

# Electronic Filing Instructions for your 2013 Federal Tax Return

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



Sara J Botsay  
3245 TEXAS AVE  
KENNER, LA 70065

<b>Balance Due/Refund</b>	Your federal tax return (Form 1040A) shows a refund due to you in the amount of \$952.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 1970000272750 Routing Transit Number: 265075812.		
<b>When Will You Get Your Refund?</b>	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2014. To get your estimated refund date from TurboTax, log into My TurboTax at <a href="http://www.turbotax.com">www.turbotax.com</a> . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check <a href="http://www.irs.gov">www.irs.gov</a> and select the "Where's my refund?" link.		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
<b>2013 Federal Tax Return Summary</b>	Adjusted Gross Income	\$	63,771.00
	Taxable Income	\$	53,771.00
	Total Tax	\$	9,373.00
	Total Payments/Credits	\$	10,325.00
	Amount to be Refunded	\$	952.00
	Effective Tax Rate		14.70%



Hi Sara,

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: \$ 952.00

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.

Your first name and initial  Sara J	Last name  Botsay	OMB No. 1545-0074 <b>Your social security number</b> 434 61 4427
If a joint return, spouse's first name and initial	Last name	<b>Spouse's social security number</b>

Home address (number and street). If you have a P.O. box, see instructions. 3245 TEXAS AVE		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). KENNER LA 70065			<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code	

**Filing status** Check only one box.

<b>1</b> <input checked="" type="checkbox"/> Single <b>2</b> <input type="checkbox"/> Married filing jointly (even if only one had income) <b>3</b> <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►	<b>4</b> <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. ► <b>5</b> <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)
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**Exemptions**

**6a** ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a.

**b** ☐ **Spouse**

**c Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**d** Total number of exemptions claimed. Boxes checked on 6a and 6b 1  
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 ► 1

**Income**

<b>7</b> Wages, salaries, tips, etc. Attach Form(s) W-2.	7	65,375.
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**Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.** If you did not get a W-2, see instructions.

<b>8a</b> Taxable interest. Attach Schedule B if required. <b>b</b> Tax-exempt interest. <b>Do not</b> include on line 8a. <span style="float: right;">8b</span>	8a	
<b>9a</b> Ordinary dividends. Attach Schedule B if required. <b>b</b> Qualified dividends (see instructions). <span style="float: right;">9b</span>	9a	
<b>10</b> Capital gain distributions (see instructions).	10	
<b>11a</b> IRA distributions. <span style="float: right;">11a</span> <b>11b</b> Taxable amount (see instructions). <span style="float: right;">11b</span>		
<b>12a</b> Pensions and annuities. <span style="float: right;">12a</span> <b>12b</b> Taxable amount (see instructions). <span style="float: right;">12b</span>		
<b>13</b> Unemployment compensation and Alaska Permanent Fund dividends.	13	
<b>14a</b> Social security benefits. <span style="float: right;">14a</span> <b>14b</b> Taxable amount (see instructions). <span style="float: right;">14b</span>		
<b>15</b> Add lines 7 through 14b (far right column). This is your <b>total income</b> . ►	15	65,375.

**Adjusted gross income**

<b>16</b> Educator expenses (see instructions). <span style="float: right;">16</span> <b>17</b> IRA deduction (see instructions). <span style="float: right;">17</span> <b>18</b> Student loan interest deduction (see instructions). <span style="float: right;">18</span> <span style="float: right;">1,604.</span>		
<b>19</b> Tuition and fees. Attach Form 8917. <span style="float: right;">19</span> <b>20</b> Add lines 16 through 19. These are your <b>total adjustments</b> . <span style="float: right;">20</span> <span style="float: right;">1,604.</span>		
<b>21</b> Subtract line 20 from line 15. This is your <b>adjusted gross income</b> . ►	21	63,771.

**Tax, credits, and payments**

<b>22</b>	Enter the amount from line 21 (adjusted gross income).	<b>22</b>	63,771.
<b>23a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1949, <input type="checkbox"/> <b>Blind</b> } <b>Total boxes</b> if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1949, <input type="checkbox"/> <b>Blind</b> } <b>checked</b> ▶ <b>23a</b> <input type="checkbox"/>		
<b>b</b>	If you are married filing separately and your spouse itemizes deductions, check here ▶ <b>23b</b> <input type="checkbox"/>		
<b>24</b>	Enter your <b>standard deduction</b> .	<b>24</b>	6,100.
<b>25</b>	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	<b>25</b>	57,671.
<b>26</b>	<b>Exemptions.</b> Multiply \$3,900 by the number on line 6d.	<b>26</b>	3,900.
<b>27</b>	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-.	<b>27</b>	53,771.
	This is your <b>taxable income</b> .		
<b>28</b>	<b>Tax</b> , including any alternative minimum tax (see instructions).	<b>28</b>	9,373.
<b>29</b>	Credit for child and dependent care expenses. Attach Form 2441.	<b>29</b>	
<b>30</b>	Credit for the elderly or the disabled. Attach Schedule R.	<b>30</b>	
<b>31</b>	Education credits from Form 8863, line 19.	<b>31</b>	
<b>32</b>	Retirement savings contributions credit. Attach Form 8880.	<b>32</b>	
<b>33</b>	Child tax credit. Attach Schedule 8812, if required.	<b>33</b>	
<b>34</b>	Add lines 29 through 33. These are your <b>total credits</b> .	<b>34</b>	
<b>35</b>	Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-. This is your <b>total tax</b> .	<b>35</b>	9,373.
<b>36</b>	Federal income tax withheld from Forms W-2 and 1099.	<b>36</b>	10,325.
<b>37</b>	2013 estimated tax payments and amount applied from 2012 return.	<b>37</b>	
<b>38a</b>	<b>Earned income credit (EIC).</b>	<b>38a</b>	
<b>b</b>	Nontaxable combat pay election.	<b>38b</b>	
<b>39</b>	Additional child tax credit. Attach Schedule 8812.	<b>39</b>	
<b>40</b>	American opportunity credit from Form 8863, line 8.	<b>40</b>	
<b>41</b>	Add lines 36, 37, 38a, 39, and 40. These are your <b>total payments</b> .	<b>41</b>	10,325.
<b>42</b>	If line 41 is more than line 35, subtract line 35 from line 41. This is the amount you <b>overpaid</b> .	<b>42</b>	952.
<b>43a</b>	Amount of line 42 you want <b>refunded to you</b> . If Form 8888 is attached, check here ▶ <input type="checkbox"/> <b>43a</b>	<b>43a</b>	952.
<b>b</b>	Routing number <input type="text" value="265075812"/> ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number <input type="text" value="1970000272750"/>		
<b>44</b>	Amount of line 42 you want <b>applied to your 2014 estimated tax</b> .	<b>44</b>	
<b>45</b>	<b>Amount you owe.</b> Subtract line 41 from line 35. For details on how to pay, see instructions.	<b>45</b>	
<b>46</b>	Estimated tax penalty (see instructions).	<b>46</b>	

**Refund**

Direct deposit? See instructions and fill in 43b, 43c, and 43d or Form 8888.

**Amount you owe****Third party designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes**. Complete the following. ☒ **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

**Sign here**

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation <b>Eye Banker</b>	Daytime phone number <b>(504) 333-4086</b>
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

**Paid preparer use only**

Print/type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ <b>Self-Prepared</b>			Firm's EIN ▶	
Firm's address ▶			Phone no.	

# Federal Information Worksheet

► Keep for your records

2013

## Part I – Personal Information

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

### Taxpayer:

First name . . . . . Sara  
Middle initial . . . . . J Suffix . . . . .  
Last name . . . . . Botsay  
Social security no. . . . . 434-61-4427  
Occupation . . . . . Eye Banker  
Date of birth . . . . . 03/28/1986 (mm/dd/yyyy)  
Age as of 1-1-2014 . . . . . 27  
Daytime phone . . . . . (504) 333-4086 Ext  
Legally blind . . . . . ☐  
Date of death . . . . .

### Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☒ 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 . . . . .  
Middle initial . . . . . Suffix . . . . .  
Last name . . . . .  
Social security no. . . . .  
Occupation . . . . .  
Date of birth . . . . . (mm/dd/yyyy)  
Age as of 1-1-2014 . . . . .  
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 ☐ 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 . . . . . 3245 TEXAS AVE Apt no. . . . .  
City . . . . . KENNER State . . . . . LA ZIP code . . . . . 70065  
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 ☒ Taxpayer daytime ☐ Spouse daytime

### Federal filing status:

- ☒ 1 Single  
☐ 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)			Qualified child/dep care exps incurred and paid 2013	E I C	Lived with taxpyr in U.S.	Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr					

\* "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 . . . . . ☐

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

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

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

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

Name of Financial Institution (optional) . . . . . N O Firemens Federal Credit Union

Check the appropriate box. . . . . ☒ Checking ☐ Savings

Routing number. . . . . 265075812 Account number . . . . . 1970000272750

**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 . . . . . ▶ LA

Check the appropriate box:

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

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

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

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

**Spouse:**

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

Check the appropriate box:

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

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

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

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

Nonresident states:

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

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

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

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

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

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

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

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

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

**Personal Information Worksheet  
For the Taxpayer**

**2013**

► Keep for your records

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

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

First name . . . Sara Middle initial . J Last name . . . Botsay  
Suffix . . . . .

Social security no. . . 434-61-4427 Member of U.S. Armed Forces in 2013? . . ☐ Yes ☒ No

Date of birth . . . . . 03/28/1986 (mm/dd/yyyy) age as of 1-1-2014 . . . . . 27

Occupation . . . Eye Banker Daytime phone . . . (504) 333-4086 Ext \_\_\_\_\_

Marital status . . . Divorced

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 . . . . . \_\_\_\_\_



► Keep for your records

Name(s) Shown on Return  
Sara J BotsaySocial Security Number  
434-61-4427

## Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	65,375.		65,375.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .			
<b>2</b>	Total federal tax withheld . . . . .	10,325.		10,325.
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .	65,375.		65,375.
<b>4</b>	Total social security tax withheld . . . . .	4,053.		4,053.
<b>5</b>	Total Medicare wages and tips . . . . .	65,375.		65,375.
<b>6</b>	Total Medicare tax withheld . . . . .	948.		948.
<b>8</b>	Total allocated tips . . . . .			
<b>9</b>	Not used . . . . .			
<b>10</b>	Total dependent care benefits . . . . .			
<b>11</b>	Total distributions from nonqualified plans . . .			
<b>12 a</b>	Total from Box 12 . . . . .			
<b>b</b>	Elective deferrals to qualified plans . . . . .			
<b>c</b>	Roth contributions to 401(k) & 403(b) plans . .			
<b>d</b>	Deferrals to government 457 plans . . . . .			
<b>e</b>	Deferrals to non-government 457 plans . . . .			
<b>f</b>	Deferrals 409A nonqual deferred comp plan . .			
<b>g</b>	Income 409A nonqual deferred comp plan . . .			
<b>h</b>	Uncollected Medicare tax . . . . .			
<b>i</b>	Uncollected social security and RRTA tier 1 . .			
<b>j</b>	Uncollected RRTA tier 2 . . . . .			
<b>k</b>	Income from nonstatutory stock options . . . .			
<b>l</b>	Non-taxable combat pay . . . . .			
<b>m</b>	Total other items from box 12 . . . . .			
<b>14 a</b>	Total deductible mandatory state tax . . . . .			
<b>b</b>	Total deductible charitable contributions . . . .			
<b>c</b>	This line does not apply to TurboTax . . . . .			
<b>d</b>	Total RR Compensation . . . . .			
<b>e</b>	Total RR Tier 1 tax . . . . .			
<b>f</b>	Total RR Tier 2 tax . . . . .			
<b>g</b>	Total RR Medicare tax . . . . .			
<b>h</b>	Total RR Additional Medicare tax . . . . .			
<b>i</b>	Total RRTA tips. . . . .			
<b>j</b>	Total other items from box 14 . . . . .			
<b>16</b>	Total state wages and tips . . . . .	65,375.		65,375.
<b>17</b>	Total state tax withheld . . . . .	2,233.		2,233.
<b>19</b>	Total local tax withheld. . . . .			

Name  
Sara J BotsaySocial Security Number  
434-61-4427☐**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. 434-61-4427  
**b** Employer's ID number . . . . 72-0502570  
**c** Employer's name, address, and ZIP code  
Southern Eye Bank  
 Street 4621 West Napoleon STE 209  
 City Metairie  
 State LA ZIP Code 70001  
 Foreign Country \_\_\_\_\_

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

**e** Employee's name  
 First Sara M.I. J  
 Last Botsay Suff. \_\_\_\_\_  
**f** Employee's address and ZIP code  
 Street 3245 TEXAS AVE  
 City KENNER  
 State LA ZIP Code 70065  
 Foreign Country \_\_\_\_\_

**1** Wages, tips, other compensation  
65,375.14  
**3** Social security wages  
65,375.14  
**5** Medicare wages and tips  
65,375.14  
**7** Social security tips  
 \_\_\_\_\_

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

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

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

**2** Federal income tax withheld  
10,324.72  
**4** Social security tax withheld  
4,053.26  
**6** Medicare tax withheld  
947.94  
**8** Allocated tips  
 \_\_\_\_\_

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

**Box 12**  
Code**Box 12**  
Amount

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_  
 M: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_  
 P: Double click to link to Form 3903, line 4. . . \_\_\_\_\_  
 R: Enter MSA contribution for Taxpayer . . . \_\_\_\_\_  
 Spouse . . . . \_\_\_\_\_  
 W: Enter HSA contribution for Taxpayer . . . \_\_\_\_\_  
 Spouse . . . . \_\_\_\_\_  
 G: ☐ Employer is **not** a state or local government

**Box 15**  
State

Employer's state I.D. no.

LA1364496001**Box 16**

State wages, tips, etc.

65,375.14**Box 17**

State income tax

2,233.00**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).

- Keep for your records

## 2013

Name(s) Shown on Return Sara J Botsay	Social Security Number 434-61-4427
--	---------------------------------------

**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	<b>Totals</b> Lines 1 through 7 . . . . .					
9	2013 extensions . . . . .					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2 . . . . .				10,325.	2,233.	
11	Forms W-2G . . . . .						
12	Forms 1099-R . . . . .						
13	Forms 1099-MISC and 1099-G . . . . .						
14	Schedules K-1 . . . . .						
15	Forms 1099-INT, DIV and OID . . . . .						
16	Social Security and Railroad Benefits . . . . .						
17	Form 1099-B . . . . .	St		Loc			
18 a	Other withholding . . . . .	St		Loc			
b	Other withholding . . . . .	St		Loc			
c	Other withholding . . . . .	St		Loc			
d	Positive Adjustment . . . . .	St		Loc			
e	Negative Adjustment . . . . .	St		Loc			
f	Additional Medicare Tax . . . . .						
19	<b>Total Withholding</b> Lines 10 through 18f . . . . .						
					10,325.	2,233.	
20	<b>Total Tax Payments for 2013</b> . . . . .				10,325.	2,233.	

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

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

► Keep for your records

Name(s) Shown on Return

Sara J Botsay

Social Security Number

434-61-4427

**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****5** Net self-employment earnings (line 4 above) . . . . .**6** Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .**7** Taxable employer-provided adoption benefits . . . . .**8** Add lines 5 through 7. To Form 2441, lines 19 and 20 . . . . .**9 a** Taxable dependent care benefits . . . . .**b** Nontaxable combat pay . . . . .**10** Add lines 8, 9a and 9b. To Form 2441, lines 4 and 5 . . . . .**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 . . . . .**Part III – IRA Deduction Worksheet Computation****15** Net self-employment income or (loss) . . . . .**16** Wages, salaries, tips, etc . . . . .**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. . . . .**Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations****23** Self-employed, church and statutory employees . . . . .**24** Wages, salaries, tips, etc . . . . .**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. . . . .

Name(s) Shown on Return  
Sara J BotsaySocial Security Number  
434-61-4427**Part I Information from Form(s) 1098-E, Student Loan Interest Statement**

(a) Lender's name	(b) Borrower (Taxpayer, Spouse)	(c) Borrower's social security number	(d) Prior Year Student Loan Interest	(e) Student loan interest (Box 1)
Sallie Mae, Inc	Taxpayer	434-61-4427		1,052.
U.S. Department of Education	Taxpayer	434-61-4427		2,252.
Total student loan interest. . . . .				3,304.

**Part II Computation of Student Loan Interest Deduction**

<b>1</b>	Enter the total interest you paid in 2013 on qualified student loans . . . . . (see Form 1040 instructions).	<b>1</b>	3,304.
<b>2</b>	Enter the <b>smaller</b> of line 1 or \$2,500. . . . .	<b>2</b>	2,500.
<b>3</b>	Modified AGI . . . . . <b>Note:</b> If line 3 is \$75,000 or more if single, head of household, or qualifying widow(er) or \$155,000 or more if married filing jointly, <b>stop here</b> . You <b>cannot</b> take the deduction.	<b>3</b>	65,375.
<b>4</b>	Enter: \$60,000 if single, head of household, or qualifying widow(er); \$125,000 if married filing jointly. . . . .	<b>4</b>	60,000.
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- here and on line 7, skip line 6, and go on to line 8 . . . . .	<b>5</b>	5,375.
<b>6</b>	Divide line 5 by \$15,000 or \$30,000 if married filing jointly. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>6</b>	0.3583
<b>7</b>	Multiply line 2 by line 6 . . . . .	<b>7</b>	896.
<b>8</b>	<b>Student loan interest deduction.</b> Subtract line 7 from line 2. Enter the result here and on Form 1040, line 33. <b>Do not</b> include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.) . . . . .	<b>8</b>	1,604.

\* **Modified AGI** is the amount from Form 1040, line 22, increased by any excludable income from Puerto Rico, or of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands, and foreign earned income/housing exclusion, and decreased by amounts on Form 1040, lines 23 through 32 and any write-in amount next to line 36, not including the Foreign housing deduction on line A of the Other Adjustments to Income Smart Worksheet.

# Federal Carryover Worksheet

**2013**

► Keep for your records

Name(s) Shown on Return Sara J Botsay	Social Security Number 434-61-4427
--	---------------------------------------

## 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
<b>Totals . .</b>						

## 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		2,233.
4	Check box if required to itemize deductions . . . . .	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .	5		63,771.
6	Tax liability for Form 2210 or Form 2210-F . . . . .	6		9,373.
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 . . . . .	a		
	b 2012 . . . . .	b		
	c 2011 . . . . .	c		
	d 2010 . . . . .	d		
	e 2009 . . . . .	e		
	f 2008 . . . . .	f		

# Tax History Report

► Keep for your records

2013

Name(s) Shown on Return

Sara J Botsay

	Five Year Tax History:				
	2009	2010	2011	2012	2013
Filing status . . . . .					Single
Total income . . . . .					65,375.
Adjustments to income					1,604.
Adjusted gross income					63,771.
Tax expense . . . . .					2,233.
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions. . . . .					
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .					6,100.
Exemption amount . .					3,900.
Taxable income . . . .					53,771.
Tax. . . . .					9,373.
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .					
Payments . . . . .					10,325.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund. . . . .					952.
Effective tax rate % . .					14.70
**Tax bracket % . . .					25.0

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

**Tax Summary**  
► Keep for your records

**2013**

Name (s)

Sara J Botsay

<b>Total income</b> .....	65,375.
<b>Adjustments to income</b> .....	1,604.
<b>Adjusted gross income</b> .....	63,771.
<b>Itemized/standard deduction</b> .....	6,100.
<b>Exemption amount</b> .....	3,900.
<b>Taxable income</b> .....	53,771.
<b>Tentative tax</b> .....	9,373.
<b>Additional taxes</b> .....	
<b>Alternative minimum tax</b> .....	
<b>Total credits</b> .....	
<b>Other taxes</b> .....	
<b>Total tax</b> .....	9,373.
<b>Total payments</b> .....	10,325.
<b>Estimated tax penalty</b> .....	
<b>Amount Overpaid</b> .....	952.
<b>Refund</b> .....	952.
<b>Amount Applied to Estimate</b> .....	
<b>Balance due</b> .....	0.

**Which Form 1040 to file?**

You must use Form 1040A or Form 1040 because  
you claimed a student loan interest deduction.



# Compare to U. S. Averages

► Keep for your records

2013

Name(s) Shown on Return Sara J Botsay	Social Security No 434-61-4427
--	-----------------------------------

Your 2013 adjusted gross income (AGI) . . . . . 63,771.  
National adjusted gross income range used below . . . . . from 50,000. to 99,999.

**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 . . . . .	65,375.	64,887.
Taxable interest . . . . .		1,219.
Tax-exempt interest . . . . .		6,998.
Dividends . . . . .		3,659.
Business net income . . . . .		17,746.
Business net loss . . . . .		6,524.
Net capital gain . . . . .		6,068.
Net capital loss . . . . .		2,316.
Taxable IRA . . . . .		15,702.
Taxable pensions and annuities . . . . .		26,459.
Rent and royalty net income . . . . .		9,054.
Rent and royalty net loss . . . . .		8,995.
Partnership and S corporation net income . . . . .		21,734.
Partnership and S corporation net loss . . . . .		10,628.
Taxable social security benefits . . . . .		16,222.
Medical and dental expenses deduction . . . . .		7,627.
Taxes paid deduction . . . . .	2,233.	6,447.
Interest paid deduction . . . . .		9,066.
Charitable contributions deduction . . . . .		2,979.
Total itemized deductions . . . . .	2,233.	19,968.
Child care credit . . . . .		562.
Education tax credits . . . . .		1,301.
Child tax credit . . . . .		1,683.
Retirement savings contributions credit . . . . .		169.
Earned income credit . . . . .		0.
Other Information	Actual Per Return	National Average
Adjusted gross income . . . . .	63,771.	73,632.
Taxable income . . . . .	53,771.	49,342.
Income tax . . . . .	9,373.	6,669.
Alternative minimum tax . . . . .		1,563.
Total tax liability . . . . .	9,373.	6,977.

## ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

---

**Taxpayer:** Sara J Botsay

**Primary SSN:** 434-61-4427

**Federal Return Submitted:** January 29, 2014 10:57 AM PST

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

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Your return was electronically transmitted on 01/29/2014

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

There are two important aspects of the Intuit Electronic Postmark:

### 1. THE INTUIT ELECTRONIC POSTMARK.

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

#### TIMELY FILING:

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

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

### 2. THE ACCEPTANCE DATE.

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

## Smart Worksheets from your 2013 Federal Tax Return

SMART WORKSHEET FOR: Form 1040A: Individual Tax Return

Tax Smart Worksheet	
<b>A</b>	Tax . . . . . 9,373.
	Check if from:
<b>1</b>	Tax table . . . . . <input checked="" type="checkbox"/>
<b>2</b>	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input type="checkbox"/>
<b>3</b>	Form 8615 . . . . . <input type="checkbox"/>
<b>B</b>	Recapture tax from Form 8863 . . . . .
<b>C</b>	Alternative minimum tax . . . . . 0.
<b>D</b>	<b>Tax.</b> Add lines A through C. Enter the result here and on line <b>28</b> . . . . . 9,373.

# Electronic Filing Instructions for your 2013 Louisiana Tax Return

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



BOTSAY, SARA J  
3245 TEXAS AVE  
KENNER, LA 70065

<b>Balance Due/Refund</b>	Your Louisiana state tax return (Form IT-540) shows a refund due to you in the amount of \$316.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 1970000272750 Routing Transit Number: 265075812.		
<b>Where's My Refund?</b>	Before you call the Louisiana Department of Revenue 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 Louisiana Department of Revenue directly at 1-225-219-0102. From outside of Louisiana use 1-888-829-3071.		
<b>No Signature Document Needed</b>	No signature form is required since you signed your return electronically.		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns		
<b>2013 Louisiana Tax Return Summary</b>	Taxable Income	\$	54,398.00
	Total Tax	\$	1,917.00
	Total Payments/Credits	\$	2,233.00
	Amount to be Refunded	\$	316.00

**2013 LOUISIANA RESIDENT - 2D**

Name Change SARA J BOTSAY Taxpayer SSN 434614427  
 Decedent Filing Spouse SSN  
 Spouse Decedent 3245 TEXAS AVE  
 Amended Return KENNER LA 70065 Telephone 5043334086  
 NOL Carryback  
 Taxpayer DOB 03281986 Spouse DOB

**FILING STATUS:** Enter the appropriate number in the filing status box. It must agree with your federal return.

- 1 Enter a "1" in box if **single**.  
 Enter a "2" in box if **married filing jointly**.  
 Enter a "3" in box if **married filing separately**.  
 Enter a "4" in box if **head of household**.  
 If the qualifying person is not your dependent, enter name here. \_\_\_\_\_  
 Enter a "5" in box if **qualifying widow(er)**.

**6 EXEMPTIONS:**

6A	<input checked="" type="checkbox"/> Yourself	65 or older	Blind	Qualifying Widow(er)	Total of 6A & 6B	1
6B	Spouse	65 or older	Blind			

**6C DEPENDENTS** – Enter dependent information below. If you have more than 6 dependents, attach a statement to your return with the required information. Enter the total number from Federal Form 1040A, Line 6c, or Federal Form 1040, Line 6c.

6C 0

Dependent First and Last Name

Social Security Number

Relationship to you

Birth Date (mm/dd/yyyy)

F

6D TOTAL EXEMPTIONS – Total of 6A, 6B, and 6C

6D 1

REV 01/02/14 TTO



6459

64592 4346144274 664 12312013 00000000 0000000000 000000000000 8

If you are not required to file a federal return, indicate wages here.

Mark this box and enter zero "0" on Lines 7 through 16.

7	FEDERAL ADJUSTED GROSS INCOME – If your Federal Adjusted Gross Income is less than zero, enter "0."	From Louisiana Schedule E, attached	7	63771
8A	FEDERAL ITEMIZED DEDUCTIONS		8A	0
8B	FEDERAL STANDARD DEDUCTION		8B	0
8C	EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 8B from Line 8A.		8C	0
9	FEDERAL INCOME TAX – If your federal income tax has been decreased by a federal disaster credit allowed by IRS, complete Schedule H and mark box.		9	9373
10	YOUR LOUISIANA TAX TABLE INCOME – Subtract Lines 8C and 9 from Line 7. If less than zero, enter "0."		10	54398
11	YOUR LOUISIANA INCOME TAX		11	1917

#### NONREFUNDABLE TAX CREDITS

12A	FEDERAL CHILD CARE CREDIT		12A	0
12B	2013 LOUISIANA NONREFUNDABLE CHILD CARE CREDIT		12B	0
12C	AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM 2009 THROUGH 2012		12C	0
12D	2013 LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT	5 0 4 0 3 0 2 0	12D	0
12E	AMOUNT OF LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT CARRIED FORWARD FROM 2009 THROUGH 2012		12E	0
13	EDUCATION CREDIT		13	0
14	OTHER NONREFUNDABLE TAX CREDITS – From Schedule G, Line 11		14	0
15	TOTAL NONREFUNDABLE TAX CREDITS – Add Lines 12B through 14.		15	0
16	ADJUSTED LOUISIANA INCOME TAX – Subtract Line 15 from Line 11. If the result is less than zero, or you are not required to file a federal return, enter zero "0."		16	1917
17	CONSUMER USE TAX	<input checked="" type="checkbox"/> No use tax due.         Amount from the Consumer Use Tax Worksheet, Line 2.	17	0
18	TOTAL INCOME TAX AND CONSUMER USE TAX - Add Lines 16 and 17.		18	1917

**REFUNDABLE TAX CREDITS**

19	2013 LOUISIANA REFUNDABLE CHILD CARE CREDIT	19	0
19A	Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.	19A	0
19B	Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.	19B	0
20	2013 LOUISIANA REFUNDABLE SCHOOL READINESS CREDIT	20	0
	5 0 4 0 3 0 2 0		
21	EARNED INCOME CREDIT	21	0
22	LOUISIANA CITIZENS INSURANCE CREDIT	22	0
23	OTHER REFUNDABLE TAX CREDITS – From Schedule F, Line 7	23	0

**PAYMENTS**

24	AMOUNT OF LOUISIANA TAX WITHHELD FOR 2013 – Attach Forms W-2 and 1099.	24	2233
25	AMOUNT OF CREDIT CARRIED FORWARD FROM 2012	25	0
26	AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2013	26	0
27	AMOUNT PAID WITH EXTENSION REQUEST	27	0
28	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 19 and 20 through 27. Do not include amounts on Lines 19A and 19B.	28	2233
29	OVERPAYMENT – If Line 28 is greater than Line 18, subtract Line 18 from Line 28. Otherwise, enter zero "0" on Lines 29 through 35 and go to Line 36.	29	316
30	UNDERPAYMENT PENALTY – If you are a farmer, check the box.	30	0
31	ADJUSTED OVERPAYMENT – If Line 29 is greater than Line 30, subtract Line 30 from Line 29 and enter the result here. If Line 30 is greater than Line 29, enter zero "0" on Lines 31 through 35, subtract Line 29 from Line 30, and enter the balance on Line 36.	31	316
32	TOTAL DONATIONS – From Schedule D, Line 26	32	0

**REFUND DUE**

33	SUBTOTAL – Subtract Line 32 from Line 31. This amount of overpayment is available for credit or refund.	33	316
34	AMOUNT OF LINE 33 TO BE CREDITED TO 2014 INCOME TAX	34	0
35	AMOUNT TO BE REFUNDED – Subtract Line 34 from Line 33.		
	Enter a "1" in box if you want to receive your refund on a MyRefund Card.	REFUND 3	316
	Enter a "2" in box if you want to receive your refund by paper check.		
	Enter a "3" in box if you want to receive your refund by direct deposit and complete information below. If information is unreadable, you will receive your refund on a MyRefund Card.		

If you do not make a refund selection, you will receive your refund on a MyRefund Card.

**DIRECT DEPOSIT INFORMATION:**Type: Checking ☒ Savings

Will this refund be forwarded to a financial institution located outside the United States?

Yes No ☒

Routing Number 265075812

Account Number 1970000272750

BOTS

6461

Social Security Number 434614427

**AMOUNTS DUE LOUISIANA**

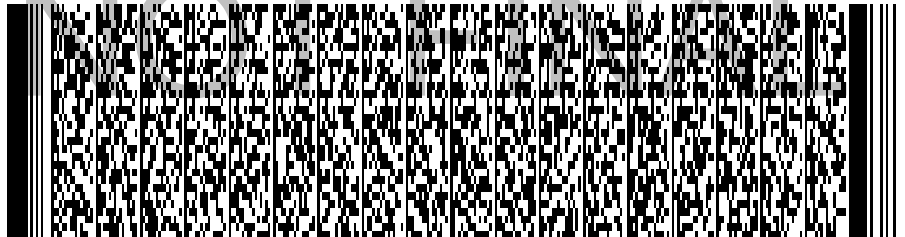
36	AMOUNT YOU OWE – If Line 18 is greater than Line 28, subtract Line 28 from Line 18 and enter the balance here.	36	0
37	ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND	37	0
38	ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND	38	0
39	ADDITIONAL DONATION TO LOUISIANA CHAPTER OF THE NATIONAL MULTIPLE SCLEROSIS SOCIETY FUND	39	0
40	ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION	40	0
41	ADDITIONAL DONATION TO THE SNAP FRAUD AND ABUSE DETECTION AND PREVENTION FUND	41	0
42	INTEREST	42	0
43	DELINQUENT FILING PENALTY	43	0
44	DELINQUENT PAYMENT PENALTY	44	0
45	UNDERPAYMENT PENALTY – If you are a farmer, check the box.	45	0
46	BALANCE DUE LOUISIANA – Add Lines 36 through 45.	46	0

**PAY THIS AMOUNT.**  
**DO NOT SEND CASH.**

FORM

Status 010

Contribution and Donation 000000



I declare that I have examined this return, and to the best of my knowledge, it is true and complete. Declaration of paid preparer is based on all available information. If I made a contribution to the START Savings Program, I consent that my Social Security Number may be given to the Louisiana Office of Student Financial Assistance to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted. I understand that by submitting this form I authorize the disbursement of individual income tax refunds through the method as described on Line 35.

Your Signature	Date	Signature of paid preparer other than taxpayer SELF-PREPARED	
Spouse's Signature (If filing jointly, both must sign.)	Date	Telephone number of paid preparer	Date

Name Address  
BOTS 3245

**FOR OFFICE USE ONLY**

☐ Field Flag 

--	--	--	--	--	--	--	--

Social Security Number, PTIN, or  
FEIN of paid preparer

**Individual Income Tax Return**  
**Calendar year return due 5/15/2014**

Mail to: Department of Revenue  
PO BOX 3440  
BATON ROUGE LA 70821-3440

**SPEC  
CODE**



6462



# Louisiana Information Worksheet

2013

► Keep for your records

## Part I – Personal Information

### Taxpayer:

First Name . . . . . SARA  
 Middle Initial . . . . . J Suffix . . . . . \_\_\_\_\_  
 Last Name . . . . . BOTSAY  
 Social Security No. 434-61-4427  
  
 Occupation . . . . . EYE BANKER  
 Taxpayer 65/Over. ☐ Taxpayer Blind . . . . . ☐  
 Date of Death . . . . . \_\_\_\_\_  
 Work Phone . . . . . (504) 333-4086 ☒  
 Date of Birth . . . . . 03/28/1986

### Spouse :

First Name . . . . . \_\_\_\_\_  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Last Name . . . . . \_\_\_\_\_  
 Social Security No. . . . . \_\_\_\_\_  
  
 Occupation . . . . . \_\_\_\_\_  
 Spouse 65/Over . . . . . ☐ Spouse Blind . . . . . ☐  
 Date of Death . . . . . \_\_\_\_\_  
 Work Phone . . . . . \_\_\_\_\_ ☐  
 Date of Birth . . . . . \_\_\_\_\_

c/o Name . . . . . \_\_\_\_\_  
 Mailing Address . . . . . 3245 TEXAS AVE Apt No. . . . . \_\_\_\_\_  
 City . . . . . KENNER State . . . . . LA ZIP Code . . . . . 70065  
 Home phone . . . . . \_\_\_\_\_ ☐

### Dependents:

First Last	Initial Relationship	SSN Date of Birth	Child Care Credit K-12 Credit	Disabled	Hunter/Fisher License
_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

## Part II – Main Form

☒ Form 540: Resident Tax Return . . . . . ►  
☐ Form 540B: Part-year or Nonresident Tax Return . . . . . ►  
 Part-year or Nonresident residents must complete the Part-Year/Nonresident Worksheet . . . . . ►

## Part III – Filing Status Information

☒ Single  
☐ Married filing joint  
☐ Married filing separate  
☐ Head of household  
☐ Qualifying widow(er)  
 Qualifying child's name . . . . . \_\_\_\_\_  
 Louisiana Filing Status . . . . . 1

## Part IV – Nonrefundable Credits

### Credit for certain disabilities:

Deaf	Loss of Limb	Mentally Incapacitated	Blind	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yourself
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spouse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dependents name(s)

**Caution:** Number of disability credits for dependents is based on number of dependents entered here.

☐ Is this the first time claiming a disability for any of the above?

### Credit for contributions to educational institutions

Enter the value of computer equipment donated . . . . . \_\_\_\_\_  
 Other credits Worksheet . . . . . ►

**Part V – Other Information**

- ☐ Has the name of the taxpayer(s) changed since 2012  
☐ Has the address of the taxpayer(s) changed since 2012

**Yes No**

- ☐ ☐ Do you qualify as a farmer or fisherman?

**Filing for a refund of Louisiana income tax withheld when no federal return is required:**

- ☐ You are not required to file a federal return but had Louisiana income tax withheld in 2013

If checked, total wages from which Louisiana tax was withheld. . . . .

**Consumer use tax:** Enter total taxable out-of-state purchases . . . . . 0. x .08 = 0.

START contributions refunded to you by the LA Office of Student Financial Aid . . . . . ▶

Last year's tax refund to be entered on START Deduction Wks, Col A . . . . ▶

**Military personnel filing a Louisiana resident return:**

Check each true statement: In 2013

**Taxpayer Spouse**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Louisiana is my home of record   |
| <input type="checkbox"/> | <input type="checkbox"/> | I am active duty military  |
| <input type="checkbox"/> | <input type="checkbox"/> | I have military orders (a copy must be attached), AND  |
| <input type="checkbox"/> | <input type="checkbox"/> | I did or will serve outside of Louisiana for 120 days or more  |
|                          |                          | Enter the 2013 exempt portion of wages earned outside of Louisiana during and<br>after 120 plus consecutive days of active duty military service |

**Nonresident military members stationed in Louisiana:**

The program uses the following information to comply with the federal H.R. 100, Servicemembers Civil Relief Act. This act prohibits states from taxing the military wages of **nonresident** military members stationed in their state. Note: If you are **not filing a resident return**, and need to exclude these wages from your taxable income, please use the **Nonresident Worksheet**.

**Taxpayer Spouse**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I am a nonresident member of the military stationed in Louisiana |
|                          |                          | Enter the total of all excludable military wages                 |

- ☐ Do you want Louisiana to figure the underpayment penalty Form R-210R?  
☐ Do you want Louisiana to calculate your Louisiana Penalty Worksheet

**Yes No**

- ☐ ☒ Would you like to use the Underpayment Statement to calc the penalty?

**QuickZoom** to Form R-210R, Underpayment Penalty . . . . . ▶

**Quickzoom** to Underpayment Statement. . . . . ▶

**Quickzoom** to Louisiana Penalty Worksheet. . . . . ▶

**Part VI - Direct Deposit Information or Direct Debit Information**

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you want to elect direct deposit of state tax refund?
<input type="checkbox"/>	<input type="checkbox"/>	Elect to receive a state issued debit card instead of a paper check
<input type="checkbox"/>	<input type="checkbox"/>	Do you want direct debit of state tax payment (Electronic Filing Only)?

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

Name of Financial Institution (optional) . . . . . ▶ N O Firemens Federal Credit Union

Check the appropriate box:

<input checked="" type="checkbox"/>	Checking	Routing number. . . . . ▶ <u>265075812</u>
<input type="checkbox"/>	Savings	Account number . ▶ <u>1970000272750</u>

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

State balance-due amount from this return . . . . . ▶ \_\_\_\_\_

**International ACH Transactions**

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

**Part VII - Authenticate Your Return for the On-Line Filing Program**

Before you can transmit your return to the Intuit Electronic Filing Center, you must read and authenticate the following Louisiana 'Consent to Disclosure,' a legal statement authorizing Intuit to process your return electronically.

I consent to my on-line service provider (OLSP) and/or my transmitter sending my return to Louisiana. I also consent to Louisiana sending to my OLSP and/or transmitter an acknowledgment of receipt of transmission.

I am signing this Consent to Disclosure by entering my date of birth below.

Taxpayer's date of birth. . . . . 03/28/1986

Today's Date . . . . . 01/29/2014

If you're filing a joint return:

Spouse's date of birth. . . . . \_\_\_\_\_

**Part VIII - Extension Status**

If the Louisiana tax return can't be filed by May 15, 2014, a state extension is required to be filed on or before the filing date. Copies of the federal extension (Form 4868) will **not** be accepted.

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you file an extension before May 15, 2014 ?

**Caution:** An extension of time to file is **not** an extension of time to pay.

Extended due date . . . . . \_\_\_\_\_

**QuickZoom** to Form R-2868V, Extension Request and Payment Voucher. . . . . ▶

Part IX – Amended Return

☐ Are you filing a Louisiana amended return (See Tax Help)

☐ Are you amending a Louisiana return due to a Net Operating Loss (NOL) carryback? (See Tax Help)

The last day of the tax year you are amending is . . . . . ▶ \_\_\_\_\_

Overpayment calculated with original return . . . . . \_\_\_\_\_

Additional Tax paid with original return . . . . . \_\_\_\_\_

**QuickZoom** to Explanation of Changes Worksheet . . . . . ▶ \_\_\_\_\_

**Note:** If amending, you must fill out the Explanation if Changes Worksheet.

# Louisiana Nonrefundable Child Care Credit Worksheet

**2013**

► Keep for your records

Name as Shown on Return SARA J BOTSAY	Your Social Security Number 434-61-4427
--	--

<b>1</b> Federal Child Care Credit claimed (from federal Form 1040, line 48 or Form 1040A, line 29). . . . .																	
<b>1a</b> Federal Adjusted Gross Income (AGI) from federal Form 1040A, line 21; or federal Form 1040, line 37 . . . . .	63771																
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Federal Adjusted Gross Income</th> <th style="text-align: left;">Percentage</th> <th style="text-align: left;">Nonrefundable Credit Allowable</th> <th style="width: 10%;"></th> </tr> <tr> <td>Over \$25,000 up to \$35,000</td> <td>30%</td> <td>Lesser of 30% or LA net tax</td> <td></td> </tr> <tr> <td>Over \$35,000 up to \$60,000</td> <td>10%</td> <td>Lesser of 10% or LA net tax</td> <td style="text-align: right;">X . 0.10</td> </tr> <tr> <td>Over \$60,000</td> <td>10%</td> <td>Lesser of 10% or tax or \$25</td> <td></td> </tr> </table>	Federal Adjusted Gross Income	Percentage	Nonrefundable Credit Allowable		Over \$25,000 up to \$35,000	30%	Lesser of 30% or LA net tax		Over \$35,000 up to \$60,000	10%	Lesser of 10% or LA net tax	X . 0.10	Over \$60,000	10%	Lesser of 10% or tax or \$25		
Federal Adjusted Gross Income	Percentage	Nonrefundable Credit Allowable															
Over \$25,000 up to \$35,000	30%	Lesser of 30% or LA net tax															
Over \$35,000 up to \$60,000	10%	Lesser of 10% or LA net tax	X . 0.10														
Over \$60,000	10%	Lesser of 10% or tax or \$25															
<b>2</b> Available Nonrefundable Child Care Credit. Multiply Federal Child Care Credit shown on Line 1 by the percentage shown on Line 1A. . . . .																	
<b>2a Important!</b> If AGI is more than \$60,000 then the credit is limited to the LESSER of \$25 or 10% of the federal credit. If line 2 is greater than \$25, print \$25 here. This is your available Nonrefundable Child Care Credit for this year. . . . .	0																
<b>3</b> Line 11 from Form IT-540 or Line 12 from IT-540B. . . . .	1917																
<b>4</b> Line 13 and 14 from Form IT-540 or Line 14 and 15 from IT-540B . . . . .	0																
<b>5</b> Subtract Line 4 from Line 3. . . . .	1,917.																
<b>6</b> If Line 5 is less than or equal to zero, then your entire Child Care Credit of 2013 will be carried forward to next year. "0" will be transferred to Form IT-540, Lines 12B and 12C, or to IT-540B, Lines 13B and 13C. <b>Do not complete the rest of this worksheet.</b>																	

<b>7</b> From Line 5, if greater than zero. . . . .	1,917.
<b>8</b> Enter the amount of any Child Care Credit Carryforward from previous years . . . . .	0
<b>9</b> Line 7 minus Line 8 . . . . .	1,917.
<b>10</b> If Line 9 is less than or equal to zero, your Child Care Credit Carryforward is equal to Line 7. Line 8 minus Line 7 is printed here: the amount of previous unused Child Care Credit Carryforward that can be carried forward to next year, along with the entire credit for this year. Line 7 will transfer to Form IT-540, Line 12C, or to IT 540B, Line 13C. <b>Do not complete the rest of this worksheet.</b> . . . . .	

<b>11</b> If Line 9 is greater than zero, Line 8 will be transferred to Form IT-540, Line 12C, or to IT-540B, Line 13C	
<b>12</b> From Line 10 above (if greater than 0). . . . .	1,917.
<b>13</b> 2013 Child Care Credit (from Line 2 or Line 2A, above). . . . .	
<b>14</b> Line 12 minus Line 13. . . . .	1,917.
<b>15</b> If Line 14 is greater than zero, then your entire Child Care Credit for 2013 has been utilized. Line 13 will be transferred to Form IT-540, Line 12B. <b>Do not complete the rest of this worksheet.</b>	
<b>16</b> If Line 14 is less than zero, then the amount of your 2013 Child Care Credit is the amount shown on Line 12. This amount will be transferred to Form IT-540, Line 12B, or to IT-540B, Line 13B.	
<b>17</b> If Line 14 is less than zero, Line 13 minus Line 12 is your Child Care Credit Carryforward to next year. Keep this for your records . . . . .	0

# Tax Payments Worksheet

2013

► Keep for your records

Name SARA J BOTSAY	Social Security Number 434-61-4427
-----------------------	---------------------------------------

## Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment . . . . .		
2	Second Payment . . . . .		
3	Third Payment . . . . .		
4	Fourth Payment . . . . .		
<b>Additional Payments</b>			
5	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
6	Overpayment from previous year applied to current year . . . . .	6	
7	Amount paid with current year extension . . . . .	7	
8	<b>Total tax payments . . . . .</b>	8	

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	2,233.
10	State withholding on Forms W-2G . . . . .	10	
11	State withholding on Forms 1099-R . . . . .	11	
12 a	State withholding on Forms 1099-MISC . . . . .	12 a	
b	State withholding on Forms 1099-G . . . . .	b	
13	Other state tax withholding . . . . .	13	
14	<b>Total income tax withheld . . . . .</b>	14	2,233.
15	Date return will be filed and balance paid . . . . .	15	

## Smart Worksheets from your 2013 Louisiana Tax Return

SMART WORKSHEET FOR: Child Care Credit Wks -- Nonrefundable

(a) Year of Carryforward	(b) Unused amount available	(c) Amount used this year	(d) Carryforward next year
2009		0.	0.
2010		0.	0.
2011		0.	0.
2012		0.	0.
2013		0.	0.
<b>Total</b> . . . . .			0.

Your first name and initial  Sara J	Last name  Botsay	OMB No. 1545-0074 <b>Your social security number</b> 434 61 4427
If a joint return, spouse's first name and initial	Last name	<b>Spouse's social security number</b>

Home address (number and street). If you have a P.O. box, see instructions. 3245 TEXAS AVE		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). KENNER LA 70065			<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code	

**Filing status** Check only one box.

<b>1</b> <input checked="" type="checkbox"/> Single <b>2</b> <input type="checkbox"/> Married filing jointly (even if only one had income) <b>3</b> <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►	<b>4</b> <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. ► <b>5</b> <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)
--	---

**Exemptions**

**6a** ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a.

**b** ☐ **Spouse**

**c Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**d** Total number of exemptions claimed. Boxes checked on 6a and 6b 1

**Income**

<b>7</b> Wages, salaries, tips, etc. Attach Form(s) W-2.	7	65,375.
--	---	---------

**Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.** If you did not get a W-2, see instructions.

<b>8a</b> Taxable interest. Attach Schedule B if required. <b>b</b> Tax-exempt interest. <b>Do not</b> include on line 8a. <span style="float: right;">8b</span>	8a	
<b>9a</b> Ordinary dividends. Attach Schedule B if required. <b>b</b> Qualified dividends (see instructions). <span style="float: right;">9b</span>	9a	
<b>10</b> Capital gain distributions (see instructions).	10	
<b>11a</b> IRA distributions. <span style="float: right;">11a</span> <b>11b</b> Taxable amount (see instructions). <span style="float: right;">11b</span>		
<b>12a</b> Pensions and annuities. <span style="float: right;">12a</span> <b>12b</b> Taxable amount (see instructions). <span style="float: right;">12b</span>		
<b>13</b> Unemployment compensation and Alaska Permanent Fund dividends.	13	
<b>14a</b> Social security benefits. <span style="float: right;">14a</span> <b>14b</b> Taxable amount (see instructions). <span style="float: right;">14b</span>		
<b>15</b> Add lines 7 through 14b (far right column). This is your <b>total income</b> . ►	15	65,375.

**Adjusted gross income**

<b>16</b> Educator expenses (see instructions). <span style="float: right;">16</span> <b>17</b> IRA deduction (see instructions). <span style="float: right;">17</span> <b>18</b> Student loan interest deduction (see instructions). <span style="float: right;">18</span> <span style="float: right;">1,604.</span>		
<b>19</b> Tuition and fees. Attach Form 8917. <span style="float: right;">19</span> <b>20</b> Add lines 16 through 19. These are your <b>total adjustments</b> . <span style="float: right;">20</span> <span style="float: right;">1,604.</span>		
<b>21</b> Subtract line 20 from line 15. This is your <b>adjusted gross income</b> . ►	21	63,771.



<b>Tax, credits, and payments</b>	<b>22</b>	Enter the amount from line 21 (adjusted gross income).	22	63,771.
	<b>23a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1949, <input type="checkbox"/> <b>Blind</b> } <b>Total boxes</b> if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1949, <input type="checkbox"/> <b>Blind</b> } <b>checked</b> ▶ <b>23a</b> <input type="checkbox"/>		
	<b>b</b>	If you are married filing separately and your spouse itemizes deductions, check here ▶ <b>23b</b> <input type="checkbox"/>		
	<b>24</b>	Enter your <b>standard deduction</b> .	24	6,100.
	<b>25</b>	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	57,671.
	<b>26</b>	<b>Exemptions.</b> Multiply \$3,900 by the number on line 6d.	26	3,900.
	<b>27</b>	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your <b>taxable income</b> .	▶ 27	53,771.
	<b>28</b>	<b>Tax</b> , including any alternative minimum tax (see instructions).	28	9,373.
	<b>29</b>	Credit for child and dependent care expenses. Attach Form 2441.	29	
	<b>30</b>	Credit for the elderly or the disabled. Attach Schedule R.	30	
<b>31</b>	Education credits from Form 8863, line 19.	31		
<b>32</b>	Retirement savings contributions credit. Attach Form 8880.	32		
<b>33</b>	Child tax credit. Attach Schedule 8812, if required.	33		
<b>34</b>	Add lines 29 through 33. These are your <b>total credits</b> .	34		
<b>35</b>	Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-. This is your <b>total tax</b> .	35	9,373.	
<b>36</b>	Federal income tax withheld from Forms W-2 and 1099.	36	10,325.	
<b>37</b>	2013 estimated tax payments and amount applied from 2012 return.	37		
<b>38a</b>	<b>Earned income credit (EIC).</b>	38a		
<b>b</b>	Nontaxable combat pay election.	38b		
<b>39</b>	Additional child tax credit. Attach Schedule 8812.	39		
<b>40</b>	American opportunity credit from Form 8863, line 8.	40		
<b>41</b>	Add lines 36, 37, 38a, 39, and 40. These are your <b>total payments</b> .	▶ 41	10,325.	
<b>42</b>	If line 41 is more than line 35, subtract line 35 from line 41. This is the amount you <b>overpaid</b> .	42	952.	
<b>43a</b>	Amount of line 42 you want <b>refunded to you</b> . If Form 8888 is attached, check here ▶ <input type="checkbox"/> <b>43a</b>	43a	952.	
<b>▶ b</b>	Routing number <input type="text" value="265075812"/> ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
<b>▶ d</b>	Account number <input type="text" value="1970000272750"/>			
<b>44</b>	Amount of line 42 you want <b>applied to your 2014 estimated tax</b> .	44		
<b>45</b>	<b>Amount you owe.</b> Subtract line 41 from line 35. For details on how to pay, see instructions.	▶ 45		
<b>46</b>	Estimated tax penalty (see instructions).	46		

**Refund**

Direct deposit? See instructions and fill in 43b, 43c, and 43d or Form 8888.

**Amount you owe****Third party designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes**. Complete the following. ☒ **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

**Sign here**

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation <b>Eye Banker</b>	Daytime phone number <b>(504) 333-4086</b>
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

**Paid preparer use only**

Print/type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ <b>Self-Prepared</b>			Firm's EIN ▶	
Firm's address ▶			Phone no.	

## Smart Worksheets from your 2013 Louisiana Attachment

SMART WORKSHEET FOR: Form 1040A: Individual Tax Return

Tax Smart Worksheet	
<b>A</b>	Tax . . . . . 9,373.
	Check if from:
<b>1</b>	Tax table . . . . . <input checked="" type="checkbox"/>
<b>2</b>	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input type="checkbox"/>
<b>3</b>	Form 8615 . . . . . <input type="checkbox"/>
<b>B</b>	Recapture tax from Form 8863 . . . . .
<b>C</b>	Alternative minimum tax . . . . . 0.
<b>D</b>	<b>Tax.</b> Add lines A through C. Enter the result here and on line <b>28</b> . . . . . 9,373.