII Motor vehicle, boat, airplanes**

15 a Was a Form 1098-C received? . . . . . ☐ Yes ☐ No  
b If **no**, did you receive other written acknowledgment? . . . . . ☐ Yes ☐ No  
c Vehicle Identification Number . . . . . \_\_\_\_\_

**Part IX Additional Information for Contributions of Property More than \$5,000**

Complete Part IX for a contribution of property that has a value of more than \$5,000.

Generally, you must have a written appraisal for these contributions.

16 Was an appraisal required for this property? . . . . . ☐ Yes ☐ No

**17 Appraiser Information:**

a Date of Appraisal . . . . . \_\_\_\_\_  
b Appraiser Title . . . . . \_\_\_\_\_  
c Appraiser Identifying Number . . . . . \_\_\_\_\_  
d Appraiser Business Address (including room or suite number) \_\_\_\_\_

e Appraiser City or Town \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**18 Charity Information:**

a Charity Date of Receipt of Gift . . . . . \_\_\_\_\_  
b Charity Representative Title . . . . . \_\_\_\_\_  
c Charity Identifying Number . . . . . \_\_\_\_\_  
d Charity Street Address (including room or suite number) \_\_\_\_\_

e Charity City or Town \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**19 Other Information:**

a If a group of items were donated, describe any items  
which were appraised at \$500 or less . . . . . \_\_\_\_\_  
b For **tangible property**, give a brief summary of its overall physical  
condition on the date it was donated . . . . . \_\_\_\_\_  
c For **stock and securities** (checkboxes 3i-3j), enter average trading price . . . . . \_\_\_\_\_  
d For **bargain sales**, enter the amount received . . . . . \_\_\_\_\_

**Part X Partial Interest Donations**

If entire interest in the property was **not** donated, complete Part X.

Complete Part X for a contribution of property that has a value of \$5,000 or less and for publicly traded stock donations.

20 Was the **entire interest** donated for this property? . . . . . ☒ Yes ☐ No  
If **no**, complete line 21

**21 Partial interest donation information:**

a Amount claimed as a deduction on 2013 tax return . . . . . \_\_\_\_\_  
b Deduction claimed for this property on prior years' tax returns. . . . . \_\_\_\_\_  
c Location of tangible property donated . . . . . \_\_\_\_\_  
d Name of the person, other than the charity on line 1, who has  
possession of the donated property . . . . . \_\_\_\_\_  
Complete lines 21e through 21g only if different from the charity on line 1:  
e If a partial interest in this property was donated to a different charity  
in a prior year, enter the name of the charity . . . . . \_\_\_\_\_  
f Street address of prior charity . . . . . \_\_\_\_\_  
g City of prior charity \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_



**Schedule A**  
**Line 17**

**Noncash Contributions Worksheet**

**2013**

► Keep for your records

Name(s) Shown on Return

Zakieh Shirafkan & Casey A Carnnia

Social Security Number

691-01-5408

**Part I Name of Charity and Donation Value**

**1** Name of charity . . . . . Salvation Army

**2 a** Value of contribution . . . . . 187.00

**Part II Type of Donated Property**

**3** Check one:

**Tangible personal property**

- a** ☒ Household items & clothing  
**b** ☐ Motor vehicle, boat, or airplane  
**c** ☐ Art, Other than self-created  
**d** ☐ Art, Self-created  
**e** ☐ Collectibles  
**f** ☐ Business equipment  
**g** ☐ Business inventory  
**h** ☐ Other

**Intangible property**

- i** ☐ Stock, Publicly traded  
**j** ☐ Stock, Other than publicly traded  
**k** ☐ Securities, Other than stock  
**l** ☐ Intellectual property  
**m** ☐ Other

**Real property**

- n** ☐ Real property, Conservation property  
**o** ☐ Real property, Other than conservation

**Part III Additional Information**

If **total** noncash contributions are more than \$500, complete Part III

**4 a** Street address of charity . . . . . \_\_\_\_\_

**b** Charity City or Town . . \_\_\_\_\_ State . . \_\_\_\_\_ ZIP . \_\_\_\_\_

**5** Unique description of donated property . . . . . Clothing, Footwear, Accessories & Household items

**6** Date of donation (mm/dd/yyyy or Various) . . . . . 08/15/2013

**7** Method used to determine the fair market value . . Comparative sales

**Part IV Acquisition Information**

If the value of this contribution is more than \$500, complete Part IV

**8** Date the donated property was acquired (mm/dd/yyyy) . . . . . \_\_\_\_\_

**9** How the donated property was acquired . . . . . \_\_\_\_\_

**10** Cost or adjusted basis in the donated property . . . . . \_\_\_\_\_

**11** If business equipment, enter accumulated depreciation . . . . . \_\_\_\_\_

**Part V Deduction**

**12** Amount claimed as a deduction . . . . . 187.

**Part VI Type of Charitable Organization**

13 Check one: ☒ (a) 50% charity ☐ (b) Other than 50% charity

**Part VII Charity's Use of Certain Appreciated Property**

Complete when value is greater than cost.

14 Is the charity's use of property related to its exempt purpose? . . . . . ☐ Yes ☐ No  
Check 'No' if the charity sold the donated property.

**Part VIII Motor vehicle, boat, airplanes**

15 a Was a Form 1098-C received? . . . . . ☐ Yes ☐ No  
b If **no**, did you receive other written acknowledgment? . . . . . ☐ Yes ☐ No  
c Vehicle Identification Number . . . . . \_\_\_\_\_

**Part IX Additional Information for Contributions of Property More than \$5,000**

Complete Part IX for a contribution of property that has a value of more than \$5,000.

Generally, you must have a written appraisal for these contributions.

16 Was an appraisal required for this property? . . . . . ☐ Yes ☐ No

**17 Appraiser Information:**

a Date of Appraisal . . . . . \_\_\_\_\_  
b Appraiser Title . . . . . \_\_\_\_\_  
c Appraiser Identifying Number . . . . . \_\_\_\_\_  
d Appraiser Business Address (including room or suite number) \_\_\_\_\_

e Appraiser City or Town \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**18 Charity Information:**

a Charity Date of Receipt of Gift . . . . . \_\_\_\_\_  
b Charity Representative Title . . . . . \_\_\_\_\_  
c Charity Identifying Number . . . . . \_\_\_\_\_  
d Charity Street Address (including room or suite number) \_\_\_\_\_

e Charity City or Town \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**19 Other Information:**

a If a group of items were donated, describe any items  
which were appraised at \$500 or less . . . . . \_\_\_\_\_  
b For **tangible property**, give a brief summary of its overall physical  
condition on the date it was donated . . . . . \_\_\_\_\_  
c For **stock and securities** (checkboxes 3i-3j), enter average trading price . . . . . \_\_\_\_\_  
d For **bargain sales**, enter the amount received . . . . . \_\_\_\_\_

**Part X Partial Interest Donations**

If entire interest in the property was **not** donated, complete Part X.

Complete Part X for a contribution of property that has a value of \$5,000 or less and for publicly traded stock donations.

20 Was the **entire interest** donated for this property? . . . . . ☒ Yes ☐ No  
If **no**, complete line 21

**21 Partial interest donation information:**

a Amount claimed as a deduction on 2013 tax return . . . . . \_\_\_\_\_  
b Deduction claimed for this property on prior years' tax returns. . . . . \_\_\_\_\_  
c Location of tangible property donated . . . . . \_\_\_\_\_  
d Name of the person, other than the charity on line 1, who has  
possession of the donated property . . . . . \_\_\_\_\_  
Complete lines 21e through 21g only if different from the charity on line 1:  
e If a partial interest in this property was donated to a different charity  
in a prior year, enter the name of the charity . . . . . \_\_\_\_\_  
f Street address of prior charity . . . . . \_\_\_\_\_  
g City of prior charity \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

- Keep for your records

## 2013

Name(s) Shown on Return Zakieh Shirafkan & Casey A Carnnia	Social Security Number 691-01-5408
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## Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) RESERVED for future use
Totals: _____				

## Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Salvation Army	72.	72.			
Salvation Army	187.	187.			
Totals: _____	259.	259.			

### Part III Contribution Carryovers to 2014

		Total	Cash and Other Non-Capital Gain Property			Capital Gain Property	
		(a) Total	(b) RESERVED	(c) 50% Limit	(d) 30% Limit	(e) 30% Limit	(f) 20% Limit
1	2013 contributions . .	259 .		259 .			
2	2013 contributions allowed	259 .		259 .	0 .	0 .	0 .
3	<b>Carryovers from:</b>						
a	2012 tax year . . . .						
b	2010 tax year . . . .						
c	2009 tax year . . . .						
d	2008 tax year . . . .						
e	2007 tax year . . . .						
4	Carryovers allowed in 2013	0 .		0 .	0 .	0 .	0 .
5	Carryovers disallowed in 2013	0 .		0 .	0 .	0 .	0 .
6	<b>Carryovers to 2014:</b>						
a	From 2013 . . . . .	0 .		0 .	0 .	0 .	0 .
b	From 2012 . . . . .						
c	From 2010 . . . . .						
d	From 2009 . . . . .						
e	From 2008 . . . . .						
f	From 2007 (expired)						

## Part IV Special Situations in Your Return for Current Year Donations

- |   |   |                                     |     |                                     |    |
|---|---|-------------------------------------|-----|-------------------------------------|----|
| 1 | Was the <b>entire interest</b> given for all property donated to all charities? . . . . .   | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>            | No |
| 2 | Were <b>restrictions</b> attached to any charities's right to use or dispose of any property donated to any charity? . . . . .                                | <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/> | No |
| 3 | Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . | <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/> | No |
| 4 | Was any charity other than a 50% charity?   | <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/> | No |

**Earned Income Worksheet****2013**

► Keep for your records

Name(s) Shown on Return

Zakieh Shirafkan & Casey A Carnnia

Social Security Number

691-01-5408**Part I – Earned Income Credit Wks Computation**

	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .			
<b>b</b> Optional Method and Church Employee income . . . . .			
<b>c</b> Add lines 1a and 1b . . . . .			
<b>d</b> One-half of self-employment tax . . . . .			
<b>e</b> Subtract line 1d from line 1c . . . . .			
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .			
<b>b</b> Net nonfarm profit or (loss) . . . . .			
<b>c</b> Add lines 2a and 2b . . . . .			
<b>3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ . . . . .</b>			
<b>4 Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .</b>			

**Part II – Form 2441 and Standard Deduction Worksheet Computations**

<b>5</b> Net self-employment earnings (line 4 above) . . .			
<b>6</b> Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . .	42,271.	60,151.	102,422.
<b>7</b> Taxable employer-provided adoption benefits. . .			
<b>8</b> Add lines 5 through 7. To Form 2441, lines 19 and 20 . . . . .	42,271.	60,151.	102,422.
<b>9 a</b> Taxable dependent care benefits. . . . .			
<b>b</b> Nontaxable combat pay . . . . .			
<b>10</b> Add lines 8, 9a and 9b. To Form 2441, lines 4 and 5 . . . . .	42,271.	60,151.	102,422.
<b>11</b> Scholarship or fellowship income not on W-2 . . .			
<b>12</b> SE exempt earnings less nontaxable income . . .			
<b>13</b> Distributions from nonqualified/Sec. 457 plans . .			
<b>14</b> Add lines 8, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	42,271.	60,151.	102,422.

**Part III – IRA Deduction Worksheet Computation**

<b>15</b> Net self-employment income or (loss) . . . . .			
<b>16</b> Wages, salaries, tips, etc . . . . .	42,271.	60,151.	102,422.
<b>17</b> Net self-employment loss . . . . .			
<b>18</b> Alimony received. . . . .			
<b>19</b> Nontaxable combat pay . . . . .			
<b>20</b> Foreign earned income exclusion . . . . .			
<b>21</b> Keogh, SEP or SIMPLE deduction . . . . .			
<b>22</b> Combine lines 15 through 21. To IRA Wks, ln 2. .	42,271.	60,151.	102,422.

**Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations**

<b>23</b> Self-employed, church and statutory employees .			
<b>24</b> Wages, salaries, tips, etc . . . . .	42,271.	60,151.	102,422.
<b>25</b> Nontaxable combat pay . . . . .			
<b>26</b> Foreign earned income exclusion . . . . .			
<b>27</b> Combine lines 23 through 26. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	42,271.	60,151.	102,422.

# Education Tuition and Fees Summary

**2013**

► Keep for your records

Name(s) Shown on Return <u>Zakieh Shirafkan &amp; Casey A Carnnia</u>	Your Social Security No. <u>691-01-5408</u>
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## Part I - Qualified Education Expense Summary

(a) Student's name First Name <u>                    </u> MI <u>          </u> Last Name <u>                    </u> Suffix <u>          </u> Social Security Number <u>                    </u>	(b) Qualified Education Expenses	(c) Qualified for:  Yes No	(d) Elected Credit or Deduction if manual	(e) Elected Credit or Deduction if automatic
Casey <u>                    </u> A <u>          </u>	5,268.	Amer Opp Cr . . . <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Carnnia <u>                    </u>	5,268.	Lifetime Cr . . . <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
578-11-4072 <u>                    </u>	5,268.	Tuition Ded . . . <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>                    </u>	5,268.	Total Qualified Expenses		
<u>                    </u>		Amer Opp Cr . . . <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>                    </u>		Lifetime Cr . . . <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>                    </u>		Tuition Ded . . . <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>                    </u>		Total Qualified Expenses		
<u>                    </u>		Amer Opp Cr . . . <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>                    </u>		Lifetime Cr . . . <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>                    </u>		Tuition Ded . . . <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>                    </u>		Total Qualified Expenses		
Total qualified expenses . . . . .	5,268. 5,268. 5,268.	Amer Opp Cr Lifetime Cr Tuition Ded		

## Part II - Optimize Education Expenses for the Lowest Tax

### Automatic

- 1 **Launch OPTIMIZER** - Check to launch Automatic Education Expense Optimizer now . . . . . ► ☐
- 2 **Automatic** - Check to use the Credit choices calculated in Part I, column (e) above . . . . . ► ☒
- or
- 3 **Manual** - Check to use the Credit choices you entered in Part I, column (d) above . . . . . ► ☐

## Part III - Summary of Deduction and Credits

### Tuition and Fees Deduction Summary

1	Total 2013 tuition and fees paid for purposes of deduction. . . . .	1	
2	Modified adjusted gross income . . . . .	2	
3	Maximum deduction allowed . . . . .	3	
4	Allowable Tuition and Fees Deduction (lesser of line 1 or line 2) . . . . .	4	0.

### American Opportunity, Lifetime Learning Credits Summary

5	Tentative American Opportunity Credit . . . . .	5	2,500.
6	Tentative Lifetime Learning Credit . . . . .	6	
7	Total Education Credits (after limitations) . . . . .	7	2,500.

# Federal Carryover Worksheet

2013

► Keep for your records

Name(s) Shown on Return Zakieh Shirafkan & Casey A Carnnia	Social Security Number 691-01-5408
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## 2012 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
VA					1,837.	
<b>Totals . .</b>					1,837.	

## Other Tax and Income Information

			2012	2013
1	Filing status . . . . .	1	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .	2	0	
3	Itemized deductions . . . . .	3		31,386.
4	Check box if required to itemize deductions . . . . .	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .	5	102,912.	104,259.
6	Tax liability for Form 2210 or Form 2210-F . . . . .	6		5,199.
7	Alternative minimum tax . . . . .	7		
8	Federal overpayment applied to next year estimated tax . . . . .	8		

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►

## Excess Contributions

			2012	2013
9 a	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31 . . . . .	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .	b		
11 a	Taxpayer's excess HSA contributions as of 12/31 . . . . .	11 a		
b	Spouse's excess HSA contributions as of 12/31 . . . . .	b		

## Loss and Expense Carryovers

Note: Enter all entries as a positive amount

			2012	2013
12 a	Short-term capital loss . . . . .	12 a		
b	AMT Short-term capital loss . . . . .	b		
13 a	Long-term capital loss . . . . .	13 a		
b	AMT Long-term capital loss . . . . .	b		
14 a	Net operating loss available to carry forward . . . . .	14 a		
b	AMT Net operating loss available to carry forward . . . . .	b		
15 a	Investment interest expense disallowed . . . . .	15 a		
b	AMT Investment interest expense disallowed . . . . .	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2013 . . . . .	b		
	b 2012 . . . . .	c		
	c 2011 . . . . .	d		
	d 2010 . . . . .	e		
	e 2009 . . . . .	f		
	f 2008 . . . . .			

**Tax Summary**  
► Keep for your records

**2013**

Name (s)

Zakieh Shirafkan & Casey A Carnnia

<b>Total income</b> .....	104,259.
<b>Adjustments to income</b> .....	
<b>Adjusted gross income</b> .....	104,259.
<b>Itemized/standard deduction</b> .....	31,386.
<b>Exemption amount</b> .....	15,600.
<b>Taxable income</b> .....	57,273.
<b>Tentative tax</b> .....	7,699.
<b>Additional taxes</b> .....	
<b>Alternative minimum tax</b> .....	
<b>Total credits</b> .....	1,500.
<b>Other taxes</b> .....	
<b>Total tax</b> .....	6,199.
<b>Total payments</b> .....	11,219.
<b>Estimated tax penalty</b> .....	
<b>Amount Overpaid</b> .....	5,020.
<b>Refund</b> .....	5,020.
<b>Amount Applied to Estimate</b> .....	
<b>Balance due</b> .....	0.

**Which Form 1040 to file?**

You must use Form 1040 because  
you had taxable state or local income tax refunds.

# Compare to U. S. Averages

► Keep for your records

2013

Name(s) Shown on Return Zakieh Shirafkan & Casey A Carnnia	Social Security No 691-01-5408
---	-----------------------------------

Your 2013 adjusted gross income (AGI) . . . . . 104,259.  
National adjusted gross income range used below . . . . . from 100,000. to 199,999.

**Note:** National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages . . . . .	102,422.	118,351.
Taxable interest . . . . .		1,687.
Tax-exempt interest . . . . .		9,239.
Dividends . . . . .		4,955.
Business net income . . . . .		30,100.
Business net loss . . . . .		7,187.
Net capital gain . . . . .		11,411.
Net capital loss . . . . .		2,365.
Taxable IRA . . . . .		27,723.
Taxable pensions and annuities . . . . .		39,300.
Rent and royalty net income . . . . .		14,721.
Rent and royalty net loss . . . . .		8,757.
Partnership and S corporation net income . . . . .		41,838.
Partnership and S corporation net loss . . . . .		13,176.
Taxable social security benefits . . . . .		20,853.
Medical and dental expenses deduction . . . . .		10,343.
Taxes paid deduction . . . . .	8,041.	11,222.
Interest paid deduction . . . . .	23,086.	11,649.
Charitable contributions deduction . . . . .	259.	4,022.
Total itemized deductions . . . . .	31,386.	27,744.
Child care credit . . . . .		576.
Education tax credits . . . . .	1,500.	1,499.
Child tax credit . . . . .		1,434.
Retirement savings contributions credit . . . . .		0.
Earned income credit . . . . .		0.
Other Information	Actual Per Return	National Average
Adjusted gross income . . . . .	104,259.	138,548.
Taxable income . . . . .	57,273.	102,946.
Income tax . . . . .	7,699.	17,592.
Alternative minimum tax . . . . .		2,117.
Total tax liability . . . . .	6,199.	18,297.



## ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

---

**Taxpayer:** Zakieh Shirafkan & Casey A Carnnia

**Primary SSN:** 691-01-5408

**Federal Return Submitted:** March 11, 2014 07:16 PM PDT

**Federal Return Acceptance Date:** \_\_\_\_\_

---

Your return was electronically transmitted on 03/11/2014

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The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

### 1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

#### TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2014. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 15, 2014, your Intuit electronic postmark will indicate April 15, 2014, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2014, and a corrected return is submitted and accepted before April 20, 2014. If your return is submitted after April 20, 2014, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2014. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2014, and the corrected return is submitted and accepted by October 20, 2014.

### 2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

## Smart Worksheets from your 2013 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

<b>Tax Smart Worksheet</b>	
<b>A</b>	Tax . . . . . <span style="float: right;">7,699.</span>
	Check if from:
<b>1</b>	Tax table . . . . . <span style="float: right;"><input checked="checked" type="checkbox"/></span>
<b>2</b>	Tax Computation Worksheet (see instructions) . . . . . <span style="float: right;"><input type="checkbox"/></span>
<b>3</b>	Schedule D Tax Worksheet . . . . . <span style="float: right;"><input type="checkbox"/></span>
<b>4</b>	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <span style="float: right;"><input type="checkbox"/></span>
<b>5</b>	Schedule J . . . . . <span style="float: right;"><input type="checkbox"/></span>
<b>6</b>	Form 8615 . . . . . <span style="float: right;"><input type="checkbox"/></span>
<b>7</b>	Foreign Earned Income Tax Worksheet . . . . . <span style="float: right;"><input type="checkbox"/></span>
<b>B</b>	Additional tax from Form 8814 . . . . . <span style="float: right;">_____</span>
<b>C</b>	Additional tax from Form 4972 . . . . . <span style="float: right;">_____</span>
<b>D</b>	Tax from additional Form(s) 4972 . . . . . <span style="float: right;">_____</span>
<b>E</b>	Recapture tax from Form 8863 . . . . . <span style="float: right;">_____</span>
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . . <span style="float: right;">_____</span>
<b>G</b>	<b>Tax.</b> Add lines A through F. Enter the result here and on line <b>44</b> . . . . . <span style="float: right;">7,699.</span>

SMART WORKSHEET FOR: Form 8863: Education Credits  
**Nonrefundable Credit -- Form 8863, Line 19**

1 Enter amount from line 18, Form 8863 . . . . .	<b>1</b>	
2 Enter amount from line 9, Form 8863 . . . . .	<b>2</b>	1,500.
3 Add lines 1 and 2 . . . . .	<b>3</b>	1,500.
4 Enter the amount from Form 1040, line 46; or Form 1040A, line 28. . . . .	<b>4</b>	7,699.
5 Enter the amount from either: Form 1040, lines 47 and 48 and the amount from Schedule R included on Form 1040, line 53; or Form 1040A, lines 29 and 30 . . . . .	<b>5</b>	
6 Subtract line 5 from line 4. . . . .	<b>6</b>	7,699.
7 Enter the smaller of line 3 or line 6 here and on Form 8863, line 19 . . . . .	<b>7</b>	1,500.

## SMART WORKSHEET FOR: Dependent Information Worksheet (Lotfollah)

**Dependency Exemption/EIC Smart Worksheet**

**NOTE:** It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

- A** How many months did this person live with you?  
**Note:** if born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more . . . . . ▶ The whole year
- B** Who are the parents of this person?  
 To determine if additional questions are necessary for children of divorced parents.  
 Both Taxpayer and spouse . . . . . ▶ ☐  
 Taxpayer . . . . . ▶ ☐  
 Spouse . . . . . ▶ ☐
- C** Did this person provide more than 1/2 their own support? . . ▶ ☐ Yes ☒ No
- D** Was this person married on December 31, 2013 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? . . . . . ▶ ☐ Yes ☒ No
- E** Is this person a Full time student? . . . . . ▶ ☐ Yes ☐ No
- F** Is this person's gross income less than \$3,900? . . . . . ▶ ☒ Yes ☐ No
- 1** Did you provide over 1/2 the support for this person?  
 or  
 Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? ☒ Yes ☐ No
- G** Is there an agreement with this person's other parent about who can claim this person as a dependent? . . . . . ▶ ☐ Yes ☐ No  
**Note:** The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child
- H** Who will be claiming this person as a dependent as a result of  
 an agreement between the parents  
 or  
 as a result of the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?  
 Taxpayer (includes spouse if married filing joint) in this return? . . . . . ▶ ☒  
 Other parent in different return? . . . . . ▶ ☐  
 Someone else in different return? . . . . . ▶ ☐

## SMART WORKSHEET FOR: Dependent Information Worksheet (Tahereh)

**Dependency Exemption/EIC Smart Worksheet**

**NOTE:** It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

- A** How many months did this person live with you?  
**Note:** if born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more . . . . . ▶ The whole year
- B** Who are the parents of this person?  
 To determine if additional questions are necessary for children of divorced parents.  
 Both Taxpayer and spouse . . . . . ▶ ☐  
 Taxpayer . . . . . ▶ ☐  
 Spouse . . . . . ▶ ☐
- C** Did this person provide more than 1/2 their own support? . . ▶ ☐ Yes ☒ No
- D** Was this person married on December 31, 2013 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? . . . . . ▶ ☐ Yes ☒ No
- E** Is this person a Full time student? . . . . . ▶ ☐ Yes ☐ No
- F** Is this person's gross income less than \$3,900? . . . . . ▶ ☒ Yes ☐ No
- 1** Did you provide over 1/2 the support for this person?  
 or  
 Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? ☒ Yes ☐ No
- G** Is there an agreement with this person's other parent about who can claim this person as a dependent? . . . . . ▶ ☐ Yes ☐ No  
**Note:** The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child
- H** Who will be claiming this person as a dependent as a result of  
 an agreement between the parents  
 or  
 as a result of the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?  
 Taxpayer (includes spouse if married filing joint) in this return? . . . . . ▶ ☒  
 Other parent in different return? . . . . . ▶ ☐  
 Someone else in different return? . . . . . ▶ ☐

## SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

**Mortgage Interest Limited Smart Worksheet**

When mortgage interest is limited because the principal amount of the mortgage is over one million dollars or the home equity debt amount is over one-hundred-thousand dollars, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines **A**, **B**, and **C** below.

**QuickZoom** to Deductible Home Mortgage Interest Worksheet . . . . . ►

**Does your mortgage interest need to be limited:** Yes . . . ☐ No . . . ☐

**A Home mortgage interest and points reported on Form 1098:**

- |   |  |                             |
|---|--|-----------------------------|
| 1 | Sum of lines 5a through 5d below           | <u>23,085.51</u>            |
| 2 | Limited amount to report on Sch A, line 10 | <u>                    </u> |

**B Home mortgage interest not reported on Form 1098:**

- |   |  |                             |
|---|--|-----------------------------|
| 1 | Sum of lines 6a and 6b below               | <u>                    </u> |
| 2 | Limited amount to report on Sch A, line 11 | <u>                    </u> |

**C Points not reported on Form 1098:**

- |   |  |                             |
|---|--|-----------------------------|
| 1 | Sum of lines 7a through 7c below           | <u>                    </u> |
| 2 | Limited amount to report on Sch A, line 12 | <u>                    </u> |

Some forms were not able to fit all of the information you entered. We've included this information below.

**Continuation Statement**[illegible]

Total

# Electronic Filing Instructions for your 2013 Virginia Tax Return

Important: Your taxes are not finished until all required steps are completed.



Zakieh Shirafkan & Casey A Carnnia  
1958 Teasel ct  
Woodbridge, VA 22192

<b>Balance Due/Refund</b>	Your Virginia state tax return (Form 760) shows a refund due to you in the amount of \$1,292.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 004131834691 Routing Transit Number: 051000017.		
<b>Where's My Refund?</b>	Before you call the Virginia Department of Taxation with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Virginia Department of Taxation directly at 1-804-367-2486. You can also visit the Virginia Department of Taxation web site at <a href="http://www.tax.virginia.gov">www.tax.virginia.gov</a> .		
<b>No Signature Document Needed</b>	No signature form is required since you signed your return electronically.		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns		
<b>2013 Virginia Tax Return Summary</b>	Taxable Income	\$	72,246.00
	Total Tax	\$	3,638.00
	Total Payments/Credits	\$	4,930.00
	Amount to be Refunded	\$	1,292.00



ZAKIEH SHIRAFKAN  
CASEY A CARNNIA  
1958 TEASEL CT

WOODBIDGE VA 22192

Filing Status: 2 Head of Household:

Exemptions Dependents Total 65 and over Blind Total

Yourself 1 2 4  
Spouse 1

Vendor ID: 1555 1555

1. Fed Adj Gross Income 1. 104259.

2. Additions, see Pg 2, Line 3 2.

3. Subtotal 3. 104259.

4a. Age Deduction - You 4a.

4b. Age Deduction - Spouse 4b.

5. Soc Sec & Tier 1 Railroad 5.

6. State Inc Tax Overpayment 6. 1837.

7. Other Subtractions, see Pg 2, Line 7 7.

8. Subtotal Subtractions 8. 1837.

9. Total VAGI 9. 102422.

10a.Federal Sch. A Itemized Deductions 10a. 31386.

10b.State/Local Income Tax 10b. 4930.

10. Standard/Itemized Deductions 10. 26456.

11. Exemptions 11. 3720.

12. Deductions VAGI, see Pg 2, Line 9 12.

13. Add Lines 10, 11 and 12 13. 30176.

14. VA Taxable Income 14. 72246.

15. Tax Amount 15. 3897.

16. Spouse Tax Adjustment 16. 259.

Name or Filing

Change:

Address

Change:

Virginia Return

Not Filed Last Year:

Amended:

NOL:

Federal Earned

Income Credit:

Locality: 153

Your SSN SHIR 691015408

Spouse's SSN CARN 578114072

16a.Your VAGI 16a. 42271.

16b.Spouse's VAGI 16b. 60151.

17. Net Tax 17. 3638.

18a. Your Withholding 18a. 2008.

18b.Spouse's Withholding 18b. 2922.

19. Estimated Payments 19.

20. Extension Payments 20.

21. Credit for Low Income 21.

22. Credit tax paid another state 22.

23. Other Credits 23.

24. Total Payments /Credits 24. 4930.

25. Tax You Owe 25.

26. Overpayment Amount 26. 1292.

27. Amount to Credit to Next Year's Tax 27.

28. Adjustments/Contributions 28.

Amount You Owe:

Will Pay by Credit/Debit Card -

Refund: 1292.

Bank Routing

Number C 051000017

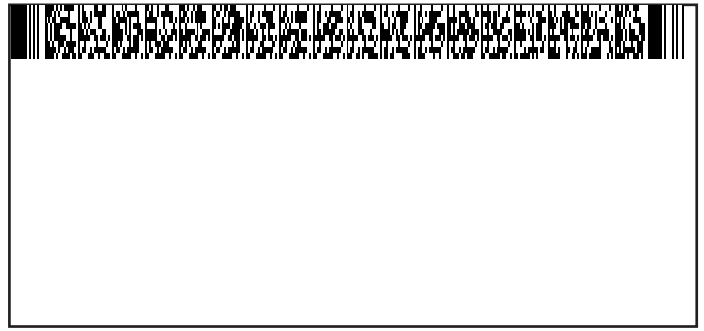
Bank Account

Number 004131834691

Virginia Approved Form



691015408

**ADDITIONAL FILING INFORMATION**

Your DOB: 08211976 Spouse DOB: 06101968

Direct Bank Deposit: ☒ Debit Card:

(Fees may apply)

Dependent on another's return: Farmer/ Fisherman, Merchant Seaman:

Taxpayer Overseas  
Deceased: when due:

**Additions - SCH ADJ/CG - Part 1**

1. Interest on obligations of other state
2. Other Additions:
  - a. Fixed Date Conformity
  - b.
  - c.
3. Total Additions:

**Subtractions**

4. Income from obligations or securities of the U.S.
5. Disability Income reported as wages
  - 5a. You
  - 5b. Spouse
6. Other Subtractions:
  - a. Fixed Date Conformity
  - b.
  - c.
  - d.

7. Total Subtractions:

**Deductions**

8. Deduction Code and Amount

- a.
- b.
- c.

9. Total Deductions:

Spouse's Name - Filing Status 3 Only

**AGE DEDUCTION DETAILS**

You

Spouse

**Contact Information**

Your Phone

7038633967

Spouse

Dept of Taxation may discuss my return with my preparer.

Preparer Phone Number

Preparer Info

Electronic 1099G ☒

*I agree to obtain my 1099G income tax refund statement electronically at [www.tax.virginia.gov](http://www.tax.virginia.gov).*

I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

*If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the ultimate destination of the funds is within the territorial jurisdiction of the United States.*

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Preparer Signature \_\_\_\_\_ Date \_\_\_\_\_

SELF PREPARED

Virginia Approved Form

# 2013 Virginia Schedule INC/CG

Report all W-2s, 1099s, and VK-1s with Virginia Withholding



ZAKIEH

SHIRAFKAN

691015408

CASEY

A CARNNIA

Your/ Spouse SSN	Withholding Type	Virginia Withholding	Employer FEIN	Virginia Account Number	Virginia Wages, tips, other comp.
691015408	W	901.	331019021	33331019021F00	20528.
691015408	W	1107.	522033599	30522033599F001	21743.
578114072	W	2922.	536002523	0010703689	60151.

Virginia Approved Form

Total Virginia Withholding:	SSN	VA Withholding
YOU	691015408	2008.
SPOUSE	578114072	2922.
TOTAL NUMBER OF W-2s,1099s, and VK-1s	03	

**AVOID DELAYS** in processing your return! Be sure to enter all information including Employer's FEIN.

## 2013

- Keep for your records

**Taxpayer:**

First Name . . . . .	<u>Zakieh</u>		
Last Name . . . . .	<u>Shirafkan</u>		
Middle Initial . . . . .	<u>          </u>	Suffix . . <u>          </u>	
Social Security No . .	<u>691-01-5408</u>		
Date of Birth . . . . .	<u>08/21/1976</u>		
Date of Death . . . . .	<u>                    </u>		
E-mail Address . . . .	<u>                                    </u>		
Daytime Phone . . . .	<u>( 703 ) 863-3967</u>	* <table border="1"><tr><td>X</td></tr></table>	X
X			
Home Phone . . . . .	<u>                                    </u>	* <table border="1"><tr><td></td></tr></table>	

**Spouse:**

First Name . . . . .Casey

Last Name . . . . .Carnnia

Middle Initial . . . . .A                  Suffix . . \_\_\_\_\_

Social Security No . .578-11-4072

Date of Birth . . . . .06/10/1968

Date of Death. . . . .\_\_\_\_\_

E-mail Address . . . . \_\_\_\_\_

Daytime Phone . . . . \_\_\_\_\_ \*

\* Check a box to print daytime and/or home phone numbers on the return.

Address . . . . . 1958 Teasel ct Apartment Number . . . . .  
City . . . . . Woodbridge State . . . VA ZIP Code . . . . . 22192  
Locality \* . . . . Prince William City  County ☒

\* Select a Virginia city or county you were a resident of on January 1, 2014.

If nonresident, select a city or county where the Virginia source income was located (see help).

<input checked="checked" type="checkbox"/>	Form 760: Resident Tax Return . . . . .	▶
<input type="checkbox"/>	Form 760PY: Part-Year Resident Tax Return . . . . .	▶
<input type="checkbox"/>	Form 763: Nonresident Tax Return . . . . .	▶
<input type="checkbox"/>	Form 763S: Special Nonresident Claim for Income Tax Withheld . . . . . Taxpayer	▶
	Spouse	▶

## Nonresident

● Enter state of residence. . . . .

### Part-Year Resident

- If you moved out of Virginia during 2013, enter date you moved out . . . . . \_\_\_\_\_  
 • If you moved into Virginia during 2013, enter date you moved in . . . . . \_\_\_\_\_  
 • Part-year residency ratio . . . . . \_\_\_\_\_

**Resident**

	<b>1</b> = Single
X	<b>2</b> = Married, joint
	<b>3</b> = Married, separate

### Part-Year Resident

	1 = Single
	2 = Married, joint
	3 = Married, separate
	4 = Married, combined separate

**Nonresident**

	1 = Single
	2 = Married, joint
	3 = Married, spouse no income
	4 = Married, separate

### Low Income Credit

☐ Check if married Filing Separate and spouse is claiming the low income credit

X	You agree to obtain Form 1099-G income tax refund statement electronically at <a href="http://www.tax.virginia.gov">www.tax.virginia.gov</a>
	You mail your return directly to the state of Virginia
	Your address is different from last year
	Your name or filing status is different from last year
	You did not file a Virginia return last year
	You are a Virginia resident who have income from <b>only one</b> of these states that borders Virginia: Kentucky, Maryland, North Carolina or West Virginia, and your only income from the border state was earned income on wages and salaries or business income reported on federal Schedule C.

**Part IV – Other Information (continued)****Farmers and Fishermen**

- ☐ You are self-employed in farming/fishing or a merchant seaman  
☐ Return will be filed and tax due will be paid by March 1, 2014

**Use Tax Information (complete when total out-of-state purchase was over \$100)**

Enter total cost of food items purchased . . . . . \_\_\_\_\_  
Enter total cost of non-food items purchased from January 1, 2013 to June 30, 2013 . . . . . \_\_\_\_\_  
Enter total cost of non-food items purchased from July 1, 2013 to December 31, 2013 . . . . . \_\_\_\_\_  
Check this box if home is in Northern Virginia or Hampton Roads region affected by increase  
of Use Tax Rate to 6% (except for Gloucester and Surry counties where increase is to 5.3%) . . ☐

**Underpayment Penalty Information**

Enter last year's Virginia adjusted gross income . . . . . \_\_\_\_\_  
Enter last year's deductions . . . . . \_\_\_\_\_  
Enter last year's nonrefundable credits . . . . . \_\_\_\_\_  
Enter last year's total tax liability before credits . . . . . \_\_\_\_\_  
Enter last year's spouse tax adjustment credit (if you filed Form 760 last year) . . . . . \_\_\_\_\_

## Part V – Direct Deposit Information or Direct Debit Information

Yes No

☒ ☐ Do you want to elect direct deposit of state tax refund?

**Important** If you answered **No** to direct deposit, your state refund will be issued on a prepaid debit card.  
The Virginia Department of Taxation no longer issues paper checks.

☐ ☐ Do you want to elect direct debit of state tax payment (Electronic Filing Only)?

*Note: Direct debit occurs upon acceptance date*

### International ACH Transactions:

☐ ☒ Will the fund go to or originate from an account outside the U.S.?

Virginia does not currently support International ACH transactions.

If you answered **No** to International ACH Transactions, fill out the information below:

Name of Financial Institution (optional) . . . . . ▶ Bank of America

Check the appropriate box:

☒ Checking

☐ Savings

Routing number . . . . . ▶ 051000017

Account number . . . . . ▶ 004131834691

Enter the date to withdraw from the account above (**Caution: See help for date to enter**) . . . . .

State balance-due amount from this return . . . . .

## Part VI – Extension Status

Yes No

☐ ☒ Has the tax return due date been extended for a six month extension?

Extended due date . . . . .

**QuickZoom** to Form 760-IP Automatic Extension Payment . . . . . ▶

## Part VII – Amended Return

☐ You are filing a Virginia amended return

☐ You are filing a Virginia amended return due to NOL

Enter the tax year you are amending . . . . .

Previous Virginia payment made . . . . .

Previous Virginia refund received . . . . .

If amending a current year return, **QuickZoom** to Worksheet for Amended Returns to

determine if you are due a refund, or need to make an additional payment . . . . . ▶

**QuickZoom** to Form 760 . . . . . ▶

**QuickZoom** to Form 760PY . . . . . ▶

**QuickZoom** to Form 763 . . . . . ▶

**QuickZoom** to Form 763S (Taxpayer) . . . . . ▶

**QuickZoom** to Form 763S (Spouse) . . . . . ▶

# Tax Payments Worksheet

**2013**

► Keep for your records

Name <u>Zakieh Shirafkan &amp; Casey A Carnnia</u>	Social Security Number <u>691-01-5408</u>
---	--

## Tax Payments for the Current Year

	Date	Payment
1 First Payment . . . . .		
2 Second Payment . . . . .		
3 Third Payment . . . . .		
4 Fourth Payment . . . . .		
<b>Additional Payments</b>		
5 a Payment . . . . .		
b Payment . . . . .		
c Payment . . . . .		
d Payment . . . . .		
e Payment . . . . .		
6 Overpayment from previous year applied to 2013 . . . . .		
7 Amount paid with current year extension . . . . .		
8 <b>Total tax payments.</b> Add lines 1 through 7 . . . . .		

## Income Taxes Withheld for the Current Year

	Spouse	Taxpayer
9 State withholding on Forms W-2 . . . . .	2,922.	2,008.
10 State withholding on Forms W-2G . . . . .		
11 State withholding on Forms 1099-R . . . . .		
12 a State withholding on Forms 1099-MISC . . . . .		
b State withholding on Forms 1099-G . . . . .		
c State withholding on Forms 1099-INT . . . . .		
13 a Withholding from Schedule VK-1 . . . . .		
b Other state tax withholding . . . . .		
<input type="checkbox"/> Check this box if you entered Schedule VK-1 withholding on the federal Tax Payment Worksheet, line 18. Enter the Schedule VK-1 withholding as a negative amount here . . . . ►		
14 <b>Total income tax withheld.</b> . . . . .	2,922.	2,008.
15 Date return will be filed and balance paid . . . . .		

# Worksheet for Spouse Tax Adjustment and Virginia Taxable Income Allocation

**2013**

► Keep for your records

Name <u>Zakieh Shirafkan &amp; Casey A Carnnia</u>	Social Security Number <u>691-01-5408</u>
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<b>Part 1 – Separate Income and Exemptions</b>	<b>Taxpayer</b>	<b>Spouse</b>
<b>1</b> Federal adjusted gross income . . . . .	43,190.	61,069.
<b>2</b> Additions:		
<b>a</b> Fixed date conformity additions. . . . .		
<b>b</b> Interest and obligations of other states. . . . .		
<b>c</b> Other additions. . . . .		
<b>d</b> Total additions. Add lines 2a, 2b and 2c . . . . .		
<b>3</b> Subtotal. Add lines 1 and 2d . . . . .	43,190.	61,069.
<b>4</b> Age Deduction . . . . .		
<b>5</b> Social Security Act and Tier 1 Railroad Retirement Act Benefits . . . . .		
<b>6</b> State income tax refund or overpayment credit reported as income on your federal return. . . . .	919.	918.
<b>7</b> Other subtractions:		
<b>a</b> Fixed date conformity subtractions . . . . .		
<b>b</b> Income from obligations or securities of the United States . . . . .		
<b>c</b> Disability income reported as wages . . . . .		
<b>d</b> Other subtractions . . . . .		
<b>e</b> Add lines 7a through 7d . . . . .		
<b>8</b> Total subtractions. Add lines 4, 5, 6 and 7e . . . . .	919.	918.
<b>9</b> <b>Virginia Adjusted Gross Income (VAGI).</b> Subtract line 8 from line 3. Enter here and on Form 760, lines 16a and 16b. . . . .	42,271.	60,151.
<b>10</b> Personal exemptions:		
You   \$930   Plus   65 or over <input type="text"/> Blind <input type="text"/> = <u>0</u> x \$800 =	930.	
Spouse \$930   Plus   65 or over <input type="text"/> Blind <input type="text"/> = <u>0</u> x \$800 =		930.
<b>11</b> Subtract line 10 from line 9. <b>If either amount is 0 or less, STOP;</b> you do not qualify for this credit. . . . .	41,341.	59,221.

## Part 2 – Virginia Taxable Income Allocation

Complete lines 12 through 15 if the taxpayer or spouse is claiming a credit for tax paid to another state, and filed a separate return with the other state.

<b>12</b> Standard or itemized deduction amount . . . . .	26,456.	
<b>13 a</b> Enter number of dependents to allocate to each spouse . . . . .	2	
<b>b</b> Dependent exemptions: \$930 x number of dependents on line 13a. . . . .	1,860.	
<b>14</b> Deductions from VAGI. . . . .		
<b>15</b> <b>Virginia Taxable Income.</b> Line 11 minus lines 12, 13b and 14 . . . . .	13,025.	59,221.

## Part 3 – Spouse Tax Adjustment

<b>16</b> Enter the taxable income from line 14 of Form 760 . . . . .	72,246.
<b>17</b> Enter the smaller amount from line 11 above. If this amount is larger than \$17,000 and line 16 is larger than \$34,000, skip to line 24 and enter \$259 as the credit . . . . .	41,341.
<b>18</b> Subtract line 17 from line 16 (if \$0 or less, enter \$0) . . . . .	
<b>19</b> Divide the amount on line 16 by 2 . . . . .	
<b>20</b> Enter the tax on the <b>smaller</b> of line 17 or line 19 . . . . .	
<b>21</b> Enter the tax on the <b>larger</b> of line 18 or line 19 . . . . .	
<b>22</b> Add lines 20 and 21 . . . . .	
<b>23</b> Enter the tax from line 19 of Form 760. . . . .	
<b>24</b> <b>Tax Adjustment:</b> Subtract line 22 from line 23. <i>Also enter on Form 760, line 16</i> . . . . .	259.

# Taxpayer/Spouse Allocation Worksheet

**2013**

► Keep for your records

Name <u>Zakieh Shirafkan &amp; Casey A Carnnia</u>	Social Security No. <u>691-01-5408</u>
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Part 1 – Income and Adjustments	Column A Taxpayer	Column B Spouse
1 Wages, salaries, tips, etc . . . . .	42,271.	60,151.
2 Taxable interest income . . . . .		
3 Dividend income . . . . .		
4 Taxable refunds, credits or offsets of state and local income taxes . .	919.	918.
5 Alimony received . . . . .		
6 Business income or (loss) . . . . .		
7 Capital gain or (loss) . . . . .		
8 Other gains or (losses) . . . . .		
9 Taxable amount of IRA distributions . . . . .		
10 Taxable amount of pensions and annuities . . . . .		
11 Rents, royalties, partnerships, estates, trusts . . . . .		
12 Farm income or (loss) . . . . .		
13 Unemployment compensation . . . . .		
14 Taxable social security benefits . . . . .		
15 Other income . . . . .		
16 <b>Total income</b> (add lines 1 through 15) . . . . .	43,190.	61,069.
17 Educator expenses . . . . .		
18 Expenses of reservists, performing artists, fee-based govt officials . .		
19 Health savings account deduction . . . . .		
20 Moving expenses . . . . .		
21 Deductible part of self-employment tax . . . . .		
22 Self-employed SEP, SIMPLE, and qualified plans . . . . .		
23 Self-employed health insurance deduction . . . . .		
24 Penalty on early withdrawal of savings . . . . .		
25 Alimony paid . . . . .		
26 IRA deduction . . . . .		
27 Student loan interest deduction . . . . .		
28 Tuition and fees deduction . . . . .		
29 Domestic production activities deduction . . . . .		
30 Other adjustments . . . . .		
31 <b>Total adjustments to income</b> (add lines 17 through 30) . . . . .		
32 <b>Federal adjusted gross income</b> (line 16 minus line 31) . . . . .	43,190.	61,069.

## Part 2 – Fixed Date Conformity Adjustments

1 Fixed Date Conformity addition (depreciation adjustment) . . . . .		
2 Fixed Date Conformity subtraction (depreciation adjustment) . . . . .		