

Electronic Filing Instructions for your 2013 Federal Tax Return

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



Charles M Arnold
519 Bartlett Street
San Francisco, CA 94110

Balance Due/Refund	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$754.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 0668889306 Routing Transit Number: 256074974.		
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	\$	20,445.00
	Taxable Income	\$	10,445.00
	Total Tax	\$	1,141.00
	Total Payments/Credits	\$	1,895.00
	Amount to be Refunded	\$	754.00
	Effective Tax Rate		5.47%



Hi Charles,

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 Federal Free Edition:

- Your filed return has 100% guaranteed accurate calculations*
- You received a printed copy of your return with supporting documents for your records

Many happy returns from TurboTax.

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning , 2013, ending , 20		See separate instructions.
Your first name and initial Charles M	Last name Arnold	Your social security number 310-06-2806
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 519 Bartlett Street		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). San Francisco CA 94110		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

Filing Status

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

Check only one box.

Exemptions

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a				Boxes checked on 6a and 6b <u>1</u> 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 Add numbers on lines above ▶ <u>1</u>
b <input type="checkbox"/> Spouse				
c Dependents:				
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
d Total number of exemptions claimed				

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

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	20,445.
	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	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
	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	20,445.	

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	20,445.

Tax and Credits**Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$6,100
Married filing jointly or Qualifying widow(er), \$12,200
Head of household, \$8,950

38	Amount from line 37 (adjusted gross income)	38	20,445.
39a	Check <input type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind. Total boxes checked 39a <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,100.
41	Subtract line 40 from line 38	41	14,345.
42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions	42	3,900.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	10,445.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	1,118.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	1,118.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 19	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit. Attach Schedule 8812, if required	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	1,118.
56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input checked="" type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	23.
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	60	
61	Add lines 55 through 60. This is your total tax	61	1,141.
62	Federal income tax withheld from Forms W-2 and 1099	62	1,895.
63	2013 estimated tax payments and amount applied from 2012 return	63	
64a	Earned income credit (EIC)	64a	
b	Nontaxable combat pay election 64b	64b	
65	Additional child tax credit. Attach Schedule 8812	65	
66	American opportunity credit from Form 8863, line 8	66	
67	Reserved	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	0.
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	1,895.
73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	754.
74a	Amount of line 73 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	74a	754.
b	Routing number <u>2 5 6 0 7 4 9 7 4</u> c Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings		
d	Account number <u>0 6 6 8 8 8 9 3 0 6</u>		
75	Amount of line 73 you want applied to your 2014 estimated tax	75	
76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	
77	Estimated tax penalty (see instructions)	77	

Third Party DesigneeDo 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.

Your signature

Date

Your occupation

Daytime phone number

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

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

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

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.

Social Security and Medicare Tax on Unreported Tip Income

OMB No. 1545-0074

2013
 Attachment
 Sequence No. **24**

► Information about Form 4137 and its instructions is at www.irs.gov/form4137.
 ► Attach to Form 1040, Form 1040NR, Form 1040NR-EZ, Form 1040-SS, or Form 1040-PR.

Name of person who received tips. If married, complete a separate Form 4137 for each spouse with unreported tips.

Charles M Arnold

Social security number

310-06-2806

1	(a) Name of employer to whom you were required to, but did not report all your tips (see instructions)	(b) Employer identification number (see instructions)	(c) Total cash and charge tips you received (including unreported tips) (see instructions)	(d) Total cash and charge tips you reported to your employer
A	LAZ PARKING CALIFORNIA	27-1701304	200.	
B	LAZ PARKING CALIFORNIA	27-1701304	100.	
C				
D				
E				
2	Total cash and charge tips you received in 2013. Add the amounts from line 1, column (c)		2 300.	
3	Total cash and charge tips you reported to your employer(s) in 2013. Add the amounts from line 1, column (d)			3
4	Subtract line 3 from line 2. This amount is income you must include in the total on Form 1040, line 7; Form 1040NR, line 8; or Form 1040NR-EZ, line 3			4 300.
5	Cash and charge tips you received but did not report to your employer because the total was less than \$20 in a calendar month (see instructions).			5
6	Unreported tips subject to Medicare tax. Subtract line 5 from line 4			6 300.
7	Maximum amount of wages (including tips) subject to social security tax		7 113,700 00	
8	Total social security wages and social security tips (total of boxes 3 and 7 shown on your Form(s) W-2) and railroad retirement (RRTA) compensation (subject to 6.2 percent rate), see instructions		8 20,145.	
9	Subtract line 8 from line 7. If line 8 is more than line 7, enter -0-			9 93,555.
10	Unreported tips subject to social security tax. Enter the smaller of line 6 or line 9. If you received tips as a federal, state, or local government employee, see instructions			10 300.
11	Multiply line 10 by .062 (social security tax rate)			11 19.
12	Multiply line 6 by .0145 (Medicare tax rate).			12 4.
13	Add lines 11 and 12. Enter the result here and on Form 1040, line 57; Form 1040NR, line 55; or Form 1040NR-EZ, line 16 (Form 1040-SS and 1040-PR filers, see instructions.)			13 23.

Tax History Report

2013

► Keep for your records

Name(s) Shown on Return

Charles M Arnold

Five Year Tax History:

	2009	2010	2011	2012	2013
Filing status					Single
Total income					20,445.
Adjustments to income					
Adjusted gross income					20,445.
Tax expense					505.
Interest expense					
Contributions					150.
Miscellaneous deductions					0.
Other itemized deductions					
Total itemized/standard deduction ...					6,100.
Exemption amount					3,900.
Taxable income					10,445.
Tax					1,118.
Alternative minimum tax					
Total credits					
Other taxes					23.
Payments					1,895.
Form 2210 penalty					
Amount owed					
Applied to next year's estimated tax					
Refund					754.
Effective tax rate %					5.47
**Tax bracket %					15.0

**Tax bracket % is based on Taxable income.

- Keep for your records

2013

Name(s) Shown on Return <u>Charles M Arnold</u>	Social Security Number <u>310-06-2806</u>
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Estimated Tax Payments for 2013 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	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				1,895.	304.	
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				1,895.	304.	
20	Total Tax Payments for 2013				1,895.	304.	

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) . .				

Casualty and Theft Worksheet**2013**

Use a separate worksheet for each casualty or theft event.

► Keep for your records

Name(s) shown on return
Charles M ArnoldSocial Security No.
310-06-2806**Part I Casualty or Theft Event Information**

- 1 Description of this casualty or theft event ► 2 stolen bikes in the month of December
- 2 Date of casualty or theft event ► 12/01/2013
- 3 Use of property, check one:
- a Personal (includes home office deducted under simplified method, see tax help) . . ► ☒
- b Business, employment, or income-producing ► ☐
- 4 If box 3b is checked, check one:
- a Check if the property was used in a passive activity ► ☐
- b Check if the property was **not** used in a passive activity ► ☐
- c Check if this is a Rev Proc 2009-20 Ponzi-Type loss ► ☐
- 5 Worksheet Copy Number 1

Part II Property Information for All Properties Damaged or Stolen in the Casualty or Theft Event

- 1 a **Description** including type of property . ► 2 bicycles; one stolen 2 days after the other was robbed
- b Date acquired ► 12/01/2013 c Cost or other basis . . ► 500.
- d Insurance or other reimbursement ► 0.
- e FMV before event ► 500. f FMV after event . . ► 0.
- g Was this a total loss ? Yes . . . ► ☐ No . . . ► ☒
- h If **personal** use, is this a collectible ? Yes . . . ► ☐ No . . . ► ☒
- i If **business** use, check one: Business ► ☐ Employ ► ☐ Income . . ► ☐
- j If **home office** (standard method) enter: Sch C . . ► ☐ No Sch C ► ☐ Ln 27
-
- a **Description** including type of property . ► _____
- b Date acquired ► _____ c Cost or other basis . . ► _____
- d Insurance or other reimbursement ► _____
- e FMV before event ► _____ f FMV after event . . ► _____
- g Was this a total loss ? Yes . . . ► ☐ No . . . ► ☐
- h If **personal** use, is this a collectible ? Yes . . . ► ☐ No . . . ► ☐
- i If **business** use, check one: Business ► ☐ Employ ► ☐ Income . . ► ☐
- j If **home office** (standard method) enter: Sch C . . ► ☐ No Sch C ► ☐ Ln 27 _____

Federal Carryover Worksheet

2013

► Keep for your records

Name(s) Shown on Return Charles M Arnold	Social Security Number 310-06-2806
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2012 State and Local Income Tax Information (See Tax Help)

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

Other Tax and Income Information

			2012	2013
1	Filing status	1		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3		655.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5		20,445.
6	Tax liability for Form 2210 or Form 2210-F	6		1,118.
7	Alternative minimum tax	7		
8	Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions

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

Loss and Expense Carryovers

Note: Enter all entries as a positive amount

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

Electronic Filing Instructions for your 2013 California Tax Return

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



Charles M Arnold
519 Bartlett Street
San Francisco, CA 94110

Balance Due/Refund	Your California state tax return (Form 540) shows a refund due to you in the amount of \$216.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 0668889306 Routing Transit Number: 256074974.		
Where's My Refund?	Before you call the Franchise Tax Board 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 Franchise Tax Board directly at 1-800-338-0505. From outside of California use 1-916-845-6500. You can also visit the Franchise Tax Board web site at http://www.ftb.ca.gov/online/refund/ .		
What You Need to Sign	Sign and date Form 8453-OL within 1 day of acceptance.		
Do Not Mail	Do not mail a paper copy of your tax return. Since you filed electronically, the Franchise Tax Board already has your return.		
What You Need to Keep	Your Electronic Filing Instructions (this form) - Form 8453-OL and attachment(s) Printed copy of your state and federal returns		
2013 California Tax Return Summary	Taxable Income	\$	16,539.00
	Total Tax	\$	88.00
	Total Payments/Credits	\$	304.00
	Amount to be Refunded	\$	216.00
	Effective Tax Rate		0.43%

TAXABLE YEAR

2013

**California Online e-file Return Authorization
for Individuals**

FORM

8453-OL

Your first name and initial CHARLES M		Last name ARNOLD		Your SSN or ITIN 310-06-2806	
If filing jointly, spouse's/RDP's first name		Last name		Spouse's/RDP's SSN or ITIN	
Address (number and street or P.O. Box) 519 BARTLETT STREET		Apt. no.	PMB/Private mailbox	Daytime telephone number (510) 459-1160	
City SAN FRANCISCO			State CA	ZIP Code 94110	
Foreign country name		Foreign province/state/county		Foreign postal code	

Part I Tax Return Information (whole dollars only)

- 1 California adjusted gross income. (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 32; or Short Form 540NR, line 32). **1** 20,445.
- 2 Refund or no amount due. (Form 540, line 115; Form 540 2EZ, line 28; Long Form 540NR, line 125; or Short Form 540NR, line 125). **2** 216.
- 3 Amount you owe. (Form 540, line 111; Form 540 2EZ, line 27; Long Form 540NR, line 121; or Short Form 540NR, line 121). **3**

Part II Settle Your Account Electronically for Taxable Year 2013 (Due 04/15/2014)

- 4 ☒ Direct deposit of refund
- 5 ☐ Electronic funds withdrawal **5a** Amount _____ **5b** Withdrawal date (mm/dd/yyyy) _____

Part III Make Estimated Tax Payments for Taxable Year 2014 These are not installment payments for the current amount you owe.

	First Payment Due 4/15/14	Second Payment Due 6/16/14	Third Payment Due 9/15/14	Fourth Payment Due 1/15/15
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

- 8 Amount of refund to be directly deposited to account below 216. **12** The remaining amount of my refund for direct deposit _____
- 9 Routing number 256074974 **13** Routing number _____
- 10 Account number 0668889306 **14** Account number _____
- 11 Type of account: ☐ Checking ☒ Savings **15** Type of account: ☐ Checking ☐ Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2013 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

**Sign
Here**

Your signature

Date

Spouse's/RDP's signature. If filing jointly, both must sign.

Date

It is unlawful to forge a spouse's/RDP's signature.

California Resident Income Tax Return 2013**540** C1 Side 1

APE

ATTACH FEDERAL RETURN

310-06-2806 ARNO
CHARLES M ARNOLD

13

A
R
RP519 BARTLETT STREET
SAN FRANCISCO CA 94110

03-06-1989

Filing Status	1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). See instructions.	
	2 <input type="checkbox"/> Married/RDP filing jointly. See inst.	5 <input type="checkbox"/> Qualifying widow(er) with dependent child. Enter year spouse/RDP died	
	3 <input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here		

If your California filing status is different from your federal filing status, check the box here ☐**6** If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. ☐ **6**► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only****7 Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see instructions . . **7** X \$106 = \$ **8 Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 **8** X \$106 = \$ **9 Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 **9** X \$106 = ☒ \$ **10 Dependents: Do not include yourself or your spouse/RDP.**

First name	Last name	Dependent's relationship to you
<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>

Total dependent exemptions. **10** X \$326 = ☒ \$ **11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 ☒ **11** \$

Your name:

C H A R L E S M A R N O L

Your SSN or ITIN:

310-06-2806

Taxable Income

- 12 State wages from your Form(s) W-2, box 16 ● 12 20145.00
- 13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4 ● 13 20445.00
- 14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B ... ● 14 .00
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 20445.00
- 16 California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C ● 16 .00
- 17 California adjusted gross income. Combine line 15 and line 16 ● 17 20445.00
- 18 Enter the **larger of:** {
 Your California **itemized deductions** from Schedule CA (540), line 44; **OR**
 Your California **standard deduction** shown below for your filing status:
 • Single or Married/RDP filing separately \$3,906
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$7,812
 If the box on line 6 is checked, STOP. See instructions
 ● 18 3906.00
- 19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19 16539.00

Tax

- 31 Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule
 ● ☐ FTB 3800 ● ☐ FTB 3803 ● 31 254.00
- 32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$172,615, see instructions ● 32 106.00
- 33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 148.00
- 34 Tax. See instructions. Check the box if from: ● ☐ Schedule G-1 ● ☐ FTB 5870A ● 34 .00
- 35 Add line 33 and line 34. ● 35 148.00

Special Credits

- 40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions ● 40 .00
- 41 New jobs credit, amount generated. See instructions ● 41 .00
- 42 New jobs credit, amount claimed. See instructions ● 42 .00
- 43 Enter credit name code ● and amount ... ● 43 .00
- 44 Enter credit name code ● and amount ... ● 44 .00
- 45 To claim more than two credits, see instructions. Attach Schedule P (540) ● 45 .00
- 46 Nonrefundable renter's credit. See instructions ● 46 60.00
- 47 Add line 40 and line 42 through line 46. These are your total credits ● 47 60.00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- ● 48 88.00

Your name:

C H A R L E S M A R N O L

Your SSN or ITIN:

310-06-2806

Other Taxes

- 61** Alternative minimum tax. Attach Schedule P (540) ● **61** .00
- 62** Mental Health Services Tax. See instructions. ● **62** .00
- 63** Other taxes and credit recapture. See instructions. ● **63** .00
- 64** Add line 48, line 61, line 62, and line 63. This is your total tax. ● **64** 88 .00

Payments

- 71** California income tax withheld. See instructions..... ● **71** 304 .00
- 72** 2013 CA estimated tax and other payments. See instructions..... ● **72** .00
- 73** Real estate and other withholding. See instructions. ● **73** .00
- 74** Excess SDI (or VPD) withheld. See instructions. ● **74** .00
- 75** Add line 71, line 72, line 73, and line 74. These are your total payments. See instructions..... ● **75** 304 .00

Overpaid Tax/
Tax Due

- 91** Overpaid tax. If line 75 is more than line 64, subtract line 64 from line 75. ● **91** 216 .00
- 92** Amount of line 91 you want applied to your **2014** estimated tax ● **92** 0 .00
- 93** Overpaid tax available this year. Subtract line 92 from line 91 ● **93** 216 .00
- 94** Tax due. If line 75 is less than line 64, subtract line 75 from line 64..... ● **94** .00

Your name:

C H A R L E S M A R N O L

Your SSN or ITIN:

310-06-2806

Use
Tax95 Use Tax. **This is not a total line.** See instructions ● 95 .00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions.	● 400	<input type="text"/> .00
Alzheimer's Disease/Related Disorders Fund	● 401	<input type="text"/> .00
California Fund for Senior Citizens	● 402	<input type="text"/> .00
Rare and Endangered Species Preservation Program	● 403	<input type="text"/> .00
State Children's Trust Fund for the Prevention of Child Abuse	● 404	<input type="text"/> .00
California Breast Cancer Research Fund	● 405	<input type="text"/> .00
California Firefighters' Memorial Fund	● 406	<input type="text"/> .00
Emergency Food for Families Fund	● 407	<input type="text"/> .00
California Peace Officer Memorial Foundation Fund	● 408	<input type="text"/> .00
California Sea Otter Fund	● 410	<input type="text"/> .00
Municipal Shelter Spay-Neuter Fund	● 412	<input type="text"/> .00
California Cancer Research Fund	● 413	<input type="text"/> .00
Child Victims of Human Trafficking Fund	● 419	<input type="text"/> .00
California YMCA Youth and Government Fund	● 420	<input type="text"/> .00
California Youth Leadership Fund	● 421	<input type="text"/> .00
School Supplies for Homeless Children Fund	● 422	<input type="text"/> .00
State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/> .00
Protect Our Coast and Oceans Fund	● 424	<input type="text"/> .00
Keep Arts in Schools Fund	● 425	<input type="text"/> .00
American Red Cross, California Chapters Fund	● 426	<input type="text"/> .00
110 Add code 400 through code 426. This is your total contribution	● 110	<input type="text"/> .00

Your name:

C H A R L E S M A R N O L

Your SSN or ITIN:

310-06-2806

Amount
You Owe**111 AMOUNT YOU OWE.** Add line 94, line 95, and line 110. See instructions. **Do not send cash.**Mail to: **FRANCHISE TAX BOARD****PO BOX 942867****SACRAMENTO CA 94267-0001**

● 111

Pay online – Go to **ftb.ca.gov** for more information.Interest and
Penalties**112** Interest, late return penalties, and late payment penalties **112****113** Underpayment of estimated tax. Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached.** ● **113****114** Total amount due. See instructions. Enclose, but **do not** staple, any payment **114****115 REFUND OR NO AMOUNT DUE.** Subtract line 95 and line 110 from line 93. See instructions.Mail to: **FRANCHISE TAX BOARD****PO BOX 942840****SACRAMENTO CA 94240-0001**

● 115

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions.**Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Type

● Routing number

☐ Checking

● Account number

● **116** Direct deposit amount

2 5 6 0 7 4 9 7 4

☒ Savings

0 6 6 8 8 8 9 3 0 6

2 1 6 .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Type

● Routing number

☐ Checking

● Account number

● **117** Direct deposit amount☐ Savings**IMPORTANT:** See the instructions to find out if you should attach a copy of your complete federal tax return.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

X

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

X

**Sign
Here**It is unlawful
to forge a
spouse's/RDP's
signature.Joint tax return?
(See instructions.)

Your email address (optional). Enter only one email address.

Daytime phone number (optional)

(5 1 0) 4 5 9 - 1 1 6 0

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed)

SELF PREPARED

● PTIN

Firm's address

● FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. . . . ● ☐ Yes ☒ No

Print Third Party Designee's Name

Telephone Number

Nonrefundable Renter's Credit Qualification Record

175



e-file and skip this page! The tax software product you use to e-file will help you find out if you qualify for this credit and will figure the correct amount of the credit automatically. Go to ftb.ca.gov to check your e-file options. You can claim the nonrefundable renter's credit using CalFile and ReadyReturn.

If you were a resident of California and paid rent on property in California, which was your principal residence, you may qualify for a credit that you can use to reduce your tax. Answer the questions below to see if you qualify. For purposes of California income tax, references to a spouse, husband, or wife also refer to a California Registered Domestic Partner (RDP), unless otherwise specified. When we use the initials RDP they refer to both a California registered domestic "partner" and a California registered domestic "partnership," as applicable. For more information on RDPs, get FTB Pub. 737. **Do not mail this record. Keep with your tax records.**

1. Were you a resident of California for the entire year in 2013?

Military personnel. If you are not a legal resident of California, you do not qualify for this credit. However, your spouse/RDP may claim this credit if he or she was a resident, did not live in military housing during 2013, and is otherwise qualified.

YES. Go to question 2. ✕

NO. Stop. File the Long or Short Form 540NR, California Nonresident or Part-Year Resident Income Tax Return. See "Order Forms and Publications" on page 67.

2. Is your California adjusted gross income the amount on line 17:

- \$36,955 or less if single or married/RDP filing separately; or
- \$73,910 or less if married/RDP filing jointly, head of household, or qualifying widow(er)?

YES. Go to question 3. ✕

NO. Stop here. You do not qualify for this credit.

3. Did you pay rent, for at least half of 2013, on property (including a mobile home that you owned on rented land) in California, which was your principal residence?

YES. Go to question 4. ✕

NO. Stop here. You do not qualify for this credit.

4. Can you be claimed as a dependent by a parent, foster parent, legal guardian, or any other person in 2013?

NO. Go to question 6. ✕

YES. Go to question 5.

5. For more than half the year in 2013, did you live in the home of the person who can claim you as a dependent?

NO. Go to question 6. ✕

YES. Stop here. You do not qualify for this credit.

6. Was the property you rented exempt from property tax in 2013?

You do not qualify for this credit if, for more than half of the year, you rented property that was exempt from property taxes. Exempt property includes most government-owned buildings, church-owned parsonages, college dormitories, and military barracks. However, if you or your landlord paid possessory interest taxes for the property you rented, then you may claim this credit.

NO. Go to question 7. ✕

YES. Stop here. You do not qualify for this credit.

7. Did you claim the homeowner's property tax exemption anytime during 2013?

You do not qualify for this credit if you or your spouse/RDP received a homeowner's property tax exemption at any time during the year. However, if you lived apart from your spouse/RDP for the entire year and your spouse/RDP received a homeowner's property tax exemption for a separate residence, then you may claim this credit if you are otherwise qualified.

NO. Go to question 8. ✕

YES. If your filing status is single or married/RDP filing separately, stop here, you do not qualify for this credit. If your filing status is married/RDP filing jointly, go to question 9.

8. Were you single in 2013?

YES. Go to question 11. ✕

NO. Go to question 9.

9. Did your spouse/RDP claim the homeowner's property tax exemption anytime during 2013?

You do not qualify for this credit if you or your spouse/RDP received a homeowner's property tax exemption at any time during the year. However, if you lived apart from your spouse/RDP for the entire year and your spouse/RDP received a homeowner's property tax exemption for a separate residence, then you may claim this credit if you are otherwise qualified.

NO. Go to question 11.

YES. If both you and your spouse/RDP claimed the homeowner's property tax exemption, stop here, you do not qualify for this credit. Otherwise, go to question 10.

10. Did you and your spouse/RDP maintain separate residences for the entire year in 2013?

YES. Go to question 11.

NO. Stop here. You do not qualify for this credit.

11. If you are:

- Single, enter \$60 on line 46.
- Head of household or qualifying widow(er), enter \$120 on line 46.
- Married/RDP filing separately: if you and your spouse/RDP lived in the same rental property and both qualify for this credit, one spouse/RDP may claim the full amount of the credit (\$120), or each spouse/RDP may claim half the amount (\$60 each). If you and your spouse/RDP lived apart for the entire year and you qualify for this credit, you may claim half the amount of the credit (\$60). Enter your credit amount on line 46.
- Married/RDP filing jointly, enter \$120 on line 46. (Exception: If one spouse/RDP claimed the homeowner's tax exemption and you lived apart from your spouse/RDP for the entire year, enter \$60 on line 46.)

60.

Fill in the street address(es) and landlord information below for the residence(s) you rented in California during 2013, which qualified you for this credit.

Street Address	City, State, and ZIP Code	Dates Rented in 2013 (From to)
a		
b		

Enter the name, address, and telephone number of your landlord(s) or the person(s) to whom you paid rent for the residence(s) listed above.

Name	Street Address	City, State, ZIP Code, and Telephone Number
a		
b		

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning , 2013, ending , 20		See separate instructions.
Your first name and initial Charles M	Last name Arnold	Your social security number 310-06-2806
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 519 Bartlett Street		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). San Francisco CA 94110		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

Filing Status

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

Check only one box.

Exemptions

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a				Boxes checked on 6a and 6b <u>1</u>
b <input type="checkbox"/> Spouse				
c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
If more than four dependents, see instructions and check here <input type="checkbox"/>				
d Total number of exemptions claimed				
Add numbers on lines above 1				

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	20,445.
	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	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
	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	20,445.	

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	20,445.

Tax and Credits**Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$6,100
Married filing jointly or Qualifying widow(er), \$12,200
Head of household, \$8,950

38	Amount from line 37 (adjusted gross income)	38	20,445.
39a	Check <input type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind. Total boxes checked 39a <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,100.
41	Subtract line 40 from line 38	41	14,345.
42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions	42	3,900.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	10,445.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	1,118.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	1,118.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 19	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit. Attach Schedule 8812, if required	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	1,118.
56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input checked="" type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	23.
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	60	
61	Add lines 55 through 60. This is your total tax	61	1,141.
62	Federal income tax withheld from Forms W-2 and 1099	62	1,895.
63	2013 estimated tax payments and amount applied from 2012 return	63	
64a	Earned income credit (EIC)	64a	
b	Nontaxable combat pay election 64b	64b	
65	Additional child tax credit. Attach Schedule 8812	65	
66	American opportunity credit from Form 8863, line 8	66	
67	Reserved	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	0.
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	1,895.
73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	754.
74a	Amount of line 73 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	74a	754.
b	Routing number <u>2 5 6 0 7 4 9 7 4</u> c Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings		
d	Account number <u>0 6 6 8 8 8 9 3 0 6</u>		
75	Amount of line 73 you want applied to your 2014 estimated tax	75	
76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	
77	Estimated tax penalty (see instructions)	77	

Third Party DesigneeDo 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.

Your signature

Date

Your occupation

Daytime phone number

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

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

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

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.

Social Security and Medicare Tax on Unreported Tip Income

OMB No. 1545-0074

2013
Attachment
Sequence No. **24**

► Information about Form 4137 and its instructions is at www.irs.gov/form4137.
► Attach to Form 1040, Form 1040NR, Form 1040NR-EZ, Form 1040-SS, or Form 1040-PR.

Name of person who received tips. If married, complete a separate Form 4137 for each spouse with unreported tips.

Charles M Arnold

Social security number

310-06-2806

1	(a) Name of employer to whom you were required to, but did not report all your tips (see instructions)	(b) Employer identification number (see instructions)	(c) Total cash and charge tips you received (including unreported tips) (see instructions)	(d) Total cash and charge tips you reported to your employer
A	LAZ PARKING CALIFORNIA	27-1701304	200.	
B	LAZ PARKING CALIFORNIA	27-1701304	100.	
C				
D				
E				
2	Total cash and charge tips you received in 2013. Add the amounts from line 1, column (c)		2	300.
3	Total cash and charge tips you reported to your employer(s) in 2013. Add the amounts from line 1, column (d)		3	
4	Subtract line 3 from line 2. This amount is income you must include in the total on Form 1040, line 7; Form 1040NR, line 8; or Form 1040NR-EZ, line 3		4	300.
5	Cash and charge tips you received but did not report to your employer because the total was less than \$20 in a calendar month (see instructions).		5	
6	Unreported tips subject to Medicare tax. Subtract line 5 from line 4		6	300.
7	Maximum amount of wages (including tips) subject to social security tax		7	113,700.00
8	Total social security wages and social security tips (total of boxes 3 and 7 shown on your Form(s) W-2) and railroad retirement (RRTA) compensation (subject to 6.2 percent rate), see instructions		8	20,145.
9	Subtract line 8 from line 7. If line 8 is more than line 7, enter -0-		9	93,555.
10	Unreported tips subject to social security tax. Enter the smaller of line 6 or line 9. If you received tips as a federal, state, or local government employee, see instructions		10	300.
11	Multiply line 10 by .062 (social security tax rate)		11	19.
12	Multiply line 6 by .0145 (Medicare tax rate).		12	4.
13	Add lines 11 and 12. Enter the result here and on Form 1040, line 57; Form 1040NR, line 55; or Form 1040NR-EZ, line 16 (Form 1040-SS and 1040-PR filers, see instructions.)		13	23.

Tax History Report

2013

► Keep for your records

Name(s) Shown on Return

Charles M Arnold

Five Year Tax History:

	2009	2010	2011	2012	2013
Filing status					Single
Total income					20,445.
Adjustments to income					
Adjusted gross income					20,445.
Tax expense					505.
Interest expense					
Contributions					150.
Miscellaneous deductions					0.
Other itemized deductions					
Total itemized/standard deduction ...					6,100.
Exemption amount					3,900.
Taxable income					10,445.
Tax					1,118.
Alternative minimum tax					
Total credits					
Other taxes					23.
Payments					1,895.
Form 2210 penalty					
Amount owed					
Applied to next year's estimated tax					
Refund					754.
Effective tax rate %					5.47
**Tax bracket %					15.0

**Tax bracket % is based on Taxable income.