

Date: March 24, 2015

To: E. Elaine Gardner, Attorney Advisor, Commissioner, Federal Communications Commission (FCC)  
From: Alfaro & Associates, DBA, El Show de Analeh Television Community Program  
Re: Request: Burdensome-Exemption for Closed Captioned

Please accept this letter as the formal communication to once again request for a Closed Captioned Exemption for El Show de Analeh, which is a locally produced community television program in Spanish. The show airs on CH 18 Univision during the station's Public Affairs schedule, Saturdays at 11:00AM.

On behalf of the students, production team and the Hispanic community, please accept my appreciation for the opportunity to submit this request, and for the exemption affirmation that may be granted. El Show de Analeh is produced to fulfill an informational void for Latinos residing in Connecticut and Western Massachusetts. The show covers a variety of educational and informative topics encompassing businesses, politics, government, education, environment, healthcare and social services.

The show is filmed, both on-location and in the studios of Capital Community College. The studio portion of the show is produced by students enrolled in Media Technology at the college. This is truly a "win-win" partnership because the students have the opportunity to apply what they learn academically on this production. In addition, they gain experience and are better prepared to enter the television production job market with tangible production skills and knowledge.

We request that the show be considered for a closed captioned exemption because it's not economically possible for this community television show to cover the high fees associated with closed captions. As it stands now, this show is produced with a very low budget and with many people, who believe in the mission of the show and can attest to the unbelievable service it provides to our Latino population.

Supporting facts for this request:

- We produced twenty six (26 ) half-hour shows per year in Spanish;
- The quotes we have received for the cost of closed captioned range from \$250 to \$350 per show. As requested, three quotes are attached;
- Entravision, the video programming provider, confirmed that they are not in a position to provide captions, the request was rejected (see note attached);
- The production has approached prospective sponsors for the closed captioned expense, but the only few sponsorships we receive are directed strictly for topic educational/informational content and not closed captions;
- El Show de Analeh is the only program that provides important and timely information to the Latino community in Connecticut and Western Massachusetts;
- The impact of not receiving the closed captioned exemption will be detrimental to the Latino community, who relies on this TV show to learn and utilize federal, state and social agency programs and services. These entities will not have a TV program, in Spanish, to inform of the much needed aid available to residents of CT and Western MA;
- **To give you an idea, we recently interviewed Juana Gomez, Wallingford, CT, who suffers from Lupus and is in desperate need to have Dialysis, but lacks medical insurance. She makes an appeal for help and Dr. Nieves provides information about the disease. If the show does not air, people that might help save Juana's life, will not know of her need;**
- If the closed captioned exemption is not provided to El Show de Analeh, I will have to terminate the program because my personal income only allows me to lend or donate to the production a minimal amount.

In addition and as requested, please find, enclosed, the bank statements for 2014, the current bank statement for April 2015, profit and loss for 2012 and 2013 and notarized affidavit. The 2015 taxes are not filed yet.

On behalf of our volunteer production team, part time staff and the Latino community, I thank you for the support and the consideration for this production to be granted a closed captioning exemption status. Please contact me with any questions.

Sincerely, Ana Alfaro  
Producer/Host  
Spanish Community Television Show

38 Sinclair Street  
Windsor, CT 06095  
860-881-6088 - Email: ana.alfaro726@sbcglobal.net

March 24, 2015

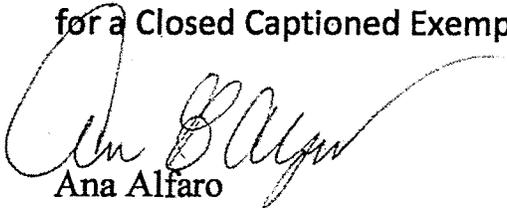
To: Attorney Roger Holberg, Commissioner, Federal Communications  
Commission (FCC)

From: El Show de Analeh Television Community Program

Re: Request: Burdensome-Exemption for Closed Captioned - Case Identifier:  
CGB-CC-0944

Written Statement:

I, Ana Alfaro, Producer/Host of El Show de Analeh, a local community television show in Spanish, which airs on CH18 Univision, Connecticut and Western Massachusetts, attests that the information provided in the petition or request for a Closed Captioned Exemption is truthful and accurate.



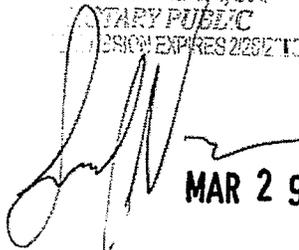
Ana Alfaro  
Producer/Host  
Spanish Community Television Show

Address: 38 Sinclair Street  
Windsor, Connecticut 06095

Phone: 860-881-6088

Email: Ana.alfaro726@sbcglobal.net

CAMUEL VEGA, JR  
NOTARY PUBLIC  
COMMISSION EXPIRES 2/28/17



MAR 29 2015





330 MAIN STREET, THIRD FLOOR, HARTFORD CT 06106

(860) 770-6071

[info@thelatinoway.com](mailto:info@thelatinoway.com)

[www.thelatinoway.com](http://www.thelatinoway.com)

DATE: 04/01/15  
Estimate #: 0434

**CLIENT INFO:**  
El Show de Analeh  
ATTN. Ana Alfaro

TOTAL FOR  
26 SHOWS @ \$9,100

DESCRIPTION	AMOUNT
30 min. of Closed Caption CC (SPANISH) e-Captioning™ technology, MacCaption	\$ 350.00
<b>TOTAL</b>	<b>\$ 350.00</b>

If you have any questions about this estimate, please contact to: [info@thelatinoway.com](mailto:info@thelatinoway.com)

Note: This estimate is not a contract or a bill.



To:  
 Cc:  
 Bcc:  
 Subject: Fw: Analeh Program Quotation

From: Lenny <lcolonjr@comcast.net>  
 To: Ana G. Alfaro/NUS@NU,  
 Date: 04/03/2015 06:57 PM  
 Subject: Fwd: Analeh Program Quotation

---

Begin forwarded message:

**From:** Leonardo Colon Jr <lennycolonjr@gmail.com>  
**Date:** April 3, 2015 at 6:29:08 PM EDT  
**To:** lenny colon <lcolonjr@comcast.net>  
**Subject:** Fwd: Analeh Program Quotation

*\$ 310 per show*

*TOTAL FOR 26 SHOWS*

*\$ 8,060.-*

----- Forwarded message -----

From: **David Webster** <dwebster@vsimedia.com>  
 Date: Friday, April 3, 2015  
 Subject: Analeh Program Quotation  
 To: "lennycolonjr@gmail.com" <lennycolonjr@gmail.com>

Greetings Lenny,

Thanks for giving us the opportunity to quote on this project – we really appreciate it! Per your previous email ..for the Spanish captioning/subtitling on your weekly 30 minute Analeh/Univision program we are looking at a rate of 10.35/minute or \$310 per show. This price includes the initial transcription of the program as well as the caption placement, QC and output to a digital file. If you need a tape master encoded, please add \$110/per episode plus tape stock. Additional tape clones would be at duplication rates plus stock based on format.(please call for that quote when you know what format you will need).



You're seeing Basic Mail because you're using an unsupported Internet browser. Upgrade your browser for the full Yahoo experience. Don't show this again.

Search Mail Search Web Ana Profile

Go Sign Out Home

- Inbox**
- Compose
- Inbox (312)**
- Drafts (4)**
- Sent**
- Spam (16)** [Empty]
- Trash (165)** [Empty]
- My Folders** [Edit]
- Analeh Message... (12)**
- Drafts**
- Lenny (2)**
- Synced Message... (1)**

Send Save as a Draft Cancel

**Publishers Sponsored** **Win Soon and You Could Retire in Style!**  
Act Now for Your Free Entry to Win \$7,000.00 For

To +

Cc

Bcc

Subject **FW: Entravision's Policy Regarding Closed Captioning C** [Attach More](#)

**2 Attachments** 29KB  
PNG 10KB DOCX 19KB

image001.png Sample Certificate.docx

Remove Remove

Sponsored



Discover We're Looking Out For You

--- On Fri, 3/20/15, Sulma Avenancio <savenancio@entravision.com> wrote:

From: Sulma Avenancio <savenancio@entravision.com>  
 Subject: FW: Entravision's Policy Regarding Closed Captioning Certifications  
 To: ana@analeh.com, "Ana Alfaro" <ana.alfaro726@sbcglobal.net>  
 Date: Friday, March 20, 2015, 4:52 PM

Hi Ana: To be complaint with FCC rules, I will need a copy of your closed captioning certification or a waiver from the FCC. This is company wide for all local programming.

Thank you, Sulma  
 Sulma AvenancioSVP, Integrated Marketing Solutions  
 Hartford-Springfield  
 Markets860-278-1818 ext  
 13 From: Pamela Bias [mailto:pbias@entravision.com]

Sent: Friday, March 20, 2015 3:30 PM  
 To: Sulma Avenancio  
 Subject: FW: Entravision's Policy Regarding Closed Captioning Certifications

Hi Sulma,

This applies to Analeh as well. Please provide closed captioning certification or a waiver from the FCC for the local programming.

Thanks,PB Pamela

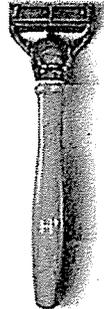
BiasSenior Business Operations ManagerNew

Compose

SHOULD AN 8 PACK OF BLADES REALLY COST \$32?

**HARRY'S**

WORTH THE SWITCH.



TRY HARRY'S

You're seeing Basic Mail because you're using an unsupported Internet browser. Upgrade your browser for the full Yahoo experience. Don't show this again.

Search Mail Search Web Ana Profile Go Sign Out Home

Inbox Contacts Notepad Calendar

Compose

Delete Reply Reply All Forward Actions Apply Previous Next zully Where to Find Up to 70% off Chic Women's Sponsored Join Zully and shop for daily deals up to 70% off.

Drafts (4)

Sent

Spam (16)

[Empty]

Trash (165)

[Empty]

My Folders

[Edit]

Analeh Message... (12)

Drafts

Lenny (2)

Synced Message... (1)

Sponsored



SolarCity The Sun is soooo money.

FW: WUVN: Your Caption Quote

Tuesday, March 31, 2015 5:41 PM S

From: "Sulma Avenancio" <savenancio@entravision.com>

To: "Ana Alfaro" <ana.alfaro726@sbcglobal.net>

Cc: "Robert Smith" <robertsmith@entravision.com>

Full Headers Printable View

\$265 per show TOTAL FOR 26 SHOWS: \$6890

Hi Ana:

Here is one quote below. Please call with any questions. Thank you, Sulma

Sulma Avenancio SVP, Integrated Marketing Solutions Hartford-Springfield Markets 860-278-1818 ext 13

From: Robert Smith [mailto:robertsmith@entravision.com]

Sent: Tuesday, March 31, 2015 5:27 PM

To: Sulma Avenancio

Subject: Fwd: WUVN: Your Caption Quote

Hi Sulma,

Please forward this to Anna,

Smith

----- Forwarded message -----

From: Rita Caswell <rcaswell@vicaps.com>

Date: Tue, Mar 31, 2015 at 4:59 PM

Subject: WUVN: Your Caption Quote

To: RobertSmith@entravision.com

Cc: traffic@vicaps.com, Tiffany Thomas <tstthomas@vicaps.com>, qcsauer@vicaps.com

Hi Robert,

Great speaking with you! Video Caption Corporation would be delighted to assist you with the Closed Captioning of your weekly 30-minute Spanish language shows. As I understand it, you would provide your video masters to us as digital files. Our deliverable to you would be FCC Compliant Spanish Caption-embedded File (Center Placement Pop-on Style Captions) in the same size and format as supplied.

Pricing: \$ 265 Per show (Discounted)

Price includes transcription, FCC Compliant Spanish captioning (Center Placement Pop-on Captions with off screen speaker ID and onscreen speaker ID when multiple speakers are onscreen, description of music and sound effects), caption-embedding, and file output. Our standard turnaround for your project is 4 business days. Faster turnarounds are available for an additional charge.

I'll follow up with you tomorrow to discuss our quote and answer any questions you may have!

Best Regards,

Rita Caswell Customer Service and Sales



NEW YORK | BURBANK

800-705-1203 (phone)

800-705-1207 (fax)

rcaswell@vicaps.com

www.vicaps.com

OneHub



March 24, 2015

To: E. Elaine Gardner, Attorney Advisor, Commissioner, Federal Communications Commission (FCC)  
From: Alfaro & Associates, DBA, El Show de Analeh Television Community Program  
Re: Request: Burdensome-Exemption for Closed Captioned

**No Current Liability Statement:**

As mentioned, the TV production does not have current liabilities. In addition, the current assets are provided in the bank records requested. The production operates with the cash it receives from supporters/sponsors.

El Show de Analeh Community TV Show does not have current liabilities, such as mortgage, loans, credit cards, utility bills or taxes owed.

During 2014, the production received \$32,558.40 in sponsorships and my own funds donated to the production.

Production expenses amounted to approximately \$38,866.10

ALFARO & ASSOCIATES LLC  
38 SINCLAIR ST  
WINDSOR CT 06095-3449

779 Statement Date: 12/31/13

Account Number:

\*\*\*\*\* Free Business Checking \*\*\*\*\*  
\*\*\*\*\*

Account Analysis

Average Ledger Balance	1,575.44
Less Average Uncollected Balance	491.40
Average Collected Balance	1,084.04
= Average Available Balance	1,084.04

Activity Charges:

Service.....	Volume	Unit Price	
CHECKS DEPOSITED 100200 98	9	.00000	.00
CHECKS PAID 150100 98	33	.00000	.00
DEPOSITS (CREDITS) 010101 98	7	.00000	.00
ACH RECEIVED-DEBIT/CREDIT 250202 98	2	.00000	.00
DEPOSIT ASSESSMENT 000230			.00
TRANSACTION CHARGE>500 019998 98	51	.00000	.00
Total Activity Charges			.00

Total Service Charge .00

\*\*\*\*\*Summary of Deposit Accounts \*\*\*\*\*

AP	ACCOUNT	BALANCE	INT-RATE%	YTD-INT	YTD-PENALTY
-10 66		426.54			

ALFARO & ASSOCIATES LLC  
38 SINCLAIR ST  
WINDSOR CT 06095-3449

779 Statement Date: 12/31/14

Account Number:

\*\*\*\*\* Free Business Checking \*\*\*\*\*

Account Summary

Beginning Balance	+	Deposits	+	Interest Paid	-	Withdrawals	-	Service Charge	=	Ending Balance
3,230.91		4,811.50		.00		7,716.94		.00		325.47

Statement from 11/29/14 Thru 12/31/14

\*\*\*\*\*

Account Analysis

Average Ledger Balance	1,645.12
Less Average Uncollected Balance	159.84
Average Collected Balance	1,485.28
= Average Available Balance	1,485.28

Activity Charges:

Service.....	Volume	Unit Price	
CHECKS DEPOSITED	100200 98 8	.00000	.00
CHECKS PAID	150100 98 23	.00000	.00
DEPOSITS (CREDITS)	010101 98 6	.00000	.00
ACH RECEIVED-DEBIT/CREDIT	250202 98 2	.00000	.00
POS ATM WITHDRAWAL	080106 1	.00000	.00
CURR/COIN DEP PER \$100	100015 9	.00000	.00
DEPOSIT ASSESSMENT	000230		.00
TRANSACTION CHARGE>500	019998 98 39	.00000	.00
Total Activity Charges			.00

Total Service Charge .00

\*\*\*\*\*Summary of Deposit Accounts \*\*\*\*\*

AP	ACCOUNT	BALANCE	INT-RATE%	YTD-INT	YTD-PENALTY
-10 66		<u>325.47</u>			

ALFARO & ASSOCIATES LLC  
38 SINCLAIR ST  
WINDSOR CT 06095-3449

779 Statement Date: 12/31/12

Account Number: XXXXXXXXXX

\*\*\*\*\* Free Business Checking \*\*\*\*\*  
\*\*\*\*\*

Account Analysis

Average Ledger Balance	1,925.52
Less Average Uncollected Balance	786.77
Average Collected Balance	1,138.75
= Average Available Balance	1,138.75

Activity Charges:

Service.....	Volume	Unit Price	
CHECKS DEPOSITED	100200 98	9	.00000 .00
CHECKS PAID	150100 98	24	.00000 .00
DEPOSITS (CREDITS)	010101 98	7	.00000 .00
ACH RECEIVED-DEBIT/CREDIT	250202 98	2	.00000 .00
FDIC CHARGE	000230		.00
TRANSACTION CHARGE>500	019998 98	42	.00000 .00
Total Activity Charges			.00

Total Service Charge .00

\*\* Effective 3/1/13, Overdraft fees due to Insufficient or \*\*  
 \*\* Unavailable funds currently limited to five (5) per day or \$185, \*\*  
 \*\* will now be twelve (12) per day or \$444. \*\*

\*\*\*\*\*Summary of Deposit Accounts \*\*\*\*\*

AP	ACCOUNT	BALANCE	INT-RATE%	YTD-INT	YTD-PENALTY
-10 66		<u>472.32</u>			

\*\* If you did not receive the important update to the Deposit \*\*  
 \*\* Account Rules and Regulations we recently sent, please \*\*  
 \*\* contact us at 1-800-421-0004. \*\*

(Rev. December 2013)

Information about Form 1040X and its separate instructions is at [www.irs.gov/form1040x](http://www.irs.gov/form1040x).

This return is for calendar year  2013  2012  2011  2010

Other year. Enter one: calendar year or fiscal year (month and year ended):

Your first name and initial ANA	Last name ALFARO	Your social security number
If a joint return, spouse's first name and initial	Last name	

Home address (number and street). If you have a P.O. box, see instructions. 38 SINCLAIR STREET	Apt. no.	Your phone number
---	----------	-------------------

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

WINDSOR CT 06095	Foreign province/state/country	Foreign postal code
------------------	--------------------------------	---------------------

**Amended return filing status.** You must check one box even if you are not changing your filing status.

**Caution.** In general, you cannot change your filing status from joint to separate returns after the due date.

- Single  Married filing jointly  Married filing separately  
 Qualifying widow(er)  Head of household (if the qualifying person is a child but not your dependent, see instructions.)

Use Part III on the back to explain any changes

Income and Deductions	A.	B.	C.
	Original amount or as previously adjusted (see instructions)	Net change—amount of increase or (decrease)—explain in Part III	Correct amount
<b>1</b> Adjusted gross income. If net operating loss (NOL) carryback is included, check here <input type="checkbox"/>	<b>1</b> 83,002.	-11,567.	71,435.
<b>2</b> Itemized deductions or standard deduction	<b>2</b> 12,197.	87.	12,284.
<b>3</b> Subtract line 2 from line 1	<b>3</b> 70,805.	-11,654.	59,151.
<b>4</b> Exemptions. If changing, complete Part I on page 2 and enter the amount from line 28	<b>4</b> 3,900.	0.	3,900.
<b>5</b> Taxable income. Subtract line 4 from line 3	<b>5</b> 66,905.	-11,654.	55,251.
<b>Tax Liability</b>			
<b>6</b> Tax. Enter method used to figure tax (see instructions): Table	<b>6</b> 12,660.	-2,912.	9,748.
<b>7</b> Credits. If general business credit carryback is included, check here <input type="checkbox"/>	<b>7</b> 0.	0.	0.
<b>8</b> Subtract line 7 from line 6. If the result is zero or less, enter -0-	<b>8</b> 12,660.	-2,912.	9,748.
<b>9</b> Other taxes	<b>9</b> 1,836.	-1,485.	351.
<b>10</b> Total tax. Add lines 8 and 9	<b>10</b> 14,496.	-4,397.	10,099.
<b>Payments</b>			
<b>11</b> Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (if changing, see instructions)	<b>11</b> 12,575.	0.	12,575.
<b>12</b> Estimated tax payments, including amount applied from prior year's return	<b>12</b> 0.	0.	0.
<b>13</b> Earned income credit (EIC)	<b>13</b> 0.	0.	0.
<b>14</b> Refundable credits from Schedule(s) <input type="checkbox"/> 8812 or <input type="checkbox"/> M or Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 5405 <input type="checkbox"/> 8801 <input type="checkbox"/> 8812 (2010 or 2011) <input type="checkbox"/> 8839 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 or <input type="checkbox"/> other (specify):	<b>14</b> 0.	0.	0.
<b>15</b> Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed			<b>15</b> 1,921.
<b>16</b> Total payments. Add lines 11 through 15			<b>16</b> 14,496.
<b>Refund or Amount You Owe (Note. Allow 8-12 weeks to process Form 1040X.)</b>			
<b>17</b> Overpayment, if any, as shown on original return or as previously adjusted by the IRS			<b>17</b> 0.
<b>18</b> Subtract line 17 from line 16 (if less than zero, see instructions)			<b>18</b> 14,496.
<b>19</b> Amount you owe. If line 10, column C, is more than line 18, enter the difference			<b>19</b>
<b>20</b> If line 10, column C, is less than line 18, enter the difference. This is the amount overpaid on this return			<b>20</b> 4,397.
<b>21</b> Amount of line 20 you want refunded to you			<b>21</b> 4,397.
<b>22</b> Amount of line 20 you want applied to your (enter year): estimated tax	<b>22</b>		

Complete and sign this form on Page 2.

**Part I Exemptions**

Complete this part **only** if you are increasing or decreasing the number of exemptions (personal and dependents) claimed on line 6d of the return you are amending.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
<b>23</b>	Yourself and spouse. <b>Caution.</b> If someone can claim you as a dependent, you cannot claim an exemption for yourself . . . . .	<b>23</b>		
<b>24</b>	Your dependent children who lived with you . . . . .	<b>24</b>		
<b>25</b>	Your dependent children who did not live with you due to divorce or separation . . . . .	<b>25</b>		
<b>26</b>	Other dependents . . . . .	<b>26</b>		
<b>27</b>	Total number of exemptions. Add lines 23 through 26 . . . . .	<b>27</b>		
<b>28</b>	Multiply the number of exemptions claimed on line 27 by the exemption amount shown in the instructions for line 28 for the year you are amending. Enter the result here and on line 4 on page 1 of this form. . . . .	<b>28</b>		
<b>29</b>	List <b>ALL</b> dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.			

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see instructions)
				<input type="checkbox"/>

**Part II Presidential Election Campaign Fund**

Checking below will not increase your tax or reduce your refund.

- Check here if you did not previously want \$3 to go to the fund, but now do.
- Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

**Part III Explanation of changes.** In the space provided below, tell us why you are filing Form 1040X.

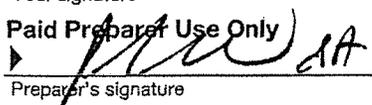
▶ Attach any supporting documents and new or changed forms and schedules.

SCHEDULE C EXPENSES TOTALING \$14,010 INCURRED BY THE TAXPAYER WERE NOT INCLUDED IN THE ORIGINAL FILING.

**Sign Here**

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

Your signature  Preparer's signature		Date 2/10/15	Spouse's signature. If a joint return, both must sign. _____ Date	
Paid Preparer Use Only RICHARD S MERRICK Print/type preparer's name		P01264458 PTIN	MERRICK & ASSOCIATES, LLC Firm's name (or yours if self-employed) 545 N Main Street Manchester CT 06042 Firm's address and ZIP code	
<input type="checkbox"/> Check if self-employed		(860) 646-9995 Phone number	87-0714202 EIN	

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

OMB No. 1545-0074

**2013**  
Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

► For information on Schedule C and its instructions, go to [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor ANA ALFARO		Social security number (SSN)  5   6   1   4   9   0
<b>A</b> Principal business or profession, including product or service (see instructions) CONSULTING		
<b>C</b> Business name. If no separate business name, leave blank. ALFARO & ASSOCIATES	<b>D</b> Employer ID number (EIN), (see instr.)	
<b>E</b> Business address (including suite or room no.) ► 38 SINCLAIR STREET City, town or post office, state, and ZIP code WINDSOR, CT 06095		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
<b>G</b> Did you "materially participate" in the operation of this business during 2013? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>H</b> If you started or acquired this business during 2013, check here		<input type="checkbox"/>
<b>I</b> Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>J</b> If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . .	<b>1</b>	48,094.
<b>2</b> Returns and allowances . . . . .	<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	48,094.
<b>4</b> Cost of goods sold (from line 42) . . . . .	<b>4</b>	16,243.
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	31,851.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . .	<b>7</b>	31,851.

**Part II Expenses**

**Enter expenses for business use of your home only on line 30.**

<b>8</b> Advertising . . . . .	<b>8</b>	268.	<b>18</b> Office expense (see instructions)	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions) . . . . .	<b>9</b>	3,242.	<b>19</b> Pension and profit-sharing plans . . . . .	<b>19</b>	
<b>10</b> Commissions and fees . . . . .	<b>10</b>		<b>20</b> Rent or lease (see instructions):	<b>20</b>	
<b>11</b> Contract labor (see instructions) . . . . .	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion . . . . .	<b>12</b>		<b>b</b> Other business property . . . . .	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .	<b>13</b>		<b>21</b> Repairs and maintenance . . . . .	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>		<b>22</b> Supplies (not included in Part III) . . . . .	<b>22</b>	11,000.
<b>15</b> Insurance (other than health) . . . . .	<b>15</b>	288.	<b>23</b> Taxes and licenses . . . . .	<b>23</b>	518.
<b>16</b> Interest:			<b>24</b> Travel, meals, and entertainment:	<b>24</b>	
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel . . . . .	<b>24a</b>	
<b>b</b> Other . . . . .	<b>16b</b>		<b>b</b> Deductible meals and entertainment (see instructions) . . . . .	<b>24b</b>	2,143.
<b>17</b> Legal and professional services	<b>17</b>		<b>25</b> Utilities . . . . .	<b>25</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .	<b>28</b>		<b>26</b> Wages (less employment credits) . . . . .	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>		<b>27a</b> Other expenses (from line 48) . . . . .	<b>27a</b>	11,905.
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .	<b>30</b>		<b>b</b> Reserved for future use . . . . .	<b>27b</b>	
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>	2,487.			
<b>32</b> If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.					<b>32a</b> <input checked="" type="checkbox"/> All investment is at risk. <b>32b</b> <input type="checkbox"/> Some investment is not at risk.



**SCHEDULE SE  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

► Information about Schedule SE and its separate instructions is at [www.irs.gov/schedulese](http://www.irs.gov/schedulese).

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

**2013**

Attachment  
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040)

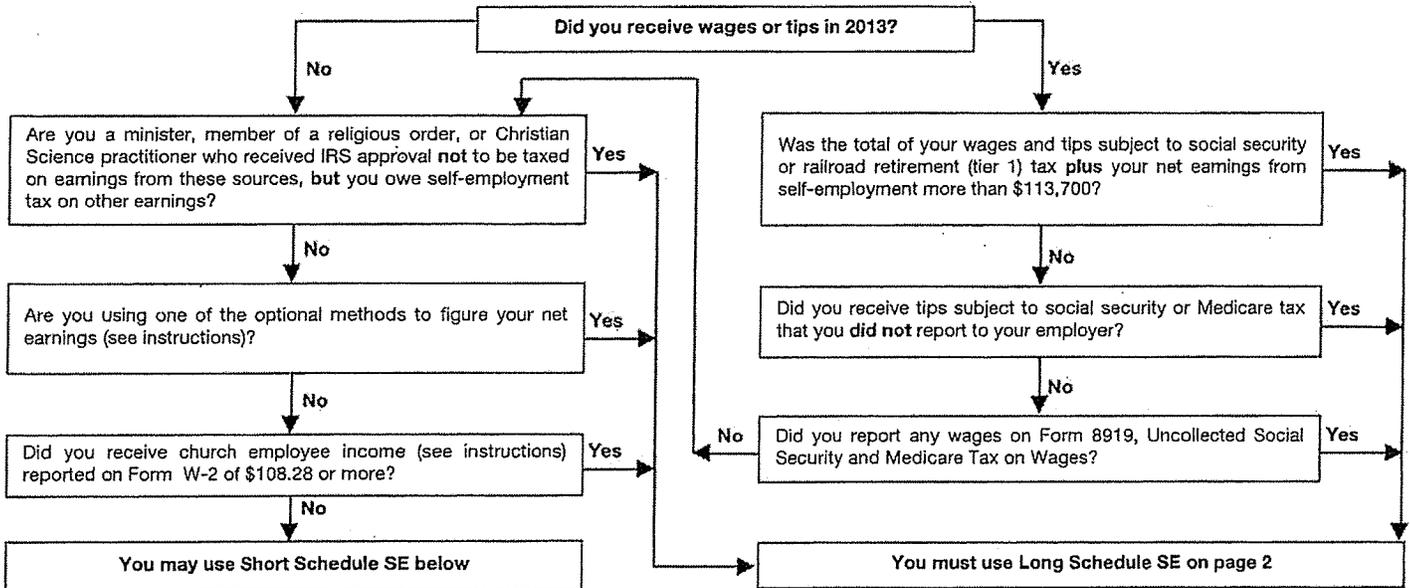
ANA ALFARO

Social security number of person  
with self-employment income ►

**Before you begin:** To determine if you must file Schedule SE, see the instructions.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note.** Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



**Section A—Short Schedule SE. Caution.** Read above to see if you can use Short Schedule SE.

<b>1a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	<b>1a</b>	
<b>b</b> If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z . . . . .	<b>1b</b> ( )	
<b>2</b> Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . . . .	<b>2</b>	2,487.
<b>3</b> Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	2,487.
<b>4</b> Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do <b>not</b> file this schedule unless you have an amount on line 1b . . . . . ►	<b>4</b>	2,297.
<b>Note.</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
<b>5 Self-employment tax.</b> If the amount on line 4 is: • \$113,700 or less, multiply line 4 by 15.3% (.153). Enter the result here and on <b>Form 1040, line 56, or Form 1040NR, line 54</b> • More than \$113,700, multiply line 4 by 2.9% (.029). Then, add \$14,098.80 to the result. Enter the total here and on <b>Form 1040, line 56, or Form 1040NR, line 54</b> . . . . .	<b>5</b>	351.
<b>6 Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (.50). Enter the result here and on <b>Form 1040, line 27, or Form 1040NR, line 27</b> . . . . .	<b>6</b>	176.

Name of person with self-employment income (as shown on Form 1040)  
**ANA ALFARO**

Social security number of person with self-employment income ▶

**Section B—Long Schedule SE**

**Part I Self-Employment Tax**

**Note.** If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I . . . . .

**1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. **Note.** Skip lines 1a and 1b if you use the farm optional method (see instructions)

**b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z

**2** Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. **Note.** Skip this line if you use the nonfarm optional method (see instructions) . . . . .

**3** Combine lines 1a, 1b, and 2 . . . . .

**4a** If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3 **Note.** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

**b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here . . . . .

**c** Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. **Exception.** If less than \$400 and you had church employee income, enter -0- and continue ▶

**5a** Enter your church employee income from Form W-2. See instructions for definition of church employee income . . . . . **5a** |

**b** Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0- . . . . . **5b** |

**6** Add lines 4c and 5b . . . . . **6** |

**7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2013 . . . . . **7** | 113,700 | 00

**8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$113,700 or more, skip lines 8b through 10, and go to line 11 **8a** |

**b** Unreported tips subject to social security tax (from Form 4137, line 10) **8b** |

**c** Wages subject to social security tax (from Form 8919, line 10) **8c** |

**d** Add lines 8a, 8b, and 8c . . . . . **8d** |

**9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶ **9** |

**10** Multiply the smaller of line 6 or line 9 by 12.4% (.124) . . . . . **10** |

**11** Multiply line 6 by 2.9% (.029) . . . . . **11** |

**12** Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56, or Form 1040NR, line 54 **12** |

**13** Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27 . . . . . **13** |

**Part II Optional Methods To Figure Net Earnings** (see instructions)

**Farm Optional Method.** You may use this method only if (a) your gross farm income<sup>1</sup> was not more than \$6,960, or (b) your net farm profits<sup>2</sup> were less than \$5,024.

**14** Maximum income for optional methods . . . . . **14** | 4,640 | 00

**15** Enter the smaller of: two-thirds (2/3) of gross farm income<sup>1</sup> (not less than zero) or \$4,640. Also include this amount on line 4b above . . . . . **15** |

**Nonfarm Optional Method.** You may use this method only if (a) your net nonfarm profits<sup>3</sup> were less than \$5,024 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution.** You may use this method no more than five times.

**16** Subtract line 15 from line 14 . . . . . **16** |

**17** Enter the smaller of: two-thirds (2/3) of gross nonfarm income<sup>4</sup> (not less than zero) or the amount on line 16. Also include this amount on line 4b above . . . . . **17** |

<sup>1</sup> From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

<sup>2</sup> From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

<sup>3</sup> From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

<sup>4</sup> From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

**1098-T**  
Worksheet

**Tuition Statement**  
▶ Keep for your records

**2013**

Taxpayer's name <u>ANA ALFARO</u>	Social Security No. _____
--------------------------------------	------------------------------

**1098-T Information (Required):**

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

**Identify Student (Required):**

- A** If student is ANA  
Check to indicate student . . . . . ▶  Taxpayer  Spouse

- B** If student is \_\_\_\_\_

**Double-click to link this 1098-T to the applicable *Dependent Student Information Worksheet* . . . . . ▶**

Filer's name <u>POST UNIVERSITY</u> Street address <u>PO BOX 2540</u> City State Zip Code <u>WATERBURY CT 06723</u> Foreign province/county _____ Foreign postal code Foreign country _____	<b>1</b> Payments received for qualified tuition and related expenses . . . . \$ _____
Filer's Federal identification number <u>                    </u> Student's Social Security Number. <u>                    </u>	<b>2</b> Amounts billed for qualified tuition and related expenses. . . . . \$ <u>1,800.</u>
Student's name <u>ANA</u> Street address Apt. No. <u>38 SINCLAIR STREET</u> City State Zip Code <u>WINDSOR CT 06095</u>	<b>3</b> If this box is checked, your educational institution has changed its reporting method for 2013. . . . . <input type="checkbox"/>
Service Provider/ Acct No _____	<b>4</b> Adjustments made for a prior year \$ _____
<b>8</b> Check if at least half-time student ▶ <input type="checkbox"/>	<b>5</b> Scholarships or grants \$ _____
<b>9</b> Checked if a graduate student . . ▶ <input type="checkbox"/>	<b>6</b> Adjustments to scholarships or grants for a prior year \$ _____
<b>10</b> Ins. contract reimb./refund \$ _____	<b>7</b> Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2014 . . . . ▶ <input type="checkbox"/>

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

- A** Enter box 1 amount **not** paid during 2013 . . . . . \_\_\_\_\_
- B** Enter box 1 amount **actually** paid during 2013 . . . . . \_\_\_\_\_

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

- A** Enter box 2 amount **not** paid during 2013. . . . . 0.
- B** Enter box 2 amount **actually** paid during 2013 . . . . . 1,800.

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

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



For the year Jan 1 - Dec 31, 2012, or other tax year beginning 2012, ending 2012, 20

Your first name and initial: ANA Last name: ALFARO

Your social security number: [Redacted]

If a joint return, spouse's first name and initial: [Redacted] Last name: [Redacted]

Spouse's social security number: [Redacted]

Home address (number and street), if you have a P.O. box, see instructions: 38 SINCLAIR STREET Apartment no.:

City, town or post office, state, and ZIP code, if you have a foreign address, also complete spaces below (see instructions): WINDSOR CT 06095

Foreign country name: Foreign province/state/county: Foreign postal code:

Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? Checking a box below will not change your tax or refund.  You  Spouse

**Filing Status**

1  Single

2  Married filing jointly (even if only one had income)

3  Married filing separately. Enter spouse's SSN above & full name here ...

4  Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ...

5  Qualifying widow(er) with dependent child

Check only one box.

**Exemptions**

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

b  Spouse

(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 or (see instrs)

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 instrs)

Dependents on 6c not entered above

Add numbers on lines above ... 1

d Total number of exemptions claimed ... 1

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	73,507.
8 a Taxable interest. Attach Schedule B if required	8 a	21.
b Tax-exempt interest. Do not include on line 8a	8 b	
9 a Ordinary dividends. Attach Schedule B if required	9 a	
b Qualified dividends	9 b	
10 Taxable refunds, credits, or offsets of state and local income taxes	10	848.
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	-4,094.
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here	13	
14 Other gains or (losses). Attach Form 4797	14	
15 a IRA distributions	15 a	
b Taxable amount	15 b	
16 a Pensions and annuities	16 a	
b Taxable amount	16 b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	0.
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20 a Social security benefits	20 a	
b Taxable amount	20 b	
21 Other income	21	
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	70,282.

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

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

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

**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	
31 a Alimony paid b Recipient's SSN	31 a	
32 IRA deduction	32	
33 Student loan interest deduction	33	
34 Tuition and fees. Attach Form 8917	34	1,470.
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 through 35	36	1,470.
37 Subtract line 36 from line 22. This is your adjusted gross income	37	68,812.

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 68,812.
39 a Check [ ] You were born before January 2, 1948, [ ] Blind. Total boxes
if: [ ] Spouse was born before January 2, 1948, [ ] Blind. checked 39a
b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b [ ]

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, \$5,950
Married filing jointly or Qualifying widow(er), \$11,900
Head of household, \$8,700

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 12,959.
41 Subtract line 40 from line 38 41 55,853.
42 Exemptions. Multiply \$3,800 by the number on line 6d 42 3,800.
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 52,053.
44 Tax (see instrs). Check if any from: a [ ] Form(s) 8814 c [ ] 962 election
b [ ] Form 4972 44 9,049.
45 Alternative minimum tax (see instructions). Attach Form 6251 45
46 Add lines 44 and 45 46 9,049.
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 52 350.
53 Other crs from Form: a [ ] 3800 b [ ] 8801 c [ ] 53
54 Add lines 47 through 53. These are your total credits 54 350.
55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 8,699.

Other Taxes

56 Self-employment tax. Attach Schedule SE 56
57 Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919 57
58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58
59 a Household employment taxes from Schedule H 59 a
b First-time homebuyer credit repayment. Attach Form 5405 if required 59 b
60 Other taxes. Enter code(s) from instructions 60
61 Add lines 55-60. This is your total tax 61 8,699.

Payments

If you have a qualifying child, attach Schedule EIC.

62 Federal income tax withheld from Forms W-2 and 1099 62 11,969.
63 2012 estimated tax payments and amount applied from 2011 return 63
64 a Earned income credit (EIC) 64 a
b Nontaxable combat pay election [ ] 64 b
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
70 Credit for federal tax on fuels. Attach Form 4136 70
71 Credits from Form: a [ ] 2439 b [ ] Reserved c [ ] 8801 d [ ] 8885 71
72 Add lns 62, 63, 64a, & 65-71. These are your total pmts 72 11,969.

Refund

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 73 3,270.
74 a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here [ ] 74 a 3,270.
b Routing number [ ] c Type: [x] Checking [ ] Savings
d Account number [ ]
75 Amount of line 73 you want applied to your 2013 estimated tax 75

Amount You Owe

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 Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [x] Yes. Complete below. [ ] No
Designee's name RICHARD S MERRICK Phone no. (860) 646-9995 Personal identifier: 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
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 instrs)

Print/Type preparer's name Preparer's signature Date 10/8/13 Check [ ] if self-employed PTIN P01264458
Firm's name MERRICK & ASSOCIATES, LLC
Firm's address 545 N Main Street Manchester CT 06042 Firm's EIN 87-0714202 Phone no. (860) 646-9995

Paid Preparer Use Only

**SCHEDULE A**  
**(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2012**

Department of the Treasury  
Internal Revenue Service (99)

Information about Schedule A and its separate instructions is at [www.irs.gov/form1040](http://www.irs.gov/form1040).  
Attach to Form 1040.

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

**ANA ALFARO**

<b>Medical and Dental Expenses</b>		<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1	1,310.		
2	Enter amount from Form 1040, line 38	2	68,812.		
3	Multiply line 2 by 7.5% (.075)	3	5,161.		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0.
<b>Taxes You Paid</b>		<b>5 State and local (check only one box):</b>			
a	<input checked="" type="checkbox"/> Income taxes, or	5	3,120.		
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions)	6	3,331.		
7	Personal property taxes	7	223.		
8	Other taxes. List type and amount	8			
9	Add lines 5 through 8	9			6,674.
<b>Interest You Paid</b>		<b>10 Home mtg interest and points reported to you on Form 1098</b>		10	6,230.
<b>Note.</b> Your mortgage interest deduction may be limited (see instructions).		<b>11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address</b>		11	
		<b>12 Points not reported to you on Form 1098. See instrs for spl rules</b>		12	55.
		<b>13 Mortgage insurance premiums (see instructions)</b>		13	
		<b>14 Investment interest. Attach Form 4952 if required. (See instrs.)</b>		14	
		<b>15 Add lines 10 through 14</b>		15	6,285.
<b>Gifts to Charity</b>		<b>16 Gifts by cash or check. If you made any gift of \$250 or more, see instrs</b>		16	0.
<b>If you made a gift and got a benefit for it, see instructions.</b>		<b>17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500</b>		17	
		<b>18 Carryover from prior year</b>		18	
		<b>19 Add lines 16 through 18</b>		19	
<b>Casualty and Theft Losses</b>		<b>20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)</b>		20	
<b>Job Expenses and Certain Miscellaneous Deductions</b>		<b>21 Unreimbursed employee expenses— job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.)</b>		21	
		<b>22 Tax preparation fees</b>		22	
		<b>23 Other expenses — investment, safe deposit box, etc. List type and amount</b>		23	
		<b>24 Add lines 21 through 23</b>		24	
		<b>25 Enter amount from Form 1040, line 38</b>		25	
		<b>26 Multiply line 25 by 2% (.02)</b>		26	
		<b>27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-</b>		27	
<b>Other Miscellaneous Deductions</b>		<b>28 Other — from list in instructions. List type and amount</b>		28	
<b>Total Itemized Deductions</b>		<b>29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.</b>		29	12,959.
		<b>30 If you elect to itemize deductions even though they are less than your standard deduction, check here</b>			<input type="checkbox"/>

**SCHEDULE C**  
**(Form 1040)**

**Profit or Loss From Business**  
**(Sole Proprietorship)**

OMB No. 1545-0074

**2012**

Department of the Treasury  
Internal Revenue Service (99)

► For information on Schedule C and its instructions, go to [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Attachment  
Sequence No. **09**

Name of proprietor <b>ANA ALFARO</b>		Social security number (SSN) <b>D</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>CONSULTING</b>	<b>B</b> Enter code from instructions ► <b>561490</b>	
<b>C</b> Business name. If no separate business name, leave blank. <b>ALFARO &amp; ASSOCIATES</b>	<b>D</b> Employer ID number (EIN), (see instrs)	
<b>E</b> Business address (including suite or room no.) ► <b>38 SINCLAIR STREET</b>		
City, town or post office, state, and ZIP code <b>WINDSOR, CT 06095</b>		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
<b>G</b> Did you 'materially participate' in the operation of this business during 2012? If 'No,' see instructions for limit on losses. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>H</b> If you started or acquired this business during 2012, check here <input type="checkbox"/>		
<b>I</b> Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>J</b> If 'Yes,' did you or will you file all required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked. <input type="checkbox"/>	<b>1</b>	29,605.
<b>2</b> Returns and allowances (see instructions)	<b>2</b>	
<b>3</b> Subtract line 2 from line 1	<b>3</b>	29,605.
<b>4</b> Cost of goods sold (from line 42)	<b>4</b>	10,556.
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	19,049.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6	<b>7</b>	19,049.

**Part II Expenses. Enter expenses for business use of your home only on line 30.**

<b>8</b> Advertising	<b>8</b>	192.	<b>18</b> Office expense (see instructions)	<b>18</b>	271.
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>	3,982.	<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20 a</b>	
<b>12</b> Depletion	<b>12</b>		<b>b</b> Other business property	<b>20 b</b>	3,500.
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>		<b>21</b> Repairs and maintenance	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	9,192.
<b>15</b> Insurance (other than health)	<b>15</b>	165.	<b>23</b> Taxes and licenses	<b>23</b>	
<b>16</b> Interest:			<b>24</b> Travel, meals, and entertainment:		
<b>a</b> Mortgage (paid to banks, etc)	<b>16 a</b>		<b>a</b> Travel	<b>24 a</b>	
<b>b</b> Other	<b>16 b</b>		<b>b</b> Deductible meals and entertainment (see instructions)	<b>24 b</b>	2,096.
<b>17</b> Legal & professional services	<b>17</b>	650.	<b>25</b> Utilities	<b>25</b>	
			<b>26</b> Wages (less employment credits)	<b>26</b>	
			<b>27 a</b> Other expenses (from line 48)	<b>27 a</b>	3,095.
			<b>b</b> Reserved for future use	<b>27 b</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	<b>28</b>	23,143.			
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>	-4,094.			
<b>30</b> Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere	<b>30</b>				
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.					
• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.					
• If a loss, you must go to line 32.					
<b>32</b> If you have a loss, check the box that describes your investment in this activity (see instructions).					
• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the instructions for line 31). Estates and trusts, enter on Form 1041, line 3.			<b>32 a</b> <input checked="" type="checkbox"/> All investment is at risk.		
• If you checked 32b, you must attach Form 6198. Your loss may be limited.			<b>32 b</b> <input type="checkbox"/> Some investment is not at risk.		

**BAA For Paperwork Reduction Act Notice, see your tax return instructions.**

Schedule C (Form 1040) 2012

**Part III Cost of Goods Sold** (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)		
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If 'Yes,' attach explanation.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.....	35	
36	Purchases less cost of items withdrawn for personal use.....	36	
37	Cost of labor. Do not include any amounts paid to yourself.....	37	
38	Materials and supplies.....	38	
39	Other costs.....	39	10,556.
40	Add lines 35 through 39.....	40	10,556.
41	Inventory at end of year.....	41	
42	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4.....	42	10,556.

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

- 43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 01/01/2005
- 44 Of the total number of miles you drove your vehicle during 2012, enter the number of miles you used your vehicle for:  
 a Business 7,175 b Commuting (see instructions) \_\_\_\_\_ c Other 11,280
- 45 Was your vehicle available for personal use during off-duty hours?.....  Yes  No
- 46 Do you (or your spouse) have another vehicle available for personal use?.....  Yes  No
- 47 a Do you have evidence to support your deduction?.....  Yes  No  
 b If 'Yes,' is the evidence written?.....  Yes  No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

WEBSITE.....	1,595.
TELEPHONE.....	1,500.
.....	
.....	
.....	
.....	
.....	
.....	
.....	
.....	
48 Total other expenses. Enter here and on line 27a.....	48 3,095.

Name(s) shown on return. Do not enter name and social security number if shown on Page 1. Your social security number

ANA ALFARO

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column(e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? ... Yes No

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Row 1: EL COQUI MARKET, LLC, S, 06-1598509.

Summary table for Part II with columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Totals: 0.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer ID no. Rows A and B.

Summary table for Part III with columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Totals: 0.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 39: Combine columns (d) and (e) only.

Part V Summary

Summary table for Part V with columns: Description, Amount. Rows 40-43: Net farm rental income, Total income or loss, Reconciliation of farming and fishing income, Reconciliation for real estate professionals.

**Tuition and Fees Deduction**

Department of the Treasury  
Internal Revenue Service

▶ See instructions.  
▶ Attach to Form 1040 or Form 1040A.  
Instructions and more are at [www.irs.gov/form8917](http://www.irs.gov/form8917)

**2012**

Attachment  
Sequence No. **60**

Name(s) shown on return

Your social security number

**ANA ALFARO**

**Caution:** You **cannot** take both an education credit from Form 8863 and the tuition and fees deduction from this form for **the same student** for the same tax year.

- Before you begin:**
- ✓ To see if you qualify for this deduction, see *Who Can Take the Deduction* in the instructions below.
  - ✓ If you file Form 1040, figure any write-in adjustments to be entered on the dotted line next to Form 1040, line 36. See the 2012 Form 1040 instructions for line 36.

1	(a) Student's name (as shown on page 1 of your tax return)	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Adjusted qualified expenses (see instructions)				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">First name</td> <td style="width: 70%; border: none;">Last name</td> </tr> <tr> <td style="border: none;">ANA</td> <td style="border: none;">ALFARO</td> </tr> </table>	First name	Last name	ANA	ALFARO	[REDACTED]	1,470.
First name	Last name						
ANA	ALFARO						
2	Add the amounts on line 1, column (c), and enter the total.....		1,470.				
3	Enter the amount from Form 1040, line 22, or Form 1040A, line 15.....	3	70,282.				
4	Enter the total from either: <ul style="list-style-type: none"> <li>• Form 1040, lines 23 through 33, plus any write-in adjustments entered on the dotted line next to Form 1040, line 36, <b>or</b></li> <li>• Form 1040A, lines 16 through 18.....</li> </ul>	4					
5	Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing jointly), <b>stop</b> ; you cannot take the deduction for tuition and fees *If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see <i>Effect of the Amount of Your Income on the Amount of Your Deduction</i> in Pub 970, chapter 6, to figure the amount to enter on line 5.		70,282.				
6	<b>Tuition and fees deduction.</b> Is the amount on line 5 more than \$65,000 (\$130,000 if married filing jointly)? <input checked="" type="checkbox"/> <b>Yes.</b> Enter the smaller of line 2, or \$2,000. <input type="checkbox"/> <b>No.</b> Enter the smaller of line 2, or \$4,000. <b>Also enter</b> this amount on Form 1040, line 34, or Form 1040A, line 19.		1,470.				

### Residential Energy Credits

► Information about Form 5695 and its instructions is at [www.irs.gov/form5695](http://www.irs.gov/form5695).  
► Attach to Form 1040 or Form 1040NR.

Your social security number

ANA ALFARO

**Part I Residential Energy Efficient Property Credit** (See instructions before completing this part.)

**Note.** Skip lines 1 through 11 if you only have a credit carryforward from 2011.

1 Qualified solar electric property costs .....	1	
2 Qualified solar water heating property costs .....	2	
3 Qualified small wind energy property costs .....	3	
4 Qualified geothermal heat pump property costs .....	4	
5 Add lines 1 through 4 .....	5	
6 Multiply line 5 by 30% (.30) .....	6	
7 a Qualified fuel cell property. Was qualified fuel cell property installed on or in connection with your main home located in the United States? (See instructions) .....	7 a	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Caution:</b> If you checked the 'No' box, you cannot take a credit for qualified fuel cell property. Skip lines 7b through 11.		
b Print the complete address of the main home where you installed the fuel cell property.		
Number and street		Unit No.
City, State, and ZIP code		
8 Qualified fuel cell property costs .....	8	
9 Multiply line 8 by 30% (.30) .....	9	
10 Kilowatt capacity of property on line 8 above ► _____ X \$1,000 ...	10	
11 Enter the smaller of line 9 or line 10 .....	11	
12 Credit carryforward from 2011. Enter the amount, if any, from your 2011 Form 5695, line 32 .....	12	
13 Add lines 6, 11, and 12 .....	13	
14 Enter the amount from Form 1040, line 46, or Form 1040NR, line 44 .....	14	
15 <b>1040 filers:</b> Enter the total, if any, of your credits from Form 1040, lines 47 through 50; line 32 of this form; line 12 of the Line 11 Worksheet in Pub 972 (see instructions); Form 8396, line 9; Form 8839, line 12; Form 8859, line 9; Form 8834, line 23; Form 8910, line 22; Form 8936, line 23; and Schedule R, line 22.  <b>1040NR filers:</b> Enter the amount, if any, from Form 1040NR, lines 45 through 47; line 32 of this form; line 12 of the Line 11 Worksheet in Pub 972 (see instructions); Form 8396, line 9; Form 8839, line 12; Form 8859, line 9; Form 8834, line 23; Form 8910, line 22; and Form 8936, line 23.	15	
16 Subtract line 15 from line 14. If zero or less, enter -0- here and on line 17 .....	16	
17 <b>Residential energy efficient property credit.</b> Enter the smaller of line 13 or line 16. Also include this amount on Form 1040, line 52, or Form 1040NR, line 49 .....	17	
18 Credit carryforward to 2013. If line 17 is less than line 13, subtract line 17 from line 13 .....	18	

**Part II Nonbusiness Energy Property Credit**

<p><b>19 a</b> Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions).....</p> <p><i>Caution: If you checked the 'No' box, you cannot claim the nonbusiness energy property credit. Do not complete Part II.</i></p> <p><b>b</b> Print the complete address of the main home where you made the qualifying improvements.</p> <p><i>Caution: You can only have one main home at a time.</i></p> <p style="text-align: center;"><u>38 SINCLAIR STREET</u> Number and street</p> <p style="text-align: right;">Unit No.</p> <p style="text-align: center;"><u>WINDSOR</u> <span style="float: right;"><u>CT 06095-3449</u></span> City, State, and ZIP code</p>		<p><b>19 a</b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>										
<p><b>c</b> Were any of these improvements related to the construction of this main home?.....</p> <p><i>Caution: If you checked the 'Yes' box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.</i></p>		<p><b>19 c</b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>										
<p><b>20</b> Lifetime limitation. Amounts claimed in 2006, 2007, 2009, 2010 and 2011.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">a Amount, if any, from line 12 of your 2006 Form 5695 .....</td> <td style="width: 20%; text-align: center;"><b>20 a</b></td> </tr> <tr> <td>b Amount, if any, from line 15 of your 2007 Form 5695 .....</td> <td style="text-align: center;"><b>20 b</b></td> </tr> <tr> <td>c Amount, if any, from line 11 of your 2009 Form 5695 .....</td> <td style="text-align: center;"><b>20 c</b></td> </tr> <tr> <td>d Amount, if any, from line 11 of your 2010 Form 5695 .....</td> <td style="text-align: center;"><b>20 d</b></td> </tr> <tr> <td>e Amount, if any, from line 14 of your 2011 Form 5695 .....</td> <td style="text-align: center;"><b>20 e</b></td> </tr> </table> <p>f Add lines 20a through 20e. If \$500 or more, <b>stop</b>; you cannot take the nonbusiness energy property credit. ...</p>		a Amount, if any, from line 12 of your 2006 Form 5695 .....	<b>20 a</b>	b Amount, if any, from line 15 of your 2007 Form 5695 .....	<b>20 b</b>	c Amount, if any, from line 11 of your 2009 Form 5695 .....	<b>20 c</b>	d Amount, if any, from line 11 of your 2010 Form 5695 .....	<b>20 d</b>	e Amount, if any, from line 14 of your 2011 Form 5695 .....	<b>20 e</b>	<p><b>20 f</b></p>
a Amount, if any, from line 12 of your 2006 Form 5695 .....	<b>20 a</b>											
b Amount, if any, from line 15 of your 2007 Form 5695 .....	<b>20 b</b>											
c Amount, if any, from line 11 of your 2009 Form 5695 .....	<b>20 c</b>											
d Amount, if any, from line 11 of your 2010 Form 5695 .....	<b>20 d</b>											
e Amount, if any, from line 14 of your 2011 Form 5695 .....	<b>20 e</b>											
<p><b>21</b> Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions)</p> <p>a Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC .....</p> <p>b Exterior doors that meet or exceed the Energy Star program requirements .....</p> <p>c Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home .....</p> <p>d Exterior windows and skylights that meet or exceed the Energy Star program requirements .....</p> <p>e Maximum amount of cost on which the credit can be figured .....</p> <p>f If you claimed window expenses on your Form 5695 for 2006, 2007, 2009, 2010, or 2011, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0- .....</p> <p>g Subtract line 21f from line 21e. If zero or less, enter -0- .....</p> <p>h Enter the smaller of line 21d or line 21g .....</p>		<p><b>21 a</b> 3,500.</p> <p><b>21 b</b></p> <p><b>21 c</b></p> <p><b>21 d</b></p> <p><b>21 e</b> \$2,000.</p> <p><b>21 f</b> 0.</p> <p><b>21 g</b> 2,000.</p> <p><b>21 h</b> 0.</p>										
<p><b>22</b> Add lines 21a, 21b, 21c, and 21h .....</p>		<p><b>22</b> 3,500.</p>										
<p><b>23</b> Multiply line 22 by 10% (.10) .....</p>		<p><b>23</b> 350.</p>										
<p><b>24</b> Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).</p> <p>a Energy-efficient building property. Do not enter more than \$300 .....</p> <p>b Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150 .....</p> <p>c Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50 .....</p>		<p><b>24 a</b></p> <p><b>24 b</b></p> <p><b>24 c</b></p>										
<p><b>25</b> Add lines 24a through 24c .....</p>		<p><b>25</b></p>										
<p><b>26</b> Add lines 23 and 25 .....</p>		<p><b>26</b> 350.</p>										
<p><b>27</b> Maximum credit amount. (If you jointly occupied the home, see instructions) .....</p>		<p><b>27</b> 500.</p>										
<p><b>28</b> Enter the amount, if any, from line 20f .....</p>		<p><b>28</b></p>										
<p><b>29</b> Subtract line 28 from line 27. If zero or less, <b>stop</b>; you cannot take the nonbusiness energy property credit .....</p>		<p><b>29</b> 500.</p>										
<p><b>30</b> Enter the smaller of line 26 or line 29 .....</p>		<p><b>30</b> 350.</p>										
<p><b>31</b> Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet (see instructions) .....</p>		<p><b>31</b> 9,049.</p>										
<p><b>32</b> <b>Nonbusiness energy property credit.</b> Enter the smaller of line 30 or line 31. Also include this amount on Form 1040, line 52, or Form 1040NR, line 49 .....</p>		<p><b>32</b> 350.</p>										

# Student Information Worksheet

▶ Keep for your records

2012

Name of Student  
ANA ALFARO

Social Security Number

## Part I – Student Status

- 1 Was this person a student during 2012? .....  Yes  No
- 2 What kind of school did the student attend during 2012? (Check all that apply.)
- a  Elementary                      c  College (postsecondary)                      e  Military academy
- b  High school (secondary)                      d  Vocational school                      f  Not applicable

## Part II – College Student Information

- 1 Did the student complete the first 4 years of postsecondary education as of 1/1/2012? .....  Yes  No  NA
- 2 Was this student enrolled at an eligible education institution during 2012? .....  Yes  No  NA
- 3 Was this student enrolled in a program that leads to a degree, certificate, or credential? .....  Yes  No  NA
- 4 Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? .....  Yes  No  NA
- 5 Did this student take at least one-half the normal full-time workload for one academic period? .....  Yes  No  NA
- 6 Has this student been convicted of a felony for possessing or distributing a controlled substance? .....  Yes  No  NA
- 7 Is this student an eligible dependent of the taxpayer? .....  Yes  No  NA
- 8 In how many prior years has an American Opportunity Credit been claimed for this student? ..... ▶ \_\_\_\_\_
- 9 In how many prior years has a Hope Credit been claimed for this student? ..... ▶ \_\_\_\_\_

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

- 1 Is this student qualified for the American Opportunity Credit? .....  Yes  No  
Already completed 4 years of college  
Did not take at least half-time workload
- 2 Is this student qualified for the Lifetime Learning Credit? .....  Yes  No  
Income exceeds \$62,000
- 3 Is this student qualified for the Tuition and Fees Deduction? .....  Yes  No

## Part IV – Educational Institution and Tuition Summary

School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	Received 2011 1098T with Box 2 filled and box 7 checked?
POST UNIVERSITY 20-1003413	PO BOX 2540 WATERBURY CT 06723	1,470.	0.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Totals .....		1,470.	0.		



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

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

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

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

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

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

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

1	Total proceeds from U.S. Savings Bonds cashed during 2012 for this student .....	
2	Adjusted Qualified Higher Education Expenses .....	
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest .....	
4	Interest included in line 1 .....	
5	Name and address of eligible educational institution(s) attended:	
	Institution Name	Institution Name
	Street address	Street address
	City State Zip Code	City State Zip Code

Taxpayer's name <b>ANA ALFARO</b>	Social Security No. _____
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**1098-T Information (Required):**

- A** A Form 1098-T was received from this institution ..... Yes  No
- B** A Form 1098-T was received from this institution in **2011** with Box 2 filled in and Box 7 checked ..... Yes  No

**Identify Student (Required):**

- A** If student is ANA  
Check to indicate student .....  Taxpayer  Spouse
- B** If student is \_\_\_\_\_  
*Double-click to link this 1098-T to the applicable Dependent Student Information Worksheet* .....

Filer's name <b>POST UNIVERSITY</b> Street address <b>PO BOX 2540</b> City State Zip Code <b>WATERBURY CT 06723</b> Foreign province/county _____ Foreign postal code Foreign country _____	1 Payments received for qualified tuition and related expenses ..... \$ _____ 2 Amounts billed for qualified tuition and related expenses ..... \$ <u>1,470.</u> 3 If this box is checked, your educational institution has changed its reporting method for 2012 ..... <input type="checkbox"/>
Filer's Federal identification number _____ Student's Social Security Number _____	4 Adjustments made for a prior year \$ _____ 5 Scholarships or grants \$ _____
Student's name <b>ANA</b> Street address Apt. No. <b>38 SINCLAIR STREET</b> City State Zip Code <b>WINDSOR CT 06095</b>	6 Adjustments to scholarships or grants for a prior year \$ _____ 7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2013 ..... <input type="checkbox"/>
Service Provider/ Acct No _____ 8 Check if at least half-time student ▶ <input type="checkbox"/>	9 Checked if a graduate student ... ▶ <input type="checkbox"/> 10 Ins. contract reimb./refund \$ _____

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

- A** Enter box 1 amount **not** paid during 2012 .....
- B** Enter box 1 amount actually paid during 2012 .....

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

- A** Enter box 2 amount **not** paid during 2012 ..... 0.
- B** Enter box 2 amount actually paid during 2012 ..... 1,470.

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

- A** Enter portion of box 5 amount from veteran- or tax free employer-provided assistance .....
- B** Enter portion of box 5 amount from employer-provided assistance included in income ...
- C** Portion of box 5 amount from scholarships or grants .....





~~Anna College \$ 1600. ✓~~  
~~Anna Roof \$ 4000. ✓~~  
Second Layer

## OTHER AVAILABLE EXPENSES

Restaurants - \$ 4193.10 M+E ✓

make up  
+ clothes, Nails \$ 1906.01 ✓

Supplies  
Paper, stamps, etc \$ 271.34 office

Cell phone - \$ 1500. Telephone ✓  
125 x 12 =

LONG Term Insur \$ 2124. ✓

Insurance - Same as 2011  
year 165 ✓