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

Balance Due/ Refund	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.
When Will You Get Your Refund?	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 www.turbotax.com. 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 www.irs.gov and select the "Where's my refund?" link.
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return

2013 Federal Tax Return Summary

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.

Form **1040** Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return 2013
OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

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	**Your social security number**: 691-01-5408
If a joint return, spouse's first name and initial: Casey A	Last name: Carnnia	**Spouse's social security number**: 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		**Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

Filing Status
Check only one box.

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

Exemptions
6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a — Boxes checked on 6a and 6b: 2
b ☒ **Spouse**

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit (see instructions)
Lotfollah Shirafkan	177-23-0356	Parent	☐
Tahereh Taheri	753-24-0918	Parent	☐
			☐
			☐

If more than four dependents, see instructions and check here ▶ ☐

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

d Total number of exemptions claimed — Add numbers on lines above ▶ 4

Income
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

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

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. **Do not** 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 ▶ ☐	13	
14	Other gains or (losses). Attach Form 4797	14	
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 **total income** ▶	22	104,259.

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 **adjusted gross income** ▶	37	104,259.

Tax and Credits

38	Amount from line 37 (adjusted gross income)		104,259.
39a	Check if: ☐ You were born before January 2, 1949, ☐ Blind. ☐ Spouse was born before January 2, 1949, ☐ Blind. Total boxes checked ▶ 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☐		
40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)		31,386.
41	Subtract line 40 from line 38		72,873.
42	**Exemptions.** If line 38 is $150,000 or less, multiply $3,900 by the number on line 6d. Otherwise, see instructions		15,600.
43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		57,273.
44	**Tax** (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐		7,699.
45	**Alternative minimum tax** (see instructions). Attach Form 6251		
46	Add lines 44 and 45 ▶		7,699.
47	Foreign tax credit. Attach Form 1116 if required		
48	Credit for child and dependent care expenses. Attach Form 2441		
49	Education credits from Form 8863, line 19	1,500.	
50	Retirement savings contributions credit. Attach Form 8880		
51	Child tax credit. Attach Schedule 8812, if required		
52	Residential energy credits. Attach Form 5695		
53	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐		
54	Add lines 47 through 53. These are your **total credits**		1,500.
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶		6,199.

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

Other Taxes

56	Self-employment tax. Attach Schedule SE	
57	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	
59a	Household employment taxes from Schedule H	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	
60	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	
61	Add lines 55 through 60. This is your **total tax** ▶	6,199.

Payments

62	Federal income tax withheld from Forms W-2 and 1099	10,219.	
63	2013 estimated tax payments and amount applied from 2012 return		
64a	**Earned income credit (EIC)**		
b	Nontaxable combat pay election 64b		
65	Additional child tax credit. Attach Schedule 8812		
66	American opportunity credit from Form 8863, line 8	1,000.	
67	Reserved		
68	Amount paid with request for extension to file		
69	Excess social security and tier 1 RRTA tax withheld		
70	Credit for federal tax on fuels. Attach Form 4136		
71	Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐		
72	Add lines 62, 63, 64a, and 65 through 71. These are your **total payments** ▶		11,219.

If you have a qualifying child, attach Schedule EIC.

Refund

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you **overpaid**	5,020.
74a	Amount of line 73 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	5,020.
b	Routing number 0 5 1 0 0 0 0 1 7 ▶ c Type: ☒ Checking ☐ Savings	
d	Account number 0 0 4 1 3 1 8 3 4 6 9 1	
75	Amount of line 73 you want **applied to your 2014 estimated tax** ▶ 75	

Direct deposit? See instructions.

Amount You Owe

76	**Amount you owe.** Subtract line 72 from line 61. For details on how to pay, see instructions ▶	
77	Estimated tax penalty (see instructions) 77	

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: Web Developer	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

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*.
▶ 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

Medical and Dental Expenses		**Caution.** 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 [2]				
	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	
Taxes You Paid	5	State and local **(check only one box):**				
		a ☒ Income taxes, **or**	5	4,930.		
		b ☐ 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.
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10	23,086.		
Note. Your mortgage interest deduction may be limited (see instructions).	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 ▶	11			
	12	Points not reported to you on Form 1098. See instructions for special rules	12			
	13	Mortgage insurance premiums (see instructions)	13			
	14	Investment interest. Attach Form 4952 if required. (See instructions.)	14			
	15	Add lines 10 through 14			15	23,086.
Gifts to Charity	16	Gifts by cash or check. If you made any gift of $250 or more, see instructions	16			
If you made a gift and got a benefit for it, see instructions.	17	Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	17	259.		
	18	Carryover from prior year	18			
	19	Add lines 16 through 18			19	259.
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20	
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21			
	22	Tax preparation fees	22	190.		
	23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23			
	24	Add lines 21 through 23	24	190.		
	25	Enter amount from Form 1040, line 38 [25] 104,259.				
	26	Multiply line 25 by 2% (.02)	26	2,085.		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27	0.
Other Miscellaneous Deductions	28	Other—from list in instructions. List type and amount ▶			28	
Total Itemized Deductions	29	Is Form 1040, line 38, over $150,000?				
		☒ **No.** 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.			29	31,386.
		☐ **Yes.** Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.				
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ ☐				

Form **8863**

Department of the Treasury
Internal Revenue Service (99)

Education Credits
(American Opportunity and Lifetime Learning Credits)

▶ Information about Form 8863 and its separate instructions is at *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	Your social security number
Zakieh Shirafkan & Casey A Carnnia	691-01-5408

CAUTION *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

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30			1	2,500.
2	Enter: $180,000 if married filing jointly; $90,000 if single, head of household, or qualifying widow(er)	2	180,000.		
3	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	3	104,259.		
4	Subtract line 3 from line 2. If zero or less, **stop**; you cannot take any education credit	4	75,741.		
5	Enter: $20,000 if married filing jointly; $10,000 if single, head of household, or qualifying widow(er)	5	20,000.		
6	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)			6	1.000
7	Multiply line 1 by line 6. **Caution:** If you were under age 24 at the end of the year **and** meet the conditions described in the instructions, you **cannot** take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box ▶ ☐			7	2,500.
8	**Refundable American opportunity credit.** 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			8	1,000.

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)			9	1,500.
10	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			10	
11	Enter the smaller of line 10 or $10,000			11	
12	Multiply line 11 by 20% (.20)			12	
13	Enter: $127,000 if married filing jointly; $63,000 if single, head of household, or qualifying widow(er)	13			
14	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	14			
15	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	15			
16	Enter: $20,000 if married filing jointly; $10,000 if single, head of household, or qualifying widow(er)	16			
17	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)			17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶			18	
19	**Nonrefundable education credits.** 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			19	1,500.

Name(s) shown on return	Your social security number
Zakieh Shirafkan & Casey A Carnnia	691-01-5408

CAUTION ***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.

20 Student name (as shown on page 1 of your tax return) Casey A Carnnia	**21** Student social security number (as shown on page 1 of your tax return) 578-11-4072
22 Educational institution information (see instructions)	
a. Name of first educational institution Northern Virginia Community College	**b.** Name of second educational institution (if any)
(1) 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	**(1)** Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
(2) Did the student receive Form 1098-T from this institution for 2013? ☒ Yes ☐ No	**(2)** Did the student receive Form 1098-T from this institution for 2013? ☐ Yes ☐ No
(3) Did the student receive Form 1098-T from this institution for 2012 with Box 2 filled in and Box 7 checked? ☐ Yes ☒ No	**(3)** Did the student receive Form 1098-T from this institution for 2012 with Box 2 filled in and Box 7 checked? ☐ Yes ☐ No
If you checked "No" in **both (2) and (3)**, skip **(4)**.	If you checked "No" in **both (2) and (3)**, skip **(4)**.
(4) If you checked "Yes" in **(2) or (3)**, enter the institution's federal identification number (from Form 1098-T). 54-1268263	**(4)** If you checked "Yes" in **(2) or (3)**, enter the institution's federal identification number (from Form 1098-T).

23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2013?	☐ Yes — **Stop!** Go to line 31 for this student.	☒ No — Go to line 24.
24	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)	☒ Yes — Go to line 25.	☐ No — **Stop!** Go to line 31 for this student.
25	Did the student complete the first 4 years of post-secondary education before 2013?	☐ Yes — **Stop!** Go to line 31 for this student.	☒ No — Go to line 26.
26	Was the student convicted, before the end of 2013, of a felony for possession or distribution of a controlled substance?	☐ Yes — **Stop!** Go to line 31 for this student.	☒ No — See *Tip* below and complete **either** lines 27-30 **or** line 31 for this student.

TIP *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

27	Adjusted qualified education expenses (see instructions). **Do not enter more than $4,000**	**27**	4,000.
28	Subtract $2,000 from line 27. If zero or less enter -0-	**28**	2,000.
29	Multiply line 28 by 25% (.25)	**29**	500.
30	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	**30**	2,500.

Lifetime Learning Credit

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

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	Social Security Number
Zakieh Shirafkan & Casey A Carnnia	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 & 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
				Once Recur	
				Once Recur	
				Once Recur	
				Once Recur	
				Once Recur	

Detail of Mileage and Transportation Costs Worksheet

Ref. No. / Miles Per Trip / Other Costs	Donation Date / Trips Per Yr	Description of Trip / Once or Recurring / Description of Other Costs	Miles Driven / Value of Miles	Total Donation Value
		Once Recur		
		Once Recur		
		Once Recur		

Zakieh Shirafkan & 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? . . . . [X] **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:
[X] **(a)** 50% charity [ ] (**b**) Other than 50% charity

Federal Information Worksheet 2013

► Keep for your records

Part I – Personal Information

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

Taxpayer:

First name . . . . Zakieh
Middle initial . . . . . . Suffix . . . . . .
Last name . . . . Shirafkan
Social security no. . . 691-01-5408
Occupation . . . . . . Analyst - Instructor
Date of birth . . . . . . 09/21/1976 (mm/dd/yyyy)
Age as of 1-1-2014 . . 37
Daytime phone . . . . (703)863-3967 Ext
Legally blind . . . . . . [ ]
Date of death . . . . .

Dependent of Someone Else:
Can taxpayer be claimed as dependent of another person (such as parent)? . . [ ] Yes [X] No
If yes, **was** taxpayer claimed as dependent on that person's return? . . . . [ ] Yes [ ] No

Credit for the Elderly or Disabled (Schedule R):
Is the taxpayer retired on total and permanent disability? . . [ ] Yes [ ] No

Presidential Election Campaign Fund:
Does the taxpayer want $3 to go to the Presidential Election Campaign Fund? . . [ ] Yes [ ] No

Spouse:

First name . . . . Casey
Middle initial . . . . . . A Suffix . . . . .
Last name . . . . Carnnia
Social security no. . . . 578-11-4072
Occupation . . . . Web Developer
Date of birth . . . . . . 06/10/1968 (mm/dd/yyyy)
Age as of 1-1-2014 . . 45
Daytime phone . . . . . Ext
Legally blind . . . . . . [ ]
Date of death . . . . . .

Dependent of Someone Else:
Can spouse be claimed as dependent of another person (such as parent)? . . [ ] Yes [X] No
If yes, **was** spouse claimed as dependent on that person's return? . . . . [ ] Yes [ ] No

Credit for the Elderly or Disabled (Schedule R):
Is the spouse retired on total and permanent disability? . . [ ] Yes [ ] No

Presidential Election Campaign Fund:
Does the spouse want $3 to go to the Presidential Election Campaign Fund? . . [ ] Yes [ ] No

Part II – Address and Federal Filing Status (enter information in this section)

Address . . . . . . 1958 Teasel ct Apt no. . .
City . . . . Woodbridge State . . . . VA ZIP code . . 22192
Foreign province/county Foreign postal code
Foreign code . . . Foreign country . . .

APO/FPO/DPO address, check if appropriate . . . . APO [ ] FPO [ ] DPO [ ]

Home phone . . .
Check to print phone number on Form 1040 . . . . [ ] Home [X] Taxpayer daytime [ ] Spouse daytime

Federal filing status:

[ ] **1** Single
[X] **2** Married filing jointly
[ ] **3** Married filing separately
Check this box if you **did not** live with your spouse at any time during the year . . . . ► [ ]
Check this box if you are eligible to claim your spouse's exemption (see Help) . . . . ► [ ]
[ ] **4** Head of household
If the 'qualifying person' is your child but **not** your dependent:
Child's First name MI Last Name Suff
Child's social security number . . .
[ ] **5** Qualifying widow(er)
Check the appropriate box for the year your spouse died . . . . 2011 ► [ ]
2012 ► [ ]

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

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

First name / Last name	MI / Suff	Social security number / Relationship	Date of birth (mm/dd/yyyy) / Age	Code	**Not** qual for child tax cr	Qualified child/dep care exps incurred and paid 2013	EIC	Lived with taxpyr in U.S.	Educ Tuitn and Fees	* Dep
Lotfollah Shirafkan		177-23-0356 Parent	09/17/1945 68	O			N			Yes
Tahereh Taheri		753-24-0918 Parent	08/06/1956 57	O			N			Yes

* "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? . . . . . ► X 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 Savings ☐

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 . . . . ► X
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 . . . . ► X
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 [X] No

Date of birth . . . . . . 09/21/1976 (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 [X] 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 [X] 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 . . . . [X]
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 2013
For the Spouse

► 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 [X] 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 *. O – 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? . . . . [X] 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 *. O – 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	Social Security Number
Casey A Carnnia	578-11-4072

Part I – Student Status

1 Was this person a student during 2013? [X] Yes [ ] No

2 What kind of school did the student attend during 2013? (Check all that apply.)

- a [ ] Elementary
- b [ ] High school (secondary)
- c [X] College (postsecondary)
- d [ ] Vocational school
- e [ ] Military academy
- f [ ] Not applicable

3 Did the student receive scholarships or other education assistance? [ ] Yes [ ] No

Part II – College Student Information

		Yes	No	NA
1	Did the student complete the first 4 years of postsecondary education as of 1/1/2013?		X	
2	Was this student enrolled at an eligible education institution during 2013?	X		
3	Was this student enrolled in a program that leads to a degree, certificate, or credential?	X		
4	Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills?	X		
5	Did this student take at least one-half the normal full-time workload for one academic period?	X		
6	Has this student been convicted of a felony for possessing or distributing a controlled substance?		X	
7	Is this student an eligible dependent of the taxpayer?			X

8 In how many prior years has an American Opportunity Credit been claimed for this student? ► ______

9 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)

1 Is this student qualified for the American Opportunity Credit? [X] Yes [ ] No

2 Is this student qualified for the Lifetime Learning Credit? [X] Yes [ ] No

3 Is this student qualified for the Tuition and Fees Deduction? [X] Yes [ ] No

Part IV – Educational Institution and Tuition Summary

School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar-ships or grants	On Form 1098-T	Received 2012 1098T with Box 2 filled and box 7 checked?
Northern Virginia Community College 54-1268263	3001 North Beauregard st Alexandria VA 22311 If a foreign address: foreign province/state: Postal code: Country:	3,719.	0.	Yes [X] No [ ]	Yes [ ] No [X]
	If a foreign address: foreign province/state: Postal code: Country:			Yes [ ] No [ ]	Yes [ ] No [ ]
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	5,268.		
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

	Description	Total	American Opportunity Credit	Lifetime Learning Credit	Tuition and Fees Deduction	Qualified Higher Education Expense for 529 Plan Not Applicable	Qualified Higher Education Expense for ESA Not Applicable	Qualified Higher Education Expense for US Bonds Not Applicable	Qualified Elementary and Secondary Expense for ESA Not Applicable
	Expenses:								
1	Tuition paid from Part IV	3,719.	3,719.	3,719.	3,719.	3,719.	3,719.	3,719.	
	Paid to institution as a condition of enrollment:								
2	Fees								
3	Books, supplies, equipment	1,549.	1,549	1,549	1,549	1,549	1,549		
	Paid to other than institution or not a condition of enrollment:								
4	Books, supplies, equipment								
5	Other course-related								
6	Room and board								
7	Special needs expenses								
8	Computer expenses								
9	QTP or ESA contribution								
10	Academic tutoring								
11	Uniforms								
12	Transportation								
13	Total qualified expenses	5,268.	5,268.	5,268.	5,268.	5,268.	5,268.	3,719.	
	Adjustments:								
14	Refunds								
15	Tax-free assistance								
16	Deducted on Sched A								
17	Used for credit or deduction								
18	Used for exclusion		0.	0.	0.				
	See tax help								
19	Total adjustments		0.	0.	0.				
20	Adjusted qualified expenses	5,268.	5,268.	5,268.	5,268.	5,268.	5,268.	3,719.	0.

Part VII — Education Credit or Deduction Election

1	Elect credit or deduction which results in best tax outcome	X
2	Elect the American Opportunity Credit	
3	Elect the Lifetime Learning Credit	
4	Elect the tuition and fees deduction	
5	Not applicable	

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	State	Zip Code	City	State	Zip Code

Form 1040 **Forms W-2 & W-2G Summary** 2013

► Keep for your records

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

Form W-2 Summary

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

Form **W-2** | **Wage and Tax Statement** ► Keep for your records | **2013**

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
2 Federal income tax withheld: 1,746.89
3 Social security wages: 20,527.50
4 Social security tax withheld: 1,272.71
5 Medicare wages and tips: 20,527.50
6 Medicare tax withheld: 297.65
7 Social security tips
8 Allocated tips
9
10 Dependent care benefits
11 Nonqualified plans
Distributions from sect. 457 and nonqualified plans *(Important, see Help)*
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.

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).

Form **W-2** | **Wage and Tax Statement** ► Keep for your records | **2013**

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 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 .

[X] **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	**2** Federal income tax withheld	2,607.23
3 Social security wages	25,068.84	**4** Social security tax withheld	1,554.27
5 Medicare wages and tips	25,068.84	**6** Medicare tax withheld	363.51
7 Social security tips		**8** Allocated tips	
9		**10** Dependent care benefits	
11 Nonqualified plans		Distributions from sect. 457 and nonqualified plans *(Important, see Help)*	
12 Enter box 12 below			

13 [ ] Statutory employee
[X] 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.

Box 12 Code	**Box 12** Amount
C	9.04
D	3,326.25

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	Employer's state I.D. no.	**Box 16** State wages, tips, etc.	**Box 17** State income tax
VA	30522033599F001	21,742.59	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).

Form **W-2** | **Wage and Tax Statement** ► Keep for your records | **2013**

Name: Casey A Carnnia

Social Security Number: 578-11-4072

[X] **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

d Control number .

[X] **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

1 Wages, tips, other compensation: 60,151.32
2 Federal income tax withheld: 5,865.24
3 Social security wages: 71,617.80
4 Social security tax withheld: 4,440.30
5 Medicare wages and tips: 71,617.80
6 Medicare tax withheld: 1,038.46
7 Social security tips
8 Allocated tips
9
10 Dependent care benefits
11 Nonqualified plans
Distributions from sect. 457 and nonqualified plans *(Important, see Help)*
12 Enter box 12 below
13 [ ] Statutory employee
[X] 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.

Box 12 Code	**Box 12** Amount
D	11,466.48
DD	16,062.24

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	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	Social Security No.
Zakieh Shirafkan & Casey A Carnnia	691-01-5408

1098-T Information (Required):

A A Form 1098-T was received from this institution . . . . Yes [X] No [ ]

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

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: Northern Virginia Community College
Street address: 3001 North Beauregard st
City: Alexandria State: VA Zip Code: 22311
Foreign province/county:
Foreign postal code: Foreign country:

1 Payments received for qualified tuition and related expenses . . . . $ 3,719.

2 Amounts billed for qualified tuition and related expenses. . . . . $

3 If this box is checked, your educational institution has changed its reporting method for 2013 . . . . . . [ ]

Filer's Federal identification number: 54-1268263

Student's Social Security Number.: 578-11-4072

4 Adjustments made for a prior year $

5 Scholarships or grants $

Student's name: Casey
Street address: 1958 Teasel ct Apt. No.:
City: Woodbridge State: VA Zip Code: 22192

6 Adjustments to scholarships or grants for a prior year $

7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2014 . . . . ► [ ]

Service Provider/ Acct No:

8 Check if at least half-time student ► [X]

9 Checked if a graduate student . . ► [ ]

10 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	Social Security Number
Zakieh Shirafkan & Casey A Carnnia	691-01-5408

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	04/15/13		04/15/13			04/15/13		
2	06/17/13		06/17/13			06/17/13		
3	09/16/13		09/16/13			09/16/13		
4	01/15/14		01/15/14			01/15/14		
5								
Tot Estimated Payments . . .								

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 **Totals** 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 **Total Withholding** Lines 10 through 18f	10,219.	4,930.	
20 **Total Tax Payments for 2013**	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

► Keep for your records

2013

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

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 ☒ X

2 Real estate taxes:

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

b	Real estate taxes paid on principal residence entered on Form 1098		
c	Real estate taxes paid on additional homes or land		
	Personal portion of real estate taxes from Schedule E Worksheet for:		
d	Principal residence		
e	Vacation home		
f	Less real estate taxes deducted on Form 8829		
g	Add lines 2a through 2f (to Schedule A, line 6)		2,652.24
3	**Personal property taxes:**		
a	Auto registration fees based on the value of the vehicle.		
	2012 Amount	Enter 2013 description:	
		Chrysler PT Cruiser Wagon 4D	82.00
		Honda Fit	82.00
b	Non-business portion of personal property taxes from Car & Truck Exp Wks		
c	Other personal property taxes		295.30
d	Add lines 3a through 3c (to Schedule A, line 7)		459.30
4	**Other taxes:**		
a	Other taxes from Schedule(s) K-1		
b	Foreign taxes from interest and dividends		
c	Foreign taxes from Schedule(s) K-1		
d	Other foreign taxes (not used to claim a foreign tax credit)		
e	Other taxes.		
	2012 Amount	Enter 2013 description:	
f	Add lines 4a through 4e (to Schedule A, line 8)		

Interest Deductions

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

Schedule A
Lines 10 - 12

Home Mortgage Interest Worksheet

► Keep for your records

2013

Name(s) Shown on Return: Zakieh Shirafkan & Casey A Carnnia

Social Security Number: 691-01-5408

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 [X] 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

► Keep for your records

2013

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			Intangible property
a	X	Household items & clothing	i		Stock, Publicly traded
b		Motor vehicle, boat, or airplane	j		Stock, Other than publicly traded
c		Art, Other than self-created	k		Securities, Other than stock
d		Art, Self-created	l		Intellectual property
e		Collectibles	m		Other
f		Business equipment			**Real property**
g		Business inventory	n		Real property, Conservation property
h		Other	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: [X] **(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? . . . . [X] **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	Social Security Number
Zakieh Shirafkan & Casey A Carnnia	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			Intangible property
a	X	Household items & clothing	i		Stock, Publicly traded
b		Motor vehicle, boat, or airplane	j		Stock, Other than publicly traded
c		Art, Other than self-created	k		Securities, Other than stock
d		Art, Self-created	l		Intellectual property
e		Collectibles	m		Other
f		Business equipment			**Real property**
g		Business inventory	n		Real property, Conservation property
h		Other	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: [X] **(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? . . . . [X] **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
______

Charitable Contributions Summary 2013

► Keep for your records

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

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 **Carryovers from:**						
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 **Carryovers to 2014:**						
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

		Yes	No
1	Was the **entire interest** given for all property donated to all charities?	X	
2	Were **restrictions** attached to any charities's right to use or dispose of any property donated to any charity?		X
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?		X
4	Was any charity other than a 50% charity?		X

Earned Income Worksheet 2013

► Keep for your records

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

Part I — Earned Income Credit Wks Computation	Taxpayer	Spouse	Total
1 **If filing Schedule SE:**			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 **If not required to file Schedule SE:**			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
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			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5			

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

Part III — IRA Deduction Worksheet Computation	Taxpayer	Spouse	Total
15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	42,271.	60,151.	102,422.
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 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	Taxpayer	Spouse	Total
23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	42,271.	60,151.	102,422.
25 Nontaxable combat pay			
26 Foreign earned income exclusion			
27 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	Your Social Security No.
Zakieh Shirafkan & Casey A Carnnia	691-01-5408

Part I - Qualified Education Expense Summary

(a) Student's name: First Name / MI; Last Name / Suffix; Social Security Number	(b) Qualified Education Expenses	(c) Qualified for:	Yes	No	(d) Elected Credit or Deduction if **manual**	(e) Elected Credit or Deduction if **automatic**
Casey A	5,268.	Amer Opp Cr ►	X			X
Carnnia	5,268.	Lifetime Cr ►	X			
578-11-4072	5,268.	Tuition Ded ►	X			
	5,268.	Total Qualified Expenses				
		Amer Opp Cr ►				
		Lifetime Cr ►				
		Tuition Ded ►				
		Total Qualified Expenses				
		Amer Opp Cr ►				
		Lifetime Cr ►				
		Tuition Ded ►				
		Total Qualified Expenses				
Total qualified expenses	5,268.	Amer Opp Cr				
	5,268.	Lifetime Cr				
	5,268.	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 ► [X]

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	Social Security Number
Zakieh Shirafkan & Casey A Carnnia	691-01-5408

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.	
Totals . .						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	☐	☐
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: a 2013	16 a		
b 2012	b		
c 2011	c		
d 2010	d		
e 2009	e		
f 2008	f		

Tax Summary 2013

► Keep for your records

Name (s)
Zakieh Shirafkan & Casey A Carnnia

Total income	104,259.
Adjustments to income	
Adjusted gross income	104,259.
Itemized/standard deduction	31,386.
Exemption amount	15,600.
Taxable income	57,273.
Tentative tax	7,699.
Additional taxes	
Alternative minimum tax	
Total credits	1,500.
Other taxes	
Total tax	6,199.
Total payments	11,219.
Estimated tax penalty	
Amount Overpaid	5,020.
Refund	5,020.
Amount Applied to Estimate	
Balance due	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 2013

► Keep for your records

Name(s) Shown on Return	Social Security No
Zakieh Shirafkan & Casey A Carnnia	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 06:26 PM PDT
Federal Return Acceptance Date: ___________

Your return was electronically transmitted on 03/11/2014

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

Tax Smart Worksheet

A	Tax	7,699.
	Check if from:	
1	Tax table	X
2	Tax Computation Worksheet (see instructions)	
3	Schedule D Tax Worksheet	
4	Qualified Dividends and Capital Gain Tax Worksheet	
5	Schedule J	
6	Form 8615	
7	Foreign Earned Income Tax Worksheet	
B	Additional tax from Form 8814	
C	Additional tax from Form 4972	
D	Tax from additional Form(s) 4972	
E	Recapture tax from Form 8863	
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax	
G	**Tax**. Add lines A through F. Enter the result here and on line **44**	7,699.

SMART WORKSHEET FOR: Form 8863: Education Credits

Nonrefundable Credit -- Form 8863, Line 19

1	Enter amount from line 18, Form 8863	**1**	
2	Enter amount from line 9, Form 8863	**2**	1,500.
3	Add lines 1 and 2	**3**	1,500.
4	Enter the amount from Form 1040, line 46; or Form 1040A, line 28	**4**	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	**5**	
6	Subtract line 5 from line 4	**6**	7,699.
7	Enter the smaller of line 3 or line 6 here and on Form 8863, line 19	**7**	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 [X] 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 [X] No

E Is this person a Full time student? . . . . ► [ ] Yes [ ] No

F Is this person's gross income less than $3,900? . . . . ► [X] 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? [X] 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? . . . . ► [X]
- 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	[X] 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	[X] No
E	Is this person a Full time student?	[ ] Yes	[ ] No
F	Is this person's gross income less than $3,900?	[X] 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?	[X] Yes	[ ] No
G	Is there an agreement with this person's other parent about who can claim this person as a dependent? **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	[ ] Yes	[ ] No
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?	[X]	
	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	23,085.51
2	Limited amount to report on Sch A, line 10	
B	**Home mortgage interest not reported on Form 1098:**	
1	Sum of lines 6a and 6b below	
2	Limited amount to report on Sch A, line 11	
C	**Points not reported on Form 1098:**	
1	Sum of lines 7a through 7c below	
2	Limited amount to report on Sch A, line 12	

Additional information from your 2013 Federal Tax Return

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

Charitable Organization (Salvation Army)
Detail of Item Donations - Continued

Continuation Statement

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
2	08/15/2013	1	Boots: Hiking: Adult	26.00	1	18.00	0	26.00
2	08/15/2013	1	Women's Skirt: Full-Length	13.00	2	9.00	0	26.00
2	08/15/2013	1	Vacuum Cleaner: Canister	39.00	1	27.00	0	39.00
2	08/15/2013	1	Men's Suit: Three-Piece	38.00	2	27.00	0	76.00
Total								167.00

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

Balance Due/ Refund	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.
Where's My Refund?	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 www.tax.virginia.gov.
No Signature Document Needed	No signature form is required since you signed your return electronically.
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns

2013 Virginia Tax Return Summary

Taxable Income	$	72,246.00
Total Tax	$	3,638.00
Total Payments/Credits	$	4,930.00
Amount to be Refunded	$	1,292.00

2013 VA760CG **Page 1** [ ]
Individual Income Tax Return

ZAKIEH SHIRAFKAN
CASEY A CARNNIA
1958 TEASEL CT

WOODBRIDGE 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

REV 02/24/14 TTO

___________ ___**LAR** ___**DLAR** ___**DTD** ___**LTD** **$**___________

691015408

ADDITIONAL FILING INFORMATION

Your DOB: 09211976 | Spouse DOB: 06101968

Direct Bank Deposit: X

Debit Card: (Fees may apply)

Dependent on another's return:

Farmer/ Fisherman, Merchant Seaman:

Taxpayer Deceased:

Overseas 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 X

I agree to obtain my 1099G income tax refund statement electronically at 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

CASEY A CARNNIA

691015408

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.

1555

REV 02/24/14 TTO

Virginia Information Worksheet 2013

► Keep for your records

Part I — Personal Information

Taxpayer:

First Name	Zakieh
Last Name	Shirafkan
Middle Initial	Suffix
Social Security No	691-01-5408
Date of Birth	09/21/1976
Date of Death	
E-mail Address	
Daytime Phone	(703)863-3967 * X
Home Phone	*

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 X

** 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).

Part II — Main Form

- X Form 760: Resident Tax Return ►
- ☐ Form 760PY: Part-Year Resident Tax Return ►
- ☐ Form 763: Nonresident Tax Return ►
- ☐ Form 763S: Special Nonresident Claim for Income Tax Withheld Taxpayer ► Spouse ►

Nonresident	**Taxpayer**	**Spouse**
• 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		

Part III — Filing Status

Resident
- ☐ **1** = Single
- X **2** = Married, joint
- ☐ **3** = 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

Part IV — Other Information

- X You agree to obtain Form 1099-G income tax refund statement electronically at www.tax.virginia.gov
- ☐ 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 **only one** 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	
X		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.

Yes	No	
		Do you want to elect direct debit of state tax payment (Electronic Filing Only)?

Note: Direct debit occurs upon acceptance date

International ACH Transactions:

Yes	No	
	X	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:

X	Checking	Routing number . . . . ►	051000017
	Savings	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	
	X	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	Social Security Number
Zakieh Shirafkan & Casey A Carnnia	691-01-5408

Tax Payments for the Current Year

		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
	Additional Payments		
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	**Total tax payments**. 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		
☐	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	**Total income tax withheld**	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	Social Security Number
Zakieh Shirafkan & Casey A Carnnia	691-01-5408

Part 1 — Separate Income and Exemptions		Taxpayer	Spouse
1	Federal adjusted gross income	43,190.	61,069.
2	Additions:		
a	Fixed date conformity additions		
b	Interest and obligations of other states		
c	Other additions		
d	Total additions. Add lines 2a, 2b and 2c		
3	Subtotal. Add lines 1 and 2d	43,190.	61,069.
4	Age Deduction		
5	Social Security Act and Tier 1 Railroad Retirement Act Benefits		
6	State income tax refund or overpayment credit reported as income on your federal return	919.	918.
7	Other subtractions:		
a	Fixed date conformity subtractions		
b	Income from obligations or securities of the United States		
c	Disability income reported as wages		
d	Other subtractions		
e	Add lines 7a through 7d		
8	Total subtractions. Add lines 4, 5, 6 and 7e	919.	918.
9	**Virginia Adjusted Gross Income (VAGI)**. Subtract line 8 from line 3. Enter here and on Form 760, lines 16a and 16b	42,271.	60,151.
10	Personal exemptions:		
	You $930 Plus 65 or over [ ] Blind [ ] = 0 x $800 =	930.	
	Spouse $930 Plus 65 or over [ ] Blind [ ] = 0 x $800 =		930.
11	Subtract line 10 from line 9. **If either amount is 0 or less, STOP**; 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.

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

Part 3 — Spouse Tax Adjustment

16	Enter the taxable income from line 14 of Form 760	72,246.
17	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.
18	Subtract line 17 from line 16 (if $0 or less, enter $0)	
19	Divide the amount on line 16 by 2	
20	Enter the tax on the **smaller** of line 17 or line 19	
21	Enter the tax on the **larger** of line 18 or line 19	
22	Add lines 20 and 21	
23	Enter the tax from line 19 of Form 760	
24	**Tax Adjustment:** Subtract line 22 from line 23. *Also enter on Form 760, line 16*	259.

Taxpayer/Spouse Allocation Worksheet — 2013

► Keep for your records

Name	Social Security No.
Zakieh Shirafkan & Casey A Carnnia	691-01-5408

Part 1 — Income and Adjustments

	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	**Total income** (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	**Total adjustments to income** (add lines 17 through 30)		
32	**Federal adjusted gross income** (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)		