



## Expenses for Business Use of Your Home

▶ **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**

**2012**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Information about Form 8829 and its separate instructions is at [www.irs.gov/form8829](http://www.irs.gov/form8829).**

Attachment  
Sequence No. **176**

Name(s) of proprietor(s) <b>WHITEHEAD</b>	Your social security number
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### Part I Part of Your Home Used for Business

1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	260
2 Total area of home	2	808
3 Divide line 1 by line 2. Enter the result as a percentage <b>For daycare facilities not used exclusively for business, go to line 4. All others go to line 7.</b>	3	32.18%
4 Multiply days used for daycare during year by hours used per day	4	hr.
5 Total hours available for use during the year (366 days x 24 hours) (see instructions)	5	hr.
6 Divide line 4 by line 5. Enter the result as a decimal amount	6	
7 Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	32.18%

### Part II Figure Your Allowable Deduction

8 Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home and shown on Schedule D or Form 4797, minus any loss from the trade or business not derived from the business use of your home and shown on Schedule D or Form 4797. See instructions. See instructions for columns (a) and (b) before completing lines 9-21.	8	13,127
	(a) Direct expenses	(b) Indirect expenses
9 Casualty losses (see instructions)	9	
10 Deductible mortgage interest (see instructions)	10	3,046
11 Real estate taxes (see instructions)	11	726
12 Add lines 9, 10, and 11	12	3,772
13 Multiply line 12, column (b) by line 7	13	1,214
14 Add line 12, column (a) and line 13	14	1,214
15 Subtract line 14 from line 8. If zero or less, enter -0-	15	11,913
16 Excess mortgage interest (see instructions)	16	
17 Insurance	17	
18 Rent	18	
19 Repairs and maintenance	19	
20 Utilities	20	1,620
21 Other expenses (see instructions)	21	
22 Add lines 16 through 21	22	1,620
23 Multiply line 22, column (b) by line 7	23	521
24 Carryover of operating expenses from 2011 Form 8829, line 42	24	
25 Add line 22, column (a), line 23, and line 24	25	521
26 Allowable operating expenses. Enter the smaller of line 15 or line 25	26	521
27 Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	11,392
28 Excess casualty losses (see instructions)	28	
29 Depreciation of your home from line 41 below	29	
30 Carryover of excess casualty losses and depreciation from 2011 Form 8829, line 43	30	
31 Add lines 28 through 30	31	
32 Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	32	
33 Add lines 14, 26, and 32	33	1,735
34 Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions)	34	
35 Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	35	1,735

### Part III Depreciation of Your Home

36 Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	36	
37 Value of land included on line 36	37	
38 Basis of building. Subtract line 37 from line 36	38	
39 Business basis of building. Multiply line 38 by line 7	39	
40 Depreciation percentage (see instructions)	40	%
41 Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41	

### Part IV Carryover of Unallowed Expenses to 2013

42 Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	
43 Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	

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

Paid Preparer's Earned Income Credit Checklist

Department of the Treasury Internal Revenue Service

To be completed by preparer and filed with Form 1040, 1040A, or 1040EZ. Information about Form 8867 and its separate instructions is at www.irs.gov/form8867

Attachment Sequence No. 177

Taxpayer's name shown on return E WHITEHEAD

Taxpayer's social security number

For the definitions of the following terms, see Pub. 596.

- Investment Income, Qualifying Child, Earned Income, Full-time Student

Part I All Taxpayers

Form with questions 1-7 regarding taxpayer information and eligibility for EIC. Includes fields for name, PTIN, marital status, SSN, and income.

For Paperwork Reduction Act Notice, see page 4.

Form 8867 (2012)

EEA

**Part II Taxpayers With a Child**

	Child 1	Child 2	Child 3
<p><b>Caution.</b> If there is more than one child, complete lines 8 through 14 for one child before going to the next column.</p>			
8 Child's name . . . . .			
9 Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, half brother, half sister, or a descendant of any of them? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10 Is either of the following true? The child is unmarried, or The child is married, can be claimed as the taxpayer's dependent, and is not filing a joint return (or is filing it only as a claim for refund).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11 Did the child live with the taxpayer in the United States for over half of the year? See the instructions before answering . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12 Was the child (at the end of 2012) - Under age 19 and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), Under age 24, a full-time student, and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), or Any age and permanently and totally disabled? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>▶ If you checked "Yes" on lines 9, 10, 11, and 12, the child is the taxpayer's qualifying child; go to line 13a. If you checked "No" on line 9, 10, 11, or 12, the child is not the taxpayer's qualifying child; see the instructions for line 12.</p>			
13a Could any other person check "Yes" on lines 9, 10, 11, and 12 for the child? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>▶ If you checked "No" on line 13a, go to line 14. Otherwise, go to line 13b.</p>			
b Enter the child's relationship to the other person(s) . . . . .			
c Under the tiebreaker rules, is the child treated as the taxpayer's qualifying child? See the instructions before answering . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<p>▶ If you checked "Yes" on line 13c, go to line 14. If you checked "No," the taxpayer cannot take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If there is more than one child, see the Note at the bottom of this page. If you checked "Don't know," explain to the taxpayer that, under the tiebreaker rules, the taxpayer's EIC and other tax benefits may be disallowed. Then, if the taxpayer wants to take the EIC based on this child, complete lines 14 and 15. If not, and there are no other qualifying children, the taxpayer cannot take the EIC, including the EIC for taxpayers without a qualifying child; do not complete Part III. If there is more than one child, see the Note at the bottom of this page.</p>			
14 Does the qualifying child have an SSN that allows him or her to work or is valid for EIC purposes? See the instructions before answering . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>▶ If you checked "No" on line 14, the taxpayer cannot take the EIC based on this child and cannot take the EIC available to taxpayers without a qualifying child. If there is more than one child, see the Note at the bottom of this page. If you checked "Yes" on line 14, continue.</p>			
15 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2012? See Pub. 596 for the limit . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>▶ If you checked "No" on line 15, stop; the taxpayer cannot take the EIC. If you checked "Yes" on line 15, the taxpayer can take the EIC. Complete Schedule EIC and attach it to the taxpayer's return. If there are two or three qualifying children with valid SSNs, list them on Schedule EIC in the same order as they are listed here. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to see if Form 8862 must be filed. Go to line 20.</p>			
<p><b>Note.</b> If you checked "No" on line 13c or 14 but there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than three qualifying children). Also do this if you checked "Don't know" on line 13c and the taxpayer is not taking the EIC based on this child.</p>			

**Part III Taxpayers Without a Qualifying Child**

16 Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period. See Pub. 596.) . . . . .  Yes  No

▶ If you checked "No" on line 16, stop; the taxpayer cannot take the EIC. Otherwise, continue.

17 Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of 2012? See the instructions before answering . . . . .  Yes  No

▶ If you checked "No" on line 17, stop; the taxpayer cannot take the EIC. Otherwise, continue.

18 Is the taxpayer, or the taxpayer's spouse if filing jointly, eligible to be claimed as a dependent on anyone else's federal income tax return for 2012? If the taxpayer's filing status is married filing jointly, check "No" . . . . .  Yes  No

▶ If you checked "Yes" on line 18, stop; the taxpayer cannot take the EIC. Otherwise, continue.

19 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2012? See Pub. 596 for the limit . . . . .  Yes  No

▶ If you checked "No" on line 19, stop; the taxpayer cannot take the EIC. If you checked "Yes" on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if Form 8862 must be filed. Go to line 20.

**Part IV Due Diligence Requirements**

20 Did you complete Form 8867 based on current information provided by the taxpayer or reasonably obtained by you? . . . . .  Yes  No

21 Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or your own worksheet that provides the same information as the 1040, 1040A, or 1040EZ worksheet)? . . . . .  Yes  No

22 If any qualifying child was not the taxpayer's son or daughter, did you ask why the parents were not claiming the child and document the answer? . . . . .  Yes  No  Does not apply

23 If the answer to question 13a is "Yes" (indicating that the child lived for more than half the year with someone else who could claim the child for EIC), did you explain the tiebreaker rules and possible consequences of another person claiming your client's qualifying child? . . . . .  Yes  No  Does not apply

24 Did you ask this taxpayer any additional questions that are necessary to meet your knowledge requirement? See the instructions before answering . . . . .  Yes  No  Does not apply

To comply with the EIC knowledge requirement, you must not know or have reason to know that any information used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to or known by you, and you must make reasonable inquiries if the information furnished appears to be incorrect, inconsistent, or incomplete. At the time you made these inquiries, you must document in your files the inquiries you made and the taxpayer's responses.

25 Did you document the additional questions you asked and your client's answers? . . . . .  Yes  No  Does not apply

**26** Which documents below, if any, did you rely on to determine EIC eligibility for the qualifying child(ren) listed on Schedule EIC? Check all that apply. **Keep a copy of any documents you relied on.** See the instructions before answering. If there is no qualifying child, check box a. If there is no disabled child, check box o.

**Residency of Qualifying Child(ren)**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> a No qualifying child            | <input type="checkbox"/> i Place of worship statement                            |
| <input type="checkbox"/> b School records or statement               | <input type="checkbox"/> j Indian tribal official statement                      |
| <input type="checkbox"/> c Landlord or property management statement | <input type="checkbox"/> k Employer statement                                    |
| <input type="checkbox"/> d Health care provided statement            | <input type="checkbox"/> l Other (specify) ▼                                     |
| <input type="checkbox"/> e Medical records                           | _____  |
| <input type="checkbox"/> f Child care provider records               | _____  |
| <input type="checkbox"/> g Placement agency statement                | _____  |
| <input type="checkbox"/> h Social service records or statement       | <input type="checkbox"/> m Did not rely on any documents, but made notes in file |
|  | <input type="checkbox"/> n Did not rely on any documents                         |

**Disability of Qualifying Child(ren)**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> o No disabled child                | <input type="checkbox"/> s Other (specify) ▼                                     |
| <input type="checkbox"/> p Doctor statement                            | _____  |
| <input type="checkbox"/> q Other health care provided statement        | _____  |
| <input type="checkbox"/> r Social services agency or program statement | <input type="checkbox"/> t Did not rely on any documents, but made notes in file |
|  | <input type="checkbox"/> u Did not rely on any documents                         |

**27** If a Schedule C is included with this return, which documents or other information, if any, did you rely on to confirm the existence of the business and to figure the amount of Schedule C income and expenses reported on the return? Check all that apply. **Keep a copy of any documents you relied on.** See the instructions before answering. If there is no Schedule C, check box a.

**Documents or Other Information**

- |  |  |
|--|--|
| <input type="checkbox"/> a No Schedule C   | <input checked="" type="checkbox"/> h Bank statements                            |
| <input type="checkbox"/> b Business license  | <input type="checkbox"/> i Reconstruction of income and expenses                 |
| <input type="checkbox"/> c Forms 1099  | <input type="checkbox"/> j Other (specify) ▼                                     |
| <input checked="" type="checkbox"/> d Records of gross receipts provided by taxpayer | _____  |
| <input type="checkbox"/> e Taxpayer summary of income                                | _____  |
| <input checked="" type="checkbox"/> f Records of expenses provided by taxpayer       | <input type="checkbox"/> k Did not rely on any documents, but made notes in file |
| <input type="checkbox"/> g Taxpayer summary of expenses                              | <input type="checkbox"/> l Did not rely on any documents                         |

- ▶ You have complied with all the due diligence requirements if you:
  1. Completed the actions described on lines 20 and 21 and checked "Yes" on those lines,
  2. Completed the actions described on lines 22, 23, 24, and 25 (if they apply) and checked "Yes" (or "Does not apply") on those lines,
  3. Submit Form 8867 in the manner required, and
  4. Keep all five of the following records for 3 years from the latest of the dates specified in the instructions under Document Retention:
    - a. Form 8867, Paid Preparer's Earned Income Credit Checklist,
    - b. The EIC worksheet(s) or your own worksheet(s),
    - c. Copies of any taxpayer documents you relied on to determine eligibility for or amount of EIC,
    - d. A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained, and
    - e. A record of any additional questions you asked and your client's answers.
- ▶ If you checked "No" on line 20, 21, 22, 23, 24, or 25, you have not complied with all the due diligence requirements and may have to pay a \$500 penalty for each failure to comply.

Earned Income Credit Due Diligence

2012

(Keep for your records)

Name(s) as shown on return

WHITEHEAD

Your social security number

Income

Does the income appear to be sufficient to support the taxpayer and qualifying children?

If "No," some additional inquiries might be needed . . . . .  Yes  No

Taxpayers with self-employment income:

Not applicable

1. How long have you owned your business? . . . . . OVER 10 YEARS

2. Can you provide any documentation to substantiate your business?

- Business cards  Business/occupational license (if required)
- Business stationary  Other tax returns (sales/excise, employment, etc.)
- Receipts or receipt book (with company header)  Advertisements (newspaper, flyer, yellow pages, etc.)

Other (list any other documentation you can provide to substantiate your business):

3. Who maintains the business records? . . . . . TAXPAYER

4. Do you maintain separate banking accounts for personal and business transactions? . . . . .  Yes  No

a. If "Yes," what form of records were provided?

b. If "No," how do you differentiate between personal and business transactions and monetary assets?

INVOICES, RECEIPTS, BILLS, STMENTS, CANCELLED CKS.,

5. Were satisfactory records of income and expense provided? . . . . .  Yes  No

a. If "Yes," in what form were these records provided?

- Accounting records  Car/truck expenses
- Paid invoices/receipts  Ledgers
- Log books  Business bank accounts
- Computer records

Other (list any other forms of documentation you can provide to support your business):

b. If "No," how did you determine:

The amount of income? \_\_\_\_\_

The amount of expense? \_\_\_\_\_

6. Form 1099-MISC:

a. Do you have any Forms 1099-MISC to support the income? . . . . .  Yes  No

b. If not, is it reasonable that the business type would not receive Form 1099-MISC? . . . . .  Yes  No

7. Are the expenses consistent with the type of business? . . . . .  Yes  No

8. Are the amounts of expense reasonable? . . . . .  Yes  No

9. Are any expenses that are typical for this type of business missing? . . . . .  Yes  No

10. List any other information you can provide related to your business:

Your signature	Date	Spouse's signature. If joint return, BOTH must sign.	Date
Paid preparer's signature:	Date		

Earned Income Credit Due Diligence - Notes

2012

(Keep for your records)

Name(s) as shown on return

Your social security number

I: WHITEHEAD

Use the notes fields below to document any additional inquiries made by the tax return preparer to help determine if the information furnished by the taxpayer is complete and correct.

Date of interview

Name of taxpayer interviewed

Taxpayer interviewed by

VARIOUS

ANDRE

Note: STILL SINGLE, STILL RESIDING AT BLUE RIDGE ST., STILL EATING SAME RESTR. DIET FOR BODY BUILDING, STILL DRIVING BMW 740 (NO NEW CARS), STILL DATING ...NO CHANGES FROM PRIOR YEAR

Note:

Note:

Note:

Your signature

Date

Spouse's signature. If joint return, BOTH must sign.

Date

Paid preparer's signature

Date

**Earned Income Credit Worksheet**  
**Form 1040, line 64a, Form 1040A, line 40a, or Form 1040EZ, line 8a**

2012

(Keep for your records)

Name(s) as shown on form

WHITEHEAD

Your SSN

1. Enter the amount from Form 1040 or Form 1040A, line 7, or Form 1040EZ, line 1 plus any nontaxable combat pay elected to be included in earned income ..... 1. \_\_\_\_\_
2. If you received a taxable scholarship or fellowship grant that was not reported on a W-2 form, enter that amount here; plus any amounts received for work performed while an inmate in a penal institution; plus any amounts received as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan ..... 2. \_\_\_\_\_
3. Subtract line 2 from line 1 ..... 3. \_\_\_\_\_
4. If you were self-employed or used Schedule C or C-EZ as a statutory employee, enter the amount from the worksheet for self employed taxpayers ..... 4. 10,587
5. Add lines 3 and 4 ..... 5. 10,587
6. Look up the amount on line 5 above in the EIC Table on pages 52-68 to find your credit. Enter the credit here. If line 6 is zero, stop. You cannot take the credit. Enter "No" directly to the right of Form 1040, line 64a, Form 1040A, line 38a, or Form 1040EZ, Line 8a. .... 6. 260
7. Enter your AGI or Form 1040EZ, line 4 ..... 7. 10,587
8. Is line 7 less than -
  - \$7,800 if you do not have a qualifying child? (\$13,000 if married filing joint)
  - \$17,100 if you have at least one qualifying child? (\$22,300 if married filing joint) Yes. Go to line 9 now.  
 No. Look up the amount on line 7 above in the EIC Table to find your credit.  
 Enter the credit here ..... 8. 260
9. Earned income credit.
  - If you checked "Yes" on line 8, enter the amount from line 6.
  - If you checked "No" on line 8, enter the smaller of line 6 or line 8 ..... 9. 260

For additional information on the EIC calculation see the form instructions or IRS Publication 596.

Client Copy

Keep for Your Records

Name(s) as shown on return

WHITEHEAD

Your social security number

Use this worksheet if you answered "Yes" to Step 5, question 3.

- Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.
- If you are married filing a joint return, include your spouse's amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3.

**Part 1**

**Self-Employed,  
Members of the  
Clergy, and  
People With  
Church  
Employee  
Income Filing  
Schedule SE**

1a. Enter the amount from Schedule SE, Section A, line 3, or Section B, line 3, whichever applies.

1a	11,392
----	--------

b. Enter any amount from Schedule SE, Section B, line 4b, and line 5a.

+

1b	
----	--

c. Combine lines 1a and 1b.

=

1c	11,392
----	--------

d. Enter the amount from Schedule SE, Section A, line 6, or Section B, line 13, whichever applies.

1d	805
----	-----

e. Subtract line 1d from 1c.

=

1e	10,587
----	--------

**Part 2**

**Self-Employed  
NOT Required  
To File  
Schedule SE**

For example, your net earnings from self-employment were less than \$400.

2. Do not include on these lines any statutory employee income; any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.

a. Enter any net farm profit or (loss) from Schedule F, line 34, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A\*.

2a	
----	--

b. Enter any 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\*.

+

2b	
----	--

c. Combine lines 2a and 2b.

=

2c	
----	--

\*If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Section A. Reduce the Schedule K-1 amounts as described in the Partner's Instructions for Schedule K-1. Enter your name and social security number on Schedule SE and attach it to your return.

**Part 3**

**Statutory  
Employees  
Filing Schedule  
C or C-EZ**

3. Enter the amount from Schedule C, line 1c, or Schedule C-EZ, line 1c, that you are filing as a statutory employee.

3	
---	--

**Part 4**

**All Filers Using  
Worksheet B**

4. Combine lines 1e, 2c, and 3. This is your total self-employed income.

4	10,587
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Need more information or forms? Visit [IRS.gov](http://IRS.gov).

Individual Income Tax Return



WHITEHEAD

P O Box 41

Lynchburg

VA 24505

Filing

Status: 1

Head of

Household:

Name or Filing

Change:

Address

Change:

Virginia Return

Not Filed Last Year:

Amended:

NOL:

Federal Earned

Income Credit

Locality: 680

X

260.

Exemptions	Dependents	Total	65 and over	Blind	Total
Yourself	1	1			
Spouse					

Vendor ID: 1024

Your SSN

WHIT

Spouse's SSN

1. Fed Adj Gross Income	1.		10587.	
2. Additions, see Pg 2, Line 3	2.			
3. Subtotal	3.		10587.	
4a. Age Deduction - You	4a.			
4b. Age Deduction - Spouse	4b.			
5. Soc Sec & Tier 1 Railroad	5.			
6. State Inc Tax Overpayment	6.			
7. Other Subtractions, see Pg 2, Line 7	7.			
8. Subtotal Subtractions	8.			
9. Total VAGI	9.		10587.	
10a. Federal Sch. A Itemized Deductions	10a.			
10b. State/Local Income Tax Standard/Itemized Deductions	10b. 10.			
11. Exemptions	11.			
12. Deductions VAGI see Pg 2, Line 9	12.			
13. Add Lines 10, 11 and 12	13.			
14. VA Taxable Income	14.		0.	
15. Tax Amount	15.		0.	
16. Spouse Tax Adjustment	16.			

16a. Your VAGI	16a.	
16b. Spouse's VAGI	16b.	
17. Net Tax	17.	0.
18a. Your Withholding	18a.	
18b. Spouse's Withholding	18b.	
19. Estimated Payments	19.	
20. Extension Payments	20.	
21. Credit for Low Income	21.	
22. Credit tax paid another state	22.	
23. Other Credits	23.	
24. Total Payments /Credits	24.	
25. Tax You Owe	25.	
26. Overpayment Amount	26.	
27. Amount to Credit to Next Year's Tax	27.	
28. Adjustments/Contributions	28.	
Amount You Owe: Paid by Credit Card		

Refund:

Bank Routing  
Number

Bank Account  
Number

LAR DLA DTD LTD \$

Virginia Approved Form



ADDITIONAL FILING INFORMATION

Your Spouse  
DOB: DOB:

Direct Bank Deposit: Debit Card:  
Dependent on Farmer/Fisherman,  
another's return: Merchant Seaman:  
Taxpayer Overseas  
Deceased: when due:

Additions - SCH ADJ/CG - Part 1

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

Subtractions

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

Deductions

8. Deduction Code and Amount

- a.
- b.
- c.

9. Total Deductions:

Spouse's Name - Filing Status 3 Only

AGE DEDUCTION DETAILS

You

Spouse

Contact Information

Your Phone 4345099749

Spouse

Dept of Taxation may discuss my return with my preparer.

Preparer Phone Number 4348451626

Preparer Info P01074516 6

I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the ultimate destination of the funds is within the territorial jurisdiction of the United States.

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

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

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

Virginia Approved Form

Client Copy



Lynchburg

VA 24505

680

SCHEDULE C, SCHEDULE C-EZ and/or SCHEDULE F INFORMATION

1. Schedule Name	First Schedule Info.	C	Second Schedule Info.
2. Gross Receipts or Sales	68872.		
3. Depreciation/ Expense Deduction			
4. Business Activity Code	515000		
5. Business Locality Code	680		
6. Car and truck expenses	13155.		
7. Inventory at end of year			
8. Number of miles you used your vehicle for: <b>Business</b>	23702		
9. Number of miles you used your vehicle for: <b>Commuting</b>			
10. Number of miles you used your vehicle for: <b>Other</b>	6300		

SCHEDULE 2106 and/or SCHEDULE 2106-EZ INFORMATION

- 11. Number of miles you used your  
vehicle for: **Business**
- 12. Number of miles you used your  
vehicle for: **Commuting**
- 13. Number of miles you used your  
vehicle for: **Other**
- 14. Percent of business use of  
vehicle: **Vehicle 1**
- 15. Percent of business use of  
vehicle: **Vehicle 2**

SCHEDULE 4562 INFORMATION

- 16. Property Used more than 50%  
in a qualified business use:  
Type of property
- 17. Date placed in service
- 18. Business/investment  
use percentage
- 19. Cost or other basis
- 20. Depreciation deduction
- 21. Elected section 179 cost
- 22. Business Locality Code

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